

The advantages of continuity of carer

Stillbirth is a serious public health problem with far reaching psychosocial and financial burden for families and society¹.

Every day, six families in Australia will suffer the loss of a baby after 20 weeks of pregnancy, with little improvement in rates for more than two decades². Some of those stillbirths are preventable³.

Models of maternity care which provide for greater continuity, and therefore reduce the risk of fragmentation, should be provided and, as far as possible, women should see the same maternity care provider throughout pregnancy. There are a range of models of care which optimise continuity including midwifery, private and public obstetrician care and GP obstetric care, especially in rural areas.

Midwifery continuity of carer offers women care provided by a known midwife or a small group of known midwives to women during pregnancy, birth and the early postnatal period. This care is provided in collaboration with other healthcare providers, including obstetricians, social support workers and Aboriginal Health Practitioners/Workers. The WHO Pregnancy Care Guidelines recommends all women have access to midwifery continuity of care throughout the childbirth continuum⁴. There is high quality evidence that demonstrates reductions in overall fetal/neonatal loss when women receive continuity of care from a known midwife during pregnancy⁵. Further research is needed regarding the impact specifically on late-gestation stillbirth. Midwifery

continuity of carer is known to be of additional benefit for women at higher risk of stillbirth, such as young mothers⁶, Aboriginal women⁷, and women from disadvantaged groups⁸. Where possible, women from these groups should be prioritised into being offered midwifery continuity of care models. Midwifery continuity of carer also improves the quality of care received by families whose baby is stillborn and is highly valued by families⁹.

There are many ways for health services to provide continuity of care. Not all health services may be able to provide continuity of care all the time and there are challenges involved in redesigning services to provide this to all women.¹⁰ Other approaches which provide continuity should be supported. This includes addressing the principles of continuity of care and carer, effective information-sharing and care coordination and ensuring a woman-centred approach to decision-making.

The Stillbirth CRE's Safer Baby Bundle aims **to reduce the number of stillbirths after 28 weeks' gestation by 20% by 2023.**

To complement and strengthen the five elements contained in the Safer Baby Bundle, the Stillbirth Centre of Research Excellence (Stillbirth CRE) recommends that maternity services increase the availability of continuity of care to all women and, in particular, for women with known risk factors for stillbirth. Continuity of care and carer should be an important strategy to help reduce stillbirth in Australia.

References

1. Heazell AEP, Siassakos D, Blencowe H, et al. Stillbirths: economic and psychosocial consequences. *Lancet* 2016; 387(10018): 604-16.
2. Flenady V, Wojcieszek AM, Middleton P, et al. Stillbirths: recall to action in high-income countries. *Lancet* 2016; 387(10019): 691-702.
3. Flenady V, Middleton P, Smith GC, et al. Stillbirths: The way forward in high-income countries. *Lancet* 2011; 377(9778): 1703-17.
4. World Health Organization (WHO). WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization, 2016.
5. Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Database of Systematic Reviews* 2016; (4).
6. Allen J, Gibbons K, Beckmann M, Tracy M, Stapleton H, Kildea S. Does model of maternity care make a difference to birth outcomes for young women? A retrospective cohort study. *International journal of nursing studies* 2015; 52(8): 1332.
7. Kildea S, Gao Y, Hickey S, et al. Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study, Brisbane, Australia. *EClinicalMedicine* 2019; 12: 43-51.
8. Homer CS, Leap N, Edwards N, Sandall J. Midwifery continuity of carer in an area of high socio-economic disadvantage in London: A retrospective analysis of Albany Midwifery Practice outcomes using routine data (1997-2009). *Midwifery* 2017; 48: 1.
9. Ellis A, Chebsey C, Storey C, et al. Systematic review to understand and improve care after stillbirth: a review of parents' and healthcare professionals' experiences. *BMC pregnancy and childbirth* 2016; 16(1): 16.
10. Homer C, Leap N, Brodie P, Sandall J, editors. *Midwifery Continuity of Care: A Practical Guide, 2nd Edition*. Chatswood, Australia: Elsevier; 2019