Interprofessional Collaborative Practice in Obstetrics and Midwifery

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KEYWORDS

• Interdisciplinary • Interprofessional • Collaborative practice
• Multidisciplinary practice • Future of health care • Health care reform

KEY POINTS

- Interdisciplinary collaborative practice will be a necessary component of the health care system as it changes to accommodate more patients and become cost-efficient.
- Nurse-midwife/obstetrician teams provide seamless access for patient whose health care needs may change over the course of childbearing.
- Success of interdisciplinary teams is dependent upon professional competence, interprofessional respect, and a common orientation to the patient as the primary focus of the group.

INTRODUCTION

Profound changes in the United States health care delivery system are anticipated as the Patient Protection and Affordable Care Act (ACA), passed in 2010, goes into effect. The ACA expands access to health care services with the goal of reducing health disparities via insurance reform, expansion of Medicaid, and mandated health insurance coverage.[1] To enact this law, the health care delivery system is faced with what may seem to be an unsolvable problem: how do we deliver quality medical services to more persons, with fewer resources? Health care services that emphasize cost-containment yet provide quality care are going to be essential in meeting the mandates of ACA.

Interprofessional collaborative practice is one model of care with a track record of providing excellent care in a cost-efficient manner.[2–4] In obstetrics, interprofessional collaboration between midwives and obstetricians also has a long history. Although midwives and obstetricians have collaborated since the inception of obstetrics as a medical specialty, only recently has the benefit of coordinated team practice been

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evaluated.[5] This article reviews the literature on interprofessional collaborative practice in obstetrics, with a focus on essential components that are necessary for successful integrated practices. The term midwives refers to certified nurse-midwives and certified midwives.

BACKGROUND

The use of interprofessional teams for the provision of health care services is an old idea that periodically comes into fashion.[2] Multidisciplinary teams often form when there is a need to provide care to persons with complex medical issues, a need to provide care to the underserved, or a need to improve a specific health outcome.[4,6,7]

Development and Effectiveness of Nurse-Midwifery

Physician shortages in rural settings spurred the original development and growth of both nurse-midwives and nurse practitioners in the United States.[7,8] Frontier Nursing Service, the first nurse-midwifery practice, was implemented in rural Kentucky in the 1920s specifically to address lack of access to care with the hope of improving perinatal morbidity and mortality.[8] In 1958 the Metropolitan Life Insurance Company analyzed and published the outcomes of the tenth thousand births (selected from the first 10,000 births conducted by this service) and found a maternal mortality rate of 9.1 per 10,000, which compared with 34 per 10,000 for white women in the United States at that time. The rate of low-birth-weight infants delivered by the midwives from Frontier Nursing Service was approximately half the national average (3.8% vs 7.6%).[9]

From 1960 to 1963 a demonstration project called the Madera County Midwifery Project placed nurse-midwives in a medically underserved rural California County, hoping to improve perinatal outcomes. This nurse-midwifery practice was associated with a decrease in prematurity (11% in 1959 to 6% in 1963) and neonatal mortality rates (23.9 per 100 births in 1959 to 17.8 per 1000 births in 1963).[10] Perinatal improvements reversed when the funding stopped, and the midwives ceased practicing in this setting (prematurity in 1964–1966 was 7.4% and neonatal mortality rose to 20.6 per 1000 births).[10]

Because of the project's success, the Madera County Project was analyzed in detail and 3 key components of this project, health education, psychosocial support, and nutrition counseling, were determined to be the services most responsible for improved health outcomes. The Madera County Project then became the template for the creation of today's Comprehensive Perinatal Services Program (CPSP), an expanded service offered to women who use Medicaid funding for prenatal care in California. The core of the CPSP program is the provision of health education, psychosocial support, and nutrition counseling in addition to routine prenatal care.

Health Care Reform in the 1980s: Cost and Quality

The wave of health care reform in the 1980s focused on the need to reduce health care costs, and during this time managed competition was introduced which, in short, is a form of interdisciplinary collaboration between institutions and professions.[11] The most successful of the models developed during this era of health care reform were health maintenance organizations that combined insurance and health care services. Insurance companies were also able to contract with hospitals to form preferred provider networks (PPOs), which gave the providers access to a specific pool of beneficiaries, and in exchange the insurance companies were able to lower reimbursement for individual services. The practices that thrived in this environment were those that figured out how to provide more services for less cost.