

## Situations Midwife-led models of care beneficial

<b>Clinical question</b>	How effective are midwife-led models of care?
<b>Bottom line</b>	Compared to medical-led care and shared care, midwife-led care confers several benefits for mothers and babies, and has no identifiable adverse effects. It should be the norm for women judged to be at low or high risk of complications. The main benefits are a reduced risk of having a baby before 24 weeks (NNT* 70 [45 to 146]), reduced antenatal hospitalisation (NNT* 42 [20 to 417]), and during labour, a reduced risk of regional analgesia/ anaesthesia (NNT 18* [15 to 26]), with fewer episiotomies (NNT* 26 [19 to 44]) or instrumental births (NNT* 47 [30 to 101]). Midwife-led care also increases a woman's chance of being cared for in labour by a midwife she has got to know, the chance of a spontaneous vaginal birth and increases initiation of breastfeeding. In addition, midwife-led care leads to a shorter length of hospital stay for babies and to more women feeling they are in control during labour. *NNT number needed to treat to benefit 1 individual (95% confidence intervals)
<b>Caveat</b>	There is no difference between the different models of care in the risk of a mother losing her baby after 24 weeks.
<b>Context</b>	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 midwife-led and other models of care.
<b>Cochrane Systematic Review</b>	Hatem M et al. Midwife-led versus other models of care for childbearing women. Cochrane Reviews 2008, Issue 4. Article No. CD004667. DOI: 10.1002/14651858.CD004667.pub2. This review contains 11 trials involving 12,276 women.
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### [References]

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