

Caseload practices in the Netherlands in the 21st century

Pien Offerhaus, Suze Jans (TNO), Chantal Hukkelhoven (Perined), Raymond de Vries, Marianne Nieuwenhuijze

Aim

- Description of the factors that drive the revival of small caseload practices
- Explore maternal and perinatal outcomes

Methods

- Social/historical analysis
- 15 semi-structured interviews
- Thematic content analysis
- Complexity theory
- Maternal and perinatal outcomes will be explored using routinely registered data (Perined)

Quote

I used to put on my 'professional hat'. Now I can just be my real 'me'. The interaction, the contact with a woman is much more genuine now

Preliminary results (7 interviews)

Preliminary analysis shows that the choice for caseload midwifery is mainly made for personal motives. Working in one-to-one care with a small caseload offers the respondents more job satisfaction as a midwife than working in a busy regular group practice with shared caseload.

Client autonomy and shared decision making are key elements for caseload midwives.

Most of their clients purposely opted for one-to-one care. A substantial proportion of clients expressed dissatisfaction with previous experiences in obstetric or midwifery care.

Caseload midwives do not work in isolation: they form informal supportive networks, in which they provide back-up for each other and share professional and scientific midwifery issues.



Caseload practices, summer 2016

Caseload practice versus regular midwifery practice in the Netherlands

• One to one care	vs	shared caseloads
• 24/7 availability, 7 days/wk	vs	12-24 hr shifts
• Support and backup by peers	vs	within practice
• Small caseload	vs	standard 105/yr/midwife

Timeline 1985-2015



Workload crisis: Strike

Union 'Parenthood' 'Birthmovement'
 Workload protest Human Rights in Childbirth The Hague
 Midwives for autonomy (SOEB)

