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Care providers' views and experiences of postnatal care in private hospitals in Victoria, Australia

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ABSTRACT

Objective: in Australia, as in other developed countries, women have consistently reported lower levels of satisfaction with postnatal care compared with antenatal and intrapartum care. However, in Victoria Australia, women who receive private hospital postnatal care have rated their care more favourably than women who received public hospital care. This study aimed to gain a further understanding of this by exploring care providers' views and experiences of postnatal care in private hospitals.
Design: qualitative design using semi-structured interviews and thematic analysis.
Setting: private maternity hospitals in Victoria, Australia.
Participants: eleven health-care providers from three metropolitan and one regional private hospital including eight midwives (two maternity unit managers and six clinical midwives) and three obstetricians.
Findings: two global themes were identified: 'Constrained Care' and 'Consumer Care'. 'Constrained care' demonstrates the complexity of the provision of postnatal care and encompasses midwives' feelings of frustration with the provision of postnatal care in a busy environment complicated by staffing difficulties, a lack of continuity and the impact of key players in postnatal care (including visitors, management and obstetricians). 'Consumer care' describes care providers' views that women often approach private postnatal care as a consumer, which can impact on their expectations and satisfaction with postnatal care. Despite these challenges, care providers, particularly midwives, highly valued (and generally enjoyed working in) postnatal care.
Key conclusions: this study, along with other Australian and international studies, has identified that hospital postnatal care is complex and characterised by multiple barriers which impact on the provision of quality postnatal care. Further research is needed to evaluate routine postnatal practices and continuity of care within the postnatal period. In-depth qualitative studies investigating women's expectations and experiences of postnatal care in both the public and private sector are also needed.

Introduction

Australian women have consistently reported lower levels of satisfaction with postnatal care compared with antenatal or intrapartum care (Lumley et al., 1990; Brown and Lumley, 1997; Yelland et al., 1998; Biro et al., 2000; Brown et al., 2005; Guest and Stamp, 2009). Women's lower ratings of satisfaction with postnatal care have also been reported in studies conducted elsewhere, such as in the United Kingdom (Newburn and Bhavnani, 2010; Redshaw and Heikkila, 2010) and Sweden (Waldenström et al., 2006; Rudman and Waldenström, 2007).

In Victoria Australia, four population-based, state-wide surveys of recent mothers have found lower ratings of satisfaction with postnatal care compared with antenatal and intrapartum care (Brown and Lumley, 1997; Brown et al., 2001; Bruinsma et al., 2003; Yelland, personal communication, October 2011). The most recent survey, conducted in the states of Victoria and South Australia, found that ratings of postnatal care have not improved; only 52% of women rated their postnatal care in

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hospital as 'very good' (Jane Yelland, personal communication, October 2011). Women's negative ratings of postnatal care have consistently been related to care provider interaction, a short length of hospital stay; and a lack of continuity of care (Brown et al., 2005).

Another factor found to impact on women's views of maternity care in the Australian context, is whether women have public or private maternity care. In Victoria in 2008, 65% of women gave birth in public hospitals, 4% as private patients in public hospitals and 30% as private patients in private hospitals (Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM), 2010). Generally public maternity care is provided by a combination of midwives, general practitioners and obstetricians depending on a woman's preference and needs (Department of Human Services (DHS), 2008). Private maternity care typically involves women choosing a private obstetrician, who provides antenatal care, manages the labour and attends the birth in a private hospital where he or she is affiliated. Women selecting private maternity care usually have private health insurance and are more likely to be over 35 years of age (Roberts et al., 2000). Compared to the public sector, women in the private sector are more likely to have an induced labour, an instrumental or a caesarean birth and have a longer in-hospital postnatal stay (CCOPMM, 2010). Following a vaginal birth women in public sector are likely to have a short stay (two days or less), whereas in the private sector women have a longer hospital stay (3.7 days). Women who receive maternity care in public hospitals are offered at least one postnatal home visit by a midwife (Forster et al., 2005; DHS, 2007), however women in private maternity care do not routinely receive postnatal care at home after hospital discharge (Rayner et al., 2010).

In Victoria, women receiving care in the private sector are likely to rate their maternity care, including their postnatal care, more favourably than women receiving public maternity care, and this difference has remained over time (Zadoroznyj, 1996; Bruinsma et al., 2003; Brown et al., 2005; Yelland, 2011). This contrasts with the findings of a Western Australian study that found that women receiving postnatal care in the private sector rated the quality of postnatal care less favourably than women in the public sector (Fenwick et al., 2010).

In 2004, a review of public postnatal care in Victoria (PinC review) from the perspective of care providers was undertaken (Forster et al., 2005). Providers were found to be enthusiastic and committed to postnatal care, however there was great diversity in the structure and organisation of care, with many perceived barriers to care provision which affected staff satisfaction (McLachlan et al., 2008). Many respondents considered that postnatal care was given a low priority compared to other episodes of care and that providing effective postnatal care was challenging due to inadequate staffing, the busy nature of the postnatal environment and the impact of visitors (Forster et al., 2006). Given that one-third of women in Victoria receive private maternity care, a state-wide review of postnatal care in private Victorian hospitals (PinC Private) was undertaken in 2006 to explore similarities and differences with public postnatal care (Rayner et al., 2010). Despite the large proportion of women giving birth in the private hospital sector, to our knowledge, care providers' views of private hospital postnatal care have not been previously explored. PinC Private aimed to provide a comprehensive understanding of the organisation, structure and provision of postnatal care in the private sector, from the perspective of care providers.

This paper reports on the findings from semi-structured interviews with key informants undertaken as part of the state-wide review of postnatal care in private hospitals. The interviews aimed to explore the views and experiences of clinical midwives, maternity unit managers and obstetricians providing hospital based postnatal care in Victorian private hospitals.

Methods

The PinC private review used a mixed methods approach, which included a postal survey sent to all Victorian private maternity hospitals and key informant interviews with care providers (Rayner et al., 2010). The survey and the interview schedule were based on the original PinC public review (Forster et al., 2005). The postal survey comprised open and closed-ended questions and these findings are reported elsewhere (Rayner et al., 2010).

The selection of hospitals for key informant interviews included two sampling strategies – purposive and random – to ensure a diverse range of views. In Victoria, 19 private hospitals were identified that provided in-hospital postnatal care: 14 metropolitan, three regional and two rural. A regional hospital is defined as a large non-metropolitan hospital, located in a large town or city outside the Melbourne metropolitan region (State capital), and rural hospitals are smaller than this. Very few private hospitals operate outside metropolitan Melbourne. For the purposes of this study we collapsed private hospitals into two groups – 'regional' (which included the non-metropolitan regional and rural hospitals) ($n=5$) and metropolitan ($n=14$). Initially two hospitals from each group were randomly selected and invited to participate in key informant interviews. An invitation was attached to the postal survey of these four hospitals explaining the purpose of the key informant interviews, asking for the nomination of three potential key informants currently involved with the provision of postnatal care in private hospitals, including maternity unit managers, clinical midwives (could include an associate unit manager) or obstetricians. Three of the selected hospitals agreed to participate in the interviews and provided the details of key informants. One hospital completed the survey, but declined to participate in the interviews. A fourth hospital was purposively selected to participate because of their innovative postnatal practices (Sandelowski, 2000; Daly et al., 2007). Prior to commencing the study, ethical approval was obtained from La Trobe University Human Research Ethics Committee and the Victorian Department of Human Services Human Research Ethics Committee. No private provider required additional ethical approval.

Data collection

The interview schedule for the key informant interviews was originally developed for the PinC review of the public sector (Forster et al., 2006). For this study, the interview schedule was revised following a review of the literature, the results of PinC public, and feedback provided by the study reference group. The questions were very similar, however additional questions to investigate practices unique to the private sector were included. The interview explored the organisation of postnatal care, staffing, barriers to providing postnatal care, discharge processes, the physical structure of units, the care providers' views of women's satisfaction and expectations. Basic demographic data (level of educational attainment, clinical experience, and current position) were collected from each key informant after their interview.

The research team contacted nominated key informants who had agreed to participate, and an interview time and place scheduled. Written informed consent was obtained from each key informant before the interview. Nine interviews were conducted face to face at participants' workplaces and two were conducted via telephone at the participants' request. The