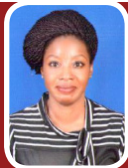


Annual Congress on

## MIDWIFERY NURSING AND GYNAECOLOGY

December 04-05, 2019 | Dubai, UAE



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#### **Exploring the challenges of accepting midwives as lead practitioners in the maternity setting**

**Background:** Globally, a typical model of maternity care is a medically led system with varying levels of midwifery input. Countries such as UK, New Zealand, Australia and many more developed countries operate the midwife-led model of care. Information shared during patient or family education in some countries regarding the roles and the difference midwives contribute to care of expectant mothers is not talked about robustly. There are ongoing debates in some countries to adopt the midwife led care continuity model. There is a paucity of systemic evaluation that formally investigates safety-related outcomes in relation to midwife-led care within an entire maternity service.

**Aim:** To explore some of the challenges midwives face in being accepted as lead practitioners in the care of women.

**Objectives:** To explore the factors that impact on midwives as lead practitioners. Assess how these factors impact on the organization Explore Management and communication adopted by leaders and how it's impacts on the midwives as autonomous practitioners. Discuss and explore the benefits of midwifery led care.

**Introduction:** It is a known fact that obstetric/medically led care or shared care model is practiced in most hospitals globally. Unnecessary early intervention in the antenatal or during the intrapartum period move women away from experiencing normality during child birth which is a normal process. These interventions contribute immensely to the increase in the rates of c/sections, instrumental deliveries, maternal and neonatal mortality and morbidity. We need to appreciate the care model in place currently obstetric led care or sheared care models; however, there are so much evidence out there regarding the benefits of midwifery led care. C/section rate is on the increase in most countries, according to WHO 10% is recommended and that is for women with complications. Furthermore, Lack of adequate education, during the antenatal period leads to uninformed choice, unnecessary early intervention, these and many more factors impede on the success of midwife led care.

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**Methodology:** This was a quantitative, descriptive study conducted at my place of work Al-Khor hospital 20 nurse- midwives and midwives were selected through stratified random sampling from Labour ward, Inpatients and OB/GY-Emergency

**Conclusion:** The key to implementing change is communication and engagement of all employees (bottom-up approach) to ensure a successful roll out of change management process. Communication must include the benefits of the change initiative to staff and health care facility (Organization) Midwives should be made to feel valued and engagement encouraged in the workplace in order to effectively carry out their day to day duties.

### Biography

Anthonia Biola Orimolade is a Nurse and a Midwife with wealth of experience as a clinical lead and healthcare system management. She is the Expert in developing midwifery led service, workforce modification, re-structuring of maternity setting tailored to the need of women. Passionate in maternity quality improvement projects. She is the Founder of KETO Medical Foundation in Nigeria with the main aim of improving maternal and neonatal care outcomes. A.B Orimolade: Female genital mutilation, impact on maternal mortality and morbidity rate in Nigeria 2014.

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