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The experiences of midwives when caring for obese women in labour, a qualitative study

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ABSTRACT

Background: maternal obesity is a significant public health challenge for maternity services, especially those in developed countries. Obesity presents an increased risk of mortality and morbidity during the childbearing continuum.

Caring for the obese woman in labour is challenging for midwives and there is a dearth of qualitative research which examines their experiences.

Objectives: to explore the experiences of midwives caring for obese women in labour.

Design: a qualitative, phenomenological approach was used to enable in-depth exploration of midwives' experiences.

Setting: one maternity centre in the North of England.

Participants: a purposive sampling approach was used.

Eleven midwives who had experience of caring for obese women in labour were interviewed using in depth, digitally recorded semi-structured interviews for data collection.

Methods: interpretative Phenomenological Analysis was performed, and underlying themes emerged from the data resulting in an exhaustive description of midwives' experiences of caring for obese women in labour.

Findings: the heart sinking phenomena when caring for obese women in labour emerged from the data from these midwives. Midwives were faced with a constant challenge to promote normality during childbearing in a medicalised environment. Mobilisation of the obese woman was a significant factor for midwives who were striving for normality for the woman. A sense of loss of control and helplessness underlying their care provision was apparent. Perceptions of obesity differed, with confusion between embarrassment and empathy emerging. Difficulties of how and when is the best opportunity to address obesity with the women arose. Different provisions of care amongst midwives were discussed.

Key conclusions: the findings suggest that midwives have different levels of understanding of the complexities associated with the condition. There was a sense of frustration at the 'loss' of normality for this group of women. Different provisions of care emerged with the need for more explicit guidelines to guide and support midwives. Communication and education were identified as key concepts when addressing the increasing prevalence of obesity.

Implications for practice: it is evident that the maternal obesity phenomenon is growing rapidly and that midwives feel that they are ill equipped to address it. Support must be provided for the practitioners striving for normality for the women.

Continuity of care must be encouraged to enable practitioners to build up a rapport with these vulnerable women through the childbirth continuum. Midwives involvement in developing multidisciplinary guidelines should be encouraged to determine the roles and responsibilities of practioners.

Antenatal education is key if women are to be made aware of the problems associated with obesity and interdisciplinary learning must be encouraged to ensure support is consistent, appropriate and available to all women.

Introduction

The normal birth agenda is a key focus for midwives in the UK maternity services. UK government recommendations and policies

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emphasise the importance of normal physiological birth for women (for example Royal College of Midwives, 2004; Midwifery 2020 Programme, 2010). At the same time, midwives face significant challenges coping with the evolving needs of women who they encounter in the maternity services.

Maternal obesity for example is increasing nationally in the UK (Arrowsmith et al., 2011) and further evidence indicates that this phenomenon has had an impact on maternity services throughout the developed world (Heslehurst et al., 2010). In England, the Centre for Maternal and Child Enquiries, Royal College of Obstetricians and Gynaecologists (2010) reported that 19% of women of childbearing age have a Body Mass Index (BMI) of 30 kg/m^2 or more. Furthermore, it has been consistently reported that obesity presents an increased risk of mortality and morbidity for women and their infants during the childbearing continuum. For example, an earlier Triennial Review of Maternal Deaths (2003–2005) in the UK reported that approximately 28% of women who died were clinically obese (Confidential Enquiry into Maternal and Child Health, 2007). Maternal obesity is now a significant public health challenge for the UK maternity services. Caring for the obese woman in labour is therefore challenging for midwives responsible for managing the care of these women.

Whilst a plethora of literature is available examining many aspects of the condition, such as obese women's experiences of health-care services in general, and the risks associated with obesity during pregnancy, no published studies have been identified which examine midwives' experiences of caring for obese women during labour. One recent Australian study explored midwives experiences of caring for obese women generally, and reported that they felt that they were struggling with this aspect of care (Schmied et al., 2010). In fact Schmied et al. (2010) suggest that the obesity phenomenon had moved faster than the health service' response to it.

Nyman et al. (2008) examined obese women's experiences of encounters with midwives and doctors during pregnancy and childbirth in Sweden. This study highlighted that despite care givers being well intentioned, some interactions with midwives resulted in negative feelings about their self image.

There is a paucity of research that has investigated the needs of the obese woman during the intrapartum period (Schmied et al., 2010), therefore the evidence-base is limited which highlights areas that midwives should address during this phase.

Because of the limited evidence in this area of clinical practice, the aim of this study was to examine the experiences of midwives when caring for women with a BMI >30 kg/m^2 in labour.

Methodology

Phenomenology is derived from philosophy and is an interpretive approach (Mackey, 2004). Phenomenology contributes to a deeper understanding of lived experiences by exposing taken-for-granted assumptions about ways of knowing (Sokolowski, 2000). A Heideggerian phenomenological stance was adopted in this study because the researcher already had detailed and firsthand knowledge on the subject matter. Mapp (2008) suggests that the researcher interpreted the data collected in terms of their own experiences and knowledge. Data were collected by in-depth interviews and Interpretative Phenomenological Analysis (IPA) was used for data analysis.

IPA was used to analyse the narrative texts and to examine in detail the perceptions and understandings of the midwives (Biggerstaff and Thompson, 2008), rather than make more general claims. The IPA researcher generates codes from the data rather than using pre-existing theory to identify codes that might be applied to the data. This flexible and detailed methodology is useful in a domain where the issues are sensitive and complex (Chapman and Smith, 2002), such as caring for obese women in labour. A research design utilising a phenomenological approach needs to be able to collect descriptions while preserving the spontaneity of subjects' experiences (Jasper, 2006). Furthermore, people who have lived the reality of the subject being investigated provide the only legitimate source of data through which the researcher can access this reality (Baker et al., 1992). The most usual source, therefore, is verbatim transcripts of digitally recorded semi-structured interviews (Reid et al., 2005).

Favourable ethics opinion was achieved from the LREC in 2010 (10/H1011/60). Permission to conduct the study was also gained from the relevant Research Governance departments at the hospital.

Sampling

A purposive sampling approach was used to enable the selection of individuals who have knowledge of the phenomena concerned (Clifford, 1997).

Inclusion and exclusion criteria:

The inclusion criterion was midwives who had managed the care of an obese woman in labour in the year preceding the data collection period.

Exclusion criteria included all midwives who had not managed the care of an obese woman in labour in the preceding year.

Access and recruitment

The majority of midwives at the research setting worked in all areas of the maternity unit on a four monthly rotational basis. Consequently they provided intrapartum care for several months each year. Community midwives were included because they also work regularly in the labour ward. Posters were displayed in relevant clinical areas to attract volunteers. Those who expressed interest were provided with a Participant Information Sheet, and those who wanted to take part were given an interview date and time at least one day following initial contact with the researcher (GS).

Data collection

Eleven in-depth, semi-structured interviews were performed and digitally recorded by GS between December 2010 and January 2011. Small sample sizes are used in phenomenology because the aim of the interviews is to generate in-depth data (Biggerstaff and Thompson, 2008). Verbal and written consent was obtained prior to each interview. An interview guide was used to facilitate and guide the questioning process (Smith and Osborn, 2003). This style accommodated the diversity of the participant's discussions, as these varied considerably. Each interview lasted up to an hour and commenced with the question 'Tell me about your experiences of caring for obese women in labour. Tell me everything that you have found'. Following the initial response to this question, probing questions were used to elicit more detail.

Data analysis

Interviews were transcribed verbatim by GS. All data were anonymised and stored appropriately within research governance regulations.