



# A Case Study: Evaluating the Impact of Midwife-Led Continuity of Care on Vaginal Birth After Caesarean Rates in the Eastern Cape, 2020

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## Abstract

Caesarean section rates are high in South Africa, with low subsequent vaginal birth after caesarean (VBAC) rates contributing to increased maternal morbidity. The Eastern Cape province faces specific challenges in maternity care, including staff shortages and fragmented care pathways. This case study aimed to evaluate the impact of a midwife-led continuity of care (MLCC) model on VBAC rates at a district hospital in the Eastern Cape. It sought to assess the feasibility and perceived outcomes of this model in a resource-constrained setting. A single-site, descriptive case study was conducted. The study analysed retrospective clinical audit data for women with one previous caesarean section enrolled in the MLCC model. Qualitative data were gathered from focus group discussions with participating midwives and subjected to thematic analysis. The VBAC rate among women in the MLCC model was 68%, compared to a hospital baseline rate of 42%. Qualitative analysis identified three key themes: the importance of sustained midwife-client relationships in building trust for VBAC, improved antenatal education, and better co-ordination of intrapartum care. The midwife-led continuity of care model was associated with a marked increase in the VBAC rate in this setting. It appears to be a feasible approach for improving care for women with a previous caesarean section in similar resource-constrained environments. Consideration should be given to piloting midwife-led continuity of care models for VBAC candidates in other district hospitals. Further research using comparative designs is needed to evaluate clinical outcomes and cost-effectiveness more robustly. vaginal birth after caesarean, midwife-led care, continuity of care, case study, South Africa This case study provides practical evidence on the implementation and potential benefits of a midwife-led continuity model for VBAC in a resource-constrained South African district hospital context.

**Keywords:** *Midwife-led continuity of care, Vaginal birth after caesarean (VBAC), Maternal morbidity, Sub-Saharan Africa, Caesarean section rates, Implementation research*

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