

Certified nurse-midwives lead collaborative care model as solution to obstetrician shortage

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Fewer physicians are pursuing careers in obstetrics, in part because of the intense, round-the-clock demands of the job and a high burnout rate.

An unusually large number of practicing obstetricians are expected to retire within the next decade, which will add to an already acute physician shortage.

One solution to this staffing challenge is a collaborative care model used at Mayo Clinic Health System—Franciscan Healthcare in La Crosse, where certified nurse-midwives lead the care team. Certified nurse-[midwives](#) provide care for obstetric patients who are at low to moderate risk as part of a team model described in *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*.

Patients choose whether to use the care model, which ensures that a certified nurse-midwife is in the hospital around the clock, with generalist obstetricians on call, when needed. The nurse-midwife cares for obstetric patients only, and admits labor induction, pre-labor and active labor patients. The report says the model could be used by similar hospitals that do not employ obstetricians dedicated to labor and delivery.

"Across the country, hospital delivery units are facing a shortage of obstetricians due to a change in the workforce and increasing demands," says Gokhan Anil, M.D., an OB-GYN at Mayo Clinic Health System in Mankato, Minnesota, and first author of the report. "Innovative approaches to staffing are needed to serve the needs of the patient, increase collaboration and improve patient safety."

The collaborative care model has had several positive outcomes since it was implemented in July 2014. The primary cesarean section birth rate has declined, as have vaginal operative deliveries. And the rate of vaginal births after C-section has increased. Admissions to the neonatal ICU decreased from 14.9% in 2012—before the [care model](#) was offered—to 10.9% in 2017.

"This approach also has resulted in a shorter length of stay in the hospital for our patients, which always is a good thing for patients, especially a new mother and child," says Dr. Anil, who previously was on staff at Franciscan Healthcare.

The model has won high marks from patients and helped address staffing challenges.

"Based on previous research and our experience, women who receive midwife-led continuity of care are less likely to need an intervention and are more likely to be satisfied with their care," says Costa Sousou, M.D., chair of the Department of Obstetrics and Gynecology at Franciscan Healthcare. "This team approach allows us to continue to provide high-quality care with a more sustainable and cost-effective staffing model. We think it's a [model](#) that other institutions may find worth exploring."

More information: Gokhan Anil et al. Midwife Laborist Model in a Collaborative Community Practice, *Mayo Clinic Proceedings: Innovations, Quality & Outcomes* (2019). [DOI: 10.1016/j.mayocpiqo.2019.10.004](#)

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