

COST Action “Birth”. Building intrapartum
research through health.

MidConbirth study

La contribución de la matrona en la atención al
parto normal

Ramón Escuriet . RM PhD Biomedicine
Vice-Chair COST Action 1405 “BIRTH”
Servei Català de la Salut

Indice

- Introducción: Qué es COST Action 1405 BIRTH?
- Donde se integra MidconBirth en el proyecto Europeo?
- Qué es el proyecto MidconBirth
- Resultados preliminares de la primera fase



Introducción



- Home
 - FAQ
 - Contact
 - Sitemap
 - Glossary
 - Jobs
 - Restricted Area
 - Links
-

- About COST
- COST Actions**
- Participate
- Events
- Media
- Petition
- e-COST

Home | COST Actions | Individuals, Societies, Cultures and Health (ISCH) | IS1405

- COST Action Networking Tools
- All Actions



ISCH COST Action IS1405

Building Intrapartum Research Through Health - an interdisciplinary whole system approach to understanding and contextualising physiological labour and birth (BIRTH)

Descriptions are provided by the Actions directly via e-COST.

Optimal maternal and infant health is critical to societal well-being. Reducing childbirth mortality and severe morbidity is a primary concern for most governments. However, this focus on pathology has been associated with an over-extension of clinical interventions to low risk women, with unexpected adverse clinical consequences, and rising health care costs. Part of the problem has been a scientific focus on understanding pathologies of pregnancy and childbirth from simple, clinical, linear perspectives, with a consequent lack of understanding of the range and limits of normal childbirth physiology in different populations, individuals, and contexts. The proposed Action will advance

Individuals, Societies, Cultures and Health COST Action IS1405

Description

- Parties
- Management Committee

General Information*

Chair of the Action:
[Prof Sao DOWNE](#) (UK)

Vice Chair of the Action:
[Dr Ramon ESCURIET PEIRO](#) (ES)

Science officer of the Action:
[Dr Luide MIZERA](#)

Administrative officer of the Action:
[Mr Leo GUILFOYLE](#)



EU Birth Research Project

A COST Action website detailing research into birth practices

COST Action IS1405

Introduction

Getting maternity care right for mothers and babies is vital for all countries and societies. It is important to reduce avoidable deaths and ill health.

However, it is also crucial that interventions designed to reduce risk for the few mothers and babies who develop complications are not used for mothers and babies who are healthy. Over use of interventions and drugs routinely can be harmful, and uses up resources that should be focused on those who need them.

Despite this, there are very high, and highly-variable rates of childbirth interventions across Europe, that, in some countries, are way above the safe levels proposed by the World Health Organisation.

Part of the problem is that there has not been much research on what makes childbirth go well (as opposed to what makes it go wrong).

The BIRTH COST Action brings together over 100 scientists, artists, professionals, activists, political stakeholders and service users from around 30 countries in Europe and beyond, to try to understand the range and limits of normal childbirth physiology in different populations, individuals, and contexts. It includes five key areas:

1. Biomedicine (epigenetics and the hygiene hypothesis)
2. Biomechanics (maternal and fetal movement)
3. Socio-cultural perspectives (social expectations and experiences, including marginalised and migrant populations)
4. Organizational perspectives (the effect of organizational contexts and cultures on variation in rates of childbirth interventions)
5. Neuro-psycho-social perspectives (how inter-personal actions and behaviours affect physiological processes)

Click on the links above to find out more about what we are doing, and planning to do, in each of these areas.



COST Action IS1405
About
News
WG1: Biomedicine
WG2: Biomechanics
WG3: Socio-cultural perspectives
WG4: Organizational perspectives
WG5: Neuro-psycho-social perspectives
WG6: Dissemination
Early Career Investigators
STSM
Dissemination blog
Core Group & Management Committee
Publications & Outputs
Training School 2016
Training School 2018
Babies Born Better (B3)

Search ...



iResearch4Birth

Tweets by @iResearch4Birth

[Pregnant women and new mothers feel like their health is under surveillance](#)
[https://www.research4birth.com/?q=pregnant-women-...](#)
#COST4BIRTH

[Pregnant women and ...](#)
[Family, friends and even...](#)
[https://www.research4birth.com](#)



Introducción

Integración de diferentes visiones y experiencias de profesionales clínicos, gestores, activistas y responsables de la política sanitaria ha orientado el tipo de preguntas generadas y como se han de traducir en la práctica

Trabajo en red y encuentros formales acompañados de seminarios en ciudades de Europa

- WG1. Biomedicina
- WG2. Biomecánica
- WG3. Perspectivas socioculturales
- WG4. Perspectivas organizacionales
- WG5. Perspectivas neuro-psico-sociales

“knowledge generated through the Actions has stimulated debate and change”



Introducción

Preguntas planteadas e investigación relacionada

Variaciones en la práctica y organización de los servicios de atención a la maternidad

Escuriel et al. *BMC Pregnancy and Childbirth* 2014, 14:143
http://www.biomedcentral.com/1471-2390/14/143

BMC
Pregnancy & Childbirth

RESEARCH ARTICLE Open Access

Obstetric interventions in two groups of hospitals in Catalonia: a cross-sectional study

Ramón Escuriel^{1*}, María Pueyo², Herminia Biescas², Cristina Colls³, Isabel Espiga⁴, Joanna White^{5,6}, Xavi Espada⁷, Josep Fusté² and Vicente Ortún⁸

Bolten et al. *BMC Pregnancy and Childbirth* (2016) 16:329
DOI 10.1186/s12884-016-1130-6

BMC Pregnancy and Childbirth

RESEARCH ARTICLE Open Access

Effect of planned place of birth on obstetric interventions and maternal outcomes among low-risk women: a cohort study in the Netherlands

N. Bolten^{1*}, A. de Jonge¹, E. Zwagerman², P. Zwagerman², T. Klomp¹, J. J. Zwart¹ and C. C. Geets¹

matronas
profesión

Matronas Prof. 2014, 15(2): 62-70

Artículo especial

La atención al parto en diferentes países de la Organización para la Cooperación y el Desarrollo Económico (OCDE)

Childbirth care in different countries of the Organization for Economic Co-operation and Development (OECD)

Ramón Escuriel¹, María Pueyo², Herminia Biescas², Isabel Espiga⁴, Cristina Colls³, Marianne Sanders⁵, Ann Kinnear⁶, Marie Roberts⁷, Sylvie Gomes⁸, Josep Fusté², Vicente Ortún⁸

Matronas, Profesión y Cooperación en el Desarrollo Económico y el Desarrollo Económico (OCDE)

Evaluación de la atención a la maternidad

Escuriel et al. *BMC Health Services Research* (2015) 15:491
DOI 10.1186/s12919-015-1151-2

BMC
Health Services Research

RESEARCH ARTICLE Open Access

Assessing the performance of maternity care in Europe: a critical exploration of tools and indicators

Ramón Escuriel^{1,2*}, Joanna White^{3,4,5}, Katrien Beekman⁶, Lucy Frith⁶, Fatima Leon-Larios⁷, Christine Loyved⁸, Ans Luyben⁹, Marlene Sinclair¹⁰, Edwin van Teijlingen¹¹ and and EU COST Action IS9907: 'Childbirth Cultures, Concerns, and Consequences'

Impacto en política sanitaria

Escuriel-Peñó et al. *BMC Pregnancy and Childbirth* (2015) 15:23
DOI 10.1186/s12884-015-0446-y

BMC
Pregnancy & Childbirth

RESEARCH ARTICLE Open Access

Impact of maternity care policy in Catalonia: a retrospective cross-sectional study of service delivery in public and private hospitals

Ramón Escuriel-Peñó^{1,2*}, Josefina Gobeña-Tricas³, María J. Pueyo-Sánchez², Neus Garriga-Comas^{3,4}, Immaculada Úbeda-Bonet¹, Carmen Caja-López², Isabel Espiga-López² and Vicente Ortún-Rubio⁵



Introducción

Preguntas planteadas e investigación relacionada

Microbioma



Review

The human milk microbiome and factors influencing its composition and activity

Carlos Gomez-Gallego ^a, Izaskun Garcia-Mantrana ^b, Seppo Salminen ^a,
María Carmen Collado ^{b,c,*}

^a Functional Foods Forum, Faculty of Medicine, University of Turku, Turku, Finland
^b Institute of Agrochemistry and Food Technology, National Research Council (IATA-CSIC), Department of Biotechnology, Valencia, Spain



Perinatal nutrition: How to take care of the gut microbiota?

Izaskun Garcia-Mantrana ^{a,1}, Bibiana Bertua ^{b,1}, Cecilia Martínez-Costa ^{b,*,**},
María Carmen Collado ^{a,*,**}

^a Department of Biotechnology, Institute of Agrochemistry and Food Technology, National Research Council (IATA-CSIC), Valencia, Spain
^b Department of Paediatrics, University of Valencia, Paediatric Gastroenterology and Nutrition Section, Hospital Clínico Universitario de Valencia, Valencia, Spain

Psicología prenatal

Psychology Research, December 2016, Vol. 6, No. 12, 693-711
doi:10.117265/2159-5542/2016.12.001



The Contribution of Prenatal Psychology to Our Understanding
about Prenatal Dynamics and Fetal Behaviour*

Olga Gouni
National and Kapodistrian
University of Athens,
Athens, Greece

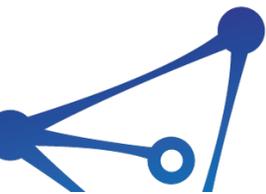
Slobodan Sekulic
University of Novi Sad,
Novi Sad, Serbia

Anastasia Topalidou
University of Central Lancashire,
Preston, UK

Microbioma y tipo de parto

- Mami Study: incluye partos hospitalarios y partos domiciliarios

(IATA Valencia – IMIM Barcelona)



Introducción

Preguntas planteadas e investigación relacionada

Prevención del trauma perineal



Midwifery
Volume 50, July 2017, Pages 72–77

Influence of a pelvic floor training programme to prevent perineal trauma: A quasi-randomised controlled trial

Fatima Leon-Larios, PhD^a,  (Assistant Professor), Isabel Corrales-Gutierrez, MD^b,  Rosa Casado-Mejia, PhD^a,  (Associate Professor), Carmen Suarez-Serrano, PhD^c,  (Associate Professor)

[Show more](#)

<https://doi.org/10.1016/j.midw.2017.03.015> [Get rights and content](#)

Información dirigida a las mujeres

BMJ Open Quality assessment of patient leaflets on misoprostol-induced labour: does written information adhere to international standards for patient involvement and informed consent?

Jette Aaroe Clausen,¹ Mette Juhl,^{1,2} Eva Rydahl¹



SEXUAL & REPRODUCTIVE HEALTHCARE

Articles & Issues | For Authors | Journal Info | Subscribe | Swedish Association of Midwives | More

All Content Search [Advanced Search](#)

Articles in Press [Next Article >](#)

Article in Press

A critical review of the birth plan use in Catalonia

Hermínia Biescas , Maria Benet¹, , Maria J. Pueyo²,  Anna Rubio³,  Margarita Pla⁴,  Mercedes Pérez-Botella RM⁵,  Ramón Escurriel^{6,7}

¹ The second author was supported by a prodoctoral scholarship from the University of Vic - University of Vic - Central University of Catalonia.

Salutogenesis



International Journal of Qualitative Studies on Health and Well-being

BROWSE FOR ALL

Home > Vol 11 (2016) > Meier Magistretti

Article **EMPIRICAL STUDY**

SETTING THE STAGE FOR HEALTH: SALUTOGENESIS IN MIDWIFERY PROFESSIONAL KNOWLEDGE IN THREE EUROPEAN COUNTRIES

Abstract
Methods
Results
Summary findings
Question A: How did the participants perceive

CLAUDIA MEIER MAGISTRETTI, PHD, MSc, Director of research ISB¹, SOO DOWNE, BA (hons), RM, MSc, PhD², BENGT LINDSTRÖM, MD PhD DrPH, Professor³, MARIE BERG, PhD, MNursSci, MPH, Midwife, Professor⁴ & KATHARINA TRITTEN SCHWARZ, Midwife, MPH⁵

Respectful care



DISCUSSION

Moving beyond disrespect and abuse: addressing the structural dimensions of obstetric violence

Michelle Sadler,^a Mário J.D.S. Santos,^b Dolores Ruiz-Berdún,^c Gonzalo Leiva Rojas,^d Elena Skoko,^e Patricia Gillen,^f Jette A. Clausen^g

^a Assistant Professor, Departamento de Antropología, Universidad de Chile, Santiago, Chile.
Correspondence: msadler@uchile.cl
^b Research Assistant, Instituto Universitário de Lisboa (ISCTE-IUL), CIES-IUL, Lisboa, Portugal
^c Assistant Professor on History of Science, Department of Surgery and Medical and Social Sciences, University of Alcalá, Alcalá de Henares, Spain
^d Assistant Professor, Escuela de Obstetricia y Puericultura, Universidad de Santiago de Chile, Santiago, Chile
^e Independent Researcher, Laboratorio Multimediale di Comparazione Giuridica, Dipartimento di Scienze Politiche, Università degli Studi "Roma TRE", Unità di Ricerca "Diritti Umani nella Maternità e Nascita", Roma, Italy
^f Head of Research and Development for Nurses, Midwives and AHPs, Southern Health and Social Care Trust, Belfast, United Kingdom; Lecturer, School of Nursing, Institute of Nursing and Health Sciences, Ulster University, Belfast
^g Senior Lecturer, Metropolitan University College, Copenhagen, Denmark



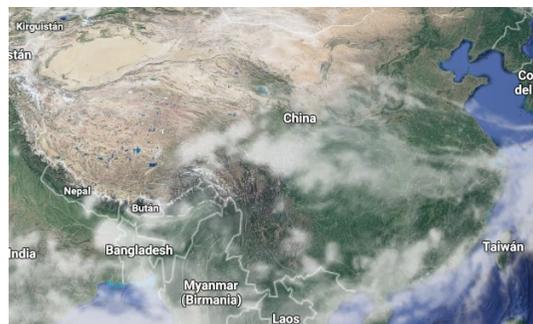
Women and Birth
Volume 30, Issue 2, April 2017, Pages 159-165

Discussion

Where the thread of home births never broke – An interview with Susanne Houd

Mário J.D.S. Santos^a

Países participantes y asociados



Grupo 4. Perspectivas organizacionales

Subgrupo 4. MidconBirth Study



WG4: Organizational perspectives



Working group four Organizational perspectives

Organizational characteristics, contexts, cultures and economic costs of variation in rates of interventions in childbirth.

Chair: Deirdre Daly dalyd8@tcd.ie
Co-chair: Laura Lanuzzi laura.lanuzzi@unifi.it

WG4's aim is to examine organizational characteristics, contexts, cultures and economic costs of variation in rates of interventions in childbirth in different socio-political contexts.

WG4 has 44 members and is one of the largest groups in this COST action. Twenty two members from a variety of professions including midwifery, nursing, obstetrics, architecture, epidemiology and medical anthropology, joined WG4 for some or all of the meetings in Barcelona.

Prior to the meeting, members submitted their research interests and priorities, and whilst topics were diverse, three sub-groups, each focusing on a different topic related to the overall aim, were formed.

The sub-groups are:

- Sub-group 1: Variations in intervention rates between countries – influencing factors and mode of birth outcomes
- Sub-group 2: Obstetric violence
- Sub-group 3: Organisation of care
- Sub-group 4: MidconBirth Study
- Sub-group 5: Oxytocin infusion protocols

llevadora.eu

Categoría: Midconbirth

Midwives' contribution to normal childbirth care. Cross-sectional study in public health settings. MidconBirth II

Recent research suggests that there is some variability in the care that is given to women and their babies during labour and immediately after birth (intrapartum care). Intrapartum care can include recommendations on where the baby should be delivered, pain relief during labour, care given in the first, second and third stages of labour and care of mother and baby after the birth. Variability in intrapartum care raises concerns about how this may impact on the health of some mothers and newborn babies. This study is looking at how many normal births are attended by midwives in public health settings (for example, hospitals) and at home and reporting what happens during the birth and shortly afterwards.

MidconBirth@ISRCTNRegistry

Midwives' contribution to normal childbirth care: Cross-sectional study in public hospitals in Catalonia

MidconBirth II es un estudio observacional que se realiza en diferentes hospitales y centros de atención al parto. El estudio se realiza en varias fases e irá incorporando centros nacionales e internacionales.

MidconBirth pretende ser un primer paso para explorar las necesidades de la atención que piden las mujeres. Y a partir de ello, de base para una futura fase de investigación que explore aspectos económicos, de organización de salud relacionados con la atención al parto de mujeres sin riesgo por parte de las matronas.

MidconBirth@ISRCTNRegistry

Crea tu cuenta para acceder a MidconBirth

MCB
midconbirth.com

[Crea tu cuenta aquí](#)

Verificaremos tus datos antes de activar la cuenta

ACCESO PLATAFORMA

MCB
midconbirth.com

ENTRADAS RECIENTES

TRAINING SCHOOL 2016. INNOVATION

IMPLEMENTATION

Comunicación en el II Congreso de la

Asociación Catalana de Matrones y el XII

Congreso de Asociaciones de Matrones de

España

ESMATERE DALLA NASCITA: conoscere e

supportare la fidejagà per a mulleres que

partoreixen a domicili

Veure l'activitat de registre

World Health Organization
International Clinical Trials Registry Platform
Search Portal

Home Advanced Search List By Search Type UTN ICTRP website Contact us

MidconBirth II
ISRCTN1753289

Register: ISRCTN
Last refreshed on: 28 November 2016
Main ID: ISRCTN1753289
Date of registration: 19/10/2016
Prospective Registration: Yes
Primary sponsor: Catalana Council of Nurses
Public title: Midwives' contribution to normal childbirth care. Cross-sectional study in public health settings.
Scientific title: Midwives' contribution to childbirth care provision versus other health professionals' childbirth care provision and BIRTH outcomes in public health settings (Second Phase of MidconBirth study)
Date of first enrolment: 01/10/2016
Target sample size: 1500
Recruitment status: Ongoing
URL: <http://MidconBirth@ISRCTNRegistry>
Study type: Observational
Study design: Prospective multicentre and cross-sectional study (Other)
Phase:

Countries of recruitment	Italy	Spain	Switzerland	United Kingdom
Contacts:				
Name:		Ramón Escobar		
Address:		Doctor Aguado, 80, 3ª Planta (Depdpt 61 311) 08003 Barcelona Spain		

- COST Action IS1405
- About
- News
- WG1: Biomedicine
- WG2: Biomechanics
- WG3: Socio-cultural perspectives
- WG4: Organizational perspectives
- WG5: Neuro-psycho-social perspectives
- WG6: Dissemination
- Early Career Investigators
- STSM
- Dissemination blog
- Core Group & Management Committee
- Publications & Outputs
- Training School 2016
- Training School 2018
- Babies Born Better (B3)

Search ...



iResearch4Birth

Tweets by @iResearch4Birth

[iResearch4Birth](#)

Pregnant women and new mothers feel the

that health is under surveillance

<https://www.research4birth.com/pregnant-women...>

#COST4BIRTH

Pregnant women and...

Family, friends and wh...

<https://www.research4birth.com>

Mar 22, 2017

[iResearch4Birth](#)



MidconBirth Study

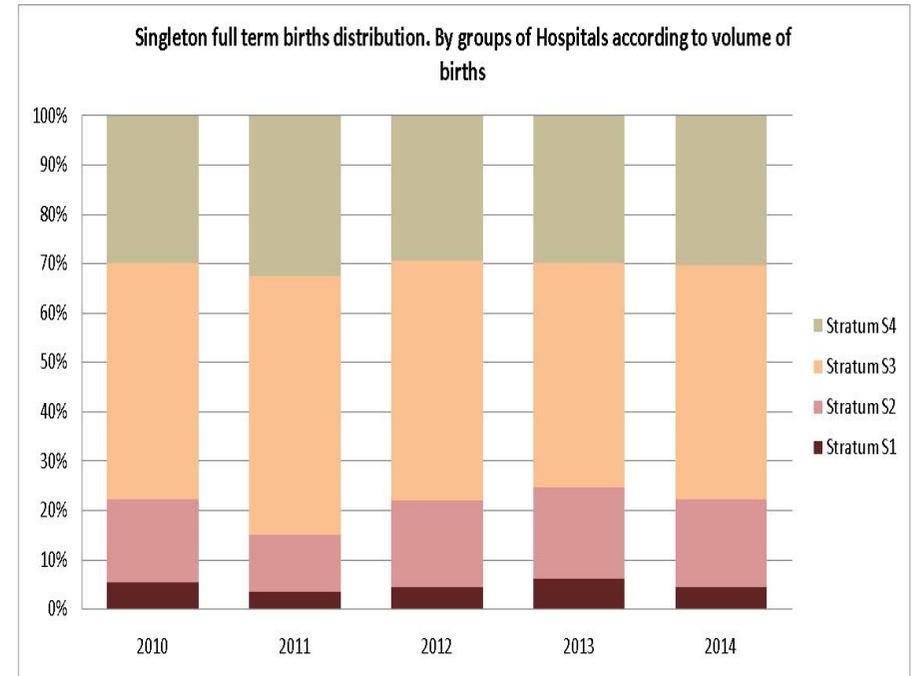
Cálculo muestral

Primera fase: Hospitales públicos en Cataluña

- Agrupación de los hospitales según el volumen de actividad anual . 4 grupos (Estratos)
 - E1: menos de 600 partos/año
 - E2: 601 hasta 1200 partos/año
 - E3: 1201 hasta 2400 partos/año
 - E4: más de 2400 partos
- Se obtendrá una muestra representativa de los partos que suceden en Cataluña en un periodo de 12 meses.
- Se obtendrá una muestra representativa de cada estrato (grupo de hospitales)

Segunda fase: Resto de hospitales participantes España y otros países Europa

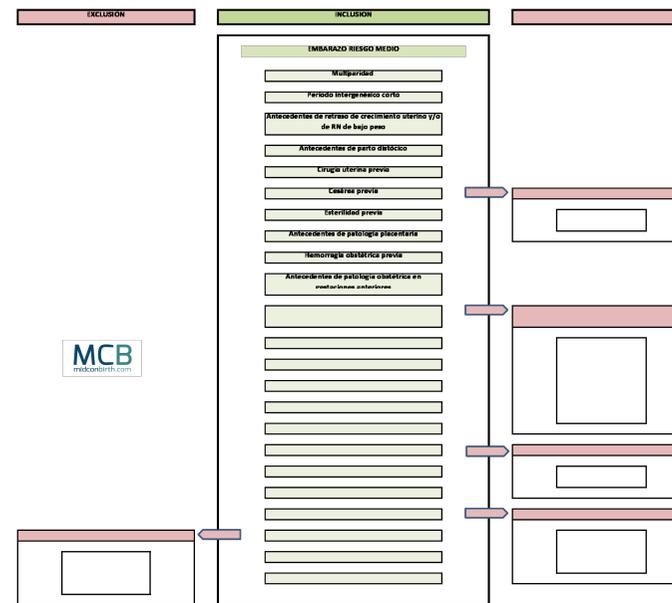
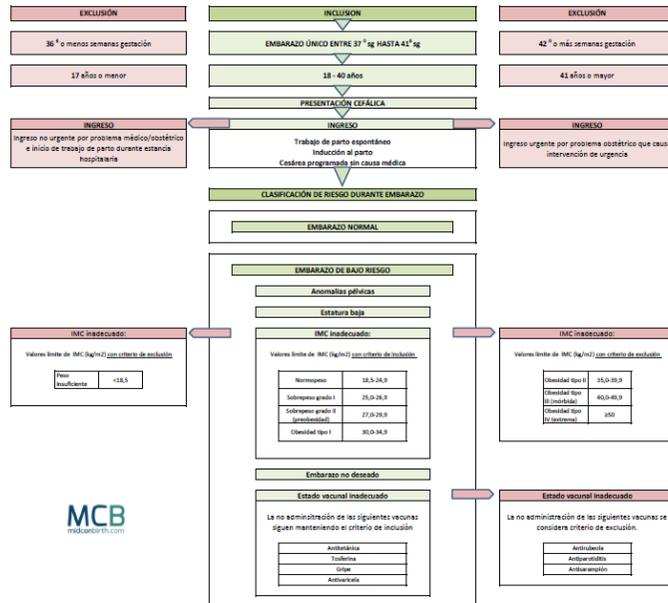
- Se calcula una muestra representativa para cada hospital participante.



MidconBirth Study

Criterios inclusión y exclusión

- Embarazo normal, bajo riesgo o riesgo medio



MidconBirth Study

Acceso a la plataforma

MCB
midconbirth.com

Email

Password

Sign In

[Forgot password? * Login](#)

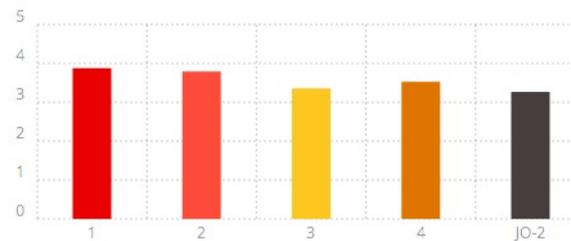
[Create an account](#)

midconbirth.com

[INICIO](#) [ADMIN](#) [USUARIOS](#) [EXPORTAR](#) [ARCHIVO](#) [CANCELADOS](#)

[SALIR](#)

AVG Bologna x Estrato vs me



Proporción partos x matrona



[Nuevo caso](#)

Show **50** entries

Search:

[Edad](#) [Creado](#) [Hora](#) [Grupo](#) [Hospital](#) [Estado](#) [Usuario](#) [Nota](#)

MidconBirth Study. Resultados

N 6182 casos

Sociodemográficos

Estrato hospital	Frecuencia	%
Estrato 1	359	5.81%
Estrato 2	1711	27.68%
Estrato 3	3604	58.30%
Estrato 4	508	8.22%

Muestra

NACIONALIDAD	Mujeres		Edad		
	Frecuencia	% de mujeres	media edad	Lim inf IC95%	Lim sup IC95%
Española	3598	58.20%	31,8	31,6	32
Europea	431	6.97%	30,3	29,9	30,8
América Sur- Centro	694	11.23%	29,6	29,2	30,1
América Norte	6	0.10%	34,8	29,9	39,7
África	1106	17.89%	29,5	29,2	29,8
Asia	216	3.49%	29,1	28,4	29,7
Oriente medio	116	1.88%	28,6	27,7	29,4
Otras	115	0.24%	28	24,5	31,5

Nacionalidad

Media edad según nivel de estudios	Media	Lim inf IC95%	Lim sup IC95%
Primarios	29,1	28,8	29,4
Secundarios	30,4	30,2	30,7
Superiores	33,3	33,1	33,5
Desconocido	30,7	30,5	31

Estudios



MidconBirth Study. Resultados

N 6182 casos

Sociodemográficos

Paridad

El 45.70% son mujeres nuliparas (2826) con una edad media de 29.7 años (29.5-29.9)

El 60.45 % de mujeres tienen el parto entre la semana 39 y 40 de embarazo

Gestacional	Freq.	Percent	Cum.
1. 37	336	5.44	5.44
2. 38	898	14.53	19.96
3. 39	1,719	27.81	47.77
4. 40	2,018	32.64	80.41
5. 41	1,211	19.59	100.00
Total	6,182	100.00	

Riesgo en el embarazo

Riesgo	Clasificación de riesgo durante embarazo		Edad		
	Frecuencia	%	media	Lim inf IC95%	Lim sup IC95%
Normal	1925	31.30%	30,4	30,2	30,6
Bajo riesgo	1659	26.84%	30,5	30,2	30,7
Riesgo medio	2588	41.86%	31,5	31,3	31,7



MidconBirth Study. Resultados

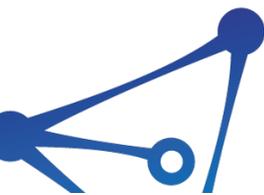
N 6182 casos

Distribución riesgo según estrato

Clasificación riesgo embarazo	Estrato				Total
	1	2	3	4	
1. Normal	102 28.41	523 30.57	1,256 34.85	54 10.63	1,935 31.30
2. Riesgo bajo	68 18.94	485 28.35	897 24.89	209 41.14	1,659 26.84
3. Riesgo medio	189 52.65	703 41.09	1,451 40.26	245 48.23	2,588 41.86
Total	359 100.00	1,711 100.00	3,604 100.00	508 100.00	6,182 100.00

Tipo de parto según riesgo

Tipo de parto	Embarazo normal	Bajo riesgo	Riesgo medio
Parto vaginal eutócico	32.97%	27,60%	39.42%
Parto vaginal vacuum	29,20%	29,75%	41,05%
Parto vaginal espátulas	29,05%	23,46%	47,49%
Parto vaginal Fórceps	32,39%	28,13%	39,49%
Cesárea	20,93%	20,18%	58,89%



MidconBirth Study. Resultados

N 6182 casos

Tipo de inicio de parto

Tipo de parto	Frecuencia	%
Inicio espontáneo	4611	74.59%
Inducción	1451	23.47%
Inducción mediante métodos homeopáticos	9	0.15%
Ingreso para cesárea programada sin causa médica	50	0.81%
Ingreso para cesárea programada con causa médica	61	0.99%

Estimulación farmacológica durante el trabajo de parto

Estimulación farmacológica	Freq.	Percent	Cum.
1. NO estimulación farmacológica trab..	2,304	37.27	37.27
2. SI. Estimulación farmacológica tra..	3,043	49.22	86.49
3. SI. Estimulación con métodos no fa..	194	3.14	89.63
4. SI. Estimulación farmacológica + m..	641	10.37	100.00
Total	6,182	100.00	



MidconBirth Study. Resultados

N 6182 casos

Analgesia

Uso de anestesia/analgesia	Frecuencia	%
No uso	1006	16.27%
Uso de analgesia/anestesia locoregional	4085	66.08%
Uso de anestesia general	35	0.57%
Uso de otros métodos farmacológicos	53	0.86%
Uso de métodos alternativos	198	3.22%
Uso de métodos alternativos + uso de analgesia/anestesia locoregional	805	13.02%

Libertad de Movimiento

Deambulación durante el trabajo de parto

parto	Freq.	Percent	Cum.
.	32	0.52	0.52
1. SI	4,322	69.91	70.43
2. NO	1,828	29.57	100.00
Total	6,182	100.00	

Libertad para escoger postura en el expulsivo : 41,02% si (2.536); 58,46% no

Postura en el expulsivo:

- Litotomía 60,71%
- Diferente 38,77%



MidconBirth Study. Resultados

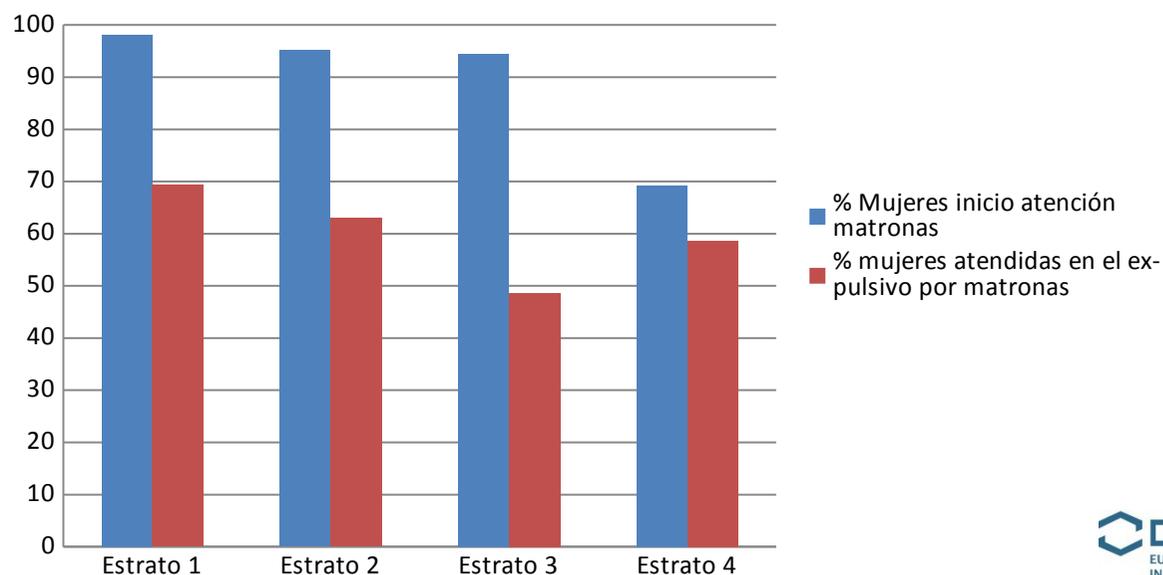
N 6182 casos

Profesional

Continuidad atención	Matrona + Residente matrona	% sobre el total de mujeres
Inicio atención trabajo de parto	5872	94,99%
No transferencia durante el trabajo de parto	3792	61,34%
Atención al parto	3402	55,03%

Transferencias de profesional

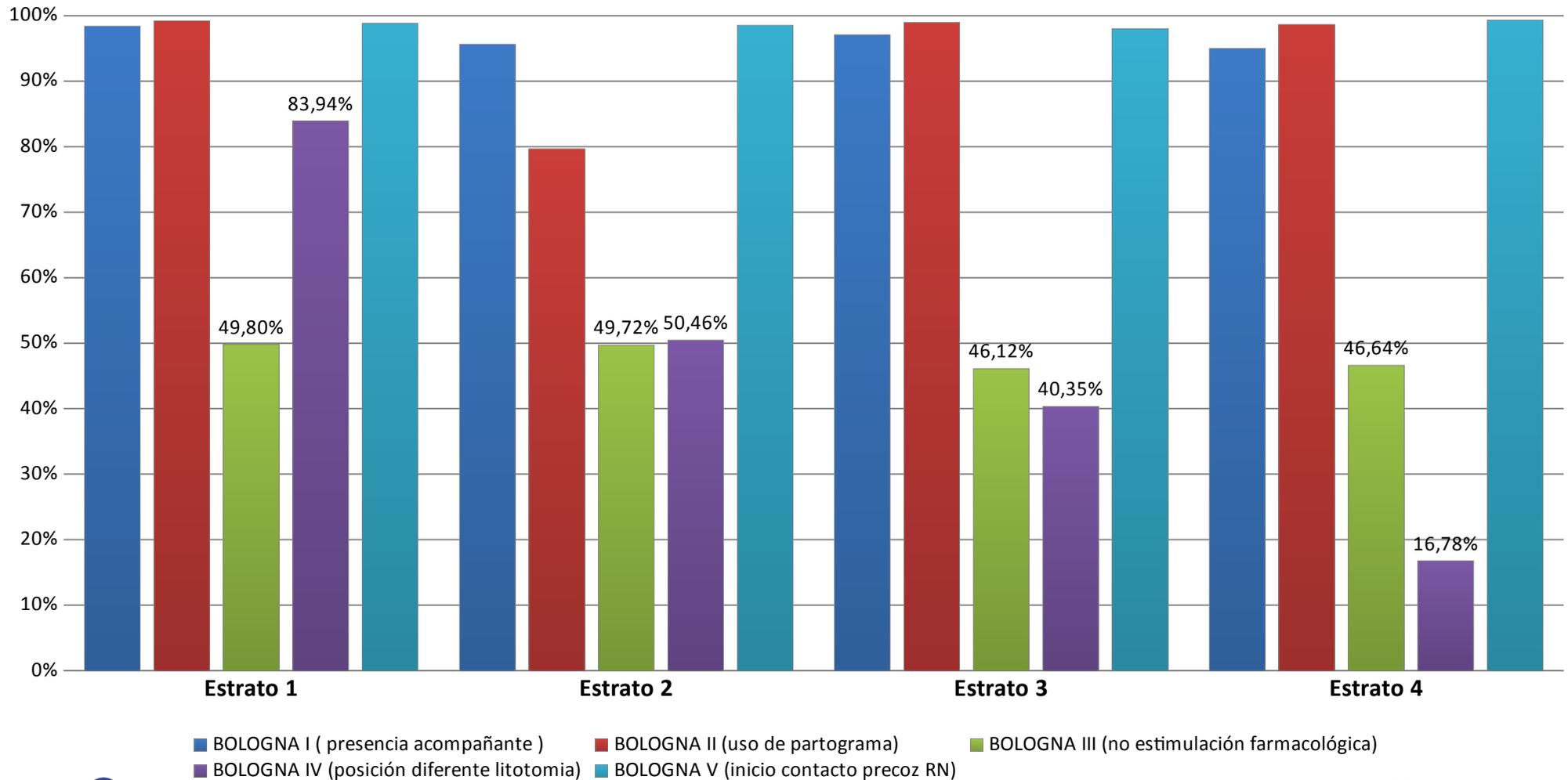
Mujeres atendidas por matronas sin transferencia



MidconBirth Study. Resultados

N 3377 casos

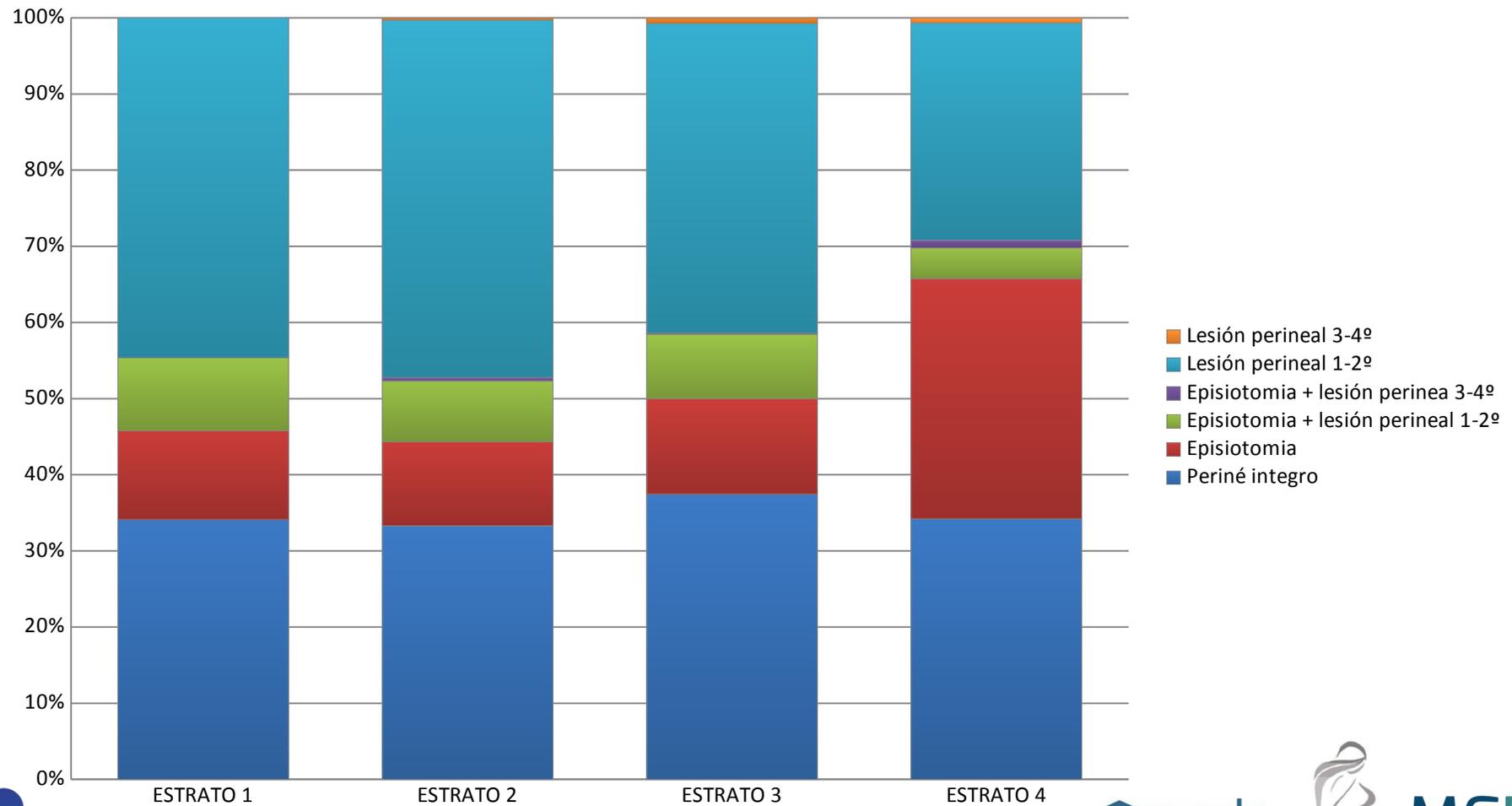
Bologna score mujeres atendidas por matronas desde el inicio , sin transferencia



MidconBirth Study. Resultados

N 3377 casos

Resultados en periné en las mujeres atendidas por matronas desde inicio



MidconBirth Study

2ª Fase de estudio: Junio 2017 hasta junio 2019

España:

CA Cataluña

CA de Madrid

CA Valenciana

CA de Galicia

EU

Irlanda

Islandia

Italia

Suiza

Bélgica

América del Sur

Chile





