Improving access to Midwife-led Care in Northern Ireland: GAIN - Guideline for the admission to, and transfer from, midwife-led units


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Title: Improving access to Midwife-led Care in Northern Ireland: GAIN - Guideline for the admission to, and transfer from, Midwife-led Units.

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 MLU seen as important components in the Strategy’s implementation. Currently there are seven midwife-led units in N. Ireland four, alongside obstetric-led units (AMU) and three, which are freestanding MLUs (FMU).

Each midwife-led unit in N. Ireland, currently use locally developed eligibility criteria as a screening tool to assess women on admission, and as a guide for transfer of care if required to an obstetric-led unit. Recently, Healy (2013) highlighted variations in the criteria applied from one MLU to another; for example, in one MLU a woman could be admitted for induction of labour while her admission would be declined in another unit. In practice, this means that some women are unnecessarily excluded from admission to an MLU, can be transferred to an obstetric unit without good reason or inadvertently included. This is contrary to the recommendations from the NICE (2014) Intrapartum care guideline and decreases the socio-economic advantages of midwife-led care (Devane et al. 2010). Midwives in Healy’s (2013) study clearly expressed the need for an evidence based criteria which would assist women 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 and transfer from midwife-led care 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 committed to their active involvement in either the Steering (n=21) or Working Group (n=22). Maternity care user’ representatives participated along with representatives from the relevant health care professionals, and regional midwifery and
public health officers e.g. PHA, NIPEC, DHSSPS Midwifery Adviser and local Supervising Authority Midwifery Officer (LSAMO). Individual Steering and Working group meetings were held regularly and the minutes recorded. An in-depth literature review and collation of relevant documents was undertaken. The underpinning philosophy of the guideline 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 AMLU with, additional criteria for those women who require MLC in an AMLU 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 is currently being designed.

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

Conclusion: The GAIN - Guideline for the admission to, and transfer from, Midwife-led Units in N. Ireland provides women and health care professionals with guidance for their clinical decisions. It also provides the baseline for further work on evidence based criteria for the provision of birth at home

Guideline and Audit Implementation Network – GAIN [www.gain-ni.org]
