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Midwives' lived experience of caring during childbirth – a phenomenological study

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ABSTRACT

Objective: The aim of this study was to obtain a deeper understanding of midwives' lived experience of caring during childbirth in a Swedish context.
Methods: Ten midwives were recruited from one university hospital with two separate delivery units in western Sweden. Data were collected by both written narratives and interviews. With an inductive approach using a descriptive phenomenological method, the answers to the question: "Can you describe a situation in which you felt that your caring was of importance for the woman and her partner?" were analysed.
Results: A general structure of the phenomenon of caring in midwifery during childbirth, including five key constituents: sharing the responsibility, being intentionally and authentically present, creating an atmosphere of calm serenity in a mutual relationship, possessing the embodied knowledge, and balancing on the borders in transition to parenthood.
Conclusions: This study emphasises how the midwives shared the responsibility and their possessed embodied knowledge of childbirth and how new unique knowledge was constructed together with the woman, child and her partner. The study has the potential to increase knowledge and understanding of midwives' lived experience of caring during childbirth and therefore has implications for practice, education, and research.

Introduction

Caring as a human mode of being is claimed to be a way of acting and relating to other humans [1]. The more deeply we understand the central role of caring in our lives, the more we realise its centrality within human relations [2]. In professional caring, the client is always in a situation of vulnerability, because caring highlights what matters to the individual, and this must be taken into consideration in a caring relationship [3,4].

In midwifery, caring is frequently described as "being with" the woman [5,6]. Hunter [5] defines this concept as the provision of emotional, physical, spiritual and psychological support by the midwife as desired by the labouring woman. Through a relationship built on mutual confidence, the midwife should seek to increase the woman's sense of trust [5,7–9]. The midwife can be seen as an anchored companion offering this trustful relationship, where the balance of power between the midwife and the woman is established through mutual agreement and shared responsibility [10]. In the literature, terms and concepts related to "being with" the woman are described as presence, support, a mutual relationship, sharing power and responsibility, responding and respecting the woman. These descriptions overlap one another and are often used together when describing midwifery care during childbirth [7–18].

Several attempts have been made to delineate the process of midwifery care by finding new concepts and models [8,9,11,12,18,19]. Although these studies have many similarities concerning the nature of the midwife-with-woman relationship and structure in midwifery models of care [14,18] they also illustrate some differences. These differences are particularly noticeable when it comes to the complex definitions and interpretations of what midwifery care means regarding equality and shared responsibility in the relationship between the midwife and the woman [8,10,12,14,18]. Therefore, the concept of caring in midwifery requires further exploration to describe what constitutes the phenomenon. The aim of this study was to obtain a deeper understanding of midwives' lived experience of caring during childbirth in a Swedish context.

Methods

To obtain a deeper understanding of midwives' lived experience of caring during childbirth, a descriptive phenomenological method based on a lifeworld approach, according to Giorgi [20–22],

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was chosen. This method, based on Husserl's phenomenological philosophy, incorporates the rigorous processes of being present in and dwelling with the data, analysing, describing, and unfolding the meaning of the phenomenon [22,23]. The overall aim of phenomenological research is to capture the way the phenomenon is experienced as closely as possible within the context in which the phenomenon takes place. This requires a phenomenological attitude, which is characterised by openness for the lifeworld and an ongoing reflection of meanings and is attained by phenomenological reduction [20–22,24,25]. The purpose of this method is to obtain systematic, general, critical, methodological, and verifiable knowledge [20,22].

Settings and participants

In this study, ten midwives were selected from one university hospital with two separate delivery units in western Sweden. These delivery units have around 4700 and 1800 births per year, respectively, and serve urban, suburban, and rural areas. Women with both uncomplicated and complicated pregnancies are admitted to these units. The midwives, five from each delivery unit, were purposely selected out of years in the profession and experience of childbirth. The age range of the participants was 37–61 years, and their professional experience was between 7 and 38 years. We based our choice of midwives on the overall aim of obtaining a deeper understanding of midwives' lived experience of caring for women and their partners during childbirth and of acquiring a more diverse set of descriptions. The ten midwives were not previously known to the authors.

Data collection

Data consist of both written narratives and interviews. The midwives were asked to describe and write about a situation in which they felt that their caring was of importance for the woman and her partner during childbirth. By offering the midwives time to reflect over and describe their experiences, possibilities were gained to capture nuances of the phenomenon in a deeper manner [26]. The written narratives from the ten midwives were sent by mail or e-mail to the first author. In-depth interviews were conducted by the first author afterwards so that the ten midwives could give deeper and more comprehensive descriptions of their experiences. The interviews started with an open-ended question [22,26]: "Could you tell me about the situation you previously wrote down in which you felt that your caring was of importance for the woman and her partner during childbirth?" When appropriate, additional questions were asked to obtain a deeper understanding of the midwives' experiences. The interviews were carried out at the hospital or in the midwives' homes. Data collection was performed from January 2011 until March 2011; each interview lasted between 30 and 60 minutes.

Ethical considerations

Permission to perform this study was given by the head of the clinic as well as the head of each unit. The study was carried out in accordance with Swedish law [27,28] and the Declaration of Helsinki [29]. The midwives gave written, informed consent and were informed about guaranteed confidentiality and the right to discontinue at any time. Approval was obtained from the University's Research Ethics Committee.

Data analysis

Together the first and last author analysed the narratives and interviews both as a whole and for meaning according to a phenomenological lifeworld approach [22]. Finally, the findings were discussed by the authors (ILT, IL, and EH) in the research group until a consensus was reached. The procedure of data analysis included the following: the narratives were read and reread to obtain a sense of the whole, the midwives' descriptions in their language were discriminated into meaning units within a midwifery perspective and with the focus on the phenomenon being investigated. The meaning units were then transformed into midwifery language at a higher abstraction level, in a way that captured the intuited essence. Such analysis process requires dwelling with the data to utilise free imaginative variations. The essence of the phenomenon was attained by going back and forth through the data, trying to discover the meaning of midwives' lived experience of caring during childbirth. Finally, the transformed meaning units and formed key constituents were synthesised into a general structure of the midwives' lived experience of caring during childbirth [20–22,25]. In Table 1, all key constituents of the general structure and the varied embodiments of the phenomenon are presented.

Results

The general structure of the midwives' lived experience of caring during childbirth can be expressed as follows. The experience of midwifery care was described as being the guided guide, meaning that the midwives adjusted their caring from the woman and her partner's unique situation. Through a caring attitude, they demonstrate courage when sharing the responsibility and their possessed embodied knowledge of childbirth together with the woman and her partner. However, when the parents did not share their unique embodied knowledge, this sharing was restrained. New knowledge, of importance for their caring, was constructed from situations where the midwives were able to be intentionally and authentically present. To be able to care, it was necessary to create an atmosphere of calm and safety in a mutual relationship that could last through the process of giving birth. The midwives help the woman to feel the rhythm in her body and prepare her to give birth and to become a mother. They act as fellow travellers when balancing on the borders with the woman and her partner in the transition to parenthood.

Sharing the responsibility

The midwives demonstrated that they had the courage to share the responsibility of giving birth by expressing a strong belief in the woman's capacity and understanding birth as a vigorous existential process including psychological and physiological aspects. They described how important it was to have a humble attitude towards the parents during the first encounter so that the parents could open up and feel comfortable.

> We look into each other's eyes. My belief is that this building of a relationship means that the couple and I are taking a common responsibility to reach the goal, which is a normal and positive childbirth (M6).

The midwives started to care by sharing and communicating their embodied knowledge of childbirth, thereby building up trust. Embodied knowledge means that the individual midwife's knowledge of herself and experience of midwifery was integrated within her and that she is able to use it. However, when sharing it is of importance that the woman and her partner share their unique embodied knowledge about themselves as individuals, as a family, and of giving birth. Feelings of uncertainty could occur among the midwives if the woman did not share her embodied knowledge, and the midwives expressed the importance of understanding the reason for this. They described these feelings of uncertainty as the fear of losing contact with the woman and not being able to respond to