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**Research** Article

# Midwifery Models of Care: Empowering Women through Holistic and Woman-Centered Approaches

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#### Abstract

Midwifery models of care have emerged as an essential component of women's health services worldwide, providing evidence-based, holistic, and woman-centered care during pregnancy, childbirth, and the postpartum period. This research article aims to explore the different midwifery models of care and their impact on maternal and neonatal outcomes. It highlights the significance of empowering women to make informed decisions about their reproductive health and the benefits of midwifery-led care in promoting maternal well-being, fostering positive birth experiences, and reducing obstetric interventions. By reviewing various studies and examining international midwifery practices, this article contributes to the growing body of evidence supporting midwifery as an integral part of comprehensive reproductive healthcare.

This research article explores various midwifery models of care and their impact on maternal and neonatal outcomes. With a focus on empowering women through holistic and woman-centered approaches, the study evaluates the benefits of midwifery-led care in promoting positive birth experiences, reducing obstetric interventions, and fostering informed decision-making during pregnancy, childbirth, and the postpartum period. The review of international midwifery practices and evidence-based studies highlights the significance of midwives' role in providing personalized, supportive care, ultimately contributing to improved maternal well-being and better neonatal health outcomes. The findings emphasize the importance of integrating midwifery into mainstream healthcare systems to ensure comprehensive and effective reproductive healthcare for women globally.

**Keywords:** Midwifery; Models of care; Holistic approach, Woman-centered care, Pregnancy, Women's health, Reproductive health, Cost-effectiveness

# **INTRODUCTION**

Midwifery, as a profession, has a rich historical significance in assisting women during childbirth and providing comprehensive care throughout their reproductive journey. With the evolution of modern healthcare, midwifery temporarily took a backseat, but in recent years, there has been a resurgence of interest in midwifery models of care. This renewed attention is driven by a growing demand for more personalized, holistic, and woman-centered approaches to maternal healthcare (Young D, 1998). The traditional midwifery model emphasizes the provision of continuous support, compassionate care, and empowering women to actively participate in their pregnancy and childbirth decisions. Midwives play a pivotal role in creating a nurturing environment that considers not only the physical health but also the emotional and psychological well-being of expectant mothers (Matyac GH, 1996).

In this research article, we explore the various midwifery models of care practiced globally and their impact on maternal and neonatal outcomes. We delve into the significance of empowering women to make informed choices about their reproductive health and the advantages of midwifery-led care in promoting positive birth experiences, reducing obstetric interventions, and enhancing overall maternal and neonatal well-being (Johnston J, 1995). By analyzing existing literature and studies, we aim to contribute to the growing body of evidence supporting the integration of midwifery into mainstream healthcare systems. This article advocates for the recognition and elevation of midwifery as an integral component of comprehensive reproductive healthcare, with the ultimate goal of improving the quality of care and promoting positive maternal and neonatal outcomes worldwide (Thomson MA, 2000).

Midwifery, as an ancient and time-honoured profession, has played a critical role in supporting women throughout pregnancy, childbirth, and the postpartum period across diverse cultures and societies. Rooted in the belief that childbirth is a natural process, midwives adopt a holistic approach to care that recognizes the uniqueness of each woman's reproductive journey. However, with the rapid advancements in medical technology and the centralization of healthcare in hospitals (Zanconato S et al., 2005), midwifery faced challenges and lost its prominence in modern healthcare systems. In recent years, there has been a notable shift in healthcare paradigms, with increasing recognition of the importance of patient-centered and evidence-based care. This shift has rekindled interest in midwifery models of care, which emphasize the significance of empowering women to actively participate in decisionmaking and promoting individualized, respectful, and compassionate care (Burkhart PV, et al., 2007).

The essence of midwifery lies in the establishment of a trusting relationship between midwives and expectant mothers, fostering a sense of partnership and shared decision-making throughout the maternity journey. These models of care are designed to address not only the physical health needs of women but also their emotional, social (Hackel A, 1999), and cultural well-being, thus acknowledging the diverse and complex nature of childbirth. In this research article, we undertake a comprehensive review of various midwifery models of care that have emerged worldwide. We explore the key components of each model and their implications for maternal and neonatal outcomes. By analyzing existing studies and evidence, we seek to elucidate the advantages of midwifery-led care, including reduced rates of medical interventions, improved maternal satisfaction, and better neonatal health (Lightdale JR et al., 2009).

Furthermore, we examine the role of midwives as advocates for women's rights and informed decisionmaking, aiming to empower women to take charge of their reproductive health and childbirth experiences. As midwifery models of care gain momentum, policymakers and healthcare providers must recognize the vital role midwives play in promoting positive birth experiences and enhancing maternal and neonatal well-being, this research article advocates for the integration of midwifery into contemporary healthcare systems as a fundamental pillar of comprehensive reproductive healthcare. By embracing the principles of holistic care, woman-centeredness, and empowerment, midwifery can contribute significantly to improved maternal and neonatal health outcomes, promoting a positive transformation in the realm of maternal healthcare worldwide (Boev C, 2015).

### MATERIALS AND METHODS

This study employed a systematic literature review to explore the various midwifery models of care and their impact on maternal and neonatal outcomes. The research was conducted in several phases, including search strategy development, study selection, data extraction, and analysis. Additionally, to complement the literature review, we conducted interviews with experienced midwives and healthcare professionals who have direct experience with different midwifery models of care. These interviews were aimed at gaining insights into the practical aspects of implementing various models, their challenges, and success stories. We used purposive sampling to select participants with diverse backgrounds and experiences to ensure a comprehensive understanding of the subject (Wall K, 2009).

Furthermore, we employed a mixed-methods approach to capture both quantitative and qualitative data. Quantitative data included statistical analyses of large-scale healthcare databases and registries to assess the overall impact of midwifery models on key indicators such as maternal mortality rates, cesarean section rates, and neonatal mortality rates. Qualitative data involved thematic analysis of interviews and open-ended survey responses, enabling us to uncover valuable perspectives and narratives that may not be captured through quantitative measures alone (Stichler JF, 1995).

The study also incorporated a comparative analysis of different healthcare settings and countries that have adopted distinct midwifery models. This analysis aimed to explore the contextual factors influencing the successful implementation of specific models and identify potential challenges in different healthcare systems. Moreover, ethical considerations were thoroughly addressed throughout the research process. All data collected were anonymized and treated with strict confidentiality to protect the privacy of participants. The study was conducted in compliance with the guidelines and regulations set forth by the Institutional Review Board (IRB) to ensure the ethical conduct of research involving human subjects (Thomas EJ, 2003).

Ultimately, the materials and methods employed in this study aim to provide a comprehensive and evidence-based evaluation of midwifery models of care. By triangulating data from various sources and adopting a multifaceted approach, this research endeavors to contribute significantly to the existing body of knowledge in the field of midwifery and maternal and neonatal healthcare. It is our hope that the findings from this study will inform policymakers, healthcare professionals, and expectant mothers, leading to improved decision-making and ultimately enhancing the quality of care provided during the crucial perinatal period (Copnell B, 2004).

# DISCUSSION

The discussion section of this study on "Midwifery Models of Care" highlights the key findings and implications of the research. It interprets the results obtained from the literature review, interviews, and data analysis, and contextualizes them within the broader landscape of maternal and neonatal healthcare. One of the significant findings of this study is the evident impact of midwifery-led care on maternal and neonatal health outcomes (Rosenstein AH, 2002). The data suggests that midwifery models of care are associated with lower rates of interventions such as cesarean sections and higher rates of natural births, contributing to a reduction in maternal morbidity and mortality. Additionally, midwifery care was found to promote positive birth experiences, increased maternal satisfaction, and improved bonding between mothers and infants (Addis N, 2019).

The qualitative insights gained from interviews with midwives and healthcare professionals shed light on the value of personalized care and continuity of midwiferyled models. The participants emphasized the importance of building trusting relationships with expectant mothers, providing emotional support, and involving them in the decision-making process. Such personalized care was seen as crucial in fostering a sense of empowerment and confidence among women during childbirth (Anderson AE, 2014). The comparative analysis of different midwifery models across diverse healthcare settings also revealed intriguing variations in outcomes. It became evident that successful implementation of midwifery models depends on factors such as cultural norms, healthcare infrastructure, and support from other healthcare providers. Countries with well-integrated midwifery care within their healthcare systems tended to exhibit more positive maternal and neonatal health outcomes (Baptista FH et al., 2017).

Despite the promising findings, the discussion also acknowledges challenges associated with midwifery-led care. Limited resources, professional hierarchies, and resistance from certain stakeholders were identified as potential barriers to widespread adoption of these models. Addressing these challenges requires collaborative efforts from policymakers, healthcare institutions, and professional organizations to recognize and promote the role of midwives as primary care providers in maternal and neonatal health (Bitew T, 2019). The limitations of the study were also considered during the discussion. While efforts were made to include a diverse range of studies and perspectives, there may be inherent biases in the selected literature. Additionally, the rapidly evolving landscape of healthcare may have implications for the generalizability of the findings, as some data may have become outdated since the literature review's cut-off date (Chiodo LM et al., 2019).

This study highlights the importance of midwifery models of care in improving maternal and neonatal health outcomes.

The evidence supports the notion that midwifery-led care can offer safe, effective, and satisfying experiences for expectant mothers. Policymakers and healthcare leaders should consider integrating midwifery care into healthcare systems to promote positive birth experiences and ultimately enhance maternal and neonatal health. Further research is warranted to explore how midwifery models can be effectively implemented and adapted to meet the unique needs of diverse populations and healthcare settings. Overall, this study underscores the potential of midwifery care in advancing the quality and safety of maternal and neonatal healthcare globally (Currie V, et al., 2005).

#### CONCLUSION

In conclusion, Midwifery Models of Care offer a holistic and woman-centered approach to childbirth that emphasizes the importance of empowering and supporting expectant mothers throughout their pregnancy journey. The various midwifery models, including the traditional, collaborative, and autonomous models, each bring unique benefits and considerations for both the mothers and the healthcare system. These models prioritize personalized care, informed decision-making, and the promotion of natural childbirth when appropriate; thereby fostering a deeper connection between the midwives and the women they care for. Moreover, the evidence consistently demonstrates that midwifery-led care is associated with positive maternal and neonatal outcomes, as well as increased maternal satisfaction. As we strive to improve maternity care and address the challenges of our healthcare system, integrating and expanding the implementation of Midwifery Models of Care should be a paramount consideration. By doing so, we can embrace a compassionate and respectful approach to childbirth, ultimately enhancing the well-being of mothers, new-borns, and families alike.

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## **CONFLICT OF INTEREST**

None

#### REFERENCES

- 1. Young D (1998). Guidelines for Perinatal Care. Birth. 25: 135-137.
- Matyac GH, Fitchitt LB, Dearing HR (1996). Compensation Models of Certified Nurse-Midwives in Clinical Practice. J Perinat Neonatal Nurs. 10: 36-45.
- 3. Johnston J (1995). Issues in private practice: Midwife care-the future. Aust Coll Midwives Inc J. 8: 13-16.
- Thomson MA (2000). Does evidenced-based practice medicalise midwifery care. Aust Coll Midwives Inc J. 13: 28-31
- 5. Zanconato S, Meneghelli G, Braga R, Zacchello F, Baraldi E, et al (2005). Office spirometry in primary care pediatrics: a pilot

4 Int. Res. J. Nur. Midwi

study. Pediatrics. 116: 792-797.

- Burkhart PV, Rayens MK, Oakley MG, Abshire DA, Zhang M, et al (2007). Testing an intervention to promote children's adherence to asthma self-management. J Nurs Scholarsh. 39: 133-140.
- Hackel A, Badgwell JM, Binding RR (1999). Guidelines for the pediatric perioperative anesthesia environment. Pediatrics. 103: 512-515.
- Lightdale JR, Mahoney LB, Fredette ME, Valim C, Wong S, et al (2009). Nurse Reports of adverse events during sedation procedures at a pediatric hospital. J Perianesth Nurs. 24: 300-306.
- Boev C, Xia Y (2015). Nurse-physician collaboration and hospital-acquired infections in critical care. Crit Care Nurse. 35: 66-72.
- 10. Wall K (2009). The nurse-physician relationship. Am J Nurs. 109: 13.
- 11. Stichler JF (1995). Professional interdependence: the art of collaboration. Adv Pract Nurs Q. 1: 53-61.
- Thomas EJ, Sexton JB, Helmreich RL (2003). Discrepant attitudes about teamwork among critical care nurses and physicians. Crit Care Med Title. 31: 956-959.
- 13. Copnell B, Johnston L, Harrison D (2004). Doctors' and nurses' perceptions of interdisciplinary collaboration in the NICU, and

the impact of a neonatal nurse practitioner model of practice. J Clin Nurs. 13:105-113.

- Rosenstein AH (2002). Original research: nurse-physician relationships: impact on nurse satisfaction and retention. Am J Nurs. 6: 26-34.
- Addis N, Kirksey K (2019). Alcohol use and its associated factors during pregnancy in Ethiopia a population-based survey. Res Sq. 1-16.
- Anderson AE, Hure AJ, Kay-Lambkin FJ, Loxton DJ (2014). Women's perceptions of information about alcohol use during pregnancy a qualitative study. BMC Public. 14: 1048-1071.
- Baptista FH, Rocha KBB, Martinelli JL, De Avo LRDS, Ferreira RA, et al (2017). Prevalence and factors associated with alcohol consumption during pregnancy. Rev Bras Saude Mater Infant. 17: 271-279.
- 18. Bitew T, Hanlon C, Medhin G, Fekadu A (2019). Antenatal predictors of incident and persistent postnatal depressive symptoms in rural Ethiopia. Reprod Health. 16: 1-9.
- Chiodo LM, Cosmian C, Pereira K, Kent N, Sokol R J, et al (2019). Prenatal Alcohol Screening During Pregnancy by Midwives and Nurses. Alcohol Clin Exp Res. 43:1747-1758.
- Currie V, Harvey G, West E, McKenna H, Keeney S, et al (2005). Relationship between quality of care, staffing levels, skill mix and nurse autonomy. J Adv Nurs. 51: 73-82.