Objective Optimally organising midwifery models of care helps to enhance maternal and neonatal health outcomes, women’s satisfaction, and continuity of care. Despite the ubiquitous presence of certified midwives at births in Germany, no research has investigated the diversity of midwives’ practice patterns. In Germany, midwifery often characterized in terms of midwives’ employment status: employed or independent. However this characterization does not correlate with international literature on midwifery models of care. Describing the variety of working patterns through which midwives provide intrapartum care in relation to ancillary midwifery services may contribute to improving the organisation of midwifery services in Germany.

Methods We conducted a cross-sectional survey of midwives who attended births in and out-of-hospital in the regions of Hannover and Hildesheim, Germany. Midwives who did not attend births were excluded.

Measurements and findings We assessed midwives’ scope of services, practice locations, employment patterns, continuity of care, midwife-led births, and midwives’ level of agreement with core values of midwifery care. The response rate of the survey was 32.7 % (69/211). We found that midwifery care services can be described according to midwives’ employment patterns. The majority of midwives who responded were employed in a hospital to provide intrapartum care (74.2 %, n = 49). Only 25.8 % (n=17) of midwives provided intrapartum care independently. Most of the surveyed midwives provided at least one additional independent service (90.9 %, n = 60), regardless whether they were employed or independently working to provide intrapartum care. The most common services provided were postnatal care and lactation consulting. However, there were differences in the care provided by independent and employed midwives. Significantly more independent midwives than employed midwives offered lactation consulting and antenatal care. Compared to employed midwives, significantly more independent midwives provided antenatal, intrapartum, and postpartum care to the same women, were more likely to know women before labour, and to offer one-to-one care during labour. Furthermore, independent midwives attended births in all three possible settings: hospital, free-standing birth centres and home. Most midwives valued women’s choice, trust, mobility in labour, and normal birth.

Key conclusions and implications for practice The most common practice pattern among surveyed midwives was ‘employment in a hospital’ for provision of intrapartum care with additional postpartum and few antenatal services provided on an independent basis. Many employed midwives provided additional services to women, but few provided prenatal care. Midwives who worked solely independently reported more continuity and one-to-one intrapartum care with women. In the international literature, caseload models with high continuity and midwifery autonomy are consistently associated with improved maternal and neonatal outcomes. However, most midwives in Germany did not work in patterns that provided continuity of care or consistently offered one-to-one care. Additionally, independent midwives are the only midwives who offered care in out-of-hospital settings. Future research should assess whether women in Germany desire more services similar to caseload midwifery, and whether midwives in Germany would be willing and able to provide these services due to the rising indemnity insurance costs associated with independent midwifery.