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The *kaleidoscopic midwife*: A conceptual metaphor illustrating first-time mothers' perspectives of a good midwife during childbirth. A grounded theory study

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ABSTRACT

Background: The literature review reveals general information about a good midwife from a range of perspectives and what childbearing women generally value in a midwife, but there is a lack of information around mothers' perspectives of what makes a good midwife specifically during labour and birth, and even less in the context of different places of birth.
Aim: To conceptualise first-time mothers' expectations and experiences of a good midwife during childbirth in the context of different birthplaces.
Design: Qualitative Straussian grounded theory methodology.
Setting: Three National Health Service Trusts in England providing maternity care that offered women the possibility of giving birth in different settings (home, freestanding midwifery unit and obstetric unit).
Participants: Fourteen first-time mothers in good general health with a straightforward singleton pregnancy anticipating a normal birth.
Methods: Ethical approval was gained. Data were collected through two semi-structured interviews for each participant (before and after birth). Data analysis included the processes of coding and conceptualising data, with constant comparison between data, literature and memos.
Findings: The model named 'The *kaleidoscopic midwife*: a conceptual metaphor illustrating first-time mothers' perspectives of a good midwife during childbirth' was developed. The model is dynamic and woman-centred, and is operationalised as the midwife adapts to each woman's individual needs in the context of each specific labour. Four pillars of intrapartum care were identified for a good midwife in the labour continuum: *promoting individuality*; *supporting embodied limbo*; *helping to go with the flow*; *providing information and guidance*. The metaphor of a kaleidoscopic figure is used to describe a midwife who is 'multi-coloured' and ever changing in the light of the woman's individual needs, expectations and labour journey, in order to create an environment that enables her to move forward despite the uncertainty and the expectations-experiences gap. The following elements are harmonised by the *kaleidoscopic midwife*: *relationship-mediated being*; *knowledgeable doing*; *physical presence*; *immediately available presence*.
Conclusion: The model presented has relevance to contemporary debates about quality of care and place of birth and can be used by midwives to pursue excellence in caring for labouring mothers. Independently from the place of birth, when the woman is cared for by a midwife demonstrating the above characteristics, she is likely to have an optimum experience of birth. Future research is necessary to tease out individual components of the model in a variety of practice settings.

Introduction

In the light of the Changing Childbirth report (Cumberlege et al., 1993), there has been a growing interest in the last two

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decades in understanding what women want from maternity services in the United Kingdom (Séguin et al., 1989; Walton and Hamilton, 1995; Green et al., 2000a, 2000b; Ayers and Pickering, 2005; CQC, 2010; Redshaw and Heikkila, 2010; Birthrights, 2013; Dahlberg and Aune, 2013; Renfrew et al., 2014). The National Service Framework for Children, Young People and Maternity Services (DH, 2004: 9) purpose is to 'promote high quality, women and child-centred services and personalised care that meets the needs of parents, children and their families', ensuring that childbearing women 'are involved in decisions about what is best for them and have choices about how and where they give birth'. However, childbearing women's perspectives can vary widely and understanding what they expect from maternity care and midwives is a complex, multifaceted and constantly changing phenomenon. WRASM (2011: 1) states that 'a woman's relationship with her maternity providers is vitally important. Not only are these encounters the vehicle for essential lifesaving health services, but women's experiences with caregivers can empower and comfort or inflict lasting damage and emotional trauma'. Giving birth is such a significant event in a woman's life and positive experiences are more likely to be embedded in the memory if the midwife has been acting in a caring way (Halldorsdottir and Karlsdottir, 1996b). Recommendations for evidence-based practice are set and increasing attention is being paid to compassionate midwifery care by regulatory bodies (NHS, 2012; NICE, 2014; NMC, 2015); however, contemporary investigations of poor healthcare practice place a question mark on the quality and safety of maternity care services provided to women and their families. Examples of these in the UK are the recent Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) and the Report of the Morecambe Bay Investigation (Kirkup, 2015).

The idea of what makes a good midwife inevitably evolved through the years in parallel with the social, cultural, economic, political and historical contexts (Borrelli, 2013). To establish the existing knowledge base, research in the area of interest over the past twenty-five years (1990–2014) was reviewed. The focus of the literature review was on what makes a good midwife (Borrelli, 2014). The databases used were Medline, Maternity and Infant Care, Applied Social Sciences Index and Abstract and CINAHL. A total of six papers explicitly investigate what a good midwife means from a range of perspectives (midwives, student midwives and childbearing women). Research approaches used are variously described as systematic integrative review (Nicholls and Webb, 2006), theory synthesis (Halldorsdottir and Karlsdottir, 2011), Delphi study (Nicholls et al., 2011) and qualitative thematic analysis (Byrom and Downe, 2010; Carolan, 2010, 2013). Participants involved in the empirical studies are midwives, student midwives, women and their partners. Although there is no agreement on the definition of what constitutes a good midwife, insights from contemporary literature reveal that a midwife should possess several attributes: theoretical knowledge; professional competencies; personal qualities; communication skills and moral values (Nicholls and Webb, 2006; Byrom and Downe, 2010; Carolan, 2010; Halldorsdottir and Karlsdottir, 2011; Nicholls et al., 2011; Carolan, 2013). The focus of the selected papers is on the midwife's role in general as they do not refer to specific professional duties in relation to different stages of the childbearing event (e.g. pregnancy, labour, birth, postnatal period or breast feeding). Women are included as participants in only one of the empirical studies; however, midwives and midwifery educators' perspectives are presented in the same paper and it is not possible to distinguish between women and professionals' views. It is therefore unclear from the review if what women value in a good midwife corresponds to the midwives' perception of themselves as good professionals.

A subsequent thematic analysis was conducted with the aim of exploring what childbearing women value in a midwife specifically during labour and birth during the past twenty-five years (1990–2014). The inclusion criteria were: qualitative studies; focus on women's experiences of the midwife specifically during labour and birth; women as participants (no limit on sample size); studies conducted in high-income countries; time window 1990–2013; English language. Six articles were included in the thematic analysis, with a sample size varying from 6 to 61 participants. Research designs are phenomenology (Kennedy, 1995; Berg et al., 1996), grounded theory (Walker et al., 1995) and descriptive/exploratory qualitative studies (Mackey and Stepans, 1994; Fraser, 1999; Brown et al., 2009). Key-themes emerging from the thematic analysis are: midwife's presence; providing supportive and individualised care; establishing a trusting relationship; giving appropriate information and possibility of choice (Mackey and Stepans, 1994; Kennedy, 1995; Walker et al., 1995; Fraser, 1999; Berg et al., 1996; Brown et al., 2009).

The literature review and thematic analysis reveal general information about a good midwife from a range of perspectives and what childbearing women generally value in a midwife, but there is a lack of information around the mothers' perspectives of what makes a good midwife specifically during labour and birth, and even less in the context of different places of birth, though this is likely to be an important influencing factor. In fact, the planned place of birth might shape both women's expectations and experiences of birth, with impacts on maternal satisfaction (Waldenstrom and Nilsson, 1993; Dahlen et al., 2010; Overgaard et al., 2012; Birthrights, 2013), clinical outcomes and medical interventions (Hodnett et al., 2010; Sutcliffe et al., 2012; Sandall et al., 2013).

In regard to the sample population, most researchers include women of mixed-parity (Fraser, 1999; Kennedy, 1995; Walker et al., 1995; Berg et al., 1996; Brown et al., 2009). However, nulliparous women's experiences are of particular importance as the first birth experience is known to shape future reproductive choices (Hauck et al., 2007). The majority of the studies presented as part of the thematic analysis are retrospective, as they explore women's experiences of birth in the postnatal period (Mackey and Stepans, 1994; Kennedy, 1995; Walker et al., 1995; Berg et al., 1996; Brown et al., 2009). The only longitudinal study was conducted over fifteen years ago by Fraser (1999), who interviewed women at three stages: during pregnancy, in the early postpartum period and a couple of weeks after birth. Given that perceptions inevitably evolve through the years (Green et al., 2000a), the exploration of childbearing women's expectation before and after birth will offer useful information about current maternity care provision, with potential implications for midwifery practice.

According to the gaps in the evidence demonstrated, the aim of the study was to explore and explain first-time mothers' expectations and experiences of a good midwife during labour and birth in the context of different planned places of birth. This paper reports the conceptualisation of women's perspectives of a good midwife by presenting the model entitled 'The *kaleidoscopic midwife*: a conceptual metaphor illustrating first-time mothers' perspectives of a good midwife during childbirth'.

Methods

Study design

A qualitative grounded theory methodology was adopted. There are various and conflicting answers to what makes a theory *grounded* and three main common schools of thought exist: Glaserian or classic (Glaser and Strauss, 1967; Glaser, 1992, 1998), Straussian (Strauss and Corbin, 1998) and Charmazian or constructivist (Charmaz, 2006). The choice of a Straussian approach was based on the following criteria: (1) aim of the study and