



ORIGINAL RESEARCH – QUANTITATIVE

Women's experiences of having a Bachelor of Midwifery student provide continuity of care



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ABSTRACT

Background: The Australian national midwifery education standards require students to complete a number of continuity of care (COC) experiences. There is increasing evidence outlining the value of this experience to the student, but there is limited research examining women's experiences of having a COC midwifery student. This study aimed to investigate the woman's experiences.

Methods: A retrospective descriptive cohort design was used. A paper-based survey was posted to all women cared for by a midwifery student in 2013 ($n = 698$). Descriptive statistics were used to explore the proportion, mean score, standard deviation and range of the variables. Construct validity of the Satisfaction and Respect Scales was tested using exploratory factor analysis. Free text responses were analysed using latent content analysis.

Result: One-third of women returned a completed survey ($n = 237/698$, 34%). There was a significant positive correlation ($p < 0.05$) between the number of AN/PN visits a midwifery student attended and women's levels of satisfaction. Women were very satisfied with having a student midwife provide continuity. The qualitative data provided additional insight demonstrating that most women had a positive relationship with the midwifery student that enhanced their childbearing experience.

Conclusion: The women in this study valued continuity of midwifery care and were able to form meaningful relationships with their midwifery student. Programs leading to registration as a midwife should privilege continuity of care experiences. Not only does this benefit women but provides the future midwifery workforce with a clear understanding of models that best meet women's individual and the benefits of working in these models.

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Summary of Relevance:

Problem

Women's experiences of continuity of care provided by midwifery students are not well understood.

What is Already Known

Women value their relationship with their continuity of care midwifery student. The two most important factors are the relationship that is formed with the midwifery student and the presence of the midwifery student during labour, birth and the postnatal period.

What this Paper Adds

Evidence that there is a significant ($p < 0.05$) positive correlation between the number of antenatal and postnatal visits a midwifery student attends and women's satisfaction with the

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midwifery student. This suggests that time and frequency of contact are key factors in building connected relationships. Existing evidence is strengthened surrounding the importance to women of the relationship in continuity of care with their midwifery student.

1. Introduction

The Australian Nursing and Midwifery Council (ANMAC) is responsible for the accreditation of all nursing and midwifery programs leading to registration in Australia. Registration as a midwife in Australia enables scope of practice that is consistent with the international definition of a midwife. The intention of midwifery programs leading to registration within Australia is to prepare graduates to work within their full scope of practice. This includes the ability to work as a woman's primary maternity care provider in a continuity of care model (COC). Indeed the ANMAC education standards state that a midwifery curriculum should be underpinned by "a) a woman-centred midwifery philosophy; b) a midwifery continuity of care philosophy; and c) primary health care principles",^{1,p14}

In 2010 ANMAC introduced a minimum number of 20 COC experiences required by midwifery students in pre-registration programs. There were no requirements surrounding the number of antenatal or postnatal visits a student should attend.² This was up to individual universities to stipulate. Despite considerable debate and an argument from many against reducing the number of COC experiences for midwifery students ANMAC has now set the mandated COC experience at ten.¹ The minimum contact is four antenatal visits, two postnatal visits and for the majority of cases, the labour and birth.¹

The aim of the COC experience is to expose students to the value and practicalities of continuity of care models to enable them to work within this model of care on graduation. Models of maternity care based on midwifery continuity (COC) focus on promoting normality, recognising and respecting the need for choice and control, addressing woman's individual social, emotional, physical, psychological, spiritual and cultural needs as well as expectations.³ There is strong evidence supporting the benefits for women and their newborns of midwife-led COC.⁴ The nature and quality of the relationship has been suggested to be at the heart of these positive outcomes for women and their babies.^{5–7} Specifically, women who experience COC report improved social and emotional support and trust in their midwife resulting in greater self-confidence and ability to birth without pharmacological pain relief.⁷ Women also identified that a care provider knowing their story was a significant benefit of receiving COC.⁸

Despite the National Maternity Services Plan (NMSP)⁹ recommendations to increase women's access to COC, most Australian women continue to receive fragmented care.¹⁰ Therefore the majority of midwifery students experience COC through providing this care to women within a fragmented maternity care system. Additionally, midwifery students may be providing the only experience of COC that a woman experiences throughout her pregnancy.

Although there is a growing body of research describing the experience of midwifery students providing COC, there remains limited work exploring women's experience of this clinical learning experience.^{11–14} A search of the literature from the past 10 years identified only four studies that examined women's experiences of receiving COC from a midwifery student. Three studies were from Australia and one study was from Norway.^{14–18} Overall, the studies revealed that women's experiences of having a midwifery student provide COC were very positive. Two major

themes emerged from the literature; 'relationship' and 'presence'. Women described their relationship with their midwifery student as 'genuine' and 'personalised'.^{14–17} This appeared to be especially important for Australian Aboriginal and Torres Strait Islander women who felt that their cultural needs, often not met by the maternity care system, were addressed by their midwifery student providing COC.¹⁵ Positive relationships with students were also important to the partners of women although it was not always recognised until labour and birth.¹⁴ The second theme was labelled 'presence'. The women in these four studies described wanting to be the focus of care. They expected their care providers to be aware of their needs and emotionally and physically present for them. Women described how their midwifery students were able to aptly meet these expectations.^{14,16–18} Additionally, Aune et al.¹⁴ and Browne and Taylor^{16,p112} found that women valued the opportunity to "talk about" their labour and birth experience with the student. The value of this may have been amplified as a result of the limited opportunity to debrief for women in fragmented models of care.¹⁹

Given the overwhelming evidence that all women should have access to a known midwife⁴ it is important to continue to examine women's experience of COC by a student midwife to determine whether this educational initiative is of value to women and whether these experiences promote COC to the women receiving it.

2. Aim

The aim of this study was to investigate Australian women's experience of COC provided by an undergraduate midwifery student.

3. Method

3.1. Design

A retrospective cohort design was chosen for this study. Data were collected using a self-administered questionnaire.

3.2. Setting

One Australian university that offered a Bachelor of Midwifery program. Students enrolled in this program were required to complete a minimum of five antenatal visits, attend the woman's labour and birth and undertake three postnatal visits including a six week postnatal visit. Students could recruit women for their COC experience from any of the University's practice partner sites which also included private midwifery practices. As such students experienced supporting women in a wide range of environments including tertiary, regional and rural hospitals, community venues and women's own homes (including the opportunity to attend a woman giving birth at home).

3.3. Sample

The participants in this study were women who had agreed to have a midwifery student provide continuity of care in their recent childbirth experience and who had completed a six-week postnatal visit in 2013 ($n = 698$).

3.4. Data collection

A study package including a cover letter, information sheet and questionnaire was posted to all women having received COC student care. Women were assured that the survey was voluntary and anonymous. Consent was implied if the woman completed and returned the questionnaire.

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