The Journey to midwifery led antenatal care in Al Khor Hospital in Qatar

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According to World Health Organization (WHO) every pregnant woman should receive good quality of care throughout the pregnancy, childbirth, and the postnatal period. Antenatal care is an essential part of monitoring the pregnancy, promoting healthy lifestyle, screening, diagnosing and disease prevention. Readily accessible antenatal care improves the maternal and fetal health, preventing mortality and long-term morbidity. Furthermore, effective support, including social, cultural, emotional, and psychological support to the pregnant woman creates the foundation to healthy motherhood.

Henceforth, introducing midwifery model of care is one of the integral parts of delivering effective care to the pregnant woman.

A Cochrane review of midwifery model of care demonstrated that women that received midwifery care were less likely to experience pre-term birth and fetal loss/ stillbirth. Moreover, midwifery care have shown to increase the chance of spontaneous vaginal birth. Henceforth, reducing the risk of instrumental birth, caesarean section and decrease in episiotomy rate.

Many countries around the world have favoured and adopted the midwifery model of care, Qatar has joined these countries in introducing midwifery model of care. According to the Qatar National Health Strategy's (NHS 2018-2022) which focused on healthy women leading to healthy pregnancies one of the key pillars of the strategy was the introduction of midwifery model of care.

In concurrence with the National Health Strategy, in 2021, Al Khor hospital launched it is first midwifery clinic. Since the inauguration of the service, 257 low risk pregnant women from different nationalities accessed the clinic. The Outcome of the clinic demonstrated that 84.6 % of those that attended the service had non-pharmacological pain relief in labour and around 65.85% had vaginal birth.

In conclusion, midwifery model of care during the antenatal period is associated with positive results, reduction of intervention in labour, birth, and encouragement of vaginal birth.

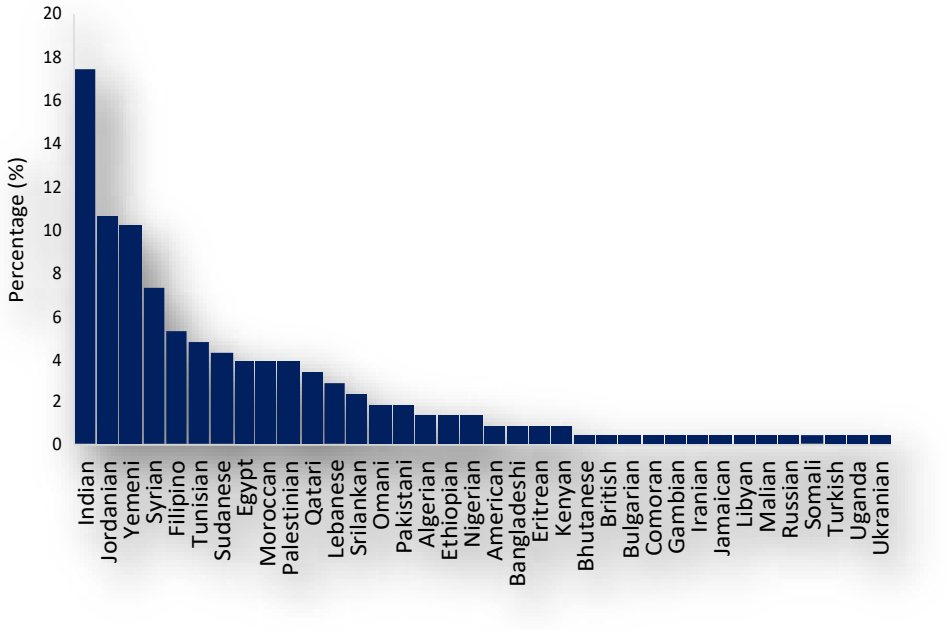


Fig 1. Nationalities accessed the service

Age, years	N	%
18-24	23	11.22
25-29	76	37.07
30-35	82	40.00
36-41	18	8.78
42-50	6	2.93

Fig 2. Age-distribution of the client accessing the service

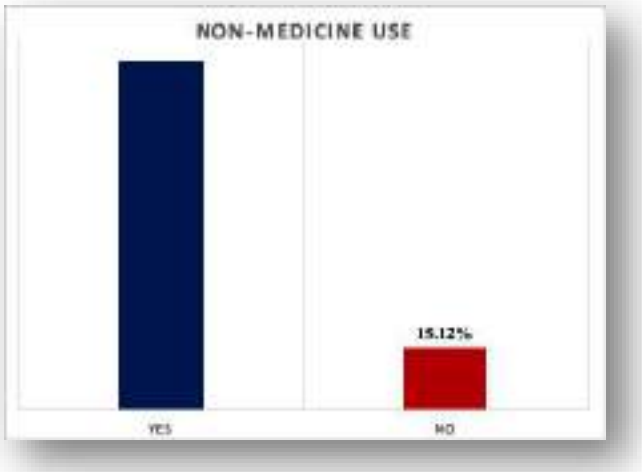


Fig 3. Non-Pharmacological usage in labour following attending the clinic

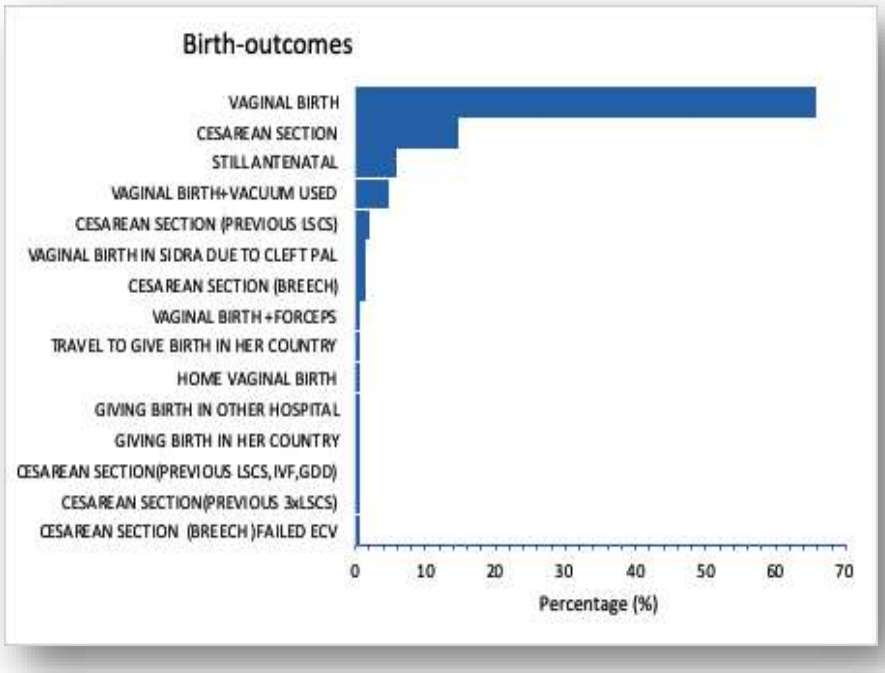


Fig 4. Birth Outcome for those accessed the service

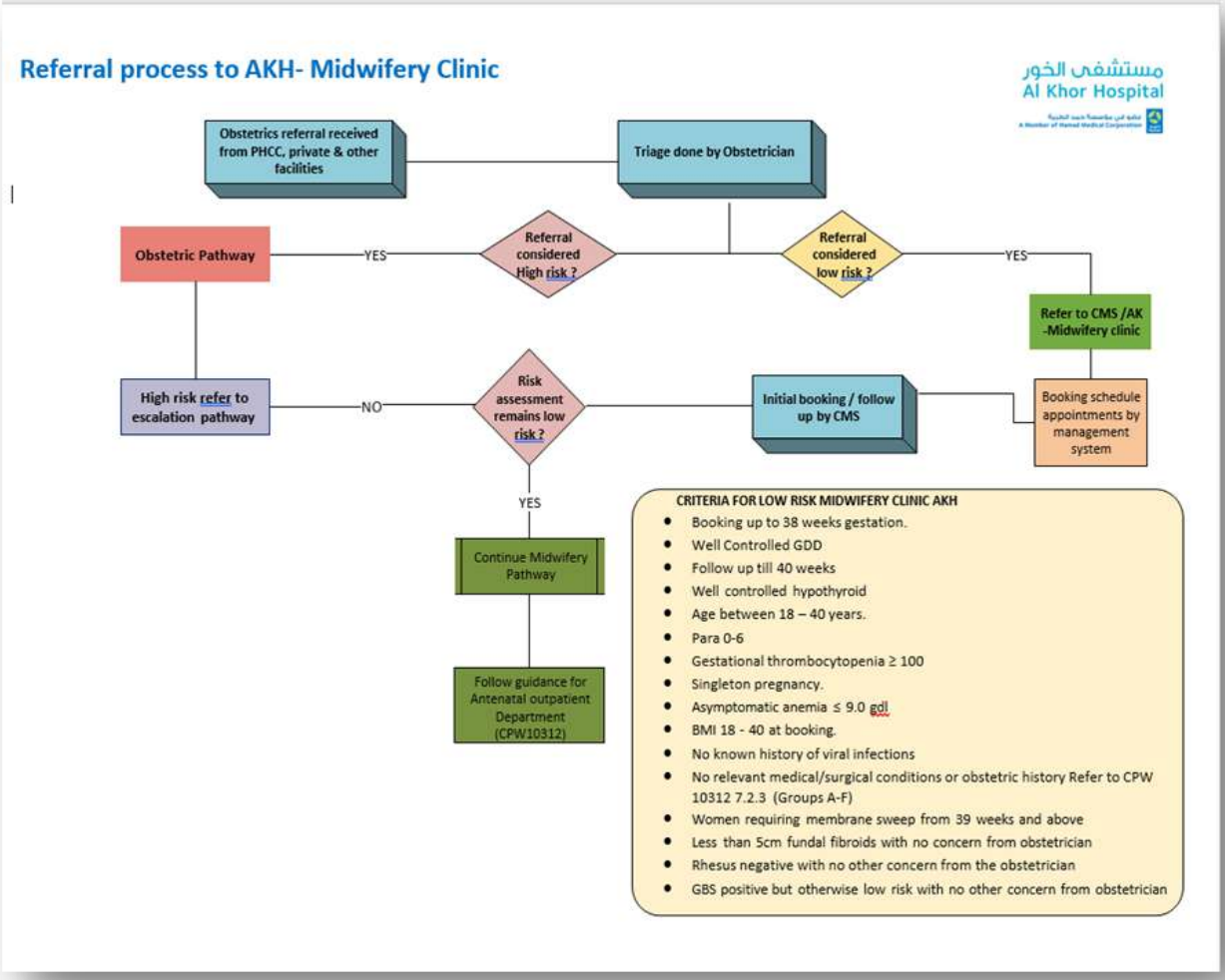


Fig 5 Referral pathway to the Midwifery Clinic

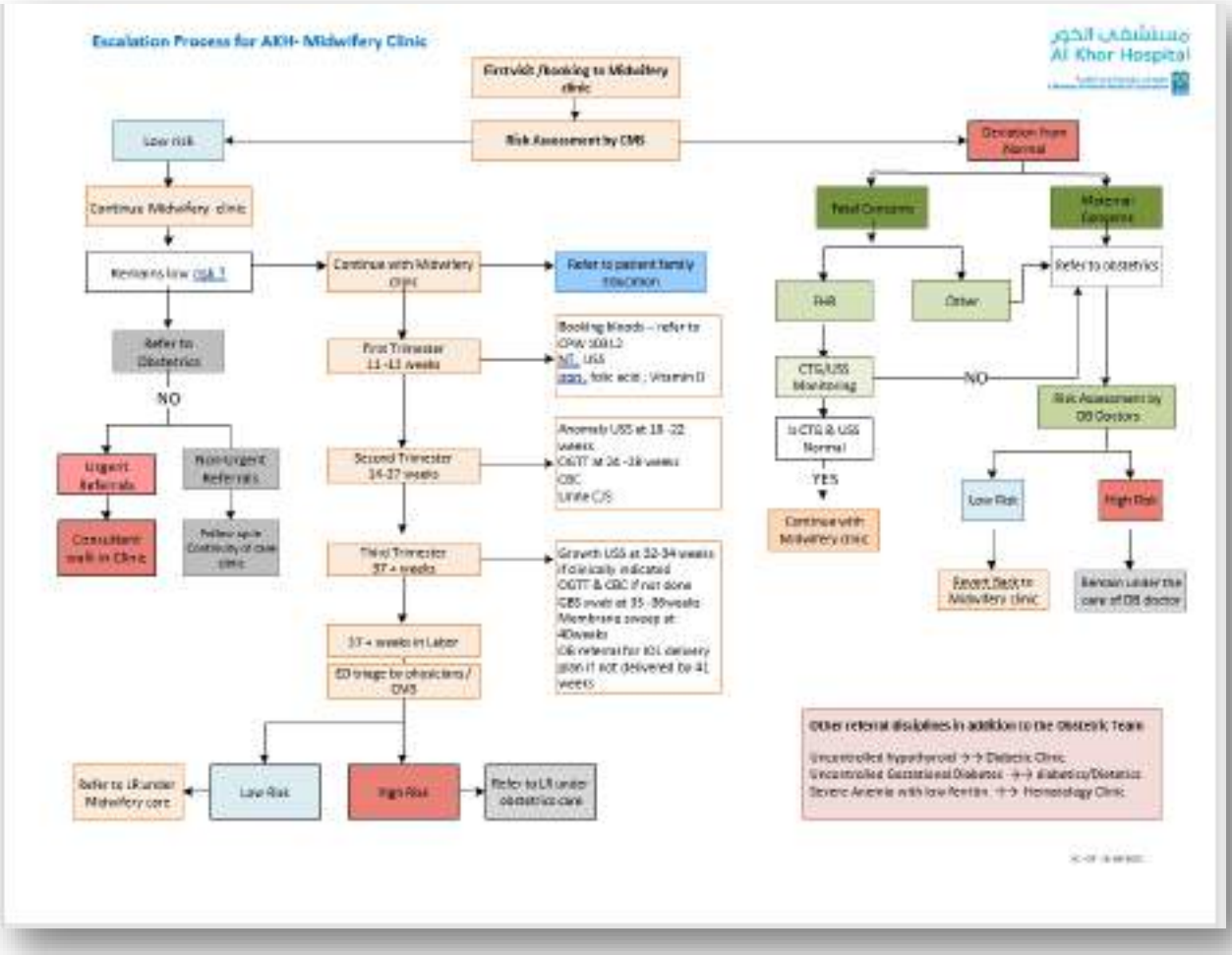


Fig 6. Escalation pathway for the Midwifery clinic

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