

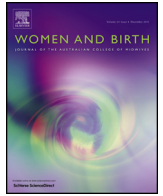


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Original Research - Quantitative

# Australian midwives views and experiences of practice and politics related to water immersion for labour and birth: A web based survey

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### ABSTRACT

**Background:** There is little published research that has examined practitioners' views and experiences of pain relieving measures commonly used during labour and birth, particularly for non-pharmacological measures such as water immersion. Furthermore, there is minimal published research examining the process of policy and guideline development, that is, the translation of published research to usable practice guidance.

**Aims:** The aims of phase three of a larger study were to explore midwives knowledge, experiences and support for the option of water immersion for labour and birth in practice and their involvement, if any, in development of policy and guidelines pertaining to the option.

**Methods:** Phase three of a three phased mixed methods study included a web based survey of 234 Australian midwives who had facilitated and/or been involved in the development of policies and/or guidelines relating to the practice of water immersion.

**Findings:** Midwives who participated in this study were supportive of both water immersion for labour and birth reiterating documented benefits of reduced pain, maternal relaxation and a positive birth experience. The most significant concerns were maternal collapse, the difficulty of estimating blood loss and postpartum haemorrhage whilst barriers included lack of accredited staff, lifting equipment and negative attitudes. Midwives indicated that policy/guideline documents limited their ability to facilitate water immersion and did not always to support women's informed choice.

**Conclusion:** Midwives who participated in this study supported the practice of water immersion reiterating the benefits documented in the literature and minimal risk to the woman and baby.

**Ethical considerations:** The Human Research Ethics Committee of the University of South Australia approved the research.

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#### Statement of significance

#### Problem

Few studies have examined practitioner views of water immersion whilst there also remains a paucity of literature examining practitioners' experience of using policies and guidelines in maternity care.

#### What is already known

Midwives are supportive of water immersion as an option but there remains controversy around its use during labour and birth related to necessity, safety and viability.

#### What this paper adds

Midwives are supportive of water immersion as an option however, they find the prescriptiveness of policies difficult to balance with their role of advocacy to facilitate water immersion in practice.

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## 1. Introduction

Water immersion for labour and birth is increasingly recognised as an option that should be available for women however, water immersion, particularly for birth, is a practice that has been challenged due to low level evidence. Policies and guidelines pertaining to the option are commonly written from a risk averse stance and in some cases, mandated.<sup>1</sup> This could be in part attributed to the difficulties of achieving a large randomised controlled trial and furthermore, a lack of support from medical personnel.<sup>2</sup> Despite this, research and anecdote reflect that practitioners are well aware of the commonly cited benefits and risks of water immersion for labour and birth and suggest that it has the potential to facilitate a normal, physiological birth.<sup>3–5</sup>

Procedures and interventions in maternity care are commonly guided by policies or clinical practice guidelines that outline the process, measures of risk and safety and emergency management where adverse events occur. Driven by evidence based medicine in the 1980s, clinical practice guidelines are a means via which care provision can be standardised to ensure safe and effective care provision. Defined as 'evidence based statements that include recommendations intended to optimise patient care and assist health care practitioners to make decisions about appropriate health care for specific clinical circumstances'<sup>6</sup> such documents assist maternity care practitioners in best practice underpinned by the best available evidence. Policies, on the other hand, are referred to as 'decisions, plans, and actions that are undertaken to achieve specific health care goals within a society'<sup>7</sup> and as such, direct clinicians in clear directives relating to care provision. Given this, CPGs are often differentiated from policies in that they are less prescriptive and instead, guide clinicians in practice underpinned by the existing evidence base whilst also allowing a level of discretion over decision making relating to the care. Historically, Australian maternity policies and guidelines have generally been developed and implemented within individual institutions leading to varied interpretations of the evidence base available and therefore, varied clinical practice across venues.<sup>1,8</sup> Regardless, these documents are seen to be important in ensuring a level of practitioner accountability and consistency particularly if informed by high quality evidence<sup>9–11</sup> and therefore, such documents are an important means of ensuring, as much as possible, reduced risk and increased safety for the woman and baby.<sup>11</sup>

There has been very little research undertaken to provide insight into care providers views, experiences and knowledge of water immersion (WI) for labour and birth and less to indicate their experiences of informing policies and CPGs in order to facilitate the practice.<sup>1,12</sup> Further to this, there has been minimal investigation of how women's autonomy and choice is supported by policies and CPGs, not only for WI but for other maternity care options. This limited evidence base presented a gap in the literature and therefore the foundation for investigation. In recognising this shortfall, this paper presents the findings of a survey that asked Australian midwives about their views, experiences of water immersion for labour and birth and further, their input if any, into the development of policies and guidelines pertaining to the practice.

## 2. Methods

This paper presents one phase of a large three phased study<sup>8</sup> examining Australian Midwives knowledge, experiences as well as involvement in the development of WI policy and CPGs. A survey used by Meyer et al.<sup>4</sup> informed this phase. Permission from these authors was gained to replicate the survey and adapt where necessary. The survey was divided into three sections: the first section covered participant demographics, section two sought to

gain information about participants' experience and support of WI as a practice, while section three was developed to capture both the experiences of participants in using policies and/or CPGs for the use of WI for labour and birth and to determine whether they had had input into the development of these documents. Section two also included a number of questions that were not included in Meyer et al.'s<sup>4</sup> study. One in particular (whether the institution at which participants worked offered WI) was included as a result of recommendations made by Meyer et al.<sup>4</sup> The questions in this section largely focused on the usability of policy and CPGs in practice and therefore to what extent the documents facilitated the practice of WI, as well as supported women's autonomy. These questions were similar in content to those asked of participants in phase two interviews. Four questions from Meyer et al.<sup>4</sup> study were omitted from the survey used in the current study due to the lack of relevance to the context of this study e.g. demand for midwives by mother; would you be interested in more information or training about water birth.

### 2.1. Survey distribution

The chosen online survey platform was FluidSurveys™ (note: FluidSurveys has recently been subsumed by SurveyMonkey™). Once the survey was created in the FluidSurveys portal, it was then hosted on the internet and made accessible through a hyperlink that could easily be distributed through emails or other electronic communication. Participants were able to review and change their answers as necessary.

### 2.2. Sample

Professional organisations of maternity care providers allowed opportunities for bulk deployment of the survey to a large number of potential participants in a short time frame. Those organisations considered most suitable were the Australian College of Midwives (ACM) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Both offered the possibility of e-bulletin distribution at a fee. Applications were made to both organisations in May 2013. The application to the ACM was successful and a link to the survey was sent to a total of 4808 members. The survey was disseminated between April and August 2013. Snowball sampling, a method of recruitment via which potential participants are recruited by existing participants through word of mouth and personal correspondence,<sup>13</sup> was also used to assist with recruitment. A total of 234 members of the ACM were participants in this phase of the study (response rate was 4.9%). This yielded 200 complete responses and 34 partial responses. Access to the survey was restricted to Australia (by IP address) and participants were provided with a password to return to the survey if required. Participants were not provided with an incentive to participate. The submission to the RANZCOG was unsuccessful and therefore, distribution to these medical professionals was not possible.

## 3. Data analysis

Survey results were collected and collated via FluidSurveys online portal and from this, data reports were generated and transferred to SPSS 20 for statistical and visual (by way of graphs and tables) analysis. Descriptive statistics including percentage, mean and median were analysed where relevant. Mean values were used with caution where data were ordinal. Data were normally distributed and therefore chi-square tests were used to analyse relationships between various questions asked of participants with the inclusion of Monte-carlo exact test where expected counts were five or less for more than 20% of the contingency

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