

Community Antenatal Midwifery Services: History and Challenges Over the Past Decade

Brief History of Community Antenatal Midwifery Services.

Maternity and baby care that rely heavily on midwifery has changed notably because of the world campaigning about the need to achieve universal health coverage and better results. The WHO refers to the notion of midwifery as the skilled and caring management of the childbearing woman or newborn and families during pregnancy. Investment in midwifery education and community-based care sprang up in the early 2000s with the Millennium Development Goals. The Lancet Series on Midwifery 2014 conclusively stated that midwife-delivered care leads to decreasing maternal and newborn deaths, pre-term births, or unnecessary interventions accompanied by high levels of patient satisfaction.

The concept of community midwifery is closely tied to the NHS, as it was established in the year 1948 and includes home visits and care at a clinic (NHS England, 2016). The Better Births report (2016) supported the use of midwifery continuity, and the report focused on targeting health disparities by promoting personalized, community-based healthcare. The 2019 National Strategic Directions of Maternity Services Australia embraced the culturally responsible midwifery models, especially among the underserved and First Nations people (Australian Government Department of Health, 2019). These services are rather difficult to implement.

Workforce Shortages and Staffing Pressures

Workforce shortages has been experienced by the community antenatal midwifery services over the last ten years. This problem is fueled by high turnover, burnout, and recruitment issues. According to the Royal College of Midwives (RCM), England had a lack of a total of 2,500 full-time midwives. The problem underlines staffing shortages curtailing community-based care. One of the 2021 posts was a note of midwives quitting owing to burnout and the pressure of admitting COVID-positive patients. This limited the availability of antenatal contacts. The perception of obtaining adequate support through the midwifery teams is held by fewer women in 2022 (69%) relative to the year 2017 (74%).

The challenges in the community settings are exclusive. Midwives deal with flexibility and autonomy since they are often in small teams, or they work alone. Lack of enough staff members is a barrier to continuity of care models, which enhance the process of antenatal visits and preterm births. The low- and middle-income countries (LMICs) also encounter these problems, exacerbated due to the scarce funding and political turmoil. These shortages reduce the quality of care, increase workloads, and reduce the capacity of midwives to offer personalized and culturally relevant services, in this case to the vulnerable groups (Royal College of Midwives, 2021)

Social justice of access to community-based antenatal midwifery services is central. It is usually disadvantageous to individuals of low socioeconomic status or ethnic minorities. There is a possibility that low-income people might not utilize the option of public midwifery because of low awareness, misconceptions, or systemic barriers. Sword et al. (2019), in a study conducted in Ontario, found that low-income females were often unaware of local midwifery services. The majority of them sought the services of doctors for prenatal care and opted for hospital deliveries primarily because they had been told that hospitals were the only suitable places to give birth.

The ethnic minority women in the UK experience racism and insensitivity to culture on the part of maternity workers. These problems limit their utilization of the community-based care. First Nations women do not enjoy access to culturally safe midwifery services in Australia. Antenatal attendance can be improved through culturally appropriate care and pre-term birth. These differences are, however, exacerbated by colonization, poverty, and geographic isolation (Marriott & Sim, 2021). However, it is

impeded by the lack of funding and human resources. Specific solutions to provide access to high-quality antenatal care to First Nations women are also required.

To resolve this issue, health systems and governments need to be ready to invest in midwifery-related excellence and retention regulations to enhance the number of educated midwives.

According to the WHO 2019 Midwifery Education Toolkit, it is necessary to provide evidence-based training to focus on the emergence of a robust workforce (World Health Organization, 2019). Rewards such as good wages, psychological assistance, and reasonable working times would restrain burnout and turnover. At the UK level, the 2023 NHS England report that tracks the general implementation of its maternity strategy in three years indicates that it has succeeded in increasing staffing levels following the necessary investment, which can be extended to the community. It also could have been viewed that any further interprofessional-level training and cooperation with local health workers could alleviate the pressure on midwives, especially in low- and middle-income countries.