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Comparison of midwife-led care and obstetrician-led care on maternal and neonatal outcomes in Singapore: a retrospective cohort study

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Objectives: To examine the maternal and neonatal outcomes of low-risk women receiving midwife-led care and obstetrician-led care.

Design, Setting, & Participants: A retrospective cohort study design was used. Data were collected from a large tertiary maternity hospital in Singapore. This involved a medical record review of 368 women who had singleton, normal to low-risk, term pregnancy, and received midwife-led care and obstetrician-led care between 2013 and 2014.

Measurements: A data extraction tool was used to solicit information on the outcome measures, including duration of labour, mode of delivery, episiotomy, and 5-minutes Apgar score (<7). Descriptive statistics were used to summarize the women's characteristics. Chi-square and independent sample t-test were used to assess the differences in demographics and birth outcomes. Multiple linear and logistic regressions were used to examine the difference between the two comparison groups after adjusted for potential confounders.

Findings: Statistically significant differences ($p < 0.05$) between the midwife-led care group and the obstetrician-led care group in terms of the total duration of labour and total antenatal visits were found. No statistically significant differences were observed for mode of delivery, episiotomy, intrapartum pain management, labour augmentation, labour induction, postpartum haemorrhage, perineal trauma, birth status, 5-minutes Apgar score (<7), low birth weight (<2500g), and neonatal admission to intensive care units between the midwife-led care group and the obstetrician-led care group.

Conclusions: While interventions such as episiotomies and labour augmentation were more common in the midwife-led care group, no significant differences were found for most of the outcome measures between the two maternity groups except for total antenatal visits and duration of labour. Findings suggest that midwife-led care is as safe and effective as obstetrician-led care in achieving optimal birth outcomes, with no higher risk of adversities for low-risk women. Additional studies are necessary to continuously evaluate midwife-led care and to promote normal birth and reduce excessive use of obstetric procedures.

Implications for practice: The provision of midwife-led care should continue to be extended as an additional choice in maternity care for women with low-risk pregnancies. Professional staff development with continuous education is needed to clear misconceptions about midwife-led care and to promote awareness in current practice guidelines. Prospective evaluation of midwife-led care will be beneficial in informing policies and practice guidelines.

Biography

Serena Koh has received her PhD in Medicine, Dentistry and Health Sciences, from the School of Nursing, University of Melbourne, Australia in 2008. She is currently working as Associate Professor and Programme Director (Academic - Undergraduate Programme) at Alice Lee Centre of Nursing Studies, National University of Singapore and teaching undergraduates and postgraduates on research, evidence-based practice, maternal and child health, patient safety and quality as well as supervision of the students for their research thesis. She worked in the Ministry of Health from 2009-2016, developing patient safety strategies and overseeing clinical quality in the hospitals. She previously worked in KKH as a Midwife since 1995, and extended to research and teaching roles since 2001. Her research interests are in inter-professional education, patient safety and women's health.

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