



## Development and validation of the Midwife Profiling Questionnaire assessing women's preferred perinatal care professional and knowledge of midwives' legal competences

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### ABSTRACT

**Objectives:** Currently maternity care organisation is developing worldwide. Therefore insight in the position of the midwife is important. The 'Midwife Profiling Questionnaire' (MidProQ) measures women's preferred perinatal care professional and their knowledge of midwives' legal competences. MidProQ is based on the European legal framework and was tested in a pilot study. This study aims to determine its content and face validity.

**Study design.:** A two-phase validation study with a Delphi method questioning content experts (n = 10) on items relevance and clarity as well as its scale and face validity. Further semi-structured interviews were performed with lay experts (n = 10) to evaluate the questionnaire's clarity, layout, phrasing and wording.

**Results:** After round one, most questions (42/47) were considered content valid for relevance and clarity (Item Content Validity Index 0.80–1.00). Scale (Scale Content Validity Index 0.92) and face validity (Face Validity Index 0.89) of the entire instrument was obtained. Five questions were revised until item content (0.83–1.00), scale content (0.92) and face validity (1.00) were appropriate. Lay experts' suggestions for improving the readability and usability were taken into account.

**Conclusions:** We developed a valid instrument to elicit women's preferred health professional for uncomplicated pregnancy, labour and childbirth and to determine their knowledge about midwives' legal competences. Our instrument can be valuable in identifying knowledge gaps and improving the knowledge of the general population about the midwifery profession and maternity care. Finally, the MidProQ may improve research in the domain of maternity care culture, scale up midwifery and facilitate a more women-centred care.

### Introduction

The contribution of midwifery in the public healthcare field has gained international attention [1]. A recent systematic review demonstrates the positive outcomes and cost containment of the so-called midwife-led care model, in which the midwife is the lead professional in

the planning, organisation and delivery of care given to a woman from initial booking to the postnatal period [2]. Midwife-led care is based on the belief of normality in childbirth, advocating continuity, autonomy and building relationships with mothers [3], and can therefore play a central role in women-centred care. Care by midwives has been found to be cost-effective, affordable and sustainable [4]. Hence, national

Abbreviations: MidProQ, Midwife Profiling Questionnaire; HP, health professional; I-CVI, Item Content Validity Index; S-CVI/Ave, Scale Content Validity Index

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governments should invest in deploying midwives and national health plans need to include a strategy to scale up midwifery.

Although young women and their partners are the prospective users of maternity services, there is still little research on their preferences in, knowledge of [5], and opinions on [6] midwifery and maternity services. In a recent study, for example, women reported considerable uncertainty and a lack of information about provider options, thus revealing substantial knowledge deficits in this area [7]. It has been internationally acknowledged that women's choices in maternity services are affected by the organisation of care [8], care provider influence [9], culturally embedded habits [10] and psychosocial and demographic factors [11]. This means that the decisions of prospective users of maternity services may be influenced in several ways. In accordance with the current shift towards women-centred care, women's preferences with regard to maternity services have become increasingly interesting for policy-makers [10]. Understanding women's preferences and their knowledge about midwives' competences can help midwifery organisations, women's groups and policy-makers understand maternity care culture and encourage a transition to more women-centred care.

In the Belgian context, such information is crucial, especially in the light of the structural changes in maternity services that have recently been initiated by health authorities [12,13]. These changes focus on shortening hospital length of stay in postnatal care [13], the development of primary maternity care services [13,14] and a shift to the midwife-led care model [14]. Internationally, maternity care typically consists of a medical model of care with varying levels of midwifery input [15], and is usually not able to provide the same midwife throughout [2]. As changes in maternity care culture are initiated by concrete structural changes [16] those changes will impact the role of health professionals (HP) in maternity services as well as women's views on their roles, and it has the potential to facilitate woman-centred care. Today, the obstetrician is the main HP in maternity care in Belgium [17]. The medical model of care is responsible for the fact that obstetricians are regarded as the central perinatal care professional [18], whereas midwives remain unknown until the day of birth [19]. As the organisation of care has an impact on women's preferences [8,10], it is safe to assume that it might also affect their knowledge of midwives' and other HP's in maternity services' legal competences. Insight into women's preferences and knowledge about the legal competences of midwives can help to understand maternity care culture. This has become important since the shift toward home care with a more central role for the midwife in Belgium. Although one qualitative study in Flanders, Belgium [20] and one observational study from the Brussels metropolitan region, Belgium [21] have been conducted on this topic, further research is needed to uncover trends in women's opinions, preferences and knowledge across time, regions and healthcare systems. To ensure comparability in such endeavours, however, one and the same questionnaire should be used. Because no such instruments were available, we recently developed and employed the 'Midwife Profiling Questionnaire' (MidProQ version I) [21]. The MidProQ determines women's preferred HP for uncomplicated pregnancy, labour and childbirth, and assesses their knowledge of midwives' legal competences. Note that labour is defined as 'the process of giving birth' and childbirth as 'the act of giving birth' [22]. From our pilot study it was concluded that for Brussels women, obstetricians (88%) were preferred over midwives (68%) for care during labour and childbirth, only one in five of the respondents considered midwives to play a central role in the care for an uncomplicated pregnancy. Knowledge on the legal competences of the midwives varied widely, least known were competences related to the medical autonomy of the midwife.

The aim of present study was to optimize the Midwife Profiling Questionnaire [21] through a validation study.

## Methods

### Description of MidProQ questionnaire

#### Development of the MidProQ version I

The instrument was developed in three steps, as suggested by Zamanzadeh et al. [23]: (1) we identified the content domain through a comprehensive literature review, (2) we generated the instrument items, and (3) we constructed the entire instrument. The MidProQ version I was based on Belgian legislation on midwives' responsibilities [24] as well as European legislation [25], ensuring a frame of reference within a European context. Furthermore, six midwives with a clinical or educational work experience of minimum five years were asked to review the questionnaire, as is also recommended in research literature [26]. No ambiguity was expressed, and only minor changes were made to improve the readability of the instrument. The MidProQ version I was piloted in 2014 and 2015 with women in their reproductive age, living in the Brussels metropolitan region (n = 830) [21].

#### Optimisation of the MidProQ version I

To expand our scope from Brussels to Flanders, the MidProQ version I was optimised after the pilot study in April 2016. The changes included adding a short glossary of medical terms, turning one specific question on preferences into a single answer question, adding a question on preferences in pregnancy, and deleting a question that measured participants' expectations rather than their knowledge or preferences. This revision resulted in the MidProQ version II, consisting of three components with a total of 47 closed-ended questions:

Component 1: 'Preferences'; three questions that measure women's preferences for the HP to follow up on an uncomplicated labour and childbirth.

Component 2: 'Knowledge'; 41 questions determining women's knowledge of midwives' legal competences during pregnancy, labour and childbirth.

Component 3: 'Opinion'; three questions to explore women's opinions on the central HP for an uncomplicated pregnancy.

### Design

A two-phase validation study with

- a Delphi method with content experts, and
- semi-structured face-to-face interviews with lay experts.

Content experts are professionals with research or work experience in the field of interest, while lay experts are potential research subjects [23], ensuring that the population from whom the instrument is being developed is represented. To incorporate the content experts in this study, a Delphi method was chosen. As stressed by Keeney and colleagues this is an important method for achieving consensus on issues where no previously existed. The Delphi method is a structured process that gathers information in a series of rounds which are continued until consensus is reached [27]. For the involvement of lay experts, semi-structured interviews were conducted. This gives the lay experts the opportunity to evaluate the questions in terms of clarity, phrasing and wording and to make suggestions [28]. Through the interviews, the lay experts may express the need for construct refinement and increase the likelihood that items are valid for their intended purpose [29] (Fig. 1).

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