WHO recommendation on continuity of care for a positive childbirth experience

15 February 2018

Recommendation

Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well-functioning midwifery programmes.

(Context-specific recommendation)

Publication history

First published: February 2018
Updated: No update planned
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Remarks

- This recommendation has been integrated from the WHO recommendations on antenatal care for a positive pregnancy experience: [WHO recommendation on midwife-led continuity of care during pregnancy](https://www.who.int/reproductivehealth/publications/antenatal-care/continuity-of-care-pregnancy/en/).
- Midwife-led continuity-of-care (MLCC) models are models of care in which a known and trusted midwife (case-load midwifery), or small group of known midwives (team midwifery), supports a woman throughout the antenatal, intrapartum and postnatal period, to facilitate a healthy pregnancy and childbirth, and healthy parenting practices.
- MLCC models are complex interventions and it is unclear whether the pathway of influence that can produce these positive outcomes is the continuity of care, the midwifery philosophy of care or both. The midwifery philosophy inherent in MLCC models might or might not be enacted in standard midwife practice in other models of care. Policy-makers in settings without well-functioning midwife programmes should consider implementing this model only after successfully scaling up the number (and improving the quality) of practising midwives. In addition, stakeholders might wish to consider ways of providing continuous care through providers other than midwives, because women value continuity of care.
- The panel noted that with this model of care it is important to monitor resource use, and provider
burnout and workload, to determine whether caseload or team care models are more sustainable in individual settings.

- MLCC requires that well trained midwives are available in sufficient numbers for each woman to see one or only a small group of midwives throughout her pregnancy and during childbirth. This model may therefore require a shift in resources to ensure that the health system has access to a sufficient number of midwives with reasonable caseloads.
- The introduction of MLCC may lead to a shift in the roles and responsibilities of midwives as well as other health care professionals who have previously been responsible for antenatal and postnatal care. Where this is the case, implementation is likely to be more effective if all relevant stakeholders are consulted and human resources departments are involved. In some settings, government-level consultation with professional organizations could also aid the implementation process.
- The need for additional one-off or continuing training and education should be assessed, and any necessary training should be provided.
- The evidence supporting this recommendation can be found in the source guideline document, available at: http://apps.who.int/iris/bitstream/10665/250796/1/9789241549912-eng.pdf

Further information and considerations related to this recommendation can be found in the WHO guidelines, available at:


https://extranet.who.int/rhl/guidelines/who-recommendations-antenatal-care-positive-pregnancy-experience

Related links

WHO recommendations on intrapartum care for a positive childbirth experience

(2018) - full document and evidence tables

Managing Complications in Pregnancy and Childbirth: A guide for midwives and doctors

Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential practice

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