

The Deliver study is an initiative of the Midwifery Academy Amsterdam and Groningen, under the auspices of the Professional Midwifery Education Foundation (since 1861).

For information about the study

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A distinct scientific domain

In 2011, the Professional Midwifery Education Foundation (KVV) will be 150 years old. Such an anniversary affords a good opportunity to look back at the organization's history, to consider ongoing developments and to contemplate the future.

The health care sector is highly dynamic. It is characterized by a constant flow of new insights and medical innovations, by increasing client assertiveness, by changing professional outlooks and by the associated redefinition of professional roles, as by the Board of Health Care Professions and Education (CBOG.nl) on behalf of the Ministry of Health, Welfare and Sport. These general developments are reflected in midwifery: science, the availability of information and socio-cultural developments are driving change and increasing diversity in the way the profession approaches conception, pregnancy and childbirth. Clients' expectations regarding matters such as pain management and the provision of information about antenatal diagnostics, pregnancy and childbirth differ from those of earlier generations. They wish to know what is possible, and what the risks and alternatives are. The great diversity of clients also necessitates a differentiated approach, with the emphasis on customized care and demand-led care.

In short, developments in the domain and in the social setting are placing additional and changed demands on the competence of midwives.



Evidence-based working, for example, is increasingly an integral element of primary midwifery: the midwife is expected to demonstrably base her professional decisions on scientific evidence, and to use forms of intervention that have been proven to be effective. But what is the source of the necessary knowledge? Where does the evidence needed for evidence based midwifery come from? To address these questions, the KVV has made it part of its mission to make a substantial contribution to development of primary midwifery as a scientific domain.

Development of such a domain implies the existence of an empirical basis: a body of data on midwifery practice in the Netherlands, ongoing developments and aims for the future. This in turn necessitates research into the situation within primary midwifery in the Netherlands, a problem analysis and a needs assessment. In connection with its approaching anniversary, the KVV has taken up this challenge and, in conjunction with NIVEL and the EMGO Institute, begun preparations for a study entitled:

DELIVER (an acronym based on the Dutch for data primary midwifery care: Data EersteLIjns VERloskunde)

The goal is to be able to publish the study findings as part of the 150th anniversary activities in 2011. Also, it is also hoped to tie in with the National Survey of General practice (NSE, NIVEL/RIVM, 2007).

Developments in midwifery

With a view to assuring the quality, affordability and accessibility of health care, the Ministry of Health, Welfare and Sport (VWS) attaches great importance to primary health care (VWS, 2004). An efficient community-based primary sector could address more health needs than is presently the case. Provided, that is, that extensive collaboration is established between the primary (para)medical professionals. In this context, clarity regarding duties, responsibilities and inter-professional arrangements is one of the principal requirements (Committee on the Modernization of Primary Care, 2002). Recent debate in the media, prompted by the Visser and Steegers report (2008), has emphasized the importance of information about midwifery in the Netherlands.

In its report Maatschappelijke opgaven volksgezondheid en gezondheidszorg (Social Challenges in Public Health and Health Care), the ministry highlights a number of key challenges arising out of social developments (VWS, 2006). Of these challenges, the most relevant for the midwifery domain are:

- · Anticipating the growing and changing demand for care
- Enabling people to maintain their health for longer
- Achieving sustainable quality and patient safety
- Expediting development and applying medical innovations
- Funding care rationally (i.e. funding only care that has been proven to be effective and cost effective)

In the midwifery domain, a number of changes have been set in motion with a view to meeting these social challenges. In no particular order, the changes in question are:

- Demand-led care is playing an increasingly important role, as evidenced, for example, by the use of personal birthing plans.
- Differentiation within midwifery between general, supplementary and special duties is increasing transparency in the supply and quality of care (KNOV, 2007). As a result, choice is growing for insurers and clients.
- Establishment of the Regional Support Structure Primary Care (ROS) for all forms of primary care is facilitating decentralization, thus promoting regional enterprise and the provision of regional care services.

- The new professional profile (KNOV, 2006) provides scope for expansion and widening of the midwife's role. Hence, the midwifery profession has taken various initiatives, such as introducing antenatal screening, pre-conception consultation, counselling services and contraception consultation. Such expansion moves invariably trigger debate about the boundaries of the domain, but ultimately lead to integration and efficient care, provided on the basis of cooperation among professionals from various disciplines.
- Closer delivery supervision (Standard for Prolonged Labour, KNOV 2006). Research has shown that more intensive and continuous care during delivery reduces the need for medical intervention in the birth process (Hodnett e.a., 2005). Parallel developments are apparent in other countries: the 'normal birth' movement seeks to reduce the frequency of caesarean section by providing closer supervision during delivery (Humerick, 2005).
- More attention is being focused on effective prevention. The primary
 midwife is close to her clients and is better placed than any other
 professional to provide advice, targeted with the aid of risk profiles, with a
 view to preventing any impairment of the health of mother or child. Other
 developments in the field of prevention include: non-invasive testing
 for the purpose of calculating foetal risks, antenatal diagnostics and the
 provision of information about healthy eating, lifestyles and genetic risks.

Also of importance in this context are individual midwives' expectations regarding the profession. The midwives now entering the profession are quite different from their predecessors, having grown up in a society very unlike that which existed even ten years ago. These women have different expectations regarding matters such as the scope for part-time working, individual education and coaching routes and diversity in professional roles. It is now a minority of midwives who remain active in the profession until retirement. This creates a need for varied career prospects. The opportunity to undertake research is welcome to some of these midwives.

Primary midwifery as a scientific domain

All these developments contribute directly or indirectly to the need for evidence-based working: uniform practice in keeping with science-based and generally accepted guidelines, standards and principles. In order to use evidence-based working methods and thus assure the quality of care, primary midwives need to be able to draw on their own knowledge domain.

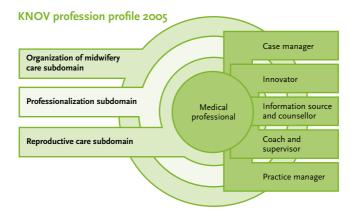
Creation of the Midwifery Knowledge Portal by the Foundation for Cooperative Midwifery Education (SSOV) represents an important step towards the development of such a domain. The Portal's site (www.kennispoort-verloskunde.nl) provides access to results from midwifery students' research, master midwifery dissertations, reports and doctoral theses for people working in the field. In addition, there is a quarterly electronic bulletin summarizing key developments and an annual national congress.

With a view to developing the knowledge domain further and thus supporting the ongoing process of professionalization, it is important that more research is initiated, undertaken and reported. To assist the direction of these research activities, it is necessary to begin by carrying out a survey of current practice: a representative national study of the effects of the changes now underway in the primary midwifery, a problem analysis and a needs assessment. To this end, the KVV, in collaboration with NIVEL and the EMGO Institute, has taken the initiative to set up the national Deliver study.

Aim of the study

Much like NIVEL's National Survey of general practice (Schellevis et al. 2003, 2004, www.nivel.nl), the Deliver study is concerned with the organization and quality of care. Its aim is to survey and describe the current patterns of demand and service provision in midwifery. To this end, current data essential for further scientific research in the field are collected. The central theme – primary midwifery – is examined from various angles and the data can be cross-linked. Developments in care can be properly evaluated and input can be given for new developments. The research also sheds light on cooperation with other professionals, such as GPs, maternity carers and secondary carers. Finally, the Deliver study output will enable policy makers to make science-based choices for the future.

Deliver will realize the ambition of building up a picture of midwifery's many facets, which is valid for the Netherlands as a whole. It is based upon current professional practice, as defined by the Royal Dutch Organisation of Midwives (KNOV) in its 2005 profession profile.



Central questions addressed

Over the course of a year, information about the same process will be collected in various ways. The data collection will be by midwives, midwifery practice personnel and clients.

The central questions to be addressed by Deliver are:

- What is the quality of the care provided by midwives (professional quality of pre-conceptional, antenatal, natal and postnatal care, communication, client safety, client perceptions)?
- How is primary midwifery organized (gatekeeper function, role division, harmonization, responsibilities, cooperation, continuity of care, ICT, student supervision)?
- How accessible is midwifery care (proximity, care consumption, midwifery problems at GP service point)?

Care domain	Quality of care	Organization of care	Accessibility of care
	Pre-conception care	Midwife's gatekeeper function and referral lines	Proximity
	Antenatal care	Role division	Care consumption
	Delivery care	Internal/external cooperation	Midwifery problems at GP service point
	Postnatal care	Continuity of care	
Other quality indicators	Client perceptions, risk perceptions and satisfaction	ICT	
	Communication and health information provision	Primary midwifery in the future	
	Client safety	Student supervision	

Research fields

Timetabling and project implementation

The research proposal will be finalized in early 2008, after which a study timetable will be worked out and implemented. The project timetabling and implementation will run concurrently with a field consultation exercise, through which all stakeholders will be involved in designing and defining a methodology for the study.

NIVEL and the EMGO Institute possess enormous research expertise and experience in the organization of major studies. The two bodies are therefore important and obvious study partners. Close cooperation with them will ensure that the study design, data collection and results are reliable and impartial.

NIVEL is the principal partner in the National Survey of general practice (NSE). The EMGO Institute has strong reputation in the field of quality assurance in scientific research. Cooperation with the EMGO Institute provides the Deliver study with a university basis and opens the way for postgraduate research in the field.

Data collection

The Deliver study will use an integrated data collection system; in other words, data will be collected by professionals, practice personnel and clients. Various collection methods will be employed, including the extraction of National Midwifery Register data and pregnancy card data, questionnaires, interviews and possibly video recording of discussions between midwives and their clients.

Where relevant, data will additionally be collected from maternity care practice and from secondary midwifery centres in order to build up a picture of care provision along the chain, of referral and of consultation. Data from general practice will be obtained through the National Survey of general practice (NSE), which NIVEL is developing in conjunction with RIVM.

Researchers

The intention is that a number of postgraduate research projects will be started at the same time as the Deliver study. These projects will make use of Deliver study data, as well as serving as vehicles for the collection of further data, which will support Deliver in the form of add-ons. The researchers will preferably be midwives with master's degrees and their work is expected to be followed by further scientific development and application.

The KVV will actively seek midwifery lecturers for these postgraduate research places, so that education can be immediately followed by the enhancement of expertise in scientific research methods, techniques and practice. Lecturers will also be encouraged to acquire further research implementation skills through participation in the study. In this way, research findings will immediately be integrated into the curriculum, while scientific knowledge and skills will immediately be linked.

Furthermore, midwifery students will have the opportunity to spend time working on the project. This will not only add impetus to development of the knowledge domain, but also give students the chance to hone their research skills through involvement in the study.

The involvement of midwives, lecturers and students will further promote and facilitate the continuity of research in primary midwifery. Thus, the project will help to make the performance of research in this field more a more obvious option.

Support

The research will involve the creation of a consultation group, on which all stakeholders are to be represented. The group will be responsible for making decisions about the direction of the project, adjusting the aims as appropriate and resolving problems.

In addition, there will be a steering committee, made up of a small number of experts in the field, whose role will be to advise the project group.

Finally, a helpdesk will be created to handle enquiries from the field made in the course of the study. The helpdesk is to have a low access threshold and to be set up to quickly explain and resolve problems.

Stakeholders

The research results will be of value to various stakeholders: the study partners, the midwifery academies, the KNOV, national, provincial and local governments, health insurers, professionals, clients and the Midwifery Knowledge Portal.

Study partners

NIVEL will be able to link the Deliver study findings to its NSE data, thus providing a more comprehensive picture of primary care in the Netherlands. The measurement tools used for the two studies can be optimized, with a view to optimizing the usefulness and integrability of the research data.

The EMGO Institute will have the opportunity to draw upon the Deliver findings to support its study of lifestyle, pregnancy and antenatal diagnostic decision-making.

Midwifery academies

It is very much hoped that the midwifery education units in Rotterdam and Maastricht will participate in the Deliver study. The SSOV (Foundation for Cooperative Midwifery Education) is keen to see the development and promotion of a midwifery science discipline. By taking part in the Deliver study, midwifery academies can offer students, lecturers and postgraduate researchers the opportunity to specialize in midwifery research.

Royal Dutch Organisation of Midwives (KNOV)

The results of the Deliver study will provide a scientific basis for primary midwifery. The creation of such a basis is in the KNOV's interest, since it will strengthen primary midwifery as a distinct knowledge domain and promote further professionalization amongst practitioners. KNOV also needs information of the kind that the Deliver study will provide about the implementation of existing standards and guidelines, in order to develop new standards and guidelines.

National government

The Ministry of VWS plays a facilitating and supervisory role in health care, in line with the government's responsibility for the accessibility, quality and affordability of care (VWS, 2006). The Deliver study data can be used by the government to develop policy on primary care in general, and primary midwifery in particular.

Provincial and municipal authorities

A community-focused approach based on (relatively inexpensive) integrated primary care is a good way of matching local demand for and provision of care. Such care can contribute to quality of life and health in neighbourhoods, districts and regions. The Deliver study findings can provide useful input in support of such a community-focused approach.

The Regional Support Structure Primary Care (ROS) will be able to make use of data from the study – on matters such as focus topics and client perceptions – for the development of its regional policy. In addition, the research may be expected to yield important information for use in preventive activities within provincial midwifery networks, at antenatal centres, clinical genetics centres and primary care centres, for example.

Health insurers

Health insurers have an interest in a strong primary care sector, in the transparency and quality of care, in guarding against medicalization and in the affordability of care. The Deliver study results will shed light on the quality of and developments in midwifery.

Professionals

Primary care is the 'backbone' of the care system (VWS, Toekomst van de zorg (The Future of Care), 2007). For the primary sector to function well, effective professional cooperation is required between GPs, midwives, gynaecologists, paediatricians and maternity carers. The commitment to cooperation was formalized by various health care actors in 2004, when the Intentieverklaring versterking eerstelijnszorg (Declaration of Intent regarding the Strengthening of Primary Care; VWS, 2004) was signed. The Deliver study will involve the collection of information about the experiences of professionals and clients. This will assist the identification of ways in which cooperation can be improved and reinforced.

Clients

The development of local demand control has to start from the client's perspective, by identifying the wishes and expectations of the client. Pregnant women are not (yet) specifically represented through the Federation of Patients' and Consumer Organizations in the Netherlands (NPCF), although the organization does represent clients' general interests. This is apparent from the report *Eerstelijnszorg voorop!* (*Primary Care First*) (NPCF, 2006), which emphasizes the importance that patients/consumers attach to safe and affordable care close to home. The Deliver study will provide information that can be very useful to patients/consumers, since client-oriented care is to be one of the study's main focuses.

Midwifery Knowledge Portal

Finally, the Midwifery Knowledge Portal will be able to bundle the research results and make them accessible to a wider audience; the Portal can also act as a partner at congresses, symposia, discussion forums and lectures.

General publication of DELIVER results

Once the study has been completed, its results will be communicated to a wide audience, including all the stakeholders.

The results will be published through the following channels:

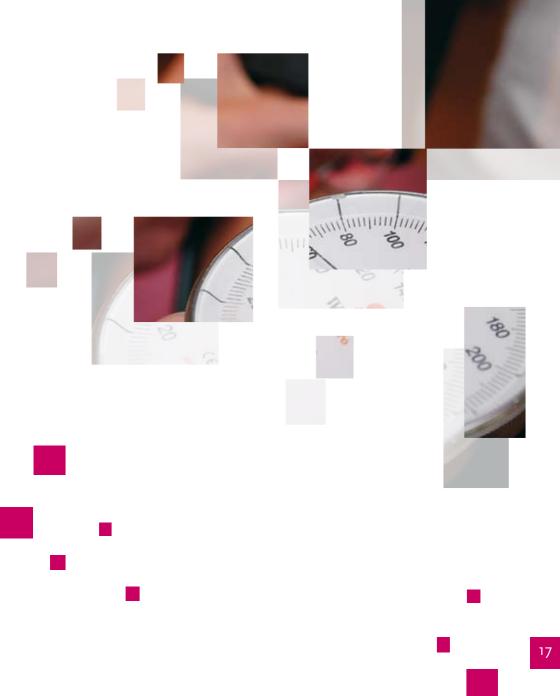
- Activities to mark the KVV's 150th anniversary
- A website for stakeholders
- Topic reports
- An executive summary
- Theses and scientific publications
- Debates within the KNOV, media, academies, government and health insurance industry
- Talks and poster presentations
- A congress

Concluding remarks

In this document, we have sought to provide insight into the potential and ambitions of and challenges for the Deliver study. It is our wish to work with all our partners to develop a valuable and inspiring project.

For further information about the research, please contact the Deliver study group: E-mail: Deliver@kvv.slz.nl www.deliver-study.nl Tel.: +31 (0)20 512 4231

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