A Literature Review of Midwifery-Led Care in Reducing Labor and Birth Interventions

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ABSTRACT: Certified nurse-midwives are usually recognized as independently practicing advanced practice registered nurses because they provide maternity care to pregnant women in various states. In the United States, certified nurse-midwives are historically underused. Culture favors physician-led care, with 90% of all births attended by physicians. Midwifery-led care is considered high-touch/low-intervention and is guided by a philosophy of care that regards pregnancy and childbirth as normal life events for most women. Evidence from the literature supports midwifery-led care as being safe, effective, and associated with fewer interventions.

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KEYWORDS: birth outcomes, certified nurse-midwife, cesarean, labor and birth interventions, midwifery-led care, pregnancy

Research findings support a strong association between midwifery-led care for pregnant women and reduced labor and birth interventions (Begley et al., 2011; Johantgen et al., 2012; Sutcliffe et al., 2012). Despite this, care led by providers other than certified nurse-midwives (CNMs) is predominant in U.S. clinical practice for pregnant women of all risk statuses (Altman et al., 2017). Many other countries use midwives as their primary resource to deliver antepartum, intrapartum, and postpartum care, which is associated with lower medical costs and reduced birth interventions. CNMs are usually recognized and respected as advanced practice registered nurses (APRNs). Greater use of midwifery-led care in the United States could result in fiscal savings, alleviation of pressure on physicians, and fewer medical interventions for women during the birthing process. The use of CNMs not only enhances the scope of advanced practice nursing but can also lead to more positive health outcomes for childbearing women through the midwifery-led

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CLINICAL IMPLICATIONS

- Midwifery-led care is strongly associated with fewer labor and birth interventions, with no evidence of any greater risk for low-risk pregnant women.
- The current birthing care model in the United States favors physician-led care, with underuse of midwives, who are expert providers of maternity care for low-risk pregnant women.
- Collaboration among certified nurse-midwives, physicians, and nurses working in maternity care can contribute to improved maternal and neonatal health outcomes and increased maternal satisfaction.
- With the decrease in labor and birth interventions associated with midwifery-led care, there is a strong possibility of reductions in health care costs.

model of care. We use a global perspective of midwifery in this literature review to highlight the benefits of a midwifery-led care model that enhances health care provision, improves maternal health outcomes, and provides women with an alternative to physician-led care.

Background

CNMs provide primary care services for women across the age spectrum, including gynecologic care, family planning guidance, preconception counseling, pregnancy care, childbirth and postpartum care, newborn care for the first 28 days of life, and treatment for male sexual partners with sexually transmitted infections (American College of Nurse Midwives [ACNM], 2012a). Educated as nurses and midwives, CNMs are board certified with graduate degrees, and they attend births in hospitals, homes, and birthing centers. In 2014, CNMs and certified midwives (CMs) collectively attended 332,107 births; this accounts for 8.3% of all U.S. births, with 94.2% of these taking place in hospital settings (ACNM, 2016). CMs are direct-entry midwives with master's degrees who do not have nursing credentials but have the same scope of practice and care settings as CNMs (Vedam et al., 2018). Although CMs have an identical education for midwifery as CNMs, they are not considered APRNs and will not be a focus for this review. Evidence-based practice supports an association between CNMs and lower rates of cesarean births, lower occurrences of labor induction and augmentation, reduced incidence of third- and fourth-degree perineal tears, and reduced use of regional anesthesia (ACNM, 2012b).

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Although midwifery has grown in capacity, current practice for the provision of maternity care in the United States gravitates toward physicians in all settings, regardless of whether the pregnancy is high or low risk. Although the number of CNMs has increased, various factors have affected the ability of CNMs to practice to their full capacity. CNMs have been limited in their practice as a result of issues such as high malpractice costs, scope of practice regulations, and other legal ramifications (ACNM, 2012a, 2014). The consequences of this are shown in an increase in the number of intrapartum birth interventions, including increased rates of operative births (Johantgen et al., 2012). CNMs promote a woman-centered model of care, with birth deemed a reflection of normal healthy functioning. Greater access to midwifery-led care has vast implications for national maternal health outcomes; however, the scope of practice for CNMs is always state dependent, which can often create barriers to the provision of care.

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The scope of the problem concerns women as a childbearing population and the need for procurement of

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