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Navigating a safe path together: A theory of midwives' responses to the use of complementary and alternative medicine

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ABSTRACT

Objective: this paper presents the findings from a qualitative study that aimed to explain the processes midwives engaged in when considering the use of complementary and alternative medicine by pregnant women.
Design: grounded theory methodology was employed for the study. Data was generated from in-depth interviews and non-participant observation of midwives interacting with expectant mothers. Twenty-five midwives who worked in four hospitals and associated community clinics in Victoria, Australia, participated.
Findings: the theory '*Navigating a safe path together*' offers a possible explanation of how midwives are responding. When working with women interested in the use of complementary and alternative medicine, midwives move through an iterative process of individualising pregnancy care, encountering diverse perspectives and minimising the risks associated with childbearing.
Key conclusion: at the heart of the theory is the meaning midwives' construct around safe childbirth and their professional roles. Despite widespread support for the therapies, midwives' actions in clinical practice are mediated by a number of factors including the context of their professional work, their beliefs and knowledge, and the woman's expectation and health.
Implications for practice: the research highlights the need for improved education and greater professional guidance to equip midwives to respond with greater understanding, and confidence to the increasing prevalence of CAM in the maternity setting.

Introduction

'Complementary and alternative medicine' (CAM) describes a broad collection of therapies which are not generally considered part of conventional medicine (National Center for Complementary and Alternative Medicine, 2011). Many expectant women integrate CAM into their maternity care to manage the normal challenges associated with childbearing (Hall et al., 2011). In Australia, the use of various therapies is common (Forster et al., 2006; Skouteris et al., 2008) and becoming increasingly popular (Adams, 2011). However, while opposition has been mitigated to some extent, many modalities remain marginalised by conventional biomedicine (Baer, 2008). Therefore, expectant women's enthusiasm for CAM can present complex challenges for hospital based midwives.

Researchers have emphasised the need for in-depth qualitative research into the experiences of maternity care providers in regard to CAM (Adams et al., 2011; Steel and Adams, 2011). Although there is a growing body of work exploring midwives' views (Hall et al., 2012), how they behave in practice is largely unknown. Our study addressed this gap by examining the activities of midwives towards CAM in several Australian hospitals. This article explicates the resulting substantive grounded theory, conceptualised as *navigating a safe path together*, which offers a possible explanation of the processes midwives utilise when considering CAM.

Research method

Grounded theory methodology was employed for this study because it focuses on social interaction and facilitates the

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development of theory directly from the data. The approach taken was informed by Corbin and Strauss (2008), which retains some of the analytical characteristics from their earlier work but reflects a more contemporary constructionist style.

An important component of grounded theory is the emphasis on *theory* development. A theory is a set of well defined categories that inter-relate to form a framework that *explains* the phenomenon (Corbin and Strauss, 2008, p. 55). The purpose of our study was to construct a possible explanation of midwives' responses to CAM. As such we aimed to go beyond merely describing participants' behaviour and reach a level of analytical abstraction that has a predictive capacity. This can then be used to inform and understand midwives' experiences in similar settings.

Tovey and Adams (2006) claim that there is a need to combine both theoretical framework and the theoretical approach in order to fully conceptualise the issues central to the use and practice of CAM. However, as grounded theorists seek to generate theory that is *ground in the data*, using an existing model is considered controversial (Birks and Mills, 2011, p. 24). Yet many grounded theory studies are informed by a broad philosophical framework (Charmaz, 2006). Our research drew upon *symbolic interactionism*, which asserts that humans are both active and dynamic, and they give meaning to their environment rather than simply responding to it (Charon, 2007). While some researchers question the common convention of using symbolic interactionism for grounded theories (Glaser, 2005; Holton, 2007; Newman, 2008), other academics claim they are an excellent 'theory-method package' (Bryant and Charmaz, 2007, p. 21). Our approach aligns with Corbin's (2009) assertion that grounded theory '…remains rooted in pragmatism and symbolic interactionism with its emphasis on structure and process' (p. 37). Hence we considered the grounded theory, underpinned by symbolic interactionism, was an ideal methodology to explain midwives' responses to the increasing prevalence of CAM in the Australian maternity environment.

Participants

Twenty-five midwives were recruited from one private and three public hospitals, in metropolitan Melbourne, Australia. All midwives employed by the hospitals were eligible to be part of the study. Participants' ages ranged from the early 20s to the late 50s, and they had an average of 16 years professional experience. Most had a nursing background, although four were direct entry midwives. Participants worked in all models of maternity care commonly offered in Australia. These ranged from case load midwifery to obstetric run maternity models.

Data collection

Data was collected, from semi-structured interviews and non-participant observations, over an 18-month period during 2010–2011. Initially, purposive sampling was employed to targeted midwives thought to be appropriate for the study. Once the important concepts, from the participants' perspective began to emerge, theoretical sampling was undertaken. Theoretical sampling focuses on exploring relevant incidents and events, rather than on specific populations (Corbin and Strauss, 2008). For example, following analysis of the early interviews and observations, participant's identified the concept of *workplace* as an important factor. Using theoretical sampling, we focused on this aspect and collected data from specific settings to gain a deeper understanding of how midwives' behaviour towards CAM was mediated by their environment. Hence, the data collection and analysis was a dynamic process which was driven by the emerging categories.

Table 1
Example of initial interview questions.

How would you define complementary and alternative medicine (CAM)?
Can you tell me about your experiences of pregnant women using CAM?
What factors influence your decision-making in regard to CAM?
Can you tell me about what information you use when assisting women in making decisions regarding CAM?
Do you discuss the use of CAM with childbearing women? Can you talk a little more about that?
How do you discuss the use of CAM with your colleagues?
What challenges do you face when working with women who are making decisions about CAM?
Overall, how do you feel about the role of CAM in maternity care?
Is there anything else that you would like to say about this issue?

Most of the interviews took place in the participants' work setting, although three were conducted at a mutually agreed place at their request. In the beginning, open ended questions were employed using an aide memoire (see Table 1). Over time the interviews became more focused to explore the themes that had arisen from earlier analysis. With consent, all interviews were tape-recorded and then transcribed. Nine midwives, who had previously been interviewed, were also observed interacting with expectant women during ($n=39$) antenatal assessments and $n=9$ hrs of childbirth education. Field notes were used to record important characteristics of the exchange. Following observation, the researcher's interpretation was discussed with the participants to ensure it reflected their experiences.

Data analysis

Data was analysed using open, axial and selective coding (Corbin and Strauss, 2008). Table 2 provides an overview of the data analysis process, while Table 3 offers an example of how the raw data was categorised. In keeping with the tenets of the grounded theory, constant comparative data collection and analysis continued simultaneously until all important concepts were fully explored. Like most grounded theorists, we aimed to identify a core category that was capable of explaining the variations between the categories and relating them to a single defining concept. The final core category in our study also encapsulates the basic social process (BSP) which accounts for the behaviour of participants and is apparent in all of the categories and the relationships between them.

Theoretical memos and diagrams were created as a means of conceptualising the data. Memoing occurred from the beginning of data collection and continued until the theory was constructed. These reflective notes helped to develop abstract concepts and created a valuable audit trail. The construction of diagrams occurred less frequently but provided a valuable means of identifying gaps and exploring the internal logic of the theory.

Ethical considerations

Permission to conduct the study was granted from the relevant human ethics committees. Written informed consent was received from all participants. When midwives were observed in practice, consent was also obtained from the pregnant women. To protect the participants' identities, pseudonyms have been used throughout this article.

Findings

The central problem midwives experienced is described as *integrating diverse perspectives; considering the use of CAM in a*