



## Evaluating Midwifery Group Practice model of care.

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Midwifery Group Practice (MGP) model provides continuity of care to women that facilitates better engagement, education, and empowerment during the antenatal, intrapartum and post-partum course. This strategy is particularly potent in providing cares to socially vulnerable and culturally diverse populations who face challenges due to their socio-economic status, lower health literacy and unfamiliarity of the healthcare system.

This retrospective cohort study explores differences in antenatal, intrapartum and neonatal outcomes of ATSI, CALD (Medicare eligible) and young women receiving antenatal cares under the MGP model compared to routine antenatal model of care at an outer metropolitan hospital between 2020-2022. Cohorts that were deemed suitable for MGP but did not receive MGP care due to resource limitations were compared against those who did receive MGP cares.

### Antenatal

#### Demographics

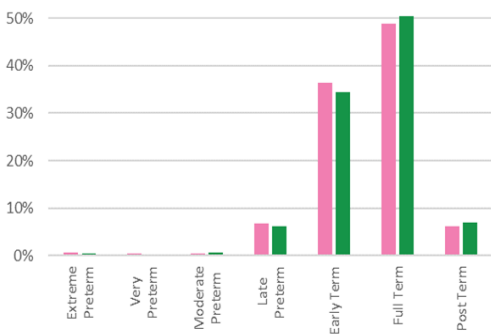
|                               | MGP    | Non-MGP |
|-------------------------------|--------|---------|
| Patients                      | 2432   | 565     |
| Avg age of mother (years)     | 26.89  | 27.96   |
| Avg BMI                       | 33.22  | 33.44   |
| % ATSI                        | 23.77% | 19.47%  |
| % Young mothers (20y)         | 14.27% | 13.81%  |
| % Smokers <20 weeks gestation | 22.53% | 25.49%  |
| % Birthed outside hospital    | 1.31%  | 1.41%   |

#### Outcomes

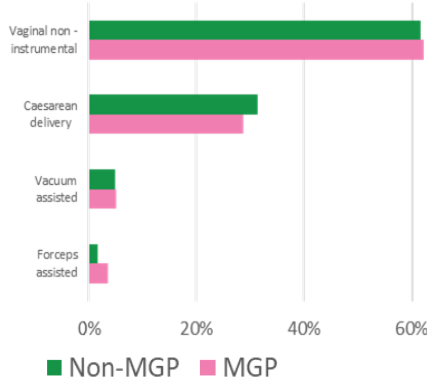
|                                     | MGP    | Non-MGP |
|-------------------------------------|--------|---------|
| Avg. Antenatal Appts                | 10.34  | 9.72    |
| Avg No. USS                         | 4.67   | 4.12    |
| Achieved smoking cessation          | 23.54% | 22.92%  |
| Anaemia complicating pregnancy      | 11.96% | 11.68%  |
| Diabetes complicating pregnancy     | 24.42% | 23.89%  |
| Hypertension complicating pregnancy | 4.69%  | 4.23%   |
| SGA/IUGR found antenatally          | 3.74%  | 3.00%   |
| Average/Median EPDS score           | 5.59/4 | 5.81/4  |

### Intrapartum

#### Gestation at delivery



#### Method of delivery

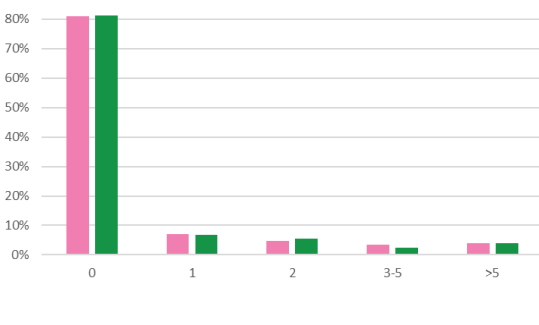


#### Outcomes (% of deliveries)

|                        | MGP    | Non-MGP |
|------------------------|--------|---------|
| % Induction of labour  | 22.37% | 21.77%  |
| PPH 500ml-1L           | 1.85%  | 1.73%   |
| PPH 1L-1.5L            | 1.93%  | 1.73%   |
| PPH >1.5L              | 3.99%  | 3.84%   |
| OASI                   | 1.77%  | 1.24%   |
| Episiotomy             | 11.02% | 8.85%   |
| Shoulder Dystocia rate | 0.90%  | 0.77%   |

### Neonatal

#### Admission days in SCN



#### Outcomes

|                              | MGP    | Non-MGP |
|------------------------------|--------|---------|
| Average 1 min. APGAR at term | 8.51   | 8.49    |
| Average 5 min. APGAR at term | 8.86   | 8.83    |
| Average Birthweight at term  | 3440g  | 3396g   |
| % requiring cardiac massage  | 0.45%  | 0.35%   |
| % requiring airway support   | 16.98% | 18.23%  |
| Average cord Ph              | 7.28   | 7.27    |
| Stillbirth rate              | 0.78%  | 0.53%   |

■ Non-MGP ■ MGP

### Conclusion

84% of vulnerable women who were eligible to receive MGP cares had similar outcomes to the remaining 16% who received standard cares. Good education and empowerment of these women has facilitated outcomes in keeping with the general population. This study is limited by the timebound nature of retrospective studies. Health economics and patient satisfaction need to be studied further.