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Review

Midwives' and health visitors' collaborative relationships: A systematic review of qualitative and quantitative studies

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ABSTRACT

Objectives: Interprofessional collaboration between midwives and health visitors working in maternal and child health services is widely encouraged. This systematic review aimed to identify existing and potential areas for collaboration between midwives and health visitors; explore the methods through which collaboration is and can be achieved; assess the effectiveness of this relationship between these groups, and ascertain whether the identified examples of collaboration are in line with clinical guidelines and policy.
Design: A narrative synthesis of qualitative and quantitative studies.
Data sources: Fourteen electronic databases, research mailing lists, recommendations from key authors and reference lists and citations of included papers.
Review methods: Papers were included if they explored one or a combination of: the areas of practice in which midwives and health visitors worked collaboratively; the methods that midwives and health visitors employed when communicating and collaborating with each other; the effectiveness of collaboration between midwives and health visitors; and whether collaborative practice between midwives and health visitors meet clinical guidelines. Papers were assessed for study quality.
Results: Eighteen papers (sixteen studies) met the inclusion criteria. The studies found that midwives and health visitors reported valuing interprofessional collaboration, however this was rare in practice. Findings show that collaboration could be useful across the service continuum, from antenatal care, transition of care/handover, to postnatal care. Evidence for the effectiveness of collaboration between these two groups was equivocal and based on self-reported data. In relation, multiple enablers and barriers to collaboration were identified. Communication was reportedly key to interprofessional collaboration.
Conclusions: Interprofessional collaboration was valuable according to both midwives and health visitors, however, this was made challenging by several barriers such as poor communication, limited resources, and poor understanding of each other's role. Structural barriers such as physical distance also featured as a challenge to interprofessional collaboration. Although the findings are limited by variable methodological quality, these were consistent across time, geographical locations, and health settings, indicating transferability and reliability.

What is already known about the topic?

- Interprofessional collaborative practice is increasingly encouraged in maternal and child health services due to increasing complexity in patient needs and in healthcare service organisation.
- Midwives and health visitors (public health nurses) are chief care providers to women and their families during pregnancy and the early years, who are encouraged to work collaboratively.

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What this paper adds:

- Midwives and health visitors have positive views of interprofessional collaboration, however, multiple factors hinder midwives and health visitors from working together collaboratively.
- Interrelated factors such as structural barriers (e.g. geographical distance, low staff numbers) as well as agency barriers (e.g. different philosophies of care) made communication and collaboration a challenging process.
- Our knowledge of interprofessional collaboration between midwives and health visitors in maternal and child health services, whilst good, is limited to self-reported enablers and barriers, due to a lack of research directly exploring the effectiveness of interprofessional collaboration within this setting, and between these two healthcare professionals.

1. Introduction

Interprofessional collaborative practice is one of the priorities for maternal and child health services worldwide (World Health Organization, 2010). Reasons behind this include the growing body of evidence on the lifelong impact of pregnancy and birth on children's life chances. For example, stressors in pregnancy are associated with children being at increased risk for hyperactivity disorder, aggression, anxiety (Glover, 2011), low birth weight, and an increased risk for preterm birth (Schetter and Tanner, 2012). Other public health issues including early discharge, teenage pregnancy, sick neonates, and postpartum depression (Kurth et al., 2016; Schmied et al., 2010; While et al., 2006) rely on various health professionals working together to deliver interventions effectively (Hoddinott et al., 2007).

Whilst interprofessional collaboration has been defined variously in the literature (Xyrichis and Lowton, 2008), it is said to occur when "multiple health workers from different professional backgrounds work together with patients, families, caregivers and communities to deliver the highest quality of care" (). However, levels of collaboration can vary. A review of 64 studies investigating care integration in perinatal services, focussing on the collaboration between midwives and physicians, found that less than 20% of these concerned individual clinical practice, and most focussed on the effectiveness of intervention programmes such as smoking cessation services (Rodríguez and des Rivières-Pigeon, 2007). It concluded that small groups of health professionals collaborating to deliver maternal and child health services appear appropriate for both patients and care providers. D'Amour et al.'s (2008) structuration model of collaboration, informed by collective action in organisational sociology, identifies ten indicators of collaboration categorised into four dimensions. Two dimensions relate to relationships between individuals, and another two relate to organisational settings. Examples of collaboration indicators are: goals (shared common goals); trust (trusting each other's capabilities); centrality (clear definition of collaboration, with guidance from authorities such as senior managers); and information exchange (existence and use of information infrastructure). This model suggests that collaboration can either be latent, developing or active, with *active* being the optimal level of collaboration (D'Amour et al., 2008). However, it is argued that interprofessional collaboration need not require a shared identity or integration, unlike interprofessional teamwork (Reeves et al., 2010). Reeves et al.'s (2010) conceptual framework identifies 21 factors influencing interprofessional teamwork, categorised into four domains: relational (factors directly affecting relationships, e.g., power), processual (factors affecting the implementation of collaboration, e.g. time and space), organisational (factors influencing the organisational environment where collaboration takes place, e.g. professional representation) and contextual (broader influential factors, e.g., economics). The effectiveness of interprofessional collaboration can be assessed several ways, including evaluating outcomes such as improved collaboration (Reeves et al., 2010).

In maternal and child health or perinatal services, interprofessional collaboration involves at least two groups of healthcare professionals working together, sharing knowledge, expertise and information, with a view to deliver high quality care to women, their children and families (D'Amour et al., 2008; Wiles and Robison, 1994). Known maternity care pathways include three key stages: antenatal, intrapartum (including transition to postnatal care), and postnatal care. Midwives and health visitors are key perinatal care providers in the UK. Midwives are healthcare professionals qualified to deliver maternity care, providing support and advice from pregnancy through to the postnatal period (International Confederation of Midwives, 2011). Health visitors are "qualified nurses or midwives who have an additional diploma or degree in specialist community public health nursing" (NHS England, 2014; pp.5–6), and focus on public health promotion for women and families who have children under five years of age. This role extends to safeguarding children. Internationally, similar roles include Child and Family Health Nurses in Australia; health visitors or Sygeplejefaglig Diplomeksamen som sundhedsplejerske in Denmark; Plunket nurses in New Zealand; and Public Health Nurses in Canada. A review of practice-based interventions directly addressing interprofessional collaboration found limited data on the subject (k = 4), and found no interventions directly seeking to change interprofessional collaboration in our setting of interest. Furthermore, a Cochrane review of the effects of interprofessional education interventions on professional practice found limited research in the area (k = 6), none of which concerned midwives and health visitors in perinatal services (Reeves et al., 2008; Zwarenstein et al., 2009). To our knowledge, no systematic review of the collaborative practices between midwives and health visitors exists. Therefore, this review aimed to synthesise the evidence concerning interprofessional collaborative practice between midwives and health visitors across the care pathway, specifically, antenatal, transition to postnatal, and postnatal care.

1.1. Review questions

The specific review questions were:

1. In what ways (i.e., areas of practice/settings) do midwives and health visitors communicate and work collaboratively?
2. What methods of collaborative working and communication do midwives and health visitors employ?
3. How effective is the collaboration between midwives and health visitors?
4. Do the identified examples of communication and collaboration between midwives and health visitors adhere to policy recommendations and guidelines?

2. Methods

In accordance with the Preferred Reporting Items for Systematic Review and Meta-analysis guidelines (PRISMA, Moher et al., 2009), the review protocol is registered with the International Prospective Register of Systematic Reviews (PROSPERO; Registration number: CRD42015016666).