

# Redesigning maternity services in Norway.

Same sh.., new wrapping?!

Margit Steinholt

- Norwegian midwives have for decades had a very important role in the improvement of maternal and perinatal health.
- In remote and rural areas they were sometimes the only skilled health worker.

- Norwegian midwives still play a very important role when defining which direction maternity services goes..
- An increasing conflict between doctors; that is OB/GYN and midwives???
- A fight over patients?
- Is delivery a natural event or a potential trauma??

# Redesigning maternity services

- Norway is a long and narrow country, scarcely populated: 4, 6 million people.
- Distance from Oslo to Tromsø > 2000 km.
- Historically this has led to a quite nice network of hospitals and delivery units to ensure a minimum of health service to the population.
- 2008: Ca 50 delivery units.

# Redesigning maternity services

- Midwifery-run delivery units with 40 – 150 deliveries a year.
- Some are located within a hospital, some also with the possibility to conduct an emergency c. section.
- These units are expected to deliver approx. 50 – 60 % of their pregnant women.
- National selection criteria.

# Redesigning maternity services

- Maternity wards in small rural and remote hospitals are often very important for the very existence of the hospital!
- The delivery service is the main argument for having staff on call 24 hrs.
- History shows that making the maternity ward into a midwife – run unit, also is the beginning of closing down other services.

# Redesigning maternity services

- In 1997 the Norwegian Parliament decided the structure for delivery services:
- Midwife – runned unit: > 40 deliveries/ year.
- Maternity ward small: > 400 – 500 deliveries/ year.
- Maternity ward/ Women’s clinic: > 1500 deliveries / year.

# Redesigning maternity services

- The advocates for closing down the units in small hospitals are using these numbers.
- They claim that delivery in small hospitals are hazardous – even though these hospitals have access to c. section and other emergency procedures.

# Redesigning maternity services

- There seems to be a collaboration between professors at university clinics and the home – birthing pruned part of midwifery:
- They claim that delivery in a midwife – runned unit is safer than in a small maternity ward.

# Redesigning maternity service

- For the last 10 years this has been a hot topic both politically and professionally.
- It seems like Norway is going towards a more polarized system where the small hospitals with a variety of medical services for the whole population, are loosing the battle.

# Redesigning maternity services

- For hospitals in rural areas it will mean that only 50 – 60 % of the pregnant women can deliver locally. ( Due to selection criterias)
- 40 – 60 % of the women have to travel to bigger hospitals close to delivery or while in labour.

# Redesigning maternity services

- Large hospitals use patient hotels for their mothers and their newborn.
- Usually mother and baby are discharged 2 days after a normal delivery.
- This is considered good quality because "someone" has decided that.....

# Redesigning maternity services

- Seems like the fight for normality has reduced midwives and doctors responsibility for the rest of their society.
- Closing down maternity services will lead to the closing down of other services to the population over time.
- "No man is an island" – and neither is maternity services!

# Lovund kull 2006

