

# MIDWIFERY-LED CARE DURING CHILDBIRTH IN BELGIUM ANNO 2021

## Background

Midwives are primary healthcare providers for childbearing women worldwide. Studies showed that women receiving midwife-led care (MLC) were less likely to experience interventions (such as instrumental delivery, epidural anesthesia, etc.)<sup>1,2</sup>. Women were more likely to be satisfied with their care<sup>3</sup>. Despite the positive effects of MLC, autonomy of Belgian midwives to guide labor and delivery is restricted. Additionally, Belgian data on MLC and midwifery support during childbirth is missing. Therefore, the Flemish Midwives Organisation started a registration on maternal/neonatal outcome of MLC.

## Aim(s)

The objective of this registration is to represent MLC to be in Belgium and to report epidemiological data in a transparent and structured way, since these data is important to improve the quality of care for mother and child.

## Methods

Midwives registered anonymously perinatal outcomes about autonomously performed births in 2021 by completing an online form. In total, 31 midwifery practices with 108 independent midwives in Flanders and Brussels, reported 1587 registrations. Descriptive statistics was used for data-analysis.

## Results

In total 1587 labors, started at home and were initially planned to give birth under supervision of a midwife. Most deliveries were autonomously performed by midwives (83%, n=1311), either at home, in a birth center, assisted intramurally or in a MLC unit. One fifth of the women (17%) needed an intrapartum transfer, ending in a delivery by the gynecologist. Women receiving MLC opted mostly for hands—and-knees positions (43%), had a bath delivery (43%), intact perineum (41%) and no maternal complications. Also neonatal outcomes (e.g. Apgar) were good.

## Discussion

Our findings are in line with previous research, demonstrating the quality of MLC in Belgium, leading to good perinatal outcomes and showing that midwives are the gatekeepers of physiological childbirth.

## Implications and future perspectives

Efforts are needed to further optimize the registration and visualize the work of primary care midwives. Further research is recommended to explore the impact of MLC on the autonomy of the woman, the process of decision-making and birth experience.

## References

1. Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews*. doi.org/10.1002/14651858.
2. Merz, W.M., Tascon-Padron, L., Puth, M.T., Heep, A., Tietjen, S.L., Schmid, M., & Gembruch, U. (2020). Maternal and neonatal outcome of births planned in alongside midwifery units: A cohort study from a tertiary center in Germany. *BMC Pregnancy and Childbirth*, 20(1), 1–10. doi.org/10.1186/S12884-020-02962-4/TABLES/6
3. McLachlan, H.L., Forster, D.A., Davey, M.A., Farrell, T., Flood, M., Shafiei, T., & Waldenström, U. (2016). The effect of primary midwife-led care on women's experience of childbirth: results from the COSMOS randomised controlled trial. *BJOG: An International Journal of Obstetrics & Gynaecology*, 123(3), 465–474. doi.org/10.1111/1471-0528.13713