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INTEGRATING MATERNITY CARE

HOW MATERNITY CARE PROFESSIONALS EXPERIENCE THE POLICY MEASURE OF STRUCTURING COLLABORATION THROUGH OBSTETRIC PARTNERSHIPS

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BACKGROUND & AIM

Achieving more **continuity and client centeredness in Dutch maternity care** is considered vital to reduce the amount of preventable adverse perinatal outcomes and improve client satisfaction. Closer collaboration between the historically relatively autonomous groups of maternity care professionals is seen as essential to propel continuity. Current **policy** is therefore aiming at **organizational and financial integration**. An important measure has been to make it mandatory for professionals to structure **collaboration within local obstetric partnerships**.

METHODS

- Qualitative study
- 75 semi-structured interviews
- Maternity care professionals
- Members of 17 obstetric partnerships
- Representing key professions involved
- Northwest region of the Netherlands
- From 2014 to 2016

Study aim

This study aims at gaining insight in how structuring interprofessional collaboration through obstetric partnerships fits within the intended transition of the maternity care system, by investigating how professionals experience this collaboration.

RESULTS

The professionals:

- Approve that continuity in maternity care is currently insufficient
- Are willing to actively contribute to closer collaboration
- Experience the obstetric partnership as a structure that intensifies and enhances interaction and coordination between the professionals involved

However:

- A lack of mutual trust is still experienced
- Consensus on the most appropriate way to reshape the maternity care system is absent
- Competition is still experienced as vital and leads to professional distinction rather than integration

'You don't want to lose autonomy as a result of better collaboration.'

'When we are jointly taking care of a pregnant woman during labor, it goes very well. But when it regards a care path or something that has to change in the policy; that always has consequences for where that woman is under supervision...'

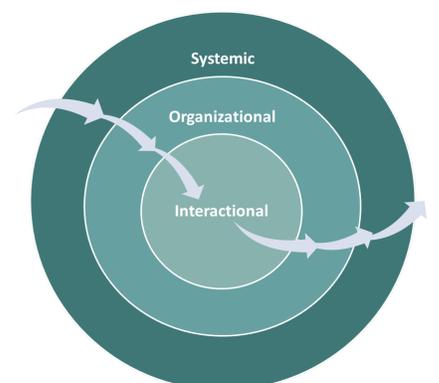
CONCLUSION

Obstetric partnerships are experienced as contributing to interprofessional collaboration and coordination in maternity care. As this is expected to enhance continuity, structuring collaboration through obstetric partnerships seems a suitable policy measure.

However, important barriers for collaboration are also experienced. Current policy is primarily focusing on how maternity care is organized financially, thereby disregarding the complexity of the transition. Deeply rooted systemic barriers for collaboration (financial, educational, legal) thus keep reverberating at the organizational and interactional level. In addition, professionals in obstetric partnerships are made responsible for rearranging how maternity care is organized –and hence how finances are distributed–, yet without being competent and empowered.

As a result, the professionals are inclined to highlight mutual differences and defend professional autonomy. Existing barriers thereby tend to be reproduced, which may in turn hamper continuity in maternity care.

Levels of collaboration & their mutual influence



TAKE HOME MESSAGE

Policy aiming at integrating (maternity) care should take into account the complexity of the transition, by:

- Creating broad support in the field
- Developing a stimulating environment, by taking away barriers and reducing uncertainty
- Assuring that the people who are made responsible are also supported, competent and empowered
- Simultaneously addressing different systemic barriers for collaboration (financial, legal, educational)