

Midwife-led continuity models of care beneficial

Clinical Question	Compared to other models of care how effective are midwife-led continuity models of care (MLCMC) for childbearing women and their infants?
Bottom Line	Women who received MLCMC were less likely to experience intervention (epidurals, episiotomies, instrumental births), intrapartum analgesia/anaesthesia or foetal loss. They were more likely to be satisfied with their care, with at least comparable adverse outcomes for women or their infants than women who received other models of care. They also had more chance of spontaneous vaginal birth, less chance of preterm birth and no difference in number of caesarean births. The review included trials that compared MLCMC given both during the antepartum and the intrapartum period with other models of care, which included obstetricians or general practitioners, or both, collaborating with nurses and midwives in a variety of organisational settings. No trial included models of care that offered out of hospital birth.
Caveat	It cannot be assumed that these findings apply to women with existing serious pregnancy or health complications, because these women were not included in the evidence assessed.
Context	Midwives are primary providers of care for childbearing women around the world. However, there is a lack of synthesised information to establish whether there are differences in morbidity and mortality, effectiveness and psychosocial outcomes between MLCMC and other models of care.
Cochrane Systematic Review	Sandall J et al. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Reviews, 2016, Issue 4. Art. No.: CD004667.DOI: 10.1002/14651858.CD004667.pub5. This review contains 15 studies involving 17,674 participants.
