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POSTPARTUM CARE IN SLOVAKIA IN EUROPEAN CONTEXT

Martina Bašková, Eva Urbanová, Erika Maskálová

Department of Non-Medical Study Programs, Jessenius Faculty of Medicine, Comenius University, Martin, Slovak Republic

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Abstract

Midwifery provides during postpartum period essential care of woman, newborn and family on physiologic, emotional and social level. The article evaluates midwifery care in Slovakia in the light of situation in other European countries.

Material and methods: The situation regarding postpartum care in 18 European countries is analyzed through qualitative survey. Representatives of national societies of midwives of European Midwifery Association member states responded within July and August 2009 five questionnaire items:

– is it possible also home birth or all births are held exclusively in hospitals?;
– who can provide delivery (physician only or also midwife)?;
– in case of hospital birth, how long are women hospitalised after the delivery (in physological conditions)?;
– in case of home birth, how long and frequently are women visited by midwifery in homes?;
– which procedures can be provided by midwife during postpartal care?

Results: Hospital births comprise almost all of births in responding countries. In all countries physicians lead pathologic births. Hospitalisation after physiologic birth lasts from several hours to five days. Subsequently, mother and child are referred to home care provided by midwives. Beside common procedures, education on diet, hygiene and contraception is included into care. In Slovakia, the problem is an insufficient cooperation with health insurance companies and lack of interest of governmental authorities to support significant roles of independent midwives within the frame of the health care.

Key words: *pospartal care – European countries – midwifery health care*

ORIGINAL ARTICLE

INTRODUCTION

Postpartum period represents critical and transient situation for woman, newborn and family on physiologic, emotional and social level.

Key elements of postpartum care emerge from needs of woman and child as well as their health risk. Integrated postpartum care with early identification of problems contributes to decrease of premature mortality and morbidity rate. Respecting clinical aspects, it is included into primary care and deals with prevention, early diagnosis and management of diseases and complications. If needed, the care is referred into clinical setting (Leifer 2008, McKinney et al. 2009).

Midwifery interventions recommended by World Health Organization (WHO 1998) represents a base for a care of woman and child after delivery. In countries with developed health care system, including Slovakia, monitoring is more intensive

and interventions are more comprehensive. Detailed standards are developed to ensure high-quality care, as well.

Legislative norms of Slovak Republic provide recognition of midwifery; support its professional autonomy by defining of midwives' competencies, creating framework for interventions in midwifery and differentiating accountability of midwives.

Legislation of the Slovak Republic (Koncepcia odboru pôrodná asistencia MZ SR č. 10973/2006-OO) defines midwifery fully in accordance with directives of European Union, as well as World Health Organization recommendations. The midwifery practice is provided by method of nursing process. It includes identifying of needs and their provision, administration of midwifery and nursing documentation, care of reproduction, professional education in midwifery as well as cooperation with other health care workers and other relevant persons.

Midwives provide care in outpatient and clinical settings as well as in homes. Currently in Slovakia there are about 20 independent licensed midwives. Licence is issued by Slovak Chamber of Nurses and Midwives on the basis of criteria including legal, health and qualification eligibility, probity and registration.

The independent licensed midwife provides care on a basis of direct payment or contract with an insurance company. In Slovakia only one of the insurance companies covers health care identified as midwifery. 11 independent licensed midwives have got contract with this company (as in July 2008) which fully pays for all provided procedures as determined by the relevant directive of the Ministry of Health (Vyhláška MZ SR č. 364/2005). Independent work of midwives is not sufficient. Problems are represented by minimal cooperation of physicians with midwives and reluctance of insurance companies to pay midwifery. Moreover, some of already licensed midwives do not provide independent practice. The problems lie in fact that care provided by midwives has not been included into public minimal health care network.[1] As optimal and also real solution can be considered, if from all 2 185 registered midwives in Slovakia at least 10% of them would provide independent practice in midwifery. In the future, this proportion could be increased up to 40%, corresponding to a decline of numbers of clinical settings in Slovakia.

In this contribution we provide qualitative survey analyzing competencies of midwives in postpartum care in European countries to evaluate situation in Slovakia.

MATERIAL AND METHODS

Through qualitative survey we analyze situation in postpartal care of woman and child in 18 member countries of the European Association of Midwifery (EMA): Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, Germany, Ireland, Italy, Luxembourg, Malta, Portugal, Spain, Great Britain, Sweden, Swiss, Slovakia, Netherlands and Latvia.

Within July and August 2009 we sent via special internet discussion group a short questionnaire to representatives of national societies of midwives of EMA member states. From all 28 addressed representatives, 18 of them responded. The questionnaire contained five structured questions dealing with care during delivery and in postpartum period:

1. Is it possible also home birth or all births are held exclusively in hospitals?
2. Who can provide delivery (physician only or also midwife)?
3. In case of hospital birth, how long are women hospitalised after the delivery (in physiological conditions)?
4. In case of home birth, how long and frequently are women visited by midwifery in homes?

[1] The public minimal health care network includes public providers within regions of the Slovak Republic. It expresses minimal number of health providers in all types of health facilities in the given region (e.g. district). It refers to providers of outpatient, clinical and emergency care as well as required number of positions of physicians and nurses. Nurse position is characterised as a performance of qualified nursing procedures ranging 40 hours weekly and in case of increased occupational risk 38 hours weekly.

5. Which procedures can be provided by midwife during postpartum care?

Answers were summarised, arranged into table and analysed.

RESULTS

Answers describing situation regarding midwifery health care in Austria, Belgium, Cyprus, Czech Republic, Denmark, Finland, Germany, Ireland, Italy, Luxembourg, Malta, Portugal, Spain, Great Britain, Sweden, Swiss, Slovakia, Netherlands and Latvia are arranged in the Table.

DISCUSSION

Is it possible also home birth or all births are held exclusively in hospitals?

Almost in all responding countries there are possible home births as well as births in specific birth houses. Exceptions are Cyprus, Czech Republic and Slovakia where are possible births only in state or private hospitals. In Slovakia and Czech Republic, the current legislation specifies hospital as a safe place of delivery providing standard evidence-base care. Although, there is no specific legislative norm to regulate births outside hospitals, in such case, criminal sanctions are possible, particularly in case of complication with consequences or disorder. Home births are relatively frequent namely in Austria including about 2% of all births as well as in Denmark and Germany (1–3% of all births). In Great Britain, home births account for 2.8% of all births, while in some regions reaching as much as 11%, but in others less then 1%. Netherlands represents a specific situation, since home births comprise about one third from all births.[2] Swiss representative did not state data on home births but informed about 23 birth houses in the country. Women willing to birth at their homes or birth homes have this possibility fully at their disposal. They have specific legislation to regulate it, e.g. specified process of registration of child born at home (Birth in Switzerland 2009).

In participating European countries unambiguously prevail hospital births, e.g. in Sweden 99.9% and in Finland almost 100% of all births. In Slovakia and Cyprus all births are in hospitals. Home births represent evident minority, although in the most of countries is this possibility at fully disposal as equivalent alternative to births in hospital facilities.

Who can provide delivery?

Almost in all of participating countries midwives lead physiologic births and are responsible for them. In Slovakia and Czech Republic physicians-obstetricians are in the first line and midwives only as the second alternative. Similar situation is in Latvia, as well. In Slovakia, midwives are legislatively competent to lead physiologic births (Vyhláška MZ SR č. 364/2005, Vyhláška MZ SR č. 470/2006, Koncepcia odboru pôrodná asistencia MZ SR č. 10973/2006-OO). However, in a real life this is realised only slowly, because of absence of such possibility for more than 40 years. In Cyprus, midwives are responsible for physiologic births in state hospitals, while in private ones obstetricians are responsible for all births.

Obstetricians in all responding countries lead pathologic births. The situation in Netherlands is again different. Home births are primary led by midwives (coming under primary health care) and in hospitals so called clinical midwives including also pathologic births. Physicians in cooperation with midwives particularly provide obstetric surgeries (using of vaccumextractor and forceps, caesarean section, breech presentation, multigestation etc.).

In Austria, physician cannot lead birth without presence of midwife. In Denmark, midwife calls physician to delivery, since she cannot lead it independently. In Finland, where overwhelming majority of births are taken place in hospitals, physicians participate in births only rarely (namely in pathologic births).

[2] Despite fact that Netherlands ranks among leaders in home births, the trend is sharply declining. In 1965, home births accounted for two thirds of all births, currently comprise about 30% (Gordon 2009).

In case of hospital birth, how long are women hospitalised after the delivery (in physiological conditions)?
Hospitalisation period after physiologic delivery lasts in the countries from several hours to five days. A common feature, seen in numerous countries, is a shortening of the hospitalisation stay and subsequent referral to home care. Here midwives (e.g. Belgium, Germany and Denmark) and then also other health workers take over a care of mother and child. Hospitalisation following caesarean section is longer, from three to seven days. The same situation is in Slovakia.

In case of home birth, how long and frequently are women visited by midwifery in homes?
Almost in all countries are visits of midwives common part of the postpartum care and are included into standard health insurance. Unfortunately, this does not apply for Slovakia and there is a short of home visits. Number of visits varies across countries and further services can be provided by health visitor nurses or professional homecare assistants, such as in Denmark or Netherlands. In Sweden, number and length of visits specifies midwife. In Germany, midwife can visit mother and child within 8 weeks after birth as much as 26 times and also two times a day, if needed. Afterwards, visits can be continued by individual needs until weaning of breast feeding or up to one year. If mother or child requires more visits, it can be provided by physician's prescription. Under fully normal conditions, midwife visits mother and child once per ten days.

Number and length of visits provided by midwives reflects health care level in the countries and demonstrates an important social role of midwifery.

Which procedures can be provided by midwife during postpartum care?
In most of participating countries midwives work within postpartum care (both in hospitals and in homes) fully independently. They provide "all needed by mother and child"[3]. Care of newborn and care of mother are not considered separately but as integral parts of work of midwives. Midwives have various competencies. Beside common procedures (examination of perineum, lochia, uterus and breasts, counselling regarding breastfeeding, inspection of newborn etc.), education on diet, hygiene and contraception is normally included into care. In Netherlands, midwife can fully independently recommend and also insert intrauterine coil. In Cyprus, midwives provide newborn screening tests.

In Slovakia, range of midwives' competences is regulated by already mentioned directives No. 364/2005 and No. 470/2006 and Conception of Midwifery Profession issued by the Ministry of Health. The problem is an insufficient cooperation with health insurance companies and lack of interest of governmental authorities to support significant roles of independent midwives within the frame of the health care.

CONCLUSIONS

The survey revealed that ones of the most significant problems of midwifery in Slovakia are deficits in their independent work. The independent licensed midwife provides practice on a basis of direct payment or contract with a health insurance company. In Slovakia, until now only one of the companies covers health services specified as midwifery. It pays for all midwifery procedures as specified by the directive No. 364/2005. However, only small proportion of licensed midwives employs such cooperation with the insurance company. Moreover, most of gynaecologists and obstetricians minimally cooperate with midwives and some of midwives have the licence but do not provide independent practice.

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[3] The most frequent response of EMA representatives.

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Contact:

Martina Bašková, Department of Non-Medical Study Programs, Jessenius Faculty of Medicine, Comenius University, Malá Hora 5, 036 01 Martin, Slovak Republic
E-mail: baskova@jfmed.uniba.sk