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Birth outcomes in New Zealand birth centers

David J Bailey

FRANZCOG, Whangarei Hospital, New Zealand

About 10% of New Zealand births are in free-standing birth centers or midwifery-led maternity units in small general hospitals. There has been continuing controversy about the benefit and safety of birth in community settings. Recent observational studies in New Zealand and overseas have shown that birthing unit care for low-risk women is associated with a lower risk of cesarean section and comparable perinatal safety compared to birth in an obstetric unit. This presentation will review recently published evidence regarding birth outcomes for free-standing midwifery-led maternity facilities in South Auckland, New Zealand and compare these to similar studies elsewhere. This is discussed within the context of the New Zealand maternity system which supports self-employed midwives providing free maternity care. The problem of geographical distribution of birthing centres and obstetric units in New Zealand is also discussed. Maternity facilities in South Auckland comprise a large secondary/tertiary hospital and three free-standing midwifery-led maternity units 20-40 minutes by road from the base hospital. In a large retrospective observational study, low-risk women who started labor in the midwifery units were 50-75% less likely to have cesarean delivery than comparable women laboring at the obstetric unit, with no increase in perinatal mortality or neonatal unit admission. These results were strikingly similar to the findings of the Birth in England study. Data from the New Zealand Perinatal and Maternal Mortality Review Committee confirm low numbers of peripartum hypoxic deaths and neonatal encephalopathy cases from community births. However, unlike South Auckland, many midwifery-led units in New Zealand are more than two hours by road from the nearest obstetric unit and further research is needed to establish whether this impacts on clinical outcomes.

david.bailey@northlanddhb.org.nz