

# Effectiveness of In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics in Japan to Protect Future Births:

## Satisfaction of Expectant/Nursing Mothers and Reduction of Obstetrician's Workload

### Background

In Japan, approximately 84% of midwives work in hospitals or clinics and approximately 6.2% work in maternity homes. Midwives play a comprehensive role in protecting the maternal and infant health in normal births.

A challenge for hospitals and other institutions is the construction of systems for midwives to provide seamless care from pregnancy to parenting. Challenges include dividing responsibilities between the midwives and the physicians, building systems to provide care, and cooperate with physicians, for the increasing number of high-risk pregnant and parturient women. To address these issues, JNA uses guidelines (2018) to promote the establishment of In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics at medical institutions capable of providing emergency care, as well as building systems for providing continual midwife-led care, in cooperation with physicians, that respects the views and wishes of pregnant and parturient women.

### Objectives

1. Understand the facts surrounding In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics
2. Clarify the factors to maintain and continue In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics after their establishment
3. Clarify the effect of In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics on pregnant and parturient women, midwives and OB/GYN

### Methods

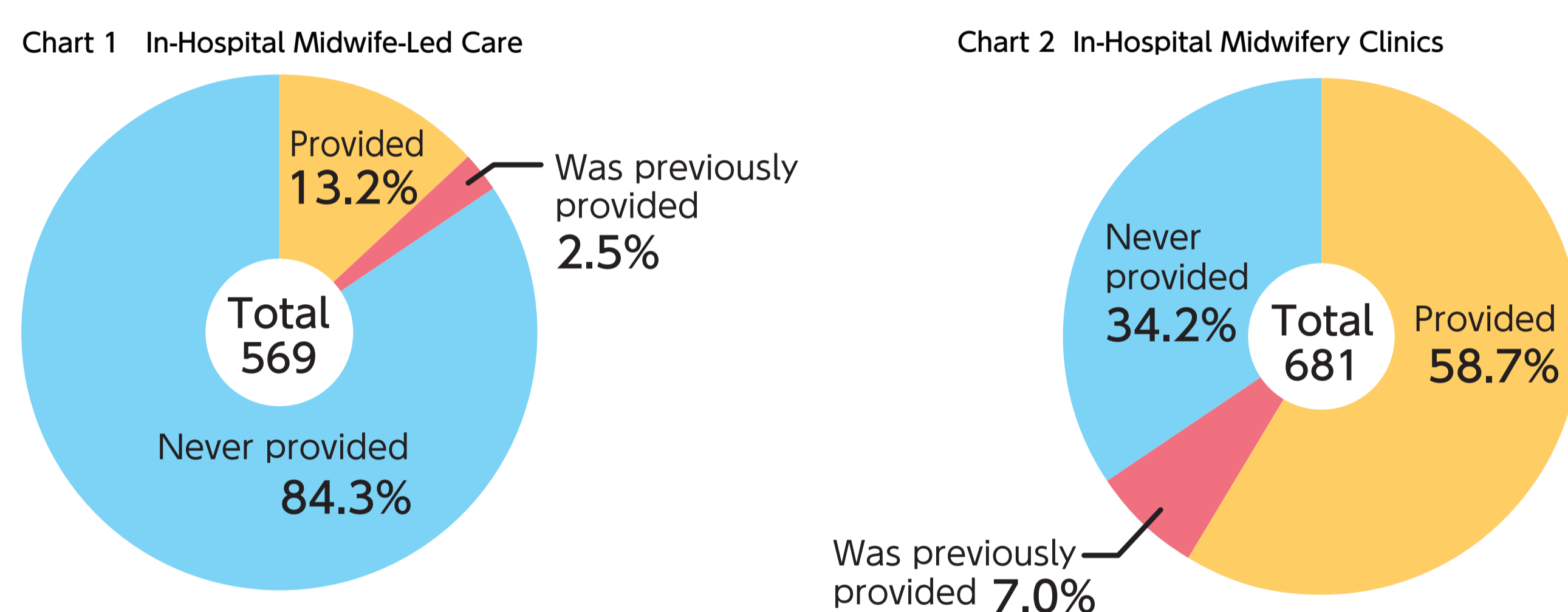
JNA conducted a "Survey on the Effectiveness of Establishing In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics".

- Study time: September 3-October 12, 2018
- Subjects: 1047 facilities across Japan handling births, excluding clinics and maternity homes
- Method: Questionnaires were sent by post to hospitals handling births, with a request for the nursing administrator to provide responses. The head of the hospital's OB/GYN was asked to provide responses to questions relating to OB/GYN. The responses were received by post.

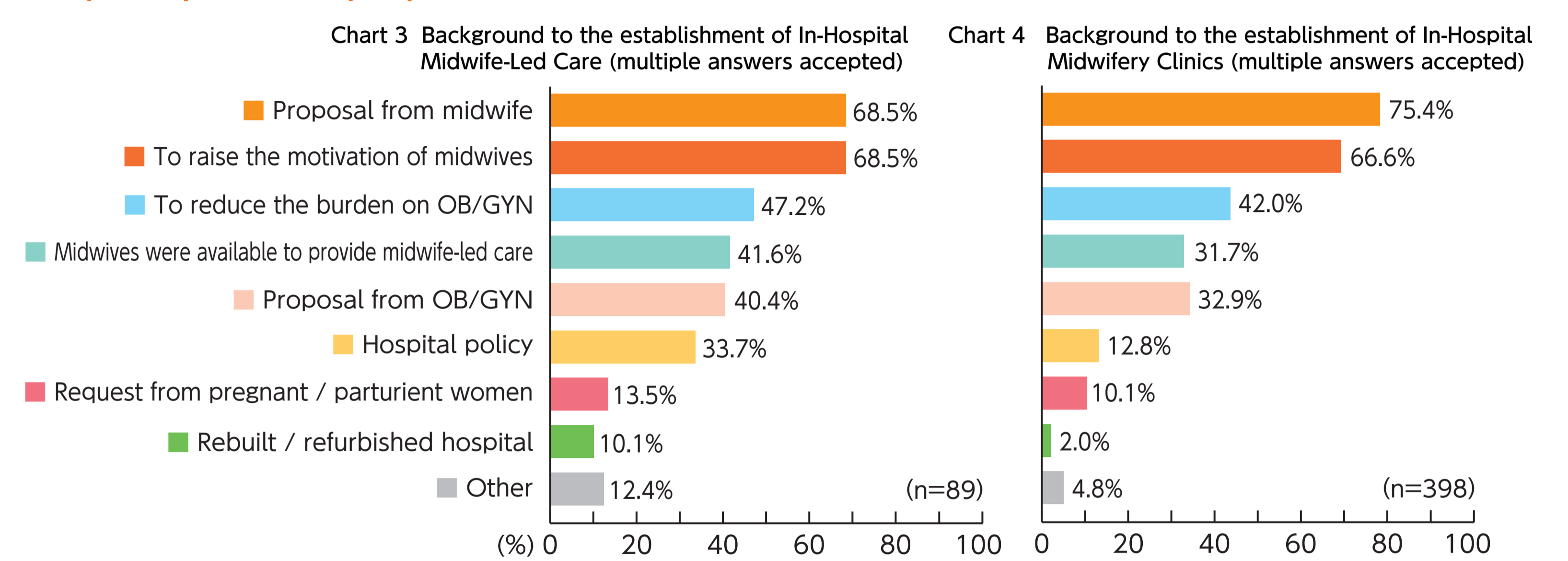
### Results

Answers were received from 688 hospitals across Japan handling births. Of these, three hospitals had discontinued or ceased handling births were excluded from the survey. Response rate: 65.7%

The number of medical institutions providing In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics was roughly the same as in the 2016 survey.



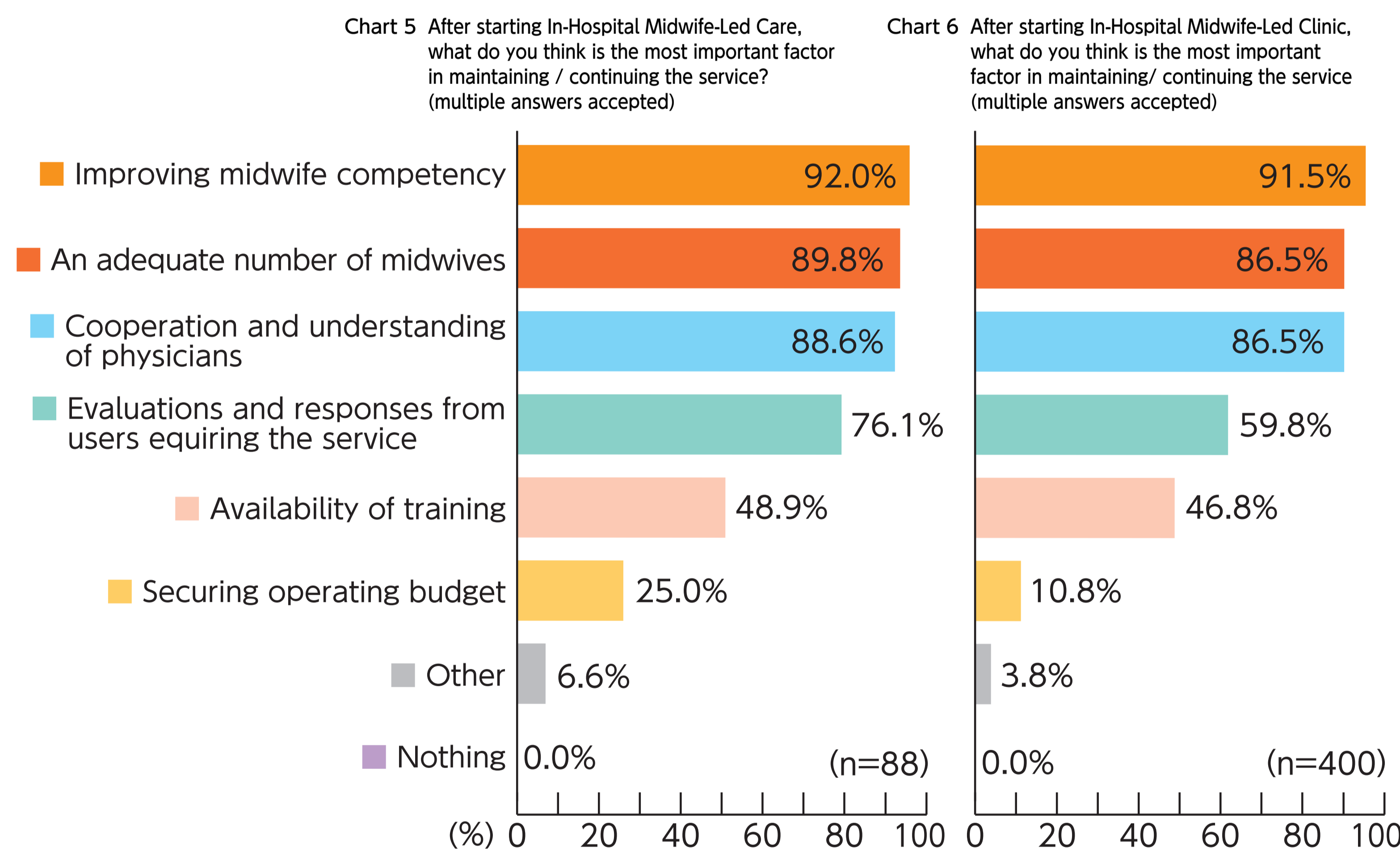
Establishment of In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics most frequently follow "proposal from midwife".



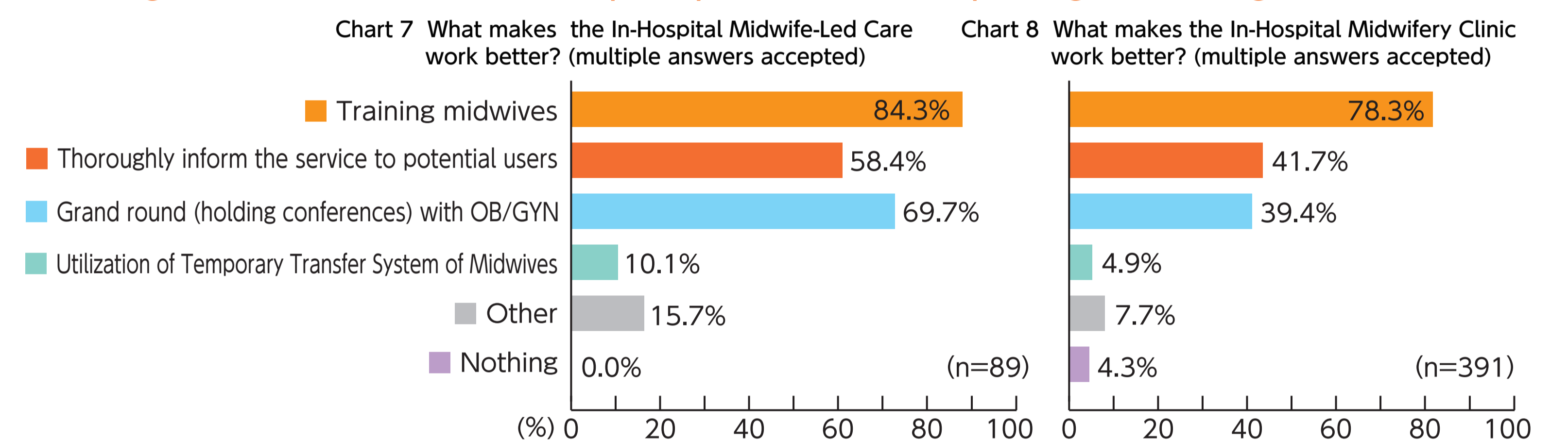
The average time spent at the In-Hospital Midwifery Clinic (by the length of the reserved appointment) was 38.5 minutes.

### 1) Factors influencing the maintenance/continuation

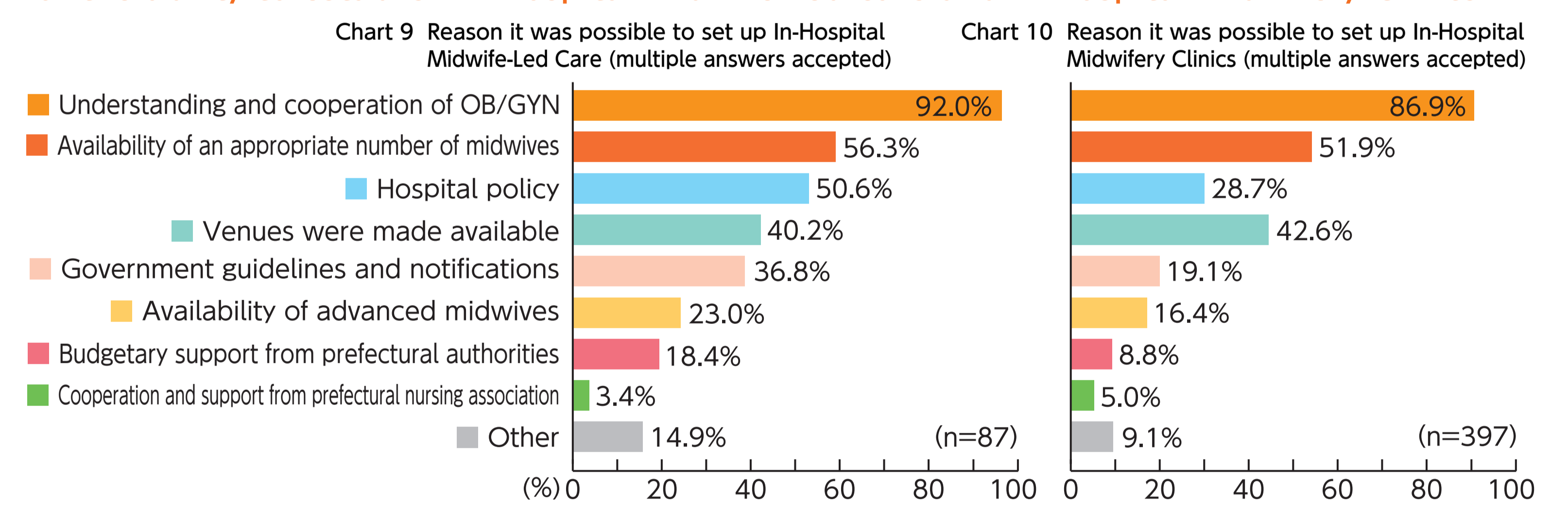
The most important factor cited in maintaining/continuing In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics was "improving midwife competency".



"Training midwives" was the most frequently cited idea for improving the running of the services.



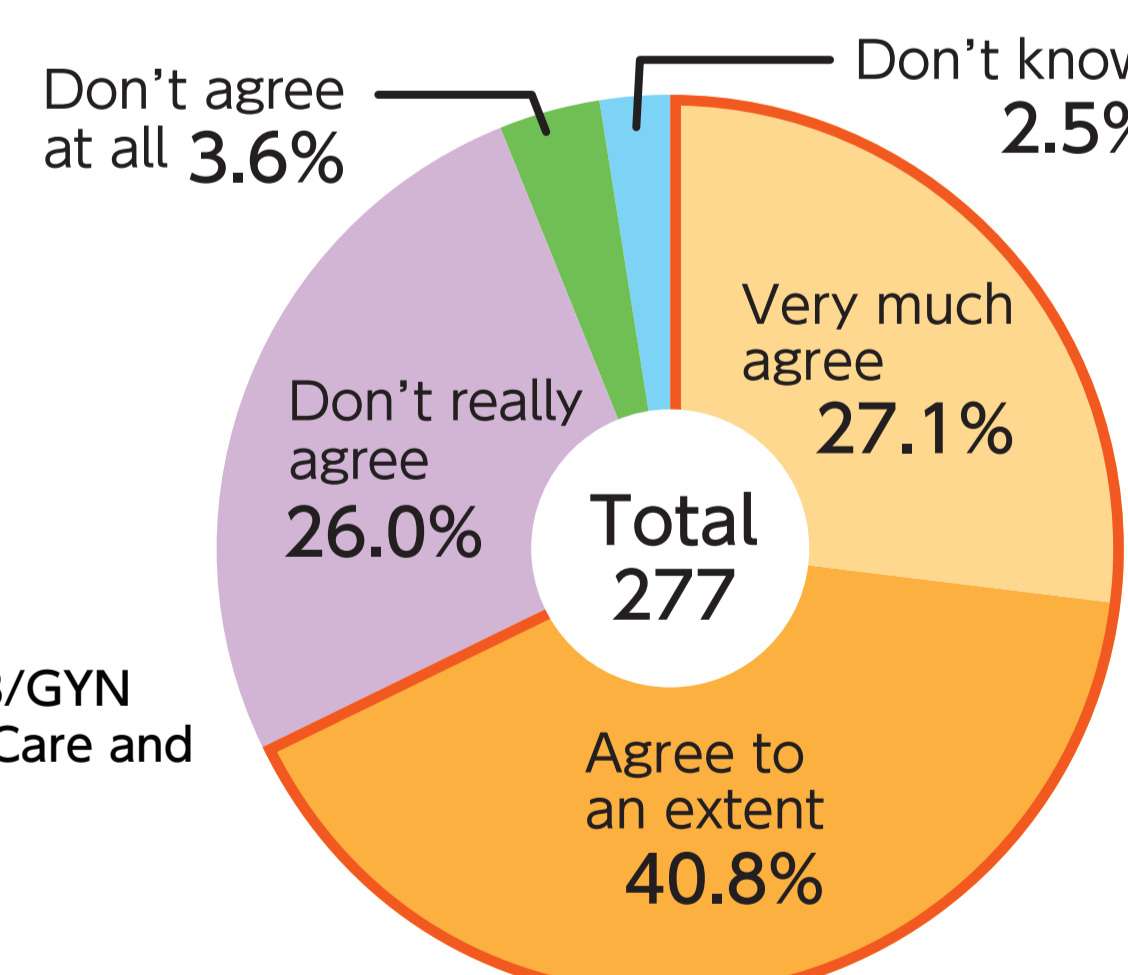
"Understanding and cooperation of OB/GYN" was selected as the most frequent answer for the ability to establish In-Hospital Midwife-Led care and In-Hospital Midwifery Clinics.



### 2) Effect on OB/GYN

67.9% of respondents agreed that In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics had reduced the work burden on OB/GYN.

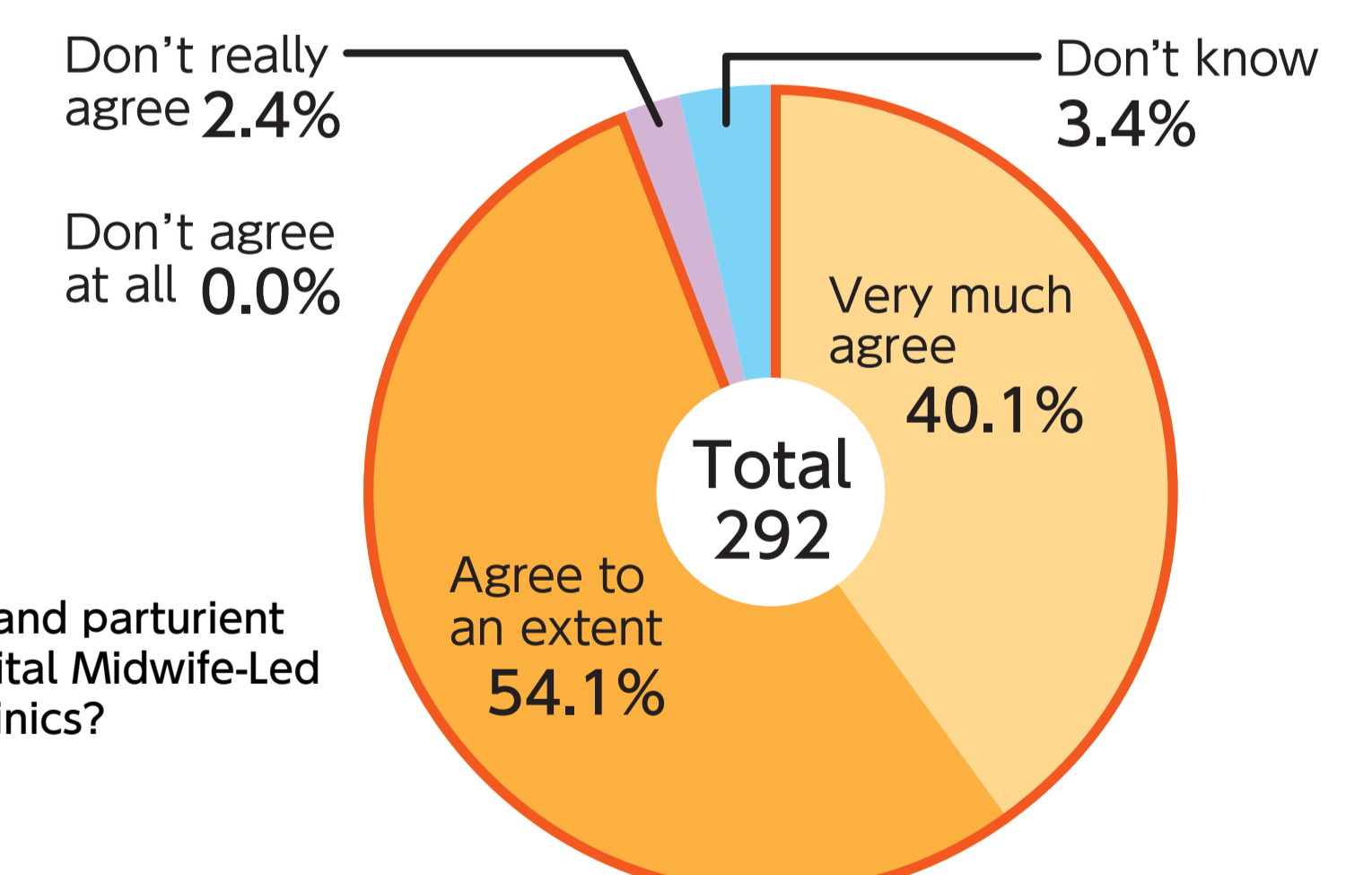
Chart 11 Do you agree with work burden on OB/GYN is reduced by In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics?



### 3) Satisfaction among pregnant and parturient women

Among answers provided by nurse administrators, 94.2% of respondents agreed that users of In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics are satisfied with the service they received.

Chart 12 Do you agree with that pregnant and parturient women feel satisfied with In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics?



### 4) Evaluations and responses from users

- **Peace of mind:** "Meeting the midwife at the hospital before the delivery gave me peace of mind".
- **Easy to consult:** "I was able to consult with a midwife about detailed things".
- **Satisfaction:** "Following repeated pre-delivery consultations regarding the sort of delivery I wanted to have, I was satisfied with my experience of giving birth".
- **Removal of worry:** "I was able to take time to communicate with the midwife, which removed my concerns".
- **Feel relaxed:** "I could talk with the midwife in a relaxed manner, knowing that a physician was available in the event of an emergency, and this helped me relax prior to giving birth".
- **Desire to use services again:** "I still have many things to learn from the midwife and I felt sad to leave the hospital. I would like to give birth here again".

### Conclusion

Requirements for and effectiveness from the establishment and ongoing management of In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics are;

- In many cases, the In-Hospital Midwife-Led Care or In-Hospital Midwifery Clinic was established following a proposal from a midwife
- Improving competencies for midwifery practice was key to the continuation after establishment of the service
- Establishing these services contributed to the reduction of obstetrician's work burden
- More than 90% of nurse administrators recognized that pregnant and parturient women were satisfied with their use of these services

### Key message

Establishing In-Hospital Midwife-Led Care and In-Hospital Midwifery Clinics and accomplishing the role of a midwife is important for building future systems for maternal and perinatal care in Japan.

