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Planning Birth in a Midwife-led Unit: GAIN Guideline for admission to midwife-led units in Northern Ireland

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Innovative best practice project

Title: Planning birth in a midwife-led unit: GAIN Guideline for the admission to Midwife-led Units in Northern Ireland

Topic area/Background: In an effort to normalise birth, there has been a steady increase in the provision of midwife-led units (MLU) in Northern Ireland, since the first unit opened in 2001. Government policy firmly supports this initiative, as highlighted in the publication '*A strategy for maternity care in Northern Ireland 2012-2018*' (DHSSPS 2012) with the provision of MLUs seen as important components in the Strategy's implementation. Currently there are eight midwife-led units in N. Ireland five, alongside to obstetric-led units (AMU) and three, which are freestanding MLUs (FMU).

Until the publication of this GAIN guideline in January 2016, each midwife-led unit in N. Ireland, used locally developed eligibility criteria as a screening tool to assess women regarding their suitability of admission to midwife-led unit. Research by Healy (2013) highlighted variations in the admission criteria applied from one MLU to another, this meant that some women were unnecessarily excluded from admission to an MLU, could be transferred to an obstetric unit without good reason or inadvertently included. Healy's study identified the need to develop an evidenced based regional guideline to assist woman and maternity care professionals in their decision-making processes about place of labour and birth.

Description of innovation: Subsequently, Dr Healy and Dr Gillen made a successful application to Guidelines and Audit Implementation Network (GAIN) to develop a regional guideline for admission to midwife-led units in N. Ireland and funding of £15,901, was granted. An important element of the work was securing buy-in from key stakeholders from the five Health and Social Care Trusts and also individual service users and service user groups. More than 40 individuals representing a cross section of the key stakeholders were actively involved in either the Steering (n=21) or Working Group (n=22).

Individual Steering and Working group meetings were held regularly and the minutes recorded. The underpinning philosophy of the guideline development group was one of '*inclusion*', therefore, it was carefully written using inclusive language, offering all women in N. Ireland with straightforward pregnancies (whose Trust provided MLC services) the opportunity to birth in either a FMU or AMU with, additional criteria for those women who require MLC in an AMU only. The guideline also emphasised the importance of identifying at each point of maternity care contact the most appropriate lead maternity care professional for individual women and links with recently

commenced work on an antenatal care pathway. The guideline underwent public consultation and peer review. An information leaflet for women and their families relating to the guideline was developed.

Conclusion

This presentation will highlight the engagement and involvement process undertaken and present the guideline in its final published form.