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Midwives experiences of establishing partnerships: Working with pregnant women who use illicit drugs

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ABSTRACT

Objective: to present the interpreted experiences of midwives who choose to work with pregnant women who also use illicit drugs.
Design: twelve ($n=12$) Australian midwives were interviewed. Each interview was audio-taped, de-identified and transcribed. The interviews were analysed using a systematic, thematic analysis approach informed by Heideggarian hermeneutic phenomenology.
Findings: three themes identified from the data that encapsulate the experience were establishing partnerships, making a difference, and letting go and redefining practice. The interpretations of establishing partnerships which includes engagement, genuine regard and compassion, with a subtheme courting the system are presented in this paper. The midwives' experiences were both positive and negative, as they were rewarded and challenged by the needs of women who use illicit drugs and the systems in which they worked.
Conclusion: the midwives in this study found that establishing partnerships was essential to their work. They appraised their experience of working with pregnant women who used illicit drugs and found strategies that attempted to meet the needs of the women, the system and themselves. The participants revealed that to support women and families who use illicit drugs in their community, partnerships must be based on deep respect and trust. Significant components engagement, genuine regard and compassion that are central to midwifery partnerships require revisiting to address the needs of this vulnerable population of women.

Introduction

Globally, midwives work with most women during pregnancy, birth and in the postnatal period to ensure safe and positive outcomes for both mothers and their infants. To ensure best practice they must maintain competence in all areas of their scope of practice. The Australian Nursing and Midwifery Council (ANMC, 2006) demands that midwives respect and acknowledge all women while promoting safe and effective midwifery care. Continuity of care, which is advocated as the preferred model of care by the profession, encourages the development of an individualised relationship with a woman to work in partnership with a midwife for the provision of her care (Guilliland and Pairman,1995; Page and McCandlish, 2006; Pairman et al., 2010). One of the aims of this model is to provide women with access to their primary midwife for most of their care. Research suggests that utilisation of this model results in decreased need for pharmacological pain relief in labour and lower surgical birth rates (both operative vaginal birth and caesarean section). Further, breast feeding rates improve and women report higher levels of maternal satisfaction (Hodnett et al., 2011).

Nevertheless, not all women report such satisfactory outcomes, nor are these findings consistent for all birthing women. For example, women who are pregnant and use illicit drugs not only face society's distain, they also experience negative attitudes from health professionals who work with them. These women may be perceived as deviant, non-compliant and demanding (McLaughlin

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and Long,1996; Norman, 2001). This negative attitude often places the establishment of a successful relationship in jeopardy (Ford, 2011). The continuity of care model is sometimes refuted by the women themselves who find it difficult to work with health professionals with whom they have limited trust. Health professionals, including midwives, question the appropriateness of this model when working with women who use illicit drugs (Norman, 2001; Miles et al., 2010).

The purpose of this phenomenological study was to understand the working relationships twelve (12) Australian midwives had with women who used illicit drugs. Being able to care and establish meaningful relationships with women was one of the major findings of the study.

Background

Australia has a widespread illicit drug and alcohol use problem (Dawe et al., 2007; Commonwealth of Australia, 2011). Poly-drug use and alcohol and tobacco use are increasing in the reproductive age group (Dawe et al., 2007). It is estimated that illicit drug use affects approximately 14.7 per cent of this population, a rise of 4.3 per cent since 2007 (Australian Institute of Health and Welfare, 2005, 2011). However, as many cases of illicit drug use are unreported, these statistics are likely to be conservative. Studies have looked at the reasons why women may initiate illicit drug use and these include a history of child sexual or physical abuse (Kearney, 1996); a family history of drug and alcohol issues (Brems and Namyniuk, 2002); anxiety, depression and feelings of hopelessness (Kearney,1996); mental health issues (Pajulo et al., 2001); family violence (Sales and Murphy, 2000; Martin et al., 2003; Tuten et al., 2004); a spouse who uses illicit drugs (Kearney, 1996; Hepburn, 2004; Kimbel, 2004) and homelessness or transience (Fischer, 1989). Physical risks increase whilst taking illicit drugs and women may also be exposed to sexually transmitted infections (Chavkin and Breitbart, 1997) with increased risk of contracting hepatitis and HIV. Malnutrition is also highlighted amongst this group (Tuten et al., 2004). Coupled with these physical and mental health issues the women are also stigmatised by society and health professionals and identified as manipulative, uncaring and indifferent towards their unborn baby (McLaughlin and Long, 1996; Selleck and Redding, 1998; Naegle, 2003; Miles et al., 2010; Ford, 2011). Yet it is noted that when support is provided the outcomes for some of these women have been significantly improved (Grafham et al., 2004; Scully et al., 2004; Morris et al., 2011).

Two issues appear to play significant roles in debates relating to illicit drug use (Commonwealth of Australia, 2011; Ford, 2011; Morris et al., 2011). One is concerned with the provision of care and the other, the attitude of the care-giver. The Australian government's strategy on illicit drug use favours a three-pronged approach: (1) reduction of supply, (2) education, and (3) improved partnerships with community services including police, health and education. This strategy is embedded in the overarching approach of harm minimisation (Commonwealth of Australia, 2003, 2006, 2011).

Although services specialising in addressing the needs of illicit drug users have improved over the last decade, a minority of services continue to elicit distress and distrust among the target population. Negative attitudes and disapproval by health professionals have been found to impact adversely on service delivery for pregnant women (Howard and Chung, 2000a, 2000b, 2000c). Grafham et al. (2004) point out that midwives need to have an interest and develop positive attitudes toward vulnerable women including illicit drug users if they are to be successful. This reflects the Australian Nursing and Midwifery Council's expectations of midwives' competence: that midwives are expected to engage with women and develop partnerships (Australian Nursing and Midwifery Council, 2006).

Models of midwifery care support individualised care that is accessible, affordable and safe to all women, their partners and families. These models facilitate women to take charge of their own experience of pregnancy and birthing by working with the midwife as a resource person, supporter and carer (Freeman et al., 2004). However, for pregnant women who use illicit drugs there is a degree of hesitance to subscribe to this model. There is a fear of being reported to the child protection agency that may result in punitive outcomes, being reported to the police and/or having their infant removed. Such outcomes combined with the stigma, negative perceptions and attitudes of health professionals are realistic fears for many of these women. These issues reduce the women's ability to engage and trust the midwives who are willing to work with them (Scully et al., 2004; Morris et al., 2011). Understanding the experiences of midwives in setting up partnerships with pregnant women who use illicit drugs is the focus of this paper.

The study

Aim

The aim of this qualitative study was to explicate the experiences of midwives who choose to work with pregnant women who also use illicit drugs.

Design

A hermeneutic phenomenological approach informed by Heideggerian thought was adopted.

Participants

Participants were recruited by convenient sampling using the following methods: advertising at the National Midwifery Conference in Victoria, Australia, (2008) and in a newsletter of the Australian College of Midwives, as well as through professional networks. Twelve (12) midwives agreed to be interviewed. These participants had between four and 38 years of midwifery experience between them and had worked with pregnant women who used illicit drugs between one and 15 years. Majority of the participants were employed in clinics specialising in working with at risk women, some in general antenatal clinics, in large tertiary clinical settings and one worked in a team midwifery model of care. Other demographics included their mean age of 45 years, with ages ranging from 29 to 55 years; they were all female and resided in states across Australia, Victoria, Western Australia and Queensland.

Data collection

Data were collected at interviews conducted at a comfortable place identified by the participants. The interviews lasted between 60 and 120 minutes, were audio recorded and subsequently transcribed verbatim for analysis.

Ethical considerations

Approval to conduct the study was obtained from Monash University Human Ethics Committee No: MUHREC: CF07/0613–2007000185. Pseudonyms were used for all participants and all identifying data such as place names were removed from the transcripts.

Data analysis

A qualitative interpretive hermeneutic phenomenological framework was used to gain a deeper understanding and meaning of