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Women's preferences and knowledge about the legal competences of midwives in Brussels, Belgium. A descriptive observational study



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ABSTRACT

Objective: to explore women's preferences with regard to their preferred health professional during labour and childbirth in case of an uncomplicated pregnancy, and to gain insight into women's knowledge of the legal competences of midwives.

Design: a descriptive observational study.

Setting: Brussels metropolitan region, Belgium.

Participants: women in their reproductive age, living in the Brussels metropolitan region, with Dutch or French as their first language ($n=830$).

Measurements: a ten-item standardized questionnaire 'Midwife Profiling Questionnaire' (MidProQ) was developed to determine which health professional respondents would prefer to assist them during labour and childbirth if there were no complications and to assess their knowledge about midwives' legal competences during pregnancy, labour and childbirth. Descriptive statistics were used to report the findings. To identify relationships between the socio-demographic variables of the women and her preferences, knowledge and opinion Chi² analysis were used.

Findings: For 68.0% of the participants in an uncomplicated labour ($n=564$) and 66.3% of the participants with an uncomplicated childbirth ($n=550$), a midwife is the preferred health professional. Brussels women prefer an obstetrician in an uncomplicated labour ($n=730$, 88%) and for uncomplicated childbirth ($n=756$, 91.1%). Only 20.2% of the respondents ($n=168$) consider midwives to play a central role in an uncomplicated pregnancy. The knowledge of Brussels women about midwives' legal competences during pregnancy, labour and childbirth is rather poor, especially in youngsters and women who have never given birth.

Key conclusions: In general, for Brussels women, midwives are not the first preferred health professional for an uncomplicated labour or for childbirth, and they do not consider midwives to play a central role in an uncomplicated pregnancy. The legal competences of midwives are not known very well, especially by youngsters and women who have never given birth. The Belgian medical model of maternity care and women's experiences affect their preferences and knowledge about the legal competences of midwives and their opinion about the central health professional in an uncomplicated pregnancy.

Implications for practice: To enhance more women-centred care and initiate change in the current maternity care culture in Belgium, public education, structural changes in maternity services and strategies to inspire public opinion to initiate cultural change are suggested. Involvement of midwifery organisations, other health professionals in maternity services and policy-makers with women's groups and potential service users is key.

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Introduction

Belgian maternity care is organised around the concept of risk, rather than normality. More than 95% of all births occur in hospitals under the supervision of obstetricians (Mead et al., 2007; Christiaens et al., 2008). Maternity care in Belgium is hierarchically organised, highly standardised, and the number of medical interventions is high (Christiaens et al., 2008; Cammu et al., 2014; Hercot et al., 2015; Leroy et al., 2015; Van Leeuw et al., 2015).

In the Royal Decree of 1 February 1991, it is stated that Belgian midwives are autonomous and competent to practice obstetrics in an uncomplicated pregnancy, labour and childbirth ("Federal Government of Belgium, 1991. Royal Decree concerning the practice of the profession of midwife," 1991). This decree also determines which acts are permitted and which are forbidden for midwives (Eggermont, 2012). In Belgium, midwives are specialists in the field of physiology and primary intra- and extramural care. They are allowed to counsel and supervise healthy women and new-borns, from preconception on, during the pre-, intra, and postnatal period ("Federal Government of Health, 2015. The professional and competency profile of the Belgian midwife," 2015). In practice, however, due to the current organisational structure of the health care system that is clearly focused on specialists, Belgian midwives do not take up all of their legal competences. The organisation of the health care system provides a financial incentive that may encourage obstetricians to undertake activities that could be carried out by midwives (Mead et al., 2007). The study of Mead et al. (2007) demonstrate that Belgian midwives therefore face significant difficulties in being able to fulfil their role.

Internationally there are considerable differences in the role that midwives play, the financial arrangements that they make and the scope of their responsibilities (Sandall, 2012). Ideally, maternity care avoids unnecessary interventions and is woman-centred, which means that women can make an informed choice and that there is continuity in the care provided (Van kelst et al., 2013a). Because 'midwife-led care' is based on the belief of normality in childbirth, continuity, advocating autonomy and building relationships with mothers and midwives can play a central role to achieve women-centred care (Soltani et al., 2015). In Belgium, however, the importance attributed to specialist medical services has an important effect on the role that midwives play (Mead et al., 2007). In contrast to the 'midwife-led care model', the Belgian medical maternity care model may entail an over-reliance on technology and preference for medical interventions. This contrasts sharply with the increasing international attention to the contribution of midwifery in the public health care field, supported by a growing body of evidence about the positive outcomes and cost containment of the midwife-led care model (Sandall, 2012; Soltani et al., 2015; Sandall et al., 2016).

Although young women are the prospective consumers of maternity services, there is still little research on their opinions on and insight into midwifery and maternity services (Newick et al., 2013). Insight into women's preferences and knowledge about the competences of midwives can help midwifery organisations, women's groups and policy-makers to understand maternity care culture and stimulate a transition to more women-centred care. This is crucial information in the Belgian context, as such insights are not yet available there.

Therefore, this study aims to explore women's preferences with regard to their preferred health professional in an uncomplicated pregnancy, labour and childbirth. An additional objective is to gain insight into women's knowledge of the legal competences of midwives. The study focuses on the Brussels metropolitan region, including its specific diversity that is reflected by the population characteristics (social vulnerability) and the degree of mobility and

internationalisation (Deboosere et al., 2009; Hercot et al., 2015).

The research questions of this study are the following:

- 1) What are Brussels women's health professional preferences in an uncomplicated labour and childbirth?
- 2) How much do Brussels women know about the legal competences of midwives in an uncomplicated pregnancy, labour and childbirth?
- 3) Who do Brussels women consider to be the central health professional in an uncomplicated pregnancy?

Additionally, our aim is to determine if there is a relationship between the women's socio-demographic characteristics and their preferences, knowledge and opinions.

Methods

The present research is a descriptive observational study.

Setting

The Brussels metropolitan region totalled 1.163.486 inhabitants in 2014 (Englert et al., 2014). The region has the youngest population of Belgium due to the age structure of the (internal and international) migrants (Deboosere et al., 2009). It is an international area with a wide diversity of nationalities (Englert et al., 2014) and is characterised by a clear spatial differentiation between the poorer districts, mixed neighbourhoods and the affluent areas of the city (Deboosere et al., 2009).

Participants

Our participants were women in their reproductive age (between 15 and 44 years of age). The inclusion criteria were living in the Brussels metropolitan region and speaking Dutch or French as a first language. To avoid any background knowledge from influencing the results, women with a background in nursing or medicine and family members of student midwives were excluded. The study was not submitted to an ethical committee as this was not necessary according to Belgian legislation. Written informed consent was not asked, and the women agreed to participate in the study by voluntarily filling out the questionnaire.

Data collection

Participants were recruited by convenience sampling. Student midwives in the fourth semester of their bachelor training were asked to approach at least ten Dutch or French-speaking Brussels women to complete the questionnaire in March 2014. The same procedure was repeated with another cohort of students in March 2015. In the course unit 'Evidence-based midwifery' the students were prepared for this task by the researchers (first, third and last author).

Before filling out the ad-hoc constructed standardised questionnaire 'Midwife Profiling Questionnaire' (MidProQ), the women were orally informed of the aims and design of the study by the students in a standardised manner.

The questionnaire consists of ten closed-ended questions. Two questions asked women to indicate the health professional (i.e. obstetrician, midwife, nurse or general practitioner) that they would prefer to follow-up on an uncomplicated labour and childbirth. The knowledge of Brussels women about midwives' legal competences during pregnancy, labour and childbirth was measured by seven questions consisting of 31 items, and one question was used to measure the women's opinion about the

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