



The Royal College of
Midwives

Evidence Based Guidelines *for* *Midwifery-Led Care in Labour*

Introduction

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The Royal College of Midwives (RCM) has a fundamental role in promoting the midwifery profession and supporting midwifery practice. For this reason we provide midwives with regularly updated evidence-based guidelines to follow in practice.

These guidelines have been developed under the auspices of the RCM Guideline Advisory Group with final approval by the Director of Learning Research and Practice Development, Professional Midwifery Lead.

The guideline review process will commence in 2016 unless evidence requires earlier review.

This updated edition of the guidelines was produced by Jane Munro, Quality and Audit Development Advisor, RCM and Mervi Jokinen, Practice and Standards Development Advisor, RCM, with contributions on specific guidelines from:

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Guideline Advisory Group

The Guideline Advisory Group reviewed the draft guidelines and met on two occasions to give opinions on the evidence base, to agree recommendations and to respond to the comments made in the peer review. The membership of the Guideline Advisory Group was as follows:

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Peer Review

The guidelines were reviewed in draft form by the following expert referees who were asked to comment on the comprehensiveness and accuracy of interpretation of the evidence. The Guideline Advisory Group discussed the comments made by the peer reviewers, and justified any disagreement with comments.

Dr Tracey Cooper, Consultant Midwife – Normal Midwifery, Lancashire Teaching Hospitals NHS Foundation Trust

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Introduction

In the UK, maternity services have developed significantly through recognising that midwives should take the lead role in the care of normal pregnancy and labour (Department of Health 2004). Such midwifery-led care has been seen to have as good outcomes as shared care, met with greater satisfaction from women and reduced obstetric intervention rates (Devane et al. 2010; Hatem et al. 2008; Symon et al. 2007; Spurgeon et al. 2001; Shields et al. 1998; Turnbull et al. 1996; Campbell et al. 1999; Turnbull et al. 1996; Hundley et al. 1994; Turnbull et al. 1996; McVicar et al. 1993).

Midwifery care perceives labour as a normal physiological process characterised by a spontaneous onset between 37 and 42 weeks, in a woman whose pregnancy has been uncomplicated. It also recognises that, for the woman, labour is not 'just normal' but actually extraordinary: as a 'good' or 'bad' experience it has great implications for her psychological well-being and her relationships with her family (Wiklund et al. 2008; Lemola et al. 2007; Waldenstrom et al. 2004; Simkin 1991).

Clinical guidelines, defined as "systematically developed statements to assist practitioner decisions about appropriate health care" (Grimshaw and Russell 1993) are recognised as a key component of clinical governance (NHS Executive 1999). An overview of approaches to changing clinical practice suggests that, although there may be clear data showing that care in the health service is not appropriate, some practices continue to be unnecessary or harmful (Grol and Grimshaw 2003). There is relatively little information available about achieving practice change in midwifery. In this context, the guidelines presented here are an attempt to make a range of research accessible to midwives for underpinning practice.

One of the key principles of midwifery-led care is the right of pregnant women to be provided with good information and to be involved in decisions about their own care and that of their babies (Rogers 2002). Failure to pay attention to the quality of that information, and an over-optimistic view of interventions, can have serious consequences in terms of iatrogenic harm, unnecessary costs and increased dissatisfaction (Coulter 1998). The contents of this document are clearly not exhaustive, and will need to be reviewed regularly in response to new research. There is also no intention to be entirely prescriptive, as care has to be individual. However, it is recommended that a clear-cut departure from evidence should be justified and documented.

There can be variation between different units' policies for defining which women are offered midwifery-led approaches to care during their labours. Policies may be based on the inclusion criteria used in early trials of midwifery-led care, or derived from local experience and that gained from other NHS settings.

There will also be a range of reasons why obstetric opinion may be required during labour for some women. This may be followed by transfer to consultant-led care, or agreement made by all parties that midwifery-led care should continue. These guidelines have been developed for women who meet generally agreed criteria, i.e. women in good general health following a straightforward pregnancy and without problems in a previous pregnancy or labour, who enter spontaneous labour at term, expecting one baby in a cephalic presentation. It is expected that where concern exists about the woman, or the condition of the fetus, or progress of labour, then referral for an obstetric opinion will take place. The use of epidural pain relief will be associated with following a different care pathway, as labour may no longer be physiological, and observations and management will need to reflect that.

In all situations, it is important that women understand who has responsibility for their care and that they remain informed and involved in decisions about themselves and their babies. Record keeping should reflect discussions that take place about options for care, and should provide a full and accurate picture of events to enable smooth and safe transfer of care, where that is required.

Identifying topics for inclusion in the guidelines

In the development of the first edition of these guidelines, the subjects investigated were determined in group discussion with midwives in the unit where the guidelines were going to be used. In the second edition, two additional topics were included, again based on requests from midwives in the host unit and were the topics most frequently requested. For the third edition, the consultation to identify additional new topics was widened to include the broader midwifery community and service users, or organisations that work with them, as the key stakeholders. For midwifery comments this was achieved by contacts through the Evidence Based Midwifery Network and The Royal College of Midwives. The views of user communities were sought through contact with the National Childbirth Trust, the Association for Improvements in the Maternity Services and Yogabirth, all at a national level. There was significant overlap between the topics requested by midwives and by user groups (Spiby and Munro, 2009).

Literature review

The guidelines presented here are from a literature search undertaken using the following sources:

- Search by a librarian of the following electronic databases: Cochrane Library, MEDLINE, Embase, MIDIRS
- hand-search by the authors of the following publications looking for frequently cited papers: Birth, British Journal of Midwifery, Midwifery, Practising Midwife, Evidence-based Midwifery

Initial search terms for each discrete area were identified by the authors. For each search a combination of MeSH and keyword (free text) was used.

As this document is an update of research previously carried out, the publication time period was restricted to January 2008 to March 2011. A small number of papers were included from 2011 and 2012 (after the dates of the search described) as they were recognised as key to contemporary practice.

Literature covering the following perspectives was sought and reviewed:

- that of systematic reviews and prospective and published randomised controlled trials;
- that from midwives' research and reviews;
- that exploring women's views;
- Reports from professional bodies and government policy directives.

In line with the philosophy of midwifery-led care, particular weight was given to finding and incorporating literature that explored women's views of care and interventions.

The National Institute for Health and Clinical Excellence and the Scottish Intercollegiate Guidelines Network guideline databases were searched for existing guidelines in the topic areas.

The search was limited to English language papers or abstracts of research conducted in settings and contexts relevant to UK midwifery-led care. Where there was uncertainty about the appropriateness of including a paper, this was discussed by the authors and the Guideline Advisory Group, and consensus reached.

A comprehensive evaluation of the development and implementation of the first edition of the guidelines was undertaken (Spiby and Munro 2009). The views of midwives and service users were sought, and change of practice was measured through routinely collected data. The findings of the evaluation informed the second edition. For the third edition of the guidelines, the peer review process was repeated involving two midwives with an interest in and experience of guideline development and members of three national organisations already named above that work with and for service users.

For the fourth and fifth editions, where no additional topics were being sought, the peer review was undertaken by experts with recognised knowledge of the literature and expertise in the practice area.

Further details of the guideline development methodology is available in the guidance for producing midwifery practice guidelines at www.rcm.org.uk

Implementation

Publishing Guidelines is only one part of introducing evidence-based practice, and changes in practice should not be introduced without the necessary educational support. Audit tools can be developed using the recommendations in the practice points presented in the guidelines and are a useful aid to implementation.

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