



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

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Background

Maternity care in 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, more affordable model of maternity care. The midwives' outcomes and intervention rates in Gauteng, South Africa, compared well with midwife-led care in the rest of the world¹.

Independent midwife-led care is expanding in South Africa, but midwives need to collaborate with obstetricians and pediatricians when there are complications during pregnancy, birth or the post-partum period. Where there is interprofessional collaboration, low risk mothers and babies are referred to a safe, evidence-based, more affordable and women-centered service, while mothers and babies with complications benefit from a more intervention-based service.

Outcomes as well as satisfaction of care is thus affected by the way in which midwives, obstetricians and pediatricians communicate and collaborate regarding shared responsibilities.

Purpose

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.

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Ethical approval

No ethical approval was required



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Results

To align with the global priorities in maternity care and to ensure quality of care, interprofessional collaboration is crucial.

Important barriers to interprofessional collaboration include breakdown in communication; when midwives are expected to adhere to an intervention prone system of maternity care; lack of mutual respect; or lack of clarity of roles and responsibilities.

Facilitators include mutual respect; understanding of each other's approach, roles and responsibilities; open communication; and learning with and from each other.

Conclusions

Interprofessional collaboration between independent midwives, obstetricians and pediatricians is important for optimal outcomes of mothers and babies. The barriers can be overcome through communication and an open approach to work together.

Implications

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

References

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