

Getting the First Birth Right

A retrospective cohort study of birth outcomes for
primiparous women receiving standard care in the Birth
Suite versus continuity of midwifery care in the Birth Centre
at
The Canberra Hospital.

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Abstract

Introduction

The aim of this research is to compare outcomes for a cohort of primiparous women who have accessed the Canberra Midwifery Program (CMP) with those who received standard public care at The Canberra Hospital. This will inform our understanding of the clinical outcomes of primiparous women accessing varying maternity models of care at The Canberra Hospital in order to determine best practice and assist future planning.

Methods

The study was conducted using data collected from records held by The Canberra Hospital for the period 1st January 2010 to 31st December 2011. A retrospective comparative cohort study design was implemented drawing on data from two databases.

Results

The study found significantly increased rates of normal vaginal birth (57.5% vs. 48.9% $p=0.002$) and spontaneous vaginal birth (38% vs. 22.4% $p= <0.001$) and correspondingly decreased rates of assisted vaginal birth (23.5% vs. 28.5% $p= 0.05$) and caesarean sections (18.8% vs. 22.5% $p=0.115$) in the CMP cohort. There were also fewer interventions in the CMP group including: induction of labour, epidural anaesthesia and use of narcotics in labour. There were significantly increased rates of breast feeding initiation within an hour of birth and early transfer home (within 24 hours of birth) within the CMP cohort and no differences in neonatal outcomes.

Conclusion

Continuity of midwifery care/carer with the Canberra Midwifery Program is associated with a statistically significant difference in some clinical outcomes for primiparous women at this site.

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Liz Sharpe (Director of Nursing & Midwifery at The Canberra Hospital during the study period) had a vision and a belief that 'continuity of care/carer' needed to be expanded at The Canberra Hospital. She was aware of the national and international literature supporting the safety, efficacy and cost effectiveness of this model of care for women of all parity so encouraged me to research local outcomes for a primiparous group.

But mostly the other amazing women who have been a major part of my life for over 40 years who provided an identity of which I'm very proud: 'Midwife'. I've known them in all phases of their pregnancy journey and have an enormous respect for each and every one of them, including my daughter-in-law Rebecca and our new granddaughter, Monique.

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