Midwifery 43 (2016) 48–58

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/locate/midw

Encourages and guides, or diagnoses and monitors: Woman centred-ness in the discourse of professional midwifery bodies

M.P. O'Malley-Keighran, Ph.D.(Dr.)*, G. Lohan, B.Sc.(Dr.) (Speech & Language Therapy)

Discipline of Speech & Language Therapy, NUI Galway, Ireland

ARTICLE INFO

Keywords:
Midwifery
Scope of practice
Qualitative
Language
Woman centered care

ABSTRACT

Objective: the purpose of this study was to conduct a preliminary exploration of the language used by midwifery professional bodies to define the scope of practice of midwives in relation to woman-centred care.
Design: this is a qualitative study in which Critical Discourse Analysis and Transitivity Analysis from the Systemic Functional Linguistics tradition were used. Data were sampled from nine international midwifery professional bodies.
Findings: three general types of definitions of scope of practice were identified; a formal type which focused on midwifery practice in which the midwife and woman were largely absent as agents, a second, less formal type which focused on the midwife as agent, from which the woman was largely absent as an active participant and one exception to the pattern which featured the woman as agent. The main type of verb used in the definitions was Doing Processes such as monitor, diagnose. Saying (advise), Sensing (identify), and Being (be able to) processes were much less frequent in the data. The definitions of scope of practice explored in this study (with one exception) revealed a general lack of woman-centeredness and more of a focus on an orientation to birth as a medically managed event.
Key conclusions: definitions of scope of practice statements by professional bodies are systematically developed through much conscious thought and discussion by the writers on behalf of a community of practice and are formulated specifically for the purpose of being available to the general public as well as midwives. It can be assumed that the choices of wording and content are carefully constructed with public dissemination in mind. These ideologies communicated via the professional body texts emanate from a socio-cultural context that varies from country to country and professional bodies construct the definitions by drawing on the available, circulating discourses. Although woman-centred care is a key focus in contemporary maternity care, many definitions of scope of practice reveal a continuing orientation to a medical model of pregnancy and birth and a synonymisation of midwife-led care with woman centred care.
Implications for practice: by analysing statements of scope of practice by professional bodies and the contexts in which they are produced, we can continue to reveal the underlying social, political, and historical forces that influence midwifery practice. This paper examines some key examples of the professional discourse of midwifery in relation to the definition of the midwife and scope of practice in order to reflect on what these examples may tell us about the professional culture of midwifery and the implications for woman-centred care.

Introduction

The purpose of this paper is to conduct a preliminary exploration of how the language used by professional bodies to define midwives' scope of practice relates to the concept of woman-centred care (a key focus in contemporary maternity care worldwide). The study draws on Critical Discourse Analysis for its analytical framework. The intended impact in relation to the world of midwifery is to generate discussion about the importance of language in representations of the work of midwives and to provide an opportunity to consider if the scope of practice statements are consistent with woman-centred care. Professional discourse in this instance refers to written texts 'in professional contexts and for professional purposes'. A professional is defined as a highly skilled person 'who is paid for their work' (Gunnarsson, 2009:5). The discourse of a profession is influenced by history, professional ideology, and social context, among others (Sarangi and Candlin, 2011). Professions are usually characterised by specific discourses that distinguish them from other professions. The discourse of a particular

* Corresponding author.
E-mail address: marypat.omalley@nuigalway.ie (M.P. O'Malley-Keighran).

http://dx.doi.org/10.1016/j.midw.2016.10.007
Received 10 December 2015; Received in revised form 25 October 2016; Accepted 26 October 2016

profession, (including how it uses language), creates, reflects, and reinforces the activities, knowledge, and skills that are characteristic of a specific profession (Schnurr, 2013). The goals of professions are typically specified in written documents such as mission statements. Furthermore, professional discourses are unstable in that they may change over time as a reflection of changes in practice or as a way of initiating changes in practice.

Because of long-standing historical and medical influences upon midwifery internationally, the profession of midwifery has been involved in a constant debate about how to define itself and its practitioners' professional identity (Zhang et al. 2015). Furthermore, the development and provision of maternity care services in the 20th century in the developed world has tended to focus on risk factors for the mother and child (Aune et al. 2015). With sharply falling maternal and perinatal mortality rates in the developed world (), the emphasis has gradually expanded to include matters of maternal choice and satisfaction (Devane et al., 2007). Changes early in the 20th century emphasised the individual service user and their relationship with the health service. Within maternity services, this became interpreted as woman-centred care (Pope, et al., 2001).

Woman-centred care (WCC)

Key principles in woman-centred care are choice, continuity, and control (Pope et al., 2001). Additional concepts underpinning WCC include: individualised care, holism, respect, safety, partnership, and the general well-being of the woman being cared for (Iida, et al., 2012). In addition, there is an emphasis in the current literature on a view of pregnancy and childbirth as normal physiological events in a woman's life, rather than illnesses or medical events in need of management (WHO, 1996, Aune et al., 2015).

Professions and scientific knowledge

There is a strong association between professions and the development of scientific knowledge systems. Professionalization can be seen as an attempt to translate special knowledge and skills into social and economic rewards. Tension between professions (e.g. medicine and midwifery) and institutions of the state and within professions themselves are considered par for the course (Sarangi and Candlin, 2011). According to Sarangi and Candlin (2011: 13), 'the rational discourses of professions operate through constructing versions of truths and clienthoods that align with institutional priorities'. Maternity care providers (including obstetrics and midwifery) have a long history involving professional power struggles (McIntyre et al. (2012). Furthermore, attention has focused on claims made on the ownership of bodies of knowledge and on how control is exercised over the work informed by such knowledge, thus affording protection from competing professions (Powell and Davies, 2012). Central to such professional identity work is the formation and maintenance of intra- and inter-professional boundaries, 'often achieved through the employment of legitimising discourses' (Hunter and Segrott, 2014: 719). Professions may attempt to legitimise their distinctive identity by highlighting its scientific basis, treatment philosophy, uniqueness, or contribution to the efficient organisation of care (Hunter and Segrott, 2014: 719). Boundary work is thought to be most common where there is a desire to maintain occupational autonomy against threats from competitors, to expand an occupational sphere or to monopolise a domain (Gieryn, 1983).

Central to the profession of midwifery is the 'power of the medical profession to subordinate midwifery, to limit its work to peripheral tasks and in some instances to ban it from legal practice' (Benoit et al., 2005: 724). Sandall (1995) describes the process of professionalization within midwifery in terms of lost professional autonomy contingent upon working in hierarchical settings dominated by medicine. Furthermore, the strategies used by UK midwives (at least at the end of the 19th century) 'involved usurping traditional boundaries set by medical men and excluding other non-accredited women from their sphere of practice' culminating in the Midwives' Act of 1902. (Sandall, 1995: 204). Further boundary work continued during the 20th century as the boundaries between normal and abnormal pregnancy and birth were redefined with midwives expressing concern that their traditional remit was being encroached upon by the increasing medical dominance of birth. Midwives claim a distinct sphere of knowledge and skill, 'legitimated by a desire for a more equal partnership with women in an area where medical care has been criticised' (Sandall, 1995: 206). More equal partnership has a powerful appeal to all the interest groups within midwifery: 'to the generalists by emphasising the primacy of the midwife/woman relationship, to the academic professionaliser by offering increased autonomy, and lastly, to government and managers by providing cost effective care (Sandall, 1995: 206). Meanwhile, tensions between women's and midwives' autonomy continue against 'a backdrop of increasing medicalisation and rising caesarean birth rates across Western world maternity care systems (Walsh and Devane, 2012).

Central to the issue of professional boundaries and expert knowledge construction is the issue of power. In this study, language and power are of particular interest.

Knowledge, language, and power

Closely connected with skills/knowledge is the concept of power. Professional claims have an ideological character with professional institutions creating and sustaining authority over service users/clients. The construction and display of knowledge through discourse offers a key to understanding how professions sustain their power and expertise. Foucault (1980) describes knowledge and power as inseparably entwined. Foucault's power is not about power of one person over another; it is more about the power to act (Ferguson, 2009). From that perspective, discourse presents an opportunity to consider power relations as culturally encoded in language and discourse. Critical approaches to professional discourse offer both an opportunity and a challenge. The opportunity is to explore these issues of knowledge and power further. The challenge is to midwives to reflect on their own culture of midwifery and its assumptions about woman-centred care. Midwives are tightly constrained by three sets of power relations: (1) the managerial relations of control within healthcare systems, (2) the inter-occupational ones between doctors and midwives, and (3) intra-occupational relations of control within midwifery between the 'elite' professionalisers and the rank and file and increasing consumer pressure to be partners in care (Sandall, 1995: 206).

'Language and words reflect underlying thoughts and assumptions about people and issues' Carboon (1999:19). In Critical Discourse Analysis, language choice is seen as ideologically significant, revealing assumptions and views about women and midwives and the scope of practice of midwifery in this study. It is generally accepted that there are always different ways of saying the same thing (e.g. *gave birth* vs *was delivered of*) with choices in texts made for public consumption being neither random nor accidental alternatives (Fowler, 1991). This is not to say that such texts *deliberately* particular representations of women and midwives; it is more a case that the practices of vocabulary selection and presentation have become customary and standard practices as opposed to 'deliberate and controlled' (Fowler, 1991: 41).

The analytic framework for the study was drawn from Critical Discourse Analysis which allows exploration of these language choices which is considered in the next section below. The specific techniques for data analysis were drawn from Systemic Functional Linguistics and are outlined in the Method section.

Critical Discourse Analysis and midwifery

Critical Discourse Analysis (CDA) can allow us to explore how