Reflections on barriers and facilitators for interprofessional collaboration in independent midwife-led care

Author: Christél Jordaan, MCur, Independent Midwife at Midwives Exclusive, Pretoria, South Africa, email: christel@midwives-exclusive.co.za, WhatsApp: +2783 357 2311

Background

Maternity care in Gauteng and South-Africa is at a crossroad: the public sector is overburdened, intervention rates are high in the private sector, and private obstetrician-led care is expensive. Midwife-led care has proven to be a safe model of maternity care, their outcomes and interventions compared well with the rest of the world, and is more affordable (Jordaan, 2015), but midwives need the backup of obstetricians and paediatricians when risk factors or complications arise. Obstetricians and paediatricians in the private sector tend to be ‘risk averse’ and have a different philosophy about the ‘normalcy’ of pregnancy and birth. To align with the global priorities in maternity care and to ensure quality of care, midwives, obstetricians and paediatricians cannot function optimally in their own silos, but they must collaboratively aim for evidence-based, women-centred care to ensure the safety and quality of care. Outcomes as well as satisfaction of care is thus affected by the way in which midwives, obstetricians and paediatricians communicate and collaborate regarding shared responsibilities.

Purpose

With this presentation the presenter aims to reflect on the barriers and facilitators for interprofessional collaboration and woman-centeredness in the promotion of safe outcomes for mothers and babies in midwife-led private practice.

Methods

This is a personal reflection of the presenter as an independent midwife on the barriers and facilitators for interprofessional collaboration in midwife-led care from seven years’ experience. The personal reflection is compared with the evidence reported globally on barriers and facilitators, and how to break the silos down.
Results
Independent midwife-led care is expanding in South Africa, but they need to collaborate with obstetricians and paediatricians when there are complications during birth. Where there is interprofessional collaboration, low risk mothers and babies are referred to a safe, evidence-based, more affordable and women-centred service, while mothers and babies with complications benefit from a more intervention-based service. Important barriers to interprofessional collaboration include breakdown in communication, when midwives are expected to adhere to an intervention prone system of maternity care, and lack of mutual respect. Facilitators include mutual respect and understanding of each other’s approach, open communication and learning with and from each other.

Conclusions
Interprofessional collaboration between independent midwives, obstetricians and paediatricians is important for optimal outcomes of mothers and babies.

Implications
Strategies should be formulated to establish interprofessional collaboration between midwife-led and obstetrician-led practices to benefit mothers and babies.

References

Keywords: midwife-led care, multidisciplinary collaboration, maternity care

Funding: no funding was required

Acknowledgements: this work was unfunded

Ethics approval: Ethics approval was not required

Preference: oral presentation