

Maternal-Child Health Leadership Academy

Midwives Exclusive guideline development project

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Background

Midwives Exclusive is a midwifery practice in Pretoria with the philosophy of offering women-centered care, allowing the woman and partner to make informed decisions. Women-centered, holistic care can only be carried out if there is good collaboration between midwives and medical specialists when needed (Heatly & Kruske, 2011:54).

The practice's clinical guidelines were outdated and multidisciplinary team members disagreed on best practices on various aspects of care.

Purpose

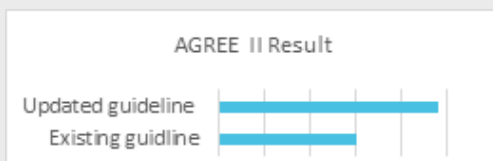
In the interest of evidence-based practice and to improve doctor-midwife collaboration the team from Midwives Exclusive chose to appraise and update the practice's clinical guidelines.

Project activities

- 1.) Met with midwifery team and got buy-in.
- 2.) Collaboratively chose a topic of mutual concern.
- 3.) Appraised existing guideline using AGREE II instrument.
- 4.) The team reviewed current evidence and discussed how to contextualize it. The Ontario Midwives' (2010) guideline on pre-labour rupture of membranes at term informed the new guideline.
- 5.) A draft of the updated guideline was reviewed by referral obstetricians in the private and public sector as well as by a pediatrician.
- 6.) Updated guideline was finalized and appraised.

Evaluation methods and results

The AGREE II-instrument (The AGREE collaboration, 2001) was used to review the practice's existing guideline and guide the development of the updated guideline. Finally, the new guideline was appraised by each team member using the AGREE instrument. Where the previous guideline scored 60%, the new guideline scored 96%.



Discussion

Midwives Exclusive now has an updated evidence based guideline on the topic of pre-labour rupture of membranes at term. Midwives report that it gives them confidence in developing and implementing evidence based guidelines. Quality maternal and newborn care is improved. Midwife-doctor relationships and collaboration have been strengthened.

Next steps

An audit form has been developed to assess each clinical case against the guideline requirements and criteria. The outcomes for mothers and infants will be assessed. It can thus be used to explain any deviation from the guideline requirements, if applicable. The audits will conclude if these cases were satisfactorily handled within the criteria of the guideline.

This project has become an ongoing process. The team is currently working on evidence based guidelines for post term pregnancy; induction of labour and augmentation of labour.

Leadership journey

Being a pragmatic person, leadership has proven to be a challenge, however, the team was fully on board and positive. They helped me to grow as a leader. I gained confidence; learned to plan; and realized the importance of celebrating the team's strengths and small victories.



References:

Association of Ontario Midwives. 2010. Clinical Practice Guideline No.13: Management of prelabour rupture of membranes at term. Toronto, Ontario, Canada.
 Heatly, M. & Kruske, S. 2011. Defining collaboration in Australian maternity care. Women and Birth, 24:53-57.
 The AGREE Collaboration. 2001. Appraisal of Guidelines for Research & Evaluation (AGREE) Instrument.