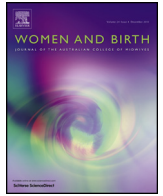




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ORIGINAL RESEARCH – QUALITATIVE

Midwifery practice during birth: Ritual companionship

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ABSTRACT

Background: There is an expectation that midwifery practice is woman centred and promotes physiology. In addition, midwives must assess the wellbeing of mother and baby, and monitor the progress of labour. It is important to understand how midwifery actions and interactions influence the birth experience for women. **Aim:** The aim of this study was to explore midwifery practice during physiological birth from the perspective of both midwives and mothers.

Method: A narrative inquiry involving face-to-face in-depth interviews was used to gather data. The participants were 10 midwives and 10 women who had recently attended or experienced an uncomplicated physiological birth. Data was analysed to identify themes occurring across the narratives.

Findings: Two types of midwifery practice were identified from the data: rites of passage and rites of protection. Rites of passage were synergistic with women's needs during birth and involved managing distractions and reflecting internal wisdom. Rites of protection involved performing clinical assessments to determine wellbeing and labour progress. These practices could contradict the rites of passage by disrupting aloneness and reinforcing external wisdom.

Conclusion: Midwives performed two types of practices which intersected with women's experience of birth in differing and contested ways. Conceptualising the role of the midwife as a 'ritual companion' and actions and words as rituals enables a deeper exploration of the values transmitted and reflected by midwifery practice. This study contributes to a discourse about midwifery practice during birth, women's experience of birth, and the influence of the institution on the nature of mother–midwife relationship.

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Summary of relevance

Problem or issue

Midwifery actions and interactions influence women's experience of birth.

What is already known

Midwifery care that enhances women's sense of control and reinforces the woman's ability to birth can positively influence women's experience of birth. Midwives create and maintain

optimal birthing environments for women to support normal birth. The mother–midwife relationship is an important factor in how women experience birth.

What this paper adds

This exploration may contribute to a discourse regarding how midwifery practice intersects with women's experiences of birth; and the influence of the institution on the nature of the mother–midwife relationship.

1. Introduction

According the International Confederation of Midwives¹ midwifery care is underpinned by a woman centred philosophy.

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Midwives acknowledge that childbirth is a profound experience which carries significant meaning for women. Midwifery care respects women's capabilities in childbirth, promotes physiological birth, and advocates for non-intervention in normal childbirth. It is also the midwife's responsibility to detect complications,² and practice guidelines recommended that midwives perform routine clinical assessments during birth to determine the wellbeing of the mother and baby, and to monitor the progress of labour.³ These assessments must be balanced with the requirement to only use technology during birth when indicated and avoid unnecessary interference in the progress of labour and birth.⁴ Therefore, it is important to understand how midwives promote physiological birth and monitor wellbeing and progress; and how midwifery practice influences women's experiences of birth. This paper addresses these issues, and reports the findings of a study which investigated midwifery practice during birth from the perspective of both midwives and women.

A women's experience of birth may be influenced by her sense of control during the process. Feeling a sense of control during birth is associated with a positive birth experience and greater satisfaction.^{5,6} Midwives appear to have a major influence on women's perceptions of control. Practice that responds to individual choices and needs, and advocates for these is known to enhance women's feelings of confidence and control.^{7,8} The midwifery care a woman receives during birth can have long-lasting effects. Waldenstöm⁹ found that a lack of supportive care during birth was associated with a reduction in satisfaction with the birth experience over the first year. In contrast, sensitive and supportive care was associated with improving satisfaction over the first year.

The mother–midwife relationship is an important factor in women's experience of birth. The relationship of the midwife to the woman in labour has been previously described as a 'professional friend',¹⁰ a 'professional servant',¹¹ a 'safe anchor',⁷ and an 'anchored companion'.¹² Kennedy et al.¹³ identified that the relationship structure between midwives and women reflected equality. This was demonstrated by midwives recognising and valuing the knowledge that women themselves brought into their interactions with midwives in the clinical setting. Cheyney¹⁴ found that homebirth midwives in the United States intentionally reinforced the woman as the expert in her birth. Understanding factors that influence midwives' ability to develop and maintain relationships that support women during labour requires further exploration.

A number of studies have explored midwifery care during birth. Downe et al.¹⁵ carried out a systematic review and meta-synthesis to determine what comprises expert maternity care. They found that expert maternity care required an understanding that each woman's birth process is individual. Skilled practice was reflexive and not reliant upon protocols or routine techniques, and practice was underpinned by the belief that birth is physiological and women have the capacity to birth. Crowther and Hall¹⁶ argue that midwives need to recognise the spiritual nature of the birth experience in order to meet the holistic needs of women. Spirituality arises from the human need to search for meaning and purpose in experience, and through sensitivity and receptivity a midwife can attune to the spiritual aspect of birth. A lack of spiritual care, empathy and kindness during birth can contribute to women feeling traumatised and disempowered.⁸

Crowther et al.¹⁷ use the term 'Karios time' to describe the meaning and significance of the lived birth experience. They suggest that the midwife's role is to safeguard this powerful and vulnerable time. Fahy and Parratt¹⁸ developed a theory for midwifery practice based upon the concept of 'birth territory' and 'midwifery guardianship'. They maintain that by using 'midwifery guardianship' to create and maintain an ideal 'birth

territory', midwives can support normal birth and improve the birth experience for women. Guardianship was also identified by MacLellan¹⁹ as a fundamental skill in midwifery practice. Studies have found that midwives actively create environments to protect women and facilitate physiological birth.^{13,20,21} Further research is needed to examine how the context of birth influences midwives' ability to create and maintain an ideal birthing environment.

Midwives carry out a number of actions during labour including clinical assessments. However, some studies have found that discrepancies between women's perceptions of labour progress and midwives' assessment of progress can result in anxiety and distress.²² Anderson⁷ found that assessments intended by midwives to confirm normality sometimes conveyed the message that there may be problems. For example, auscultating the foetal heart generated concern for some women about their baby's wellbeing. This concern interfered with women's ability to 'let go' during birth. The midwives in Blix's²⁰ study reported that their clinical assessments could disturb the labouring woman and interfere with the birth process. Leap²³ suggests that midwives are trained to 'do things' to women during labour, including clinical assessments, soothing touch, and building rapport by talking. However, Leap²³ argues that this well intentioned approach can interfere with the physiology of labour by disrupting the woman's instinctive behaviours. Midwives are required to interact with women and monitor their wellbeing and labour progress. Therefore, investigation is needed to better understand how this can be achieved without negatively influencing women's experience of birth.

The aim of this study was to explore midwifery practice during an uncomplicated, physiological birth. The study captures midwifery practice from both the perspective of midwives, and from women experiencing their practice. The findings contribute to understanding regarding how midwives maintain optimal birthing environments for women; assess and monitor wellbeing and progress; and how their practice influences the dynamics of the mother–midwife relationship during labour. Thematic analysis of birth stories was undertaken, then the findings were analysed and explained using the theoretical framework of childbirth as a rite of passage. The study was undertaken as a PhD and the findings are substantial. Therefore, the findings relating to women's experience of birth are published in a separate paper.²⁴ This paper presents the findings about midwifery practice during birth and how it intersected with women's experiences and needs.

2. Methods

The research was carried out in fulfilment of a PhD, and was undertaken by one researcher under supervision. A narrative inquiry methodology was used, and stories are central to narrative research approaches. Story sharing is culturally embedded within midwifery,²⁵ and the format of story sharing is familiar to mothers.²⁶ Polkinghorne²⁷ describes narrative inquiry as a 'subset of qualitative research designs in which stories are used to describe human action'. Pinnegar and Daynes²⁸ maintain that narrative researchers consider the story to be 'one of, if not the fundamental unit that accounts for human experience'. Stories reveal the complexities of human activity, and these stories can enhance our understanding of people in their environments.²⁹ The terms 'narrative' and 'story' are an area of inconsistency within the literature. Some researchers consider the terms 'narrative' and 'story' to have distinct meanings,³⁰ whereas others use the terms 'narrative' and 'story' interchangeably.³¹ For the purposes of this paper the words 'narratives' and 'stories' synonymously refer to personal accounts of experiences and the meanings assigned to them by the teller. This approach is aligned with Polkinghorne's²⁷ use of the term 'narratives' to refer to the unique stories of individuals which reveal their personal experiences, actions and

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