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Collaboration of midwives in primary care midwifery practices with other maternity care providers

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ABSTRACT

Background: Inter-professional collaboration is considered essential in effective maternity care. National projects are being undertaken to enhance inter-professional relationships and improve communication between all maternity care providers in order to improve the quality of maternity care in the Netherlands. However, little is known about primary care midwives' satisfaction with collaboration with other maternity care providers, such as general practitioners, maternity care assistance organisations (MCAO), maternity care assistants (MCA), obstetricians, clinical midwives and paediatricians. More insight is needed into the professional working relations of primary care midwives in the Netherlands before major changes are made

Objective: To assess how satisfied primary care midwives are with collaboration with other maternity care providers and to assess the relationship between their 'satisfaction with collaboration' and personal and work-related characteristics of the midwives, their attitudes towards their work and collaboration characteristics (accessibility). The aim of this study was to provide insight into the professional working relations of primary care midwives in the Netherlands.

Methods: Our descriptive cross-sectional study is part of the DELIVER study. Ninety nine midwives completed a written questionnaire in May 2010. A Friedman ANOVA test assessed differences in satisfaction with collaboration with six groups of maternity care providers. Bivariate analyses were carried out to assess the relationship between satisfaction with collaboration and personal and work-related characteristics of the midwives, their attitudes towards their work and collaboration characteristics.

Results: Satisfaction experienced by primary care midwives when collaborating with the different maternity care providers varies within and between primary and secondary/tertiary care. Interactions with non-physicians (clinical midwives and MCA(O)) are ranked consistently higher on satisfaction compared with interactions with physicians (GPs, obstetricians and paediatricians). Midwives with more work experience were more satisfied with their collaboration with GPs. Midwives from the southern region of the Netherlands were more satisfied with collaboration with GPs and obstetricians. Compared to the urban areas, in the rural or mixed areas the midwives were more satisfied regarding their collaboration with MCA(O)s and clinical midwives. Midwives from non-Dutch origin were less satisfied with the collaboration with paediatricians. No relations were found between the overall mean satisfaction of collaboration and work-related and personal characteristics and attitude towards work.

Conclusions: Inter-professionals relations in maternity care in the Netherlands can be enhanced, especially the primary care midwives' interactions with physicians and with maternity care providers in the northern and central part of the Netherlands, and in urban areas. Future exploratory or deductive research may provide additional insight in the collaborative practice in everyday work setting.

Abbreviations: AVAG, Midwifery Academy Amsterdam Groningen; ANOVA, ANalysis Of VAriance;; AVAG, Midwifery Academy Amsterdam Groningen; CPZ, College Perinatale Zorg; DELIVER, Data EersteLIjns VERloskunde; GP, General Practitioner; WSC, Well Satisfied with Collaboration; ITL, Intention To Leave; LSC, Less Satisfied with Collaboration; MCA, Maternity Care Assistant; MCAO, Maternity Care Assistance Organisation; KNOV, Royal Dutch Association of Midwives; NIVEL, Netherlands institute for health services research;; SD, Standard Deviation; UK, the United Kingdom; VIL, Obstetric Indication List; VUmc, Free University medical centre; WHO, World Health Organisation

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Background

Maternity care in the Netherlands is divided into primary and secondary/tertiary care, similar to the overall organisation of the Dutch healthcare system (Rowland et al., 2012). In Box 1 a short overview is given of the collaboration in maternity care in the Netherlands.

Close inter-professional collaboration is considered essential in effective maternity care (WHO, 1978; Frank & Danoff, 2007; Downe et al., 2010; de Geus and Cadée, 2015; de Jonge et al., 2015; ten Hoope-Bender, 2016). Unique as it may be, the Dutch maternity system is characterised by an edgy paradox. On the one hand, other countries, such as Canada, the United Kingdom and New Zealand took the Netherlands as an example for changing their maternity care systems (de Vries et al., 2009). On the other hand, within the Netherlands, the quality of care of the 'Dutch' way of maternity care organisation has been increasingly brought into question (Warmelink, 2017). A variety of Dutch studies showed that collaboration and communication between the maternity care professionals within and between these echelons at times falls short of the high standards women should expect. For example, Schölmerich et al. (2014) found fragmented organizational structures, different perspectives on antenatal health and inadequate inter-professional communication in the collaboration between primary care midwives, obstetricians and clinical midwives. van der Lee et al. (2016) found that primary care midwives in their collaboration with obstetricians experienced a power imbalance, a lack of trust and mutual acquaintanceship. Warmelink et al. (2015) found that primary care midwives felt that co-operation and communication with other health care disciplines in general could be improved.

Problems with communication and collaboration among maternity care providers can threaten the quality and safety of care given to mothers and babies (Joint Commission on Accreditation of Healthcare Organizations, 2004; Simpson and Knox, 2003). National projects in the Netherlands are being undertaken to enhance inter-professional relationships and improve communication between all maternity care providers and the client (CPZ, 2014) with the goal of providing seamless access for patients whose health care needs may change, requiring transfer from primary midwifery to obstetrician led care and vice versa over the course of pregnancy, childbirth and the postpartum period. The ultimate goal is to improve the quality of maternity care. To achieve this, a so-called 'integrated care' approach (CPZ, 2014) was suggested, including a proposal (Schippers, 2014) for a fusion of the maternity care professional societies or organisations (van der Lee, 2014). Health insurance companies supported this approach by strongly advising obstetricians and midwives to collaborate in a professional as well as a financial partnership (van der Lee, 2014). These changes could alter how maternity care has historically been organised, going from a strict echelon system to a more integrated maternity care system (de Vries et al., 2013; de Vries, 2014; Roman and van den Wijngaart, 2011). However, a thorough assessment of the collaboration is needed before making fundamental changes to the maternity care system. Understanding these working relations is critical given the organizational structure of maternity care in the Netherlands, the multidisciplinary focus, the involvement of diverse

Box 1.Collaboration in maternity care in the Netherlands.

In the Netherlands, autonomous working primary care midwives provide care to women with a 'normal' physiological or low-risk pregnancy and birth, and obstetricians and clinical midwives, working under the responsibility of the obstetrician, provide care to women with high risk or complicated pregnancy and birth. This style of practice can be called a collaborative model of team-oriented health care practice: practitioners, who normally practice independently from each other, share information concerning a particular patient who has been (is being) treated by each of them (Boon et al., 2004). The independent primary care midwife plays a key role as provider of standard maternity care in the Netherlands and provides one-to-one care to women during pregnancy, birth and the postpartum period in solo or group practices of midwives. In 2013, 85.4% of all pregnant women in the Netherlands started antenatal care with a primary care midwife, 50.6% started labour with a primary care midwife and 28.6% of all births (n = 167.159) were supervised by a primary care midwife at home or in a hospital or birth centre (The Netherlands Perinatal Registry, 2014).

Postpartum care is usually provided by primary care midwives and maternity care assistants (MCAs) (in Dutch: kraamverzorgenden) unless the woman and/or baby is hospitalised (Wiegers, 2006; de Vries et al., 2009). Although there is a lack of evidence about the care of MCAs (Zorginstituut Nederland, 2015), MCAs form an essential part of the Dutch maternity care system (Kerssens, 1991; Wiegers, 2006; Wiegers and Janssen, 2006; de Vries et al., 2009). Primary care midwives depend on the assistance they receive from maternity care assistants. During a home birth or during midwife-led hospital (policlinical) birth, the maternity care assistant assists the midwife and helps and advises the new mother with the baby during the postnatal period at home. The existence of this profession, an occupation unique to the Netherlands (de Vries, 2005), allows midwives to concentrate on midwifery tasks, and reduces the costs of care by freeing up midwives and physicians (van Teijlingen, 1990). It also enables pregnant women to consider giving birth at home or in a policlinical setting. Almost all of the women (95%) who give birth at home or in a policlinical setting use the services of MCAs (Coffie et al., 2003). However, non-Dutch women (such as women from Turkish and Moroccan backgrounds) were not so familiar with the Dutch system of maternity care and make less use of this service (Houben-Van Herten, 2013).

Primary care midwives in the Netherlands engage in different types of work-related collaborations (KNOV, 2014): collaboration with clients and their families, with co-workers in midwifery practices and other maternity care providers in primary care, such as general practitioners (GPs), maternity care assistance organisations (MCAOs) (in Dutch: kraamzorgaanbieders) and MCAs, and in secondary care, such as obstetricians, clinical midwives and paediatricians in departments of obstetrics and neonatology at the local hospital. Cooperation between primary and secondary care is organised in Maternity Care Consultation and Collaboration Groups (in Dutch: VSVs = Verloskundige samenwerkingsverbanden) around each hospital. There are several multidisciplinary guidelines, protocols, care pathways and an Obstetric Indication List (in Dutch: VIL: verloskundige indicatielijst) (College voor zorgverzekeringen, 2003) for maternity care, which include recommendations about care and care provider. Furthermore, primary care midwives collaborate with other health system stakeholders, such as health insurances companies and (public health) authorities on local, regional and national level. As case manager of the client, midwives might co-ordinate and organise the collaboration between different disciplines with the aim to provide continuity of care to the client. Dutch primary care midwives spend an increasing amount of time on non-client-related activities, such as meetings and practice organisation (Wiegers et al., 2014).

The Dutch maternity care model has been held out as example of how to slow or reverse the march towards medicalisation of birth and technology driven specialist midwifery and maternity care. However, unexpected high perinatal mortality raised concerns about the quality of the Dutch maternity care system resulting in a call for system change to improve care. While the contemporary echelon system recognises roles for primary, secondary and tertiary care providers, consensus seems to be building for a more integrated maternity care system.

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