

Description

Midwifery Unit Network: Enabling the Growth of Midwifery Units in Europe

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Summary

The Midwifery Unit Network has supported the implementation and continuous improvement of midwifery units within a complex and evolving European context. Through sustained networking activities, we have disseminated evidence on midwifery units and influenced practice and policymaking.

Our Academy has contributed to the ongoing development of hundreds of maternity care professionals and students. The Midwifery Unit Standards have been widely adopted across Europe and beyond. In this article we celebrate key achievements, reflect on persistent challenges and renew our commitment to maternity care that is evidence-based, equitable, respectful and firmly grounded in the human rights of women and birthing people.



Introduction

It is striking that some of the most robust, evidence-based models of care, despite being associated with improved clinical outcomes, better experiences for women and families, and greater cost-effectiveness, continue to struggle to be implemented, scaled and sustained.[1] Midwife-led care and midwifery-led birth settings exemplify this paradox.[2]

For several decades, we, the authors, have been committed to supporting midwifery-led care. Yet the same questions persist: what are the real barriers to progress, and why do maternity systems repeatedly fail to move forward in line with the evidence?

The Midwifery Unit Network (MUNet) was established in 2016 as a community of practice, with support from the Royal College of Midwives in the UK. Following further support from City, St George's University of London, MUNet was formally launched as a university spin-out in 2018, with university funding enabling the development of its first four e-learning modules.[3] Since 2016, MUNet has played a strategic role in supporting the scale-up and continuous improvement of midwifery units (MUs) across Europe, providing education, professional development and implementation support to thousands of maternity care professionals through a combination of face-to-face and distance-learning programmes.

Beyond education and capacity-building, MUNet has contributed directly to the implementation and improvement of midwifery units in Europe and beyond through site visits, consultancy and engagement in European policy development. MUNet has also organised and collaborated on several national and international conferences, helping to shape and influence the evolving discourse on midwifery units.

From the outset, it was evident that those working in, advocating for, or attempting to establish midwifery units face complex, multi-layered barriers: clinical, organisational, political, cultural and ideological.[4] MUNet exists to identify and understand these barriers, to challenge them collectively, and to support those committed to transforming maternity care in line with evidence, equity and respect for women. MUNet operates across five interconnected domains:

1. Networking and influencing
2. Training and education
3. Research
4. Midwifery unit standards, quality improvement and accreditation
5. Consultancy

Networking and influencing

Sharing what works, where and for whom is essential. Since its inception, MUNet has prioritised strong networking activities, which we continue to expand and strengthen.

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We developed a dedicated website to host and disseminate our work (midwiferyunitnetwork.org), and we have long facilitated interaction and knowledge exchange through the MUNet Facebook group. We also maintain an Instagram account to engage wider and more diverse audiences.

Today, our community includes more than 8,000 members across Europe and beyond, supported by national social media groups in several European countries that enable engagement in different languages and contexts. In addition, webinars, seminars, national and international conferences, and stakeholder events form a core part of our strategic approach to networking, knowledge exchange and influence.

A necessary focus of MUNet's work has been to make sense of the barriers to the evidence-based expansion of midwifery unit (MU) care. One of the key barriers identified by research is the persistent conceptualisation of MUs as an 'alternative' service, rather than as an essential component of maternity care in their own right.[5] Based on the evidence, MUs should be the default model of primary maternity care and birth setting for women with uncomplicated pregnancies.[6]

It is paradoxical that, at a time when national healthcare policies emphasise the importance of shifting care away from acute hospital settings and into the community,[7] maternity care continues to be increasingly centralised in acute obstetric units, with primary maternity care being progressively dismantled.[4]

MUNet's ethos is to question practices and beliefs that are not rooted in best evidence, such as the belief that obstetric units are inherently safer than midwife-led settings for women with uncomplicated pregnancies[5] and the practices of withholding or deprioritising informed choice for women.[8]

In response, MUNet has produced a series of position statements over the years that summarise best available evidence, offer guidance to support informed maternity service planning decisions and to advocate for policies aligned with research, equity and women's rights.

Supporting the implementation and continuous improvement of midwifery units

In partnership with City, St George's University of London and its Centre for Maternal and Child Health Research (City), MUNet affiliated academics have undertaken a substantial programme of research on midwifery units. This body of work has significantly strengthened the evidence base informing policy, practice and service development across Europe.

We have conducted a series of interlinked projects translating research evidence into practical tools, frameworks and continuous professional education modules, aimed at supporting the development of effective interdisciplinary teams and midwife-led care settings. These initiatives include the development of the MU Standards,[9] the MU Self-Assessment Framework10 and, most recently, the European MU Accreditation (soon to be launched).

The MUSA Framework was initially piloted[10] and has since been implemented in more than 50 midwifery units, where it has been embedded within the continuous quality-improvement cycles of many maternity services.

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What next?

In today's Europe, where, astonishingly, debates still persist about whether midwives should have autonomy and whether women should be able to make decisions about their own bodies,[11] MUNet is needed more than ever. The resistance is not rooted in a lack of evidence. Rather, it is embedded in deeply entrenched cultural and patriarchal ideologies that continue to shape health systems and decision-making across Europe.[12] National contexts matter. For example, the current climate in England illustrates how quickly hard-won gains can be threatened or reversed. International solidarity across Europe is not merely valuable, but necessary to maintain perspective, momentum and

collective resolve.[13]

Similar dynamics are evident in other countries, where midwives' autonomy is increasingly threatened by attempts to restrict their scope of practice.[14] These developments run in parallel with efforts to limit women's autonomy, specifically their right to decline treatment, to choose midwifery-led care over obstetric led care and to decide where and how they give birth.

Lawyers, health economists, service-user organisations, implementation scientists, academics, midwives' and obstetricians' associations must come together to demand investment in, and sustained support for, maternity service reform that is firmly grounded in evidence, human rights and equity.

As we mark ten years of MUNet, it is vital to pause: to reflect on what has been achieved, to learn from what has not worked, and to gain clarity about the path ahead.

Today, we want to acknowledge and celebrate the many individuals who have contributed, often selflessly, to the growth of midwifery-led care, midwifery unit, and MUNet over the years, across the UK, across Europe and beyond. In particular, we wish to honour the courage resilience and achievements of our colleagues from the Afghan Midwifery Association, who, in an exceptionally complex and challenging context, have implemented and strengthened midwifery units beyond all expectations.

This is a moment to stop, to reflect, to learn, to rest and then to regroup, stronger than ever. Over the past decade, we have built knowledge, forged enduring alliances and developed the tools and experience needed to support the normalisation of midwifery units across Europe and further afield.

We move forward with renewed commitment to ensuring that more women and birthing people, families and communities can benefit from evidence-based, respectful midwifery care and to contributing to a fairer, more equitable society. **TPM**

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