European Master of Science in Midwifery

Hannover Medical School

Antenatal care midwifery-led and spontaneous visits in emergency services during pregnancy

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Background:

Midwives provide midwifery-led antenatal care[(1,2,3)] to childbearing women in order to ensure evidence-based health conditions for both mother and baby during pregnancy[(4,5)], in both planned and unplanned healthcare visits, according to women's needs[(1)].

Objective:

To evaluate demographic characteristics[(5,6,7,8,9)] and social factors[(5,6,7,10)] of unplanned spontaneous visits[(6,9)] in emergency healthcare services during pregnancy.

Methods:

Cases of women who received antenatal care led by midwives who gave birth in 2017 at the Saint-Pierre University Hospital were selected. Only spontaneous visits to emergency departments in the Saint-Pierre University Hospital for obstetrical reasons during pregnancy were included. Pregnant women in active labour − at term or preterm − were not considered as eligible. Cases were analysed in a retrospective cohort study via a Poisson regression.

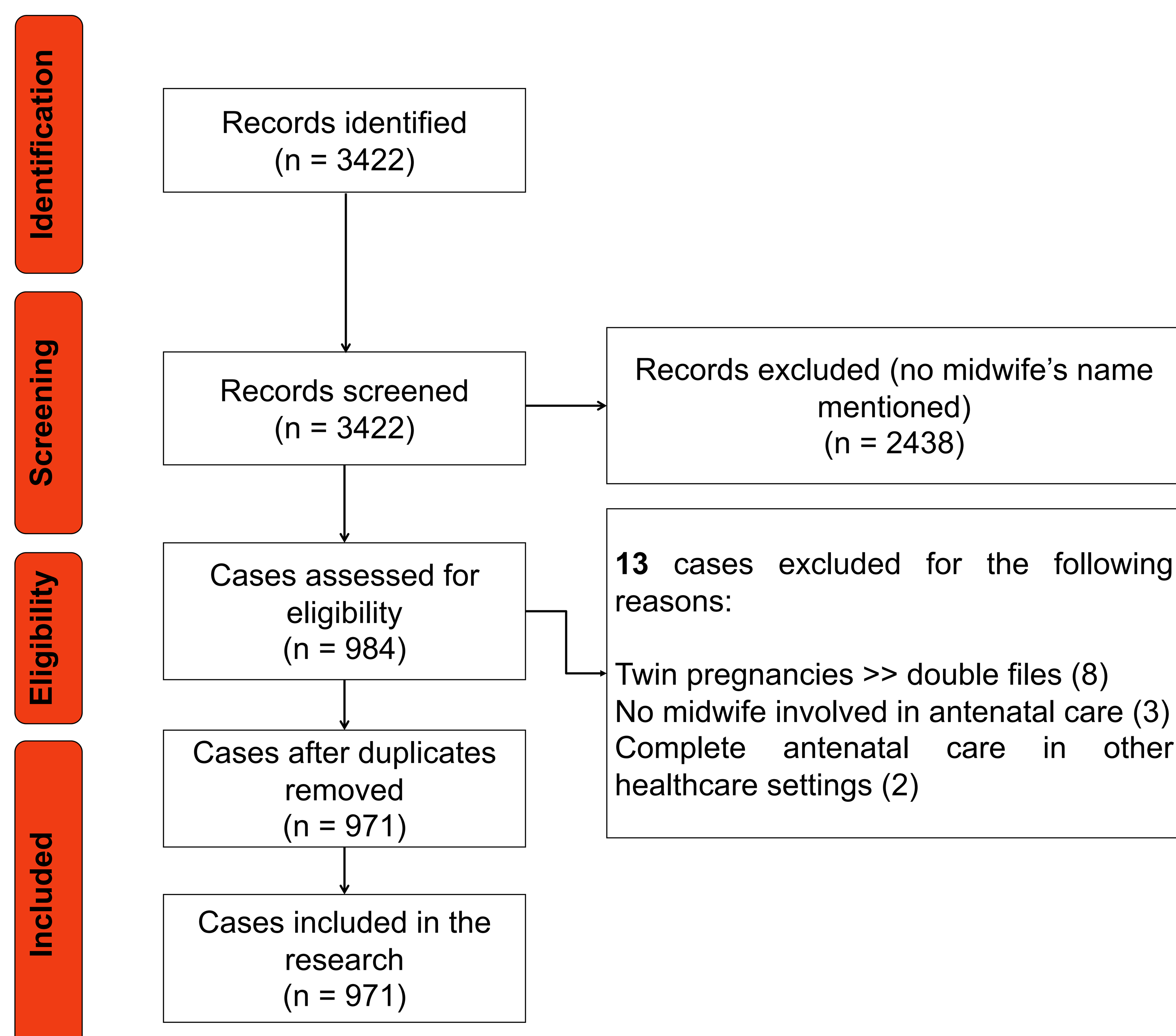

Figure 1: PRISMA flow diagram of included cases (n=971)

Results:

More than half (54%) of the women in the sample (n=971) had at least one spontaneous visit in emergency healthcare services, 39% were primiparous, 61% were multiparous.

Multivariable Poisson regression analyses

For primiparous women (n=188) spontaneous visits:

- increased at a rate of 8.7 (ranging from more than 2.6 to 28.3) in women living in couple compared to primiparous women living in shelters or other actual civil status;
- increased at a rate of around 11 (ranging from 3 to 40) in women living with their family as support system or living alone compared to primiparous women living in shelters or other actual civil status;
- increased at a rate of 1.04 (ranging from 1.01 to 1.08) in women with a lower BMI before pregnancy compared to women with higher BMI before pregnancy.

There was weak evidence to indicate maternal age, maternal nationality and legal civil status as predictors for the number of spontaneous visits in healthcare services in primiparous women (Sig>0.05).

In multiparous women (n=444), there was a weak evidence to indicate demographic characteristics (maternal age, maternal nationality, BMI before pregnancy, legal civil status, actual civil status) as predictors for spontaneous visits (Sig>0.05).

For both primiparous and multiparous women, there was a weak evidence for all corresponding social factors (very precarious situation, educational level, occupational situation) to be predictors for spontaneous visits (Sig>0.05).

Discussion:

Underreported variables and underreported cases did not allow revealing predictors for some selected factors. Indeed, multiple variables in the domain of social factors were missing (e.g. use of alcohol, drugs and tobacco, family violence, psychoemotionnal trouble).

Limitations on methodological issues:

Regarding the regression analysis; whereas the results may be consistent (i.e. no bias), they were not efficient and as such, the statistical tests and standard errors cannot be reliable. However, the model was improved with the inclusion of independent variables (Omnibus test: Sig.< 0.01).

Application for practice:

Spontaneous visits may be driven by a need for care perceived by women and/or their partners, but not specifically by urgent medical reasons. Furthermore, the use of emergency services can be seen as a remedy for women with inadequate planned antenatal care or with lack of access to it. Healthcare settings and providers need to implement a more women-centred care approach, acknowledge diversity and provide care according to women's actual needs and expectations at the end of the pregnancy.

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