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An exploration of midwives' experiences and practice in relation to their assessment of maternal postnatal genital tract health

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ABSTRACT

Objective: to explore the experiences and practice of midwives in relation to the assessment of maternal postnatal genital tract health.
Design: a constructionist grounded theory methodology was employed to guide the research design and processes. Ethical approval was gained from the regional research ethics committee and the research and development committee at the data collection site. Sampling was purposeful and data were collected using narrative style in depth interviews involving 14 midwives. Observations of 15 postnatal assessments involving five midwives and 15 postnatal women were also undertaken.
Setting: a small maternity unit providing midwifery care to childbearing women in both the hospital and community setting in the North East of England.
Findings: three themes were identified from the data and form the framework of the constructed grounded theory: Methods, Motivators and Modifiers. Within each theme are a number of categories and focused codes. The Methods theme summarises a range of assessment methods used by the midwives, including risk assessment, questioning and clinical observations. The Motivators theme incorporates factors which motivated how, when and why the midwives undertook genital tract assessment and includes verification, personal preferences and sensitive care. The Modifiers theme consists of factors and contexts, which facilitated or inhibited the midwives' ability to negotiate an appropriate approach to assessment including therapeutic relationship, care in context and evolving midwifery knowledge.
Conclusions: the findings of this study suggest midwives are aware of a range of assessment methods; however there was less articulation or demonstration of methods pertaining to assessment of uterine health. The motivating and modifying factors highlight midwife, woman and contextual factors, which may enhance and inhibit the midwives clinical reasoning process. The complexity of contemporary midwifery practice is illuminated as these factors conflict and create practice tensions and contradictions for the midwives. Implications include the need to ensure midwives have the knowledge regarding uterine health and the skills, affective abilities, resources and opportunities to engage women in health assessments within the complexity of contemporary practice.

Introduction and background

Maternal health has improved over the preceding years in correlation with general public health improvements such as sanitation, reduction in overcrowding and poverty, improved diet and interventions such as infection control strategies, antibiotics and the availability of blood transfusion (De Costa, 2002; Marchant, 2006; Bick, 2010). These improvements in health have had a profound impact over the last century upon maternal mortality rates, which have seen significant reductions in developed countries such as the United Kingdom (WHO, 2010; CMACE, 2011). However findings from the triennial report into maternal deaths have highlighted a significant rise in maternal deaths due to genital tract sepsis (CMACE, 2011). Genital tract sepsis is now the major cause of direct maternal deaths in the United Kingdom, with 26 women dying as a result of genital tract sepsis, over the three years of 2006–2008 as compared to nine women in the period 1985–1987. The CMACE (2011) report considers for 12 of the women who died, substandard care contributed, specifically in relation to prompt diagnosis and treatment of infection.

In contrast to the relatively low rates of maternal mortality, postnatal maternal morbidity remains extensive, with poor identification and management a concern (Glazener et al., 1995; MacArthur et al., 2002; Webb et al., 2008). Morbidity associated with the genital tract includes perineal morbidity and complications of bleeding and uterine infection (Marchant et al., 2002; Bick et al., 2009; East et al., 2011). Early identification of postnatal

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morbidity via accurate assessment processes may facilitate early intervention, potentially reducing the severity, duration and long-term impact of such health issues (Bick, 2008; Bastos and McCourt, 2010; CMACE, 2011). Therefore the assessment and prompt identification and treatment of postnatal genital tract health remains a maternal health-care priority (NMC, 2010; RCOG, 2012).

The uterus and vaginal loss (lochia) and the vulva, particularly the perineum, are aspects of the genital tract, which midwives frequently assess during postnatal care interactions (NICE, 2006; Baston and Hall, 2009; Marchant, 2009; Stables and Rankin, 2010). Up to the early 1990s midwives were directed by professional and educational guidance to complete set tasks to assess postnatal physical well-being, utilising traditional 'hands-on' midwifery assessment skills including palpation of the uterus and visualisation and smell of the women's perineum and lochia (Marchant et al., 1999; Bick et al., 2009). Concern was expressed regarding the indiscriminate use of such clinical observations regardless of individual need or circumstance and at the effectiveness of routine genital tract assessment methods including uterine palpation, viewing the perineum and maternal temperature measurement (Cluett et al., 1995; Garcia and Marchant, 1996; Takahashi, 1998; Marchant, 2009).

Contemporary professional guidance does not direct midwives to undertake specific observational tasks but instead advocates a holistic approach to the assessment of maternal needs (Marchant, 2006; NICE, 2006; NMC, 2010). This necessitates the midwife deciding when assessing maternal postnatal health, if and what form of assessment and observation methods of the maternal genital tract she will employ. Previous action research in these areas had suggested there was a variation in practice regarding genital tract assessment with student midwives unsure how, when and why to undertake such assessments (Larkin and Sookhoo, 2002). This research addresses these issues and uncertainties, with the overall aim being to explore the experiences and practice of midwives' in relation to the assessment of maternal postnatal genital tract health.

Research philosophy and methodology

This research is qualitative in nature as it explores not only what midwives do but also the rationale underpinning these actions, highlighting the subtleties and range of midwifery perceptions and meanings, to provide a deeper understanding. The literature review has not identified established theory regarding midwives' approaches to maternal genital tract assessment, therefore it is more appropriate to focus upon theory construction (Layder, 1993). Strauss and Corbin (1998) suggest the use of grounded theory methodology helps to illuminate and interpret the details of individual perception and develop theory, which fits comfortably with the intentions of this study. As suggested by Bryar and Sinclair (2011) much of the theory development in midwifery intends to identify principal concepts and the relationships between these concepts to evolve a mid range theory.

This research employed constructionist grounded theory methodology, a flexible adaptation of grounded theory processes in which the researcher and participants develop and mutually construct a version of reality (Charmaz, 2003; Bryant and Charmaz, 2007; Corbin and Strauss, 2008). Such constructed meaning is specific and time and context bound, therefore constructionism does not claim to unearth the truth or generalisable theory but develop a mid range theory which is grounded in the data and may have some potential for transferability, rather than generalisation (Crotty, 1998; Charmaz, 2006; Jaccard and Jacoby, 2010; Bryar and Sinclair, 2011).

Recruitment and ethical considerations

Sixteen midwives and 15 postnatal women participated in this study. Recruitment to the study involved midwives and postnatal women from one Northern NHS Trust, which provides postnatal care in both the hospital setting and the client's home. Recruitment involved the researcher attending team meetings, distributing information posters and leaflets and one to one information giving. Participants included midwives who currently provided postnatal care in either community or hospital setting, primiparous and multiparous women and postnatal assessment interactions occurring in the postnatal ward and the woman's home.

Ethical permission was obtained for the study from the University ethics committee, regional research ethics committee and local research and development committee. Ethical principles and processes, such as confidentiality, consent, protecting the participants and acting with good faith and integrity, were reflected within all areas of the research including appropriate research intentions, methodology and methods (Department of Health, 2005). The potential research participants were provided with verbal and written information concerning the study including one to one discussion with the principal investigator and inclusion and exclusion criteria were identified (Appendix A). Consent was gained and reaffirmed throughout the research process both verbally and in writing conforming to national guidance (National Research Ethics Service, 2010; National Research Ethics Service, 2011).

Data collection methods

Data collection methods included interviews and observations in order to access not only what midwives did, but why, how and what influenced their approach to maternal genital tract assessment. This use of multiple methods and triangulation of the data aimed to provide greater detail and complexity to the data, adding depth and credibility (Denzin and Lincoln, 2008; Silverman and Marvasti, 2008).

Fourteen midwives were individually interviewed for up to one hour. The interviews were in-depth, semi-structured and narrative focused, using an interview guide where there was scope to probe with further questions (Appendix B). Czarniawska (2004) suggests narratives are used by people as a way of capturing and making sense of their experiences. The researcher encouraged the midwife participants to share narratives of their practice experiences concerning postnatal maternal genital tract assessment. They were asked to initially talk about a recent postnatal assessment they had undertaken. The resulting narratives consisted of a summary of midwives recollections of events. Through the midwives giving preference to certain aspects of their stories, it also provided insights as to how experiences had evolved within particular contexts as 'cultural stories' (Silverman, 2006, p. 137).

Observational data involved five midwives who were each observed interacting with a total of 15 different postnatal women. This helped to illuminate any differences in assessment method employed by the midwife depending upon individual maternal need, circumstance or context, which may not be expressed during interview and therefore provided a more holistic and trustworthy interpretation of the data (Bryans and McIntosh, 2000; Loftus and Smith, 2008). Brief field notes were made during