Developing and testing a documentation tool to guide and reflect midwifery practice

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Midwife-led units (MLU) in hospitals are a new model of care in Germany. The core concepts of the MLU are woman-centred care and support of normal labour. The first five MLU’s started their work parallel to the traditional labour suites, performed by the same team of midwives. These midwives meet several challenges avoiding unnecessary clinical routines and interventions. Moreover they need to develop a new working culture, which enables them to maximise woman-centred care and normal labour and birth. New and extended skills are needed to serve and satisfy the changed demands of the labouring women (1). Traditionally midwives in hospitals are used to work exclusively at labour suites. Only few midwives are working on perinatal/maternity wards. In addition admission-units are not common in Germany, only some of the larger maternity units set them up. Regarding midwifery care, particularly supporting and psycho-social aspects of care, of women with PRoM seems to be a blind spot. Furthermore the diagnosis “latent phase” as a relatively new concept in Germany gradually replaces a diffuse approach to “early labour” or “not really sub partu”. These diagnoses on admission characterise women highly at risk to be transferred to consultant-led care in their current labour process.

The purpose of this study is to develop and test a documentation tool guiding midwives to structure their documentation and hence to reflect the care given to women in the latent phase of labour and with PRoM. Furthermore we intend to investigate, whether the implementation of this special documentation suits clinical practice as well as reduces the rate of referrals to consultant-led care which are associated with the admission diagnose “PRoM” or “latent phase”.

**Background and Aims**

Midwife-led units (MLU) in hospitals are a new model of care in Germany. The core concepts of the MLU are woman-centred care and support of normal labour. The first five MLU’s started their work parallel to the traditional labour suites, performed by the same team of midwives. These midwives meet several challenges avoiding unnecessary clinical routines and interventions. Moreover they need to develop a new working culture, which enables them to maximise woman-centred care and normal labour and birth. New and extended skills are needed to serve and satisfy the changed demands of the labouring women (1). Traditionally midwives in hospitals are used to work exclusively at labour suites. Only few midwives are working on perinatal/maternity wards. In addition admission-units are not common in Germany, only some of the larger maternity units set them up. Regarding midwifery care, particularly supporting and psycho-social aspects of care, of women with PRoM seems to be a blind spot. Furthermore the diagnosis “latent phase” as a relatively new concept in Germany gradually replaces a diffuse approach to “early labour” or “not really sub partu”. These diagnoses on admission characterise women highly at risk to be transferred to consultant-led care in their current labour process.

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**Methodology**

- **Control study**, based on a triangulation of qualitative and quantitative methods.
- **Step 1**: retrospective analysis of medical records (n=133), semi-structured interviews with team midwives (n=11), an interdisciplinary working group and literature review were performed and analysed. Development of the intervention instrument - the Midwifery-Care Orientating Documentation (M-COD).
- **Step 2**: Introducing of the M-COD to the midwifery team of the intervention clinic during two teaching units. Since March 2008 the care of every woman during latent phase and of women with PRoM admitted to the MLU is documented along this M-COD.
- **Data of the intervention clinic (n=133)** will be compared with data of a control clinic (n=133) in December 2009. Primary endpoint is therate of referrals from MLU to consultant-led care. Additionally we will analyse the quality of the documentation and interview the midwives about their experiences for further development purposes.

**Discussion**

Midwifery care is a complex task, and for midwives it is necessary to describe and record the care provided. In terms of Berg (2) we are confident that care records, as a part of the thinking process, play an active and constitutive role in current clinical work. The M-COD has a potential to influence the thinking and reflecting process of midwives and their performed flexibility to respond to individual needs.

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**Information & Resources**


**Literatur**