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Comprehensive maternity support and shared care in Switzerland: Comparison of levels of satisfaction

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ABSTRACT

Background: According to the woman-centred care model, continuous care by a midwife has a positive impact on satisfaction. Comprehensive support is a model of team midwifery care implemented in the large Geneva University Hospitals in Switzerland, which has organised shared care according to the biomedical model of practice. This model of care insures a follow up by a specific group of midwives, during perinatal period.
Aim: The goal of this study was to evaluate the satisfaction and outcomes of the obstetric and neonatal care of women who received comprehensive support during pregnancy, childbirth and the postpartum period, and compare them to women who received shared care.
Methods: This was a prospective comparative study between two models of care in low risk pregnant women. The satisfaction and outcomes of care were evaluated using the French version of the Women's Experiences Maternity Care Scale, two months after giving birth.
Findings: In total, 186 women in the comprehensive support group and 164 in the control group returned the questionnaire. After adjustment, the responses of those in the comprehensive support programme were strongly associated with optimal satisfaction, and they had a significantly lower epidural rate. No differences were observed between the two groups in the mode of delivery. The satisfaction relative to this support programme was associated with a birth plan for intrapartum and postnatal care.
Conclusions: Team midwifery had a positive impact on satisfaction, with no adverse effects on the obstetric and neonatal outcomes, when compared to shared care.

Statement of significance

Problem

In Switzerland, woman-centred care and team midwifery care remain marginal during the perinatal period.

What is already known

The planning, coordination and delivery of a woman's health care by a midwife through pregnancy, childbirth and the postpartum period, according to the woman-centred care model, has a positive impact on obstetric and neonatal outcomes when compared to other models of care.

What this paper adds

These results confirm those obtained in other countries and cultures, and support the implementation of a comprehensive-support care model in large university maternity hospital settings that span a diversity of cultures and languages.

1. Introduction

1.1. Background

In the perinatal period, the organisation of care, based on the concept of an individualised approach, was developed about

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20 years ago.[1] This philosophy, driven by individual needs, integrates the notions of the person as a whole, consistency and continuity.[2] In a review of the literature, One of the most used definition of women-centred care (woman-centred care) has been articulated by Leap as woman-centred care: (1) focuses on the woman's individual needs, aspirations and expectations, rather than the needs of the institution or professionals, (2) recognises the need for women to have choice, control and continuity from a known caregiver or caregivers, (3) encompasses the needs of the baby, the woman's family and other people important to the woman, as defined and negotiated by the woman herself, (4), follows the woman across the interface of community and acute settings, (5) addresses social, emotional, physical, psychological, spiritual and cultural needs and expectations, (6) recognises the woman's expertise in decision making. This approach of care emphasises the importance of women's emotional, physical, psychological and cultural needs and expectations for continuity and control over the care delivered by a single or a group of Health care provider.[3]

The planning, coordination and delivery of women's health care by a midwife through pregnancy, intrapartum and postpartum care according to the woman-centred care model has a favourable impact on obstetric and neonatal outcomes compared to other models of care.[4] For women, this reinforces the sense of self-confidence.[5] It has also been shown that personalised care by midwives is no more costly than traditional follow-up.[6] If favourable elements related to childbirth have been identified, women's satisfaction during pregnancy, intrapartum and postpartum care has also been reported. Several studies conducted in Anglo-Saxon and Scandinavian countries have shown high satisfaction levels in women who were monitored in this way.[4,7] The specific needs and expectations of women during the various perinatal periods (antenatal, intrapartum and postpartum) require the expert skill of midwives.[8,9,10] The notions of consistency and continuity of care and caregivers, through the various care episodes, should also be considered,[11] as well as the structure in which the care is delivered (e.g., home, private clinic, hospital or midwife unit).[12] Another factor to take into account in terms of satisfaction is the number of midwives involved, the team organisation and the impact of the offered services.[13–15] In Switzerland, woman-centred care is particularly well developed through independent midwife practices, which are still marginal compared with regular care. Furthermore, very few women can benefit from these practices.

1.2. Context of maternity service in the country

Switzerland uses the following three perinatal care models: obstetrician-led care, midwife-led care and shared care. Obstetrician-led care means that an obstetrician is responsible for the prenatal care and carries out tests during pregnancy. The Obstetrician is responsible for the birth in a clinic or in a private division of a public hospital, if the woman has private insurance. Usually the obstetrician is assisted by a midwife in providing care during labour. In midwife-led care, a midwife independently performs care during pregnancy and in the postnatal period. The birth most often takes place at home or in a birthing centre with a second midwife for birth, according to Swiss legal framework and based on the provisions of the Federal Health Insurance Act (*Loi fédérale sur l'assurance-maladie* [LaMal]).[16] Shared care includes consultations during pregnancy provided by an obstetrician or an independent midwife. After the 37th week of pregnancy, the follow-up is provided by an obstetrician and midwives working together in the antenatal unit of a public hospital.

In 2014, 6114 births were recorded births in Geneva. Three thousand nine hundred fifty-six births (64.7%) took place in the university hospitals of Geneva (*Hôpitaux universitaires de Genève* [HUG]); 2128 (35.3%) were spread across the city's three private clinics, and 30 (0.5%) occurred at home.[17]

In a cultural and health-related context, no university medical structure in Switzerland offers an approach to care based on the woman-centred care model.

1.3. Context of the study

The implementation of a woman-centred care model in a large university hospital requires the re-organisation of health services at all levels of care, including medical education, the creation of a suitable care environment with a favourable attitude and a favourable setting for implementing this philosophy.[18] The need to test the implementation of health care models in health care settings that span a diversity of cultures and languages, with their own particularities in terms of public policies, could confirm the results previously obtained in another context.[4,12,19]

An innovative model named 'Comprehensive Support Care' (CSC) started in Switzerland at the HUG hospitals in February 2011. This model of care was rooted on a woman-centred care approach by providing personalised care, continuity of care and continuity of carer. woman-centred care. The CSC is provided a group of eight midwives. These midwives take care of the women as soon as the pregnancy is announced, throughout the prenatal period, during the delivery and in the postpartum period. These midwives continue their care through the different units of the maternity service (antenatal clinic, labour ward, emergency ward, postnatal ward). These midwives are state employees and work under the delegation of the chief medical officer. These midwives take charge of the women included in CSC, which includes: prenatal consultations, preparation for childbirth classes, emergency admission and follow-up inpatient care and postpartum. Information about the start of this new service was distributed by the media and health-care professionals.

This model is comparable to 'team midwifery' as defined by Sandall 'midwife-led continuity of care, which provides continuity of care to a defined group of women through a team of midwives sharing a caseload, often called 'team midwifery" (Sandall, 2016, p. 7).[4]

1.4. Purpose

The primary objective of this study was to compare the satisfaction level of women who received Comprehensive Support Care during pregnancy and intrapartum and postpartum care with that of women who received standard care (the control group). The secondary objective was to investigate obstetric and neonatal outcomes in the two groups, maternal and neonatal health two months after birth, as well as the satisfaction level relative to the support offered by the Comprehensive Support Care.

2. Methods

2.1. Study design

The purpose of this cross-sectional observational study conducted in HUG maternity wards was to compare the satisfaction with care received during the perinatal period based on the method of care, namely the Comprehensive Support Care (CSC) programme which based, on the midwife-led continuity of care model, versus standard care. Obstetric outcomes were evaluated according to group, and details of neonatal outcomes and maternal and neonatal health were reported two months after childbirth. In

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