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| Title | Routine Examination of the Newborn: The EMREN Study. Evaluation of an Extension of the Midwife Role Including a Randomized Controlled Trial of Appropriately Trained Midwives and Pediatric Senior House Officers |
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Aim

To assess the implications and cost effectiveness of extending the role of midwives to include the routine (24-hour) examination of the healthy newborn usually carried out by junior doctors.

Conclusions and results

No statistical difference was found between senior house officer (SHO) and midwife examinations in appropriate referral rates to hospital or community, or in inappropriate referral rates to hospital. Video taped assessments were rated as carried out more appropriately by the midwives than by the SHOs. Overall maternal satisfaction was high, and higher when a midwife rather than an SHO examined. Few new health problems were identified at the 10-day examination. From the National Survey, it was estimated that midwives examine about 2% of babies in England. If midwives were to examine all babies where there were no complications of birth or antenatal history, the savings would be about £2 per baby born, equivalent to savings of £1.2 million nationally. Were midwives to examine all babies on normal wards, savings would increase to about £4.30 per baby born or £2.5 million nationally. Representatives of the professional bodies were of the opinion that having trained midwives carrying out the examination would be valuable.

Recommendations

All components of the study were consistent in showing benefits, or at least no significant barriers, in having suitably qualified, trained midwives carry out the examinations. Developing the role of the midwife to include examination of the newborn is likely to result in improved quality of examinations and higher satisfaction from mothers. It would slightly reduce overall health service costs, with some increased resources needed by midwifery departments, and some decrease in the resource needs of pediatric departments.

Methods

The study included a prospective randomized controlled

trial (RCT) with mother and baby dyads randomized to either SHO or midwife for the routine examination of the newborn. Midwives and SHOs were videoed while performing the examinations. An independent consultant and a senior midwife rated the videos. Extensive interviews, surveys, consultations, and assessments were also carried out. Routine examinations of the newborn babies were carried out about 24 hours following birth, and further examinations were performed at home by the community midwife for half the babies in each group at 10 days.

Further research/reviews required

Further research is needed on: the value of conducting the examination at home rather than in hospital; the overall unsatisfactory quality of the examination of the hips; and appropriate inclusion criteria on which babies midwives should examine.