

General practitioners' views of working with team midwifery

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SUMMARY

This report presents the results of a survey of general practitioners (GPs) working alongside a midwifery team in south-east England. Sixty-nine per cent of the GPs thought team midwifery was a good idea in theory. However, just 37% thought it was working well locally and 56% reported that they would like to go back to working in the way they did before. Of greatest concern was the decline in interprofessional communications and the loss of continuity for patients. Therefore, team midwifery, as implemented in this locality, may not attain the goals aimed at by the organisation of care in this way.

Keywords: midwifery; general practice; communication; organisation of care.

Introduction

THE past 10 years have seen the steady introduction, with varying degrees of success, of various team midwifery schemes.¹ The aim of such schemes is usually to increase continuity of care through the provision of antenatal, intrapartum, and postnatal care by a team of midwives.

We evaluated one team midwifery scheme in south-east England, comprising seven teams of seven whole-time equivalent midwives providing antenatal, intrapartum, and postnatal care.

Following a pilot study in January 1992, the full scheme became operational in April 1994. Previously, care was provided by a traditional model of practice-attached or geographically-based community midwives providing community antenatal and postnatal care, with hospital-based antenatal, intrapartum, and postnatal care provided by hospital midwives. This report presents the views of general practitioners (GPs) working alongside the scheme; other aspects (the views of midwives, health visitors, and users) are reported elsewhere.²⁻⁴

Method

In May 1995, postal questionnaires were sent to the 124 GPs in the locality. The questionnaire was developed following a literature search and interviews with key individuals (local GPs, the family health services authority medical advisor, and the Team Midwifery Steering Group). It included demographic details, qualifications, provision of maternity care, current post, practice size, midwifery team details, understanding of scheme, views of

scheme in theory and practice, interprofessional relationships, communication with midwives, changes/improvements, and effects on quality of care.

Results

An 82% (102/124) response rate was achieved. There were significantly more female GPs than would be expected from national data⁵ — responding GPs: 60% (61/102) male, 40% (41/102) female; national data:⁵ 72% male, 28% female; $\chi^2 = 6.837$, $P = 0.0089$ — although the age structure (responding GPs' age range = 28 to 69 years, median = 43 years) reflected national data⁵ ($\chi^2 = 4.707$, $P = 0.4528$). The majority of responders were full-time (78%, 79/101) and were principals (98%, 99/101). More than half (51%, 49/96) had obtained the DRCOG. The majority (92%, 94/102) were on the obstetric list, with less than one-third (31%, 31/100) providing intrapartum care. Most (83%, 80/96) provided antenatal care to fewer than 50 women per year, practising a shared-care system with midwives (90%, 91/101).

General practitioners were asked to describe, in their own words, what they understood by the term 'team midwifery'. Of the 75 responders, the majority (83%, 62/75) mentioned 'a team or group of midwives working together', 39% (29) said 'a team of midwives carrying out all aspects of care; i.e. antenatal, intrapartum, and postnatal', 20% (15) said 'a known midwife at delivery', 19% (14) said 'a defined geographical area', 12% (9) said 'an interdisciplinary team', 11% (8) said 'a caseload/defined community', and 8% (6) said 'a concept aimed at continuity of care'. Others gave a variety of different answers.

A consensus exercise⁶ with the Team Midwifery Steering Group produced four statements characterising team midwifery locally:

1. 'team midwives carrying out all aspects of care; i.e. antenatal, intrapartum, and postnatal',
2. 'a team of midwives working together',
3. 'a known midwife at delivery', and
4. 'concept aimed at continuity of care'.

Comparing the GPs' statements and Team Midwifery Steering Group's consensus, the most common misunderstanding by GPs was that the concept meant 'an interdisciplinary team'.

Over two-thirds (69%) of responders thought that team midwifery was a 'good idea in theory'; however, just 37% felt it was working well locally. Of those who did not think it was working well locally, most felt it might be working well in other areas (Table 1).

The GPs all had a link midwife (a member of the team acting as a channel of communication between a practice and its midwifery team); however, 17% either believed they did not have a link midwife (9/101) or were unsure (8/101). Less than half had met all the midwives in their team (Table 1). GPs' working relationships with obstetricians appeared the strongest, followed by community midwives, and then midwifery managers (Table 1). Less than half described communications with community midwives as at least 'good' (Table 1).

When asked if they would go back to working in the way they did before team midwifery, over half selected 'yes' ($n = 55$) (Table 1) citing deteriorating interprofessional liaison (59%,

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Table 1. General practitioners' responses. (None of the questions were answered by all of the 102 responders.)

Views of team midwifery	n (%)
In theory, is team midwifery a... (n = 100)	
Good idea?	69 (69)
Bad idea?	23 (23)
Not heard of the term	8 (8)
In practice, is team midwifery... (n = 93)	
Working well locally?	34 (37)
Not working well locally but may be working well elsewhere?	33 (36)
Not working well anywhere?	16 (18)
Not working well locally but couldn't comment on elsewhere?	8 (9)
Have you met all the midwives in your team? (n = 100)	
Yes, all of them	40 (40)
Yes, some of them	52 (52)
No, none of them	8 (8)
How are your working relationships with community midwives? (n = 101)	
Excellent	15 (15)
Good	47 (46)
Fair	27 (27)
Poor	12 (12)
How are your working relationships with midwifery managers? (n = 92)	
Excellent	6 (8)
Good	16 (20)
Fair	23 (29)
Poor	34 (43)
How are your working relationships with obstetricians? (n = 99)	
Excellent	24 (24)
Good	59 (60)
Fair	15 (15)
Poor	1 (1)
How are your communications with community midwives? (n = 99):	
Excellent	12 (12)
Good	37 (37)
Fair	35 (36)
Poor	15 (15)
Would you go back to working in the way you did before the introduction of team midwifery? (n = 98)	
Yes	55 (56)
No	21 (21)
Don't know	22 (23)
Has the introduction of team midwifery affected the quality of care? (n = 98)	
Yes	46 (48)
No	26 (26)
Don't know	26 (26)

33/55), reduced continuity (23%, 13/55), deteriorating patient-midwife relationships (23%, 13/55), and increased conflicting advice (14%, 8/55); and about one-quarter were unsure. Those selecting 'no' (n = 21) explained 'it works well now' (7/21), GP workload reduced (6/21), and 'women are happy' (6/21). Others gave a variety of other reasons.

Sixty-five per cent (57/88) of responders suggested changes or improvements to their current working relationship with midwives, including: better communications/links (26/57), return to old system (10/57), reduce size of teams/caseloads (6/57), joint clinics/more shared approach (5/57), bring teams up to strength (5/57), and promote midwives' identity within primary health

care team (4/57). Others gave a variety of other suggestions.

Of those stating that the introduction of team midwifery had affected the quality of care (n = 46) (Table 1), the majority (75%) felt quality had decreased, citing loss of continuity (10/44), poorer interprofessional relationships (6/44), increased conflicting/incorrect advice (4/44), and patient preference (4/44).

Discussion

The majority of GPs had a fair understanding of the scheme. The most common misconception being that it was some form of interdisciplinary team. Over two-thirds thought it was a good idea in theory; however, only just over one-third thought it worked well locally. Of those who did not feel it worked well locally, the majority felt it might be working well elsewhere; suggesting the acceptance of the principles behind team midwifery, if not the way it was running here.

Seventeen per cent of GPs that were known to have a link midwife either said that they did not have one or did not know if they had one. Less than half had met all the midwives in their team. The majority described relationships with community midwives and obstetricians as 'good' or 'excellent'; however, less than a third reported the same response regarding midwifery managers. Less than half described communications with community midwives as at least 'good'. This suggests an urgent need for a review of interprofessional liaison locally.

Over half said they would like to go back to working in the way they did before the scheme, about one-quarter were unsure, and just one-fifth said they would not. About half felt that team midwifery had affected the quality of care; the majority feeling that quality had decreased. The most common reasons given were deteriorating interprofessional liaison and loss of continuity. These concerns were reflected in a survey of health visitors working alongside the scheme³ and in surveys of GPs working alongside schemes elsewhere.^{7,8} Loss of continuity was also reflected in a users survey of the scheme, which suggested that the desire to increase overall continuity (i.e. including intrapartum care) had occurred at the expense of ante- and postnatal continuity.²

Strategies such as joint learning experiences, the effective use of Maternity Liaison Committees, and enhancement of interprofessional communications must be considered when setting up team midwifery schemes. However, such innovative strategies require rigorous prior interdisciplinary consultation and should be subject to ongoing review.

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