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Commentary

Commentary: Creating a definition for global midwifery centers

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Introduction

Midwifery centers were developed by communities to increase women's access to acceptable facility-based care during childbirth (Cole, 2017). Midwifery centers are health care facilities that provide birth and sexual and reproductive health care using the midwifery model of care. They provide safe, satisfying, women-centered care, and reduce interventions (Stapleton et al., 2013) (Hermus et al., 2017). While the services offered, and their integration within the health system can vary greatly (Kirkham, 2003), midwifery centers offer a strong alternative for respectful, facility-based birth, in a woman's community.

Consistent reports of disrespect and abuse have been found in facility based births in the dominant hospital-based model, regardless of culture or income (Bowser and Hill, 2010; Bohren et al., 2015, 2019). Intervention rates for healthy women in hospitals, including cesarean rates, have increased significantly, driving higher medical costs as well as long term negative health outcomes for mothers and babies (Sadler et al., 2016; Boerma et al., 2018).

Women, midwives and communities have opened midwifery centers across the world as a way to improve access to care, mitigate the effects of increased medicalization, improve women's experiences of care for healthy, low risk women, while providing the optimal facility-based space for the practice of midwifery (Alonso et al., 2018; Goodbirth Midwifery Center Atlas, 2018). Yet the global community lacks a standardized definition for a midwifery center. The absence of a definition results in a lack of awareness of midwifery centers by the health care system, and confusion regarding the benefits they offer to women, their infants and the local communities. Additionally, standardization optimizes integration of recognized midwifery centers into the healthcare system.

Although there is diversity among midwifery centers in different countries and contexts, a global definition and standards for midwifery centers are essential for research, quality standardization, promotion of this model, and facility integration in the healthcare system. A global definition will help identify, support and advocate for midwifery centers, and encourage research to evaluate this health care model.

Background

The majority of women giving birth have straightforward pregnancies, and go on to have physiological birth (Johanson et al., 2002). Yet most of them will give birth in a hospital designed to treat the sick, with care using the medical model that performs best when dealing with complications and interventions. Midwives working in an enabling environment, providing the midwifery model of care, are the ideal providers of care for the majority of healthy pregnant women (Hoope-Bender et al., 2014). The unique and different aspects of the midwifery model versus the biomedical model, are generally poorly understood (Betro, 2018; Hartigan, 2001). The midwifery model of care provides continuity of a care provider, family focused care, and informed client participation that is relationship-based. It focuses on prevention, education and screening. It considers birth a unique physical, emotional and spiritual event for a woman and her family (Jefford et al., 2019). In some environments, these "soft skills" can at times become a lower priority.

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Midwives function best when working in an enabling environment that is fully integrated into the healthcare system (Vedam et al., 2018). As midwifery has expanded globally, in some settings the profession has experienced burnout and abuse within the medical system. (Filby et al., 2016). An enabling environment for midwives requires basics such as infrastructure, supplies, medication, and adequate education, as well as appropriate integration, agency and freedom to practice the midwifery model. The recent framework for quality of care (Renfew et al. 2014) and respectful maternity care (Bowser and Hill, 2010) demonstrate experience of care as just as important as the provision of care to impact health outcomes (Tuncalp et al., 2015). The midwifery model of care has been shown to do this, while being cost effective, satisfying to women, and using interventions appropriately- but it needs an enabling environment to be fully expressed. A midwifery center is the optimal facility environment for the full expression of the midwifery model in practice, optimizing physiological care for women.

Establishing a global definition

Midwifery centers have been identified in over 56 countries, in low, middle, and high-income countries (Goodbirth Midwifery Center Atlas, 2018). A wide range of names are used for midwifery centers, (see box 1) with varying services depending on a community's needs. Using snowball technique to contact midwifery centers globally, and their advocates, a working group was convened in Haiti 2016 to draft an initial global definition for midwifery centers. Published definitions of midwifery centers in English were gathered from US, EU, Australia and Netherlands and common themes identified (see box 2). A review of the midwifery center definitions by the initial working group found three core elements: midwifery model of care as the guiding theoretical framework, appropriate and continuous risk assessment, and timely and seamless integration in the health care system.

Box 1. Alternative terms used for midwifery centers

Alternative terms have been identified as in use for "midwifery center" globally:

Birth center (US, Netherlands), birth home, birthing home, basic OB unit, birth and family center, birth cottage, birthing house, community birthing home, home-from-home units, midwife-led unit, midwifery-led unit, maternity home, maternity outpatient center, maternity waiting homes, midwifery-led birthing suites, normal birth unit, nursing home (Kenya), along-side midwifery-led units and out-of-hospital maternity unit (United Kingdom), midwife-led maternity center (New Zealand), primary maternity facility (New Zealand), midwifery home (Japan, official designation), birthplace, normality unit (Scotland, each with a midwife leader called the Normality Specialist), facility-based maternal newborn care (a component of 'Household to Hospital Continuum of Care' in Vietnam), midwifery-led primary level care unit for normal birth, Lying-In Clinic, and many more.

Box 2. High income country definitions

UK definition (Rowe, 2011):

"Freestanding midwifery unit (FMU): an NHS clinical location offering care to women with straightforward pregnancies during labor and birth in which midwives take primary professional responsibility for care. General Practitioners may also be involved in care. During labor and birth diagnostic and treatment medical services including obstetric, neonatal and anesthetic care, are not immediately available but are located on a separate site should they be needed. Transfer will normally involve car or ambulance."

US definition (AABC, 2017):

"The birth center is a health care facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not a hospital.

Birth centers are an integrated part of the health care system and are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost-effectiveness. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center.

The birth center respects and facilitates a woman's right to make informed choices about her health care and her baby's health care based on her values and beliefs. The woman's family, as she defines it, is welcome to participate in the pregnancy, birth, and the postpartum period."

Australian definition (Laws et al., 2009):

"A birth center is a midwifery-managed unit separate from a labor ward - but with established links to a referral service - offering both antenatal care and care during birth to women at low risk of medical complications. Birth centers are characterized by a commitment to normality of pregnancy and birth, and a homelike environment."

Dutch definition (Hermus et al., 2017):

"Birth centers are midwifery-managed locations that offer care to low risk women during labor and birth. They have a homelike environment and provide facilities to support physiological birth. Independent community midwives take primary professional responsibility for care. In case of referral the secondary caregiver (obstetrician or pediatrician) takes over the professional responsibility of care.

Three types of birth centers were identified based on location:

A freestanding birth center is located separate from a hospital with obstetric services. In case of referral the woman needs to be transferred to a hospital with obstetric services which will normally be by car or ambulance.

An alongside birth center is located in a hospital with obstetric services or on such a hospital's grounds, but separate from the obstetric unit. In case of referral the woman needs to be transferred which will normally be by bed or wheelchair.

An on-site birth center is located within an obstetric unit of a hospital. In case of referral the woman does not need to be transferred: the secondary caregiver (obstetrician or pediatrician) will enter the birthing room."

Consensus was reached through four in-person focus group discussions with stakeholders, and three informal online meetings. The four focus group discussions, with over 11 countries represented (Haiti, Mexico, Peru, UK, US, Canada, France, Trinidad and Tobago, Netherlands, Switzerland, and Australia) occurred in Haiti (twice), Canada and Mexico. Participants included representatives from the WHO, the donor community, Ministries of Health, UNFPA, NGOs and national midwifery center organizations from three countries (US, UK, Mexico), as well as traditional birth attendants, clinical midwives, nurses, midwifery center administrators, midwifery educators, midwifery center researchers, and midwifery organizations.

The informal online discussions utilized Zoom video conferencing and follow up emails. The online discussions focused on engaging midwifery centers and their staff from LMIC. Participants represented 14 countries including the US, UK, Canada, Mexico, Uganda, Haiti, Philippines, Bangladesh, Peru, Trinidad and Tobago, Cambodia, New Zealand, South Africa, and Sierra Leone. All participants were administrators or health care providers at a midwifery

center. The majority of the inter professional discussions revolved around explaining language and defining terms such as midwifery model of care, home-like environment and BEmONC, basic emergency obstetric and neonatal care (UNFPA, 2014). A final definition was reached Spring 2018.

Final definition

"A Midwifery center is a healthcare facility offering birth and sexual and reproductive health care services, using the midwifery model of care. It specializes in care for routine birth, ensures access to basic emergency care, and is fully integrated within the healthcare system. A midwifery center is distinguished by its alignment with the midwifery philosophy of care. This human rights-based, woman-centered approach, is expressed through a home-like shared space that encourages participation of the woman, and her community. The midwifery center aligns the level of care provided to changing needs, staying alert and responsive, to provide an optimal outcome. The care provided at a midwifery center is oriented and directed towards the woman's experience."

Definition expansion

- **Physical space/facility**: A midwifery center is a healthcare facility reflecting a home-like, relaxing environment. It embodies a shared, respectful, collaborative philosophy, advocating agency for all participants in health care processes. It can be found alongside an obstetric labor and delivery ward in an existing health care facility, or freestanding in the community setting.
- **Model of care**: The midwifery model specializes in care that operationalizes human rights and dignity; providing evidenced informed, woman-centered care throughout her life course (ICM, 2014). Midwifery centers specialize in low medical intervention, high comfort and education to support physiological birth; with professional autonomy and collaboration (Jefford et al. 2019). This care model is reinforced by community relationships and trust.
- **Level of care available**: A midwifery center provides sexual and reproductive healthcare, newborn care and birth services for women considered appropriate for physiological birth. A midwifery center performs continuous risk assessment, while ensuring access to basic emergency maternal and neonatal care if needed. If required, women identified at risk are referred for higher levels of care through clearly defined referral pathways (UNFPA, 2014). A midwifery center has the "capability and equipment to provide low-risk maternal and neonatal care and readiness at all times to initiate emergency procedures to meet unexpected needs of the woman and newborn within the center, and facilitate transport when necessary" (AABC, 2017).
- **Providers**: A midwifery center "ensures adequate numbers of qualified professionals to assess, care for, stabilize and transfer women and newborns" (AABC, 2017). Midwifery philosophy specializes in care that operationalizes human rights and dignity; providing evidenced informed, woman-centered care throughout her life course (ICM, 2014). The standard for a qualified professional is any licensed cadre of skilled birth attendant (WHO, 2018), usually a midwife (ICM, 2017) as she is a specialist in the midwifery model of care, as defined by WHO/ICM/FIGO (WHO, 2004; WHO, 2008).
- **Program of care**: Possible programs offered include: antenatal, intrapartum, and postpartum care, childbirth education, support groups, breastfeeding education, nutrition and health education, community outreach, centering pregnancy, newborn, family planning, cancer screening and gynecologic care to meet a particular community's needs. Continuous risk assessment is done throughout care to assure the appropriate level is provided. The program of care is committed to the physical and mental health, and cultural safety of the woman and family, staff and surrounding community. This is demonstrated through standards for safety, healthcare quality and maintenance, and compassionate care.
- **Community**: A midwifery center is rooted in a woman's local community, working with women and local health care providers, and is integrated within the larger health care system. Care is community informed for system impact.

A global definition of midwifery centers should not eclipse the subtle global variations in this model. These variations speak to the flexibility of the model in different contexts. With this definition the global community can identify midwifery centers to support and expand as one of many solutions for women's access to quality care, addressing maternal mortality while mitigating unnecessary interventions and rates of disrespect and abuse. Midwifery centers have the potential to provide high quality, cost effective, respectful care that is in a woman's community, strengthening the healthcare system and referral pathways, using a rights-based approach for maternal and newborn care.

As with all health care facilities within a system, midwifery centers need operational standards and a mechanism for licensure and accreditation at the country level. Additionally, with an accepted definition for midwifery centers, research is now needed to assess their quality and impact on women's experiences of care and outcomes, as well as their potential impact on health systems.

Conclusion

Midwifery centers offer "rightsizing" of care, and a strong alternative for respectful, facility-based birth in a woman's community, with the potential to be safe, satisfying and cost effective. By stepping slightly out of the traditional model of care, midwifery centers address some of the gendered issues that drive disrespect and abuse, and therefore can greatly benefit midwives and women. This definition offers the opportunity to identify, evaluate, support and create standards for midwifery centers, and encourage standardized research on their utility in low resource environments .

Ethical approval

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None declared.

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Jennifer R Stevens: Conceptualization, Methodology, Investigation, Writing - original draft. **Cristina Alonso:** Investigation, Writing - review & editing.

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