

Factors influencing utilisation of 'free-standing' and 'alongside' midwifery units for low-risk births in England: a mixed-methods study

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Plain English summary

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Plain English summary

There is good evidence that it is safer and cheaper for healthy women with straightforward pregnancies to give birth in midwifery-led units (MUs) (home-like settings run by midwives) rather than in obstetric-led units (OUs) run by doctors. Policy-makers recommend that women have a choice of settings in which to give birth.

We studied the current availability of MUs and whether the apparent underutilisation was due to underprovision, failure to promote them or lack of demand. In one-quarter of local maternity services in England, choice is not possible because MUs do not exist or women have trouble getting information or access to them. At least one-third of all pregnant women could benefit from giving birth in such units; however, < 15% actually do.

We found that, although there are more MUs now than 6 years ago, a number of managers, midwives and doctors remain unconvinced of their value. Furthermore, although the number of 'alongside' midwifery units (those located on a hospital site) has increased, there has been very little increase in 'free-standing' midwifery units.

Many managers, obstetricians and midwives believe incorrectly that MUs are more expensive and less safe than OUs and therefore do not encourage pregnant women to use them. We also found evidence that some women were unaware of such units and therefore did not ask their pregnancy care providers about them.

Unless the barriers to MUs are addressed, including the capacity and willingness of providers to address women's information needs, pregnant women's access to MUs will continue to be restricted.

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