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The importance of Midwife Runs Primary Units in Iran

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ABSTRACT

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The vast majority of health research demonstrates the disadvantages of unnecessarymedical interventions in normalpregnancy and birth inlow-risk women. However, the rate of interventions is rising in the maternity systems across the world. One of the main reasons of these over-interventions in maternity system is the closure of the Midwife Runs Primary Units (MRPUs), particularly in rural andremote areas in most countries including Iran. Therefore, this commentary aims at evaluating the benefits of reopening of these MRPUs in Iran.

To improve the quality of care for each woman and her child, a recent research published in the Lancet [1] emphasises the importance of prevention of complications in maternity systems. According to Homer *et al*., [2] while the lack of skilled birth attendants as well as a few interventions are the significant problems in low-income countries, over-intervention is contributing to morbidity and mortality in middle and high-income countries. For instance, the closure of MRPUs over the last two decades is the primary cause of increased adverse maternal and neonatal outcomes in Australia [3] and Iran [4].

In recent decades, Iran has experienced a significant increase in overall caesarean section rates. It has increased from around 20% in 1977 to about 50% in 2014. The caesarean section rate was even higher in private hospitals, which are reported up to 90% [4].

Research has shown that MRPUs could decrease the rate of caesarean sections, particularly the first-birth caesarean and promote the maternal health outcome in both primiparous and multiparous low-risk women compared to obstetric units [5]. Monk *et al*. compared the birth outcomes between two groups of low-risk women, who had an intention to birth in a tertiary hospital transferred from the MRPUs [6]. The results support the optimal maternity care in MRPUs at the time of booking even for women, who were transferred to the tertiary hospital.

New Zealand has a unique midwifery system, in which women, who are at low risk of complications, are visited by a community midwife or Lead Maternity Carer (LMC) during the childbearing period. LMC midwives are paid by the New Zealand Ministry of Health and provide free maternity care for women, who are booked with them from the first trimester of pregnancy until 6 weeks postpartum. Practicing in partnership with the women is the first and most important standard of practice for each registered midwife in New Zealand [7]. Primary birth units in New Zealand are the best model of MRPUs designed for healthy pregnant women, who have no complication in their pregnancy, birth, and postpartum. MRPUs in New Zealand are staffed by Midwives only while there is an immediate access to on-call obstetricians.

Midwives are the primary care providers in maternity system and they provide cost-effective care, which improves the birth outcomes with minimum intervention [1]. Midwives have the adequate knowledge and skills to detect deviations from the norm and facilitate the transfer of care to secondary and tertiary healthcare settings. Therefore, they are able to practise in the primary units with basic facilities or even can manage an uncomplicated vaginal birth in a home setting [8]. Moreover, research has shown that midwife-led care can be the standard model of maternity care. It is not only the best option for the low-risk pregnant women, but the safe and cost-effective model of care for all women of any risk. The researchers also pointed out that the benefits of midwife-led care are not limited to only women and their families, and its outcome is beneficial for the health service as well as the national economy [9].

However, the midwifery profession has recently been described as in crisis, with midwifery care characterized as undervalued and under-resourced, evidenced through high staff turnover, and low midwifery workforce retention rates [7]. In addition, in Iran, still ismassive opposition to the midwifery-led model of care to some extent that most state hospitals' policies do not support collaborative arrangements with self-employed midwives.

In conclusion, this paper asks the question, "Is it necessary to reopen the midwife runs primary units in Iran?

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