



Conflicting contexts: Midwives' interpretation of childbirth through photo elicitation



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ABSTRACT

Introduction: This study seeks to explore midwives' perceptions about childbirth and in particular their beliefs about normality and risk. In the current climate of increasing interventions during labour, it is important to understand the thought processes that impact on midwifery care in order to examine whether these beliefs influence midwifery clinical decision-making.

Method: 12 Midwives who worked in a variety of metropolitan hospitals in Sydney, Australia were interviewed about how they care for women during labour. The study utilised an inductive qualitative design using photo elicitation during the interview process.

Results: Six themes emerged from the data that clearly indicated midwives felt challenged by working in a system dominated by an obstetric model of care that undermined midwifery autonomy in maintaining normal birth. These themes were: desiring normal, scanning the environment, constructing the context, navigating the way, relinquishing desire and reflecting on reality. Most midwives felt they were unable to practice in the manner they were philosophically aligned to, that is, promoting normal birth, as the medical model restricted their practice.

Discussion: The polarised views of childbirth held by midwives and obstetricians do little to enhance normal birth outcomes. Midwives in this study expressed frustration that they were unable to practice midwifery in a way that reflected their belief in normal birth. This, they cite is a result of the oppressive obstetric model prevalent in maternity care facilities in Sydney and the over use of technological interventions during childbirth.

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1. Introduction

Childbirth in Australia is characterised by a hospital-based model of care and increasing rates of caesarean sections. The current rate of caesarean section is 31% and is being steadily increasing over the past decade.¹ High caesarean rates increase certain health risks and problems for babies, women and their families. There is evidence of maternal and neonatal morbidity associated with caesarean sections, such as increased blood loss, blood clots, abdominal organ injury, hysterectomies and longer hospital stays for mother and baby.^{2–6}

A recent national review of maternity services in Australia highlighted the increasing intervention rates during childbirth, and noted the lack of unanimity between some medical and midwifery colleagues regarding perceptions and assessments of

risk factors in pregnancy and birth.⁷ Maternal fear and maternity care provider's perceptions of risk during childbirth seems to be one factor influencing these increased intervention rates.^{8,9} While this may be correct, the beliefs of Australian midwives regarding normality and risk in childbirth are largely unknown.

Within the context of rising technological interventions and caesarean section rates, midwives can find it difficult to remain advocates for normal birth, despite being often referred to as *the guardians of normal birth*. Downe¹⁰ observes that the concept of normal birth has shifted in the past ten years and now includes intrapartum practices that routinely utilise technology. In 2010, in response to the growing concern expressed by maternity care stakeholders regarding the increase in technology during childbirth, NSW Health launched a policy directive entitled *Towards Normal Birth*.¹¹ This policy is designed to assist maternity care providers in implementing specific practices that will promote normal birth outcomes.

Limited research has been undertaken regarding midwives' beliefs about childbirth and how they interpret the process of labour. As midwives are the primary care givers to women during

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labour, it could be argued that they have a direct influence on birth outcomes. Therefore, the aim of the research was to explore midwives' perceptions about childbirth and in particular their beliefs about normality and risk and to understand how these perceptions influence clinical decision-making in relation to the use of interventions.

2. Methods

2.1. Design

A qualitative interpretive design was chosen, commonly utilised in social and behavioural science disciplines, as they are designed to seek an understanding or clarification of a specific experience or phenomenon of human behaviour.^{12,13} Midwifery, being a *practice* discipline, intimately involved with interactions between women, is well placed to undertake qualitative research as this method is often used to explore a particular experience,¹² which in this instance is the way in which midwives interpret childbirth.

Photo elicitation was used as the data collection technique as it is specifically designed to facilitate in-depth responses from participants. Whilst photographic images are not widely used in nursing and midwifery research, the use of photographs for the purpose of interviewing participants in qualitative research has been used by disciplines such as psychotherapy, social sciences, ethnographic studies and education.^{14,15} This visual tool has been shown to prompt, remind and add depth to the responses in an interview process.¹⁴ The term *photo elicitation* was coined in the mid-1950s by American anthropological researcher John Collier who used visual images to engage his participants in the research process. He stated that the use of the photograph had a compelling effect upon the informant, its ability to prod latent memory, to stimulate and release emotional statements.¹⁶

However photographic images can be construed to be both emotive and manipulative in nature as they are often used to produce or elicit a specific response.¹⁷ For this reason it could be argued that the use and choice of a research method that utilises photographic images is less than straightforward and should be used with caution.

Rose¹⁸ in her discussions of images used in research states that:

Visual imagery is never innocent: it is constructed through various practises, technologies and knowledges. (p. 32)

Photo elicitation therefore is a powerful tool and when employed in qualitative research has the potential to create a certain dataset of responses. It could be hypothesised that had a different image been used as a starting point to the interviews, different themes and results would have emerged. However, by choosing a specific image, as we have done, affords the researcher a certain level of control in stimulating particular responses more relevant to the aims of the research.

Similar research has used photo elicitation. Regan and Liaschenko's¹⁹ study in North America used a photograph of a labouring woman as the stimulus for interviews with midwives. The authors reported that they were able to make apparent the sub-conscious beliefs and explore the cognitive frames that the participating midwives held about childbirth by using an image to elicit their beliefs. They concluded that photo elicitation was an effective tool that helped them gain insights into the varied ways in which midwives viewed childbirth.¹⁹ Ethical approval was received from the Human Research and Ethics Committee at the University of Technology Sydney prior to commencement of the study.

2.2. Participants

To recruit participants, an advertisement was placed in the midwifery newsletter *Midwifery Matters*, in June 2009. The New

South Wales (NSW) Branch of the Australian College of Midwives publishes this quarterly newsletter. It has a circulation of approximately 1000 midwives in NSW out of the 17,535 registered midwives in Australia in 2009.²⁰

Midwives who were interested and willing to take part in the study contacted the researcher by telephone and were sent an outline of the study, explaining the research and their participation, as well as assurances of confidentiality. The only criteria for participation were that the midwives had to be currently working in a birthing unit in metropolitan Sydney, i.e. caring for women during labour. This was for ease of access to the interview process. No restriction was placed on age, gender, years of experience or health care facility. In order to canvass a diverse cohort, the midwives were purposefully selected to incorporate a varied range of these demographics. The midwives were all currently practicing in an urban setting, which may have resulted in a rather homogenous data set. However, it was anticipated that the wealth of experiences gained from previous midwifery work in different settings, would also contribute to their interpretations of childbirth. A signed consent form was obtained from all participants.

2.3. Data collection

Data were collected using one-to-one interviews. Most of the interviews took place in a quiet room near or in the hospital where each midwife worked. Several others, at their request, were conducted in the midwives' homes.

At the beginning of the interview, each midwife was shown a photograph of a labouring woman. This photograph was a *real* image, which was not constructed or re-constructed, depicting a woman in a hospital labour suite in early labour. However it was specifically chosen for its somewhat unusual clinical practice. The photograph is of a heavily pregnant woman sitting on a ball, in a room that appears to be set up for normal labour. She has a syntocinon infusion in situ (for prolonged rupture of membranes), but without a continuous electronic foetal monitor in place. It was hoped that the absence of the CTG would give rise to discussion from the midwives about risk, safety and interventions. I chose to use an image that contained multiple elements of visual information. The inclusion of the syntocinon infusion for example, prompted the midwives to relate their experiences about this particular intervention and this led to a rich and detailed description of how they viewed caring for women who experienced an induction of labour. Midwives were asked a series of semi-structured open-ended questions about the possible story behind the photograph and to explore how the midwife would hypothetically provide care. The questions included:

- What do you think is happening here?
- How would you care for this woman?
- From the information you have what do you think is important in planning your care for this woman?
- Tell me how you imagine this birth to progress?
- Why do you think this?

The interviews took up to an hour and were tape-recorded and were later transcribed.

2.4. Analysis

Data were analysed using thematic analysis. This type of analysis is a descriptive qualitative research tool used widely in the field of psychology, but it is also appropriate for other related fields such as sociology, nursing and midwifery.²¹ Braun and Clarke²² in their discussion regarding the benefits of this technique, describe it

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