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Midwifery practice and maternity services: A multisite descriptive study in Latin America and the Caribbean

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ABSTRACT

Objective: over the past three decades there has been a social movement in Latin American countries (LAC) to support humanised, physiologic birth. Rates of caesarean section overall in Latin America are approximately 35%, increasing up to 85% in some cases. There are many factors related to poor outcomes with regard to maternal and newborn/infant health in LAC countries. Maternal and perinatal outcome data within and between countries is scarce and inaccurate. The aims of this study were to: i) describe selected obstetric and neonatal outcomes of women who received midwifery care, ii) identify the level of maternal well-being after experiencing midwifery care in 6 Latin America countries.
Design: this was a cross sectional and descriptive study, conducted in selected maternity units in Argentina, Brazil, Chile, the Dominican Republic, Peru, and Uruguay. Quantitative methods were used to measure midwifery processes of care and maternal perceptions of well-being in labour and childbirth through a validated survey of maternal well-being and an adapted version of the American College of Nurse-Midwives (ACNM) standardized antepartum and intrapartum data set. Setting: Maternity units from 6 Latin American countries.

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Participants: the final sample was a convenience sample, and the total participants for all sites in the six countries was 3009 low risk women.
Findings: for the countries reporting, overall, 82% of these low risk women had spontaneous vaginal deliveries. The rate of caesarean section was 16%; the Dominican Republic had the highest rate of Caesarean sections (30%) and Peru had the lowest rate (4%). The use of oxytocin in labour was widely variable, although overall there was a high proportion of women whose labour was augmented or induced. Ambulation was common, with the lowest proportion (48%) of women ambulating in labour in Chile, Uruguay (50%), Peru (65%), Brazil (85%). The presence of continuous support was highest in Uruguay (93%), Chile (75%) and Argentina (55%), and Peru had the lowest (22%). Episiotomies are still prevalent in all countries, the lowest rate was reported in the Dominican Republic (22%), and the highest rates were 52 and 53% (Chile and Peru, respectively). The Optimal Maternal well-being score had a prevalence of 43.5%, adequate score was 30.8%; 25% of the total sample of women rated their well-being during labour and childbirth as poor.
Key conclusions: despite evidence-based guidelines and recommendations, birth is not managed accordingly in most cases. Women feel that care is adequate, although some women report mistreatment.
Implications for Practice: More research is needed to understand why such high levels of intervention exist and to test the implementation of evidence-based practices in local settings.

Introduction

Over the past three decades there has been a social movement in Latin American countries to support humanised, physiologic birth (Umenai et al., 2001). As rates of caesarean section overall in Latin America are approximately 35%, increasing up to 85% in some cases (Taljaard et al., 2009) current research confirms evidence of complications of Caesarean sections for both mothers and their children. Well-established, short-term maternal risks are increased in Caesarean sections, including postpartum urinary tract infections, surgical wound infections (Hung et al., 2015), and breast feeding problems (Bodner et al., 2011). Emergent longer term maternal effects include subsequent stillbirth, miscarriage and ectopic pregnancy (Silver, 2010; Solheim et al., 2011; O'Neill et al., 2014).

Infant long term effects include higher rates of common infectious diseases, as well as higher rates of respiratory tract infections (pneumonia, bronchitis, influenza, cough and breathing problems) (Merenstein et al., 2011). A recent study has indicated a higher risk of long term childhood effects in both acute and elective Caesarean sections of childhood mucosal infection, inflammation and juvenile idiopathic arthritis (Kristensen and Henriksen, 2015).There are also reports of a link between Caesarean section and induced labour and Autism Spectrum Disorders (Gialloreti et al., 2014).

Background to Latin America and the context for this study

Latin America and the Caribbean (LAC) is the global region with the greatest inequalities in income distribution, although there is great heterogeneity among countries (ECLAC, 2004; Barcena and Prado, 2016). According to the Committee on Population and Development at the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), objectives to reduce disparities in maternal and infant mortality rates within countries have yet to be met (ECLAC, 2004).

There are many factors related to poor outcomes with regard to maternal and newborn/infant health in LAC countries (Belizan et al., 2005), also maternal and perinatal outcome data within and between countries is scarce and inaccurate, therefore many goals have been established to be achieved.

Among these goals is that all LAC countries recognise the value of enabling all women in the region to attain their optimal reproductive health. This includes the provision of a woman and family-centred (i.e. humanised) model of care, which avoids an exclusively biological view of health and illness. This approach requires respect and familiarity for the childbearing woman and her family's psychological, social, and cultural needs. Therefore, the focus and evaluation of care must be centred on emotional, social, and cultural aspects, rather than solely on the physical dimension. Traditionally, outcomes of care have focused upon morbidity and mortality. Qualitative aspects, such as the satisfaction of the woman and her partner with the reproductive process, must also be evaluated (Belizan et al., 2005).

In 2005, the Pan-American Health Office (PAHO) published a review aimed to explore the extent of midwifery services and practices and describing five different profiles of midwifery services in Latin America and the Caribbean countries (Odberg and Stone, 2005). This report highlighted the importance of professional midwifery´s role in improving maternal and neonatal outcomes in the region. The report went on to note that professional midwifery is underdeveloped in all regions of the Americas except for the non-Latin Caribbean. Moreover, the authors concluded that midwifery practice in the Americas in general is highly medicalized (physician dominated) with elevated rates of caesarean sections.

Midwifery faculty at the University of Chile, (Binfa et al., 2013) have conducted two assessments of clinical midwifery processes of care, maternal and newborn outcomes, and women´s perceptions of care during labour and childbirth in hospitals in Chile. A pilot was undertaken in 2 metropolitan regional hospitals in Santiago, and the results were published in 2013 (Binfa et al., 2013). A subsequent study, using the same design and methods was replicated in 7 more of the Chilean regions (Binfa et al., 2016). At the same time, contacted by email and conference networking, we invited midwives and nurses in other countries in LAC to replicate the study, adapting it to their local context. Despite the absence of research funding, midwifery or nursing researchers in Argentina, Brazil, the Dominican Republic, Peru, and Uruguay agreed to participate.

Researchers in each country agreed they would be responsible for publishing reports from the studies in their own countries, but that the aggregate data would be reported from the Department of Women´s and Newborn Health Promotion and School of Midwifery at the Faculty of Medicine, University of Chile. This is the report of the aggregate results from 6 countries, Argentina, Brazil, Chile, the Dominican Republic, Peru, and Uruguay.