Woman Centred Care

Position Statement

All four countries of the UK have introduced policies for maternity services reform aimed at making the planning and delivery of maternity care more responsive to the individual needs of women and their families and to offer women informed choices about all aspects of their care (Department of Health, 2004, 2007; Department of Health and Social Services Northern Ireland, 2004; Scottish Office, 2004; Welsh Office, 2004). Many of these policies underpin the philosophy woman-centred care and affirm women's own strength, power and skills, and commitment to promoting physiological labour and birth. The latest of these policies on the maternity services, guarantees choice on access to maternity care, place of birth, midwife-led care and the type of antenatal and postnatal care. In addition, the policy emphasises staff development and good leadership. (Department of Health, 2007)

'Woman-centred care' is the term used to describe a philosophy of maternity care that gives priority to the wishes and needs of the user, and emphasises the importance of informed choice, continuity of care, user involvement, clinical effectiveness, responsiveness and accessibility. The fundamental principles of woman-centred care ensure:

- A focus on pregnancy and childbirth as the start of family life, not just as isolated clinical episodes, that takes full account of the meanings and values each woman brings to her experience of motherhood.
- Women are equal partners in the planning and delivery of maternity care
- Women are given informed choice in terms of the options available to them during pregnancy, labour and the postnatal period - such as the place of birth, who provides care and where it is given.
- Women have control over the key decisions affecting the content and progress of their care and are supported to have as normal a pregnancy and childbirth experience as possible
- Women have continuity of care so that they are able to form trusting relationships with those who care for them

Midwives are the experts in normal pregnancy, childbirth and postnatal care; they provide integrated care across the primary and secondary sectors and are key to making the improvements outlined in current health policy agenda. However, woman-centred care also means that midwives encourage self-efficacy by providing a range of unbiased information which takes account of women's beliefs and values. This includes a non-judgemental

approach to understanding that some choices or decisions made by women may not fit into our framework of institutional guidance and protocols. Nevertheless, the midwife's role remains that of being the woman's advocate by enabling her to make decisions of her own.

Successful implementation of woman-centred care depends on commissioners and managers recognising the role and value of midwifery care, and committing appropriate resources. Properly implemented woman-centred care delivers many of the key priorities of the current NHS policy agenda and puts greater power and control in the hands of those who use the health services, treating them as equal and active partners in their own care. It requires the development and sustenance of innovative models of service delivery, excellence in midwifery practice where midwives are the lead professional, with good liaison and referral links to medical colleagues and deliver cost-effective and good outcomes for women. It must be recognised that continuing improvements in the maternity services are difficult to achieve where midwifery is under-resourced, understaffed or demoralised (Ladipo et al, 1999).

RCM Position

The RCM believes that truly woman-centred care must encompass Midwifery-led care of normal pregnancy, birth and the postnatal period and services that are planned and delivered close to women and the communities in which they live or work.

The RCM calls upon commissioners and managers to commit adequate resources to implement woman-centred care.

The RCM urges commissioners/Chief Executives of NHS organisations to strengthen midwifery leadership within the maternity services in order to promote professional excellence and maximise the contribution of midwives and the maternity services to the wider public health agenda.

The RCM believes that user involvement is critical in realising woman-centred care and must go beyond the tokenistic, to develop a real partnership between women and midwives. Heads of Midwifery Services should work with user representatives to develop accessible, cost-effective, high quality services that meet women's physical, emotional and social needs.

The RCM recommends that:

Heads of Midwifery Services and midwives develop a public health perspective to maternity care, which takes account of wider social and environmental factors, commits resources to preventative health care, and aims to reduce health and social inequalities.

Midwives adopt a holistic perspective, which encompasses emotional, psychological and social as well as physical needs.

Midwives support the development of confident and effective parenting by working with women in their communities to develop strategies to promote breastfeeding, healthy eating and lifestyles which enhance wellbeing,

Develop innovative models of care and services, which are accessible to all women and take account of the specific needs of disadvantaged women.

Heads of Midwifery services develop a framework for monitoring the implementation of key maternity care policies.

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