Women and Birth xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi

Original Research – Qualitative

Exploring routine hospital antenatal care consultations — An ethnographic study

Diane Wright*, Jan. Pincombe, Lois McKellar

University of South Australia, School of Nursing and Midwifery, North Tce, Adelaide, SA 5000, Australia

ARTICLE INFO

Article history:
Received 17 November 2016
Received in revised form 6 September 2017
Accepted 12 September 2017
Available online xxx

Keywords:
Antenatal care
Antenatal consultation
Midwifery care
Communication
Pregnancy care
Women-centered

ABSTRACT

Background: Listening to women as part of their antenatal care has been recognized as valuable in understanding the woman's needs. Conversations as part of routine antenatal interactions offer ideal opportunities for women to express themselves and for midwives to learn about the woman's issues and concerns. The antenatal visit and the convention of antenatal consultations for midwives have not been well explored or defined and much of what takes place replicate medical consultative processes. As a consequence, there is little to assist midwives construct woman-centred care consultations for their routine antenatal care practice. This study showed how some practices were better in promoting the woman's voice and woman-centred care in the hospital setting.

Method: Contemporary focused ethnography using both interview and observations, explored how midwives from six different public antenatal clinics in South Australia organized their antenatal care consultations with pregnant women.

Findings: Thematic analysis of the data provided insights into professional interpretation of woman-centred practice. How midwives interacted with women during routine antenatal care events demonstrated that some practices in a hospital setting could either support or undermine a woman-centred philosophy.

Conclusion: Individual midwives adopted practices according to their own perceptions of actions and behaviors that were considered to be in accordance with the philosophy of woman-centred care. Information arising from this study has shown ways midwives may arrange antenatal care consultations to maximize women's participation.

Statement of significance

Problem or issue

Poor communication practices by midwives during antenatal care consultation visits may interfere with hearing women's concerns and wishes.

What is already known

Women welcome the opportunities to discuss with midwives all manner of personal concerns and worries relating to their pregnancy during the antenatal period. A woman-centred approach by midwives affords opportunities to build rapport with women so as to understand and support the woman and promote her self-determination.

What this paper adds

Greater understanding of the antenatal care consultation practices of midwives has revealed behaviors and practices that appear more (or less) to support a woman-centred focus.

1. Introduction

Women centred care underpins midwifery practice in Australia and being woman-centred is an expectation for all midwives, irrespective of where they may work. The principles of woman-centred care are embedded in midwifery professional codes and competency standards.[1,2] A number of reports and strategic plans

* Corresponding author at: P.O. Box 254, Tailem Bend, South Australia, SA 5260, Australia.
E-mail address: diane.wright@internode.on.net (D. Wright).

http://dx.doi.org/10.1016/j.wombi.2017.09.010
1871-5192/

for maternity services,[3,4] indicate an intent for the woman's experiences to be identified as a principle focus of care and meeting the women's needs has become a core aim of maternity care services, beginning with antenatal care.[4,5,6] As such, routine antenatal care visits should offer opportunities for women centred care through positive midwife-woman relationship irrespective of where these episodes of care take place, in the community or hospital settings.[7,8]

Some authors[9,10] have questioned the ability of hospital based antenatal care to provide a desired level of personalised and flexible care as the influence of the authoritarian environment associated with hospitals[11] may work to undermine the ethos of woman-centred care. In early studies by Stapelton and associates[12,13] hospital based midwives were found to be overburdened by workloads and under pressure to conform to hospital rules and regulations with little time to talk with women. However, others[14] counter these early findings, for example Raine et al.[15] found that women felt that they could talk with and were being listened to by their hospital antenatal care midwives. Whether such finding are merely differences between medicine and midwifery or whether they demonstrates that midwives working in a hospital setting seek to provide the same focus on the woman's needs as midwives working in a community setting, is unclear. This area of practice requires further investigation to look more closely at how hospital based midwives enact woman-centred care practices.

Midwifery has also embraced evidenced based practice and use a number of standard practice guidelines[5,6] that focus on measures and outcomes with little attention given to traditions or rituals. Many routine practices may become ritualised through repetition and as Buckley[16] argues, are seen as a normal part of business that become invisible to the individual. Donnelly[17: 7] argued that many midwives and nurses felt that less omissions in care occurred where routine practices existed and that there was a place for ritual when 'synchronised with the cultural patterns on which nursing [midwifery] is based'. Thus midwives may choose or be directed by their employers to adopt particular routines as a way of providing safe care and minimise risk.

Being cognisant that midwives may be blinded to both their use of and possible impact on women of ritualized practices, this study sought to explore routine hospital antenatal care consultations. Specifically the study sought to address the question, 'how are the principles of woman-centred care applied in the hospital antenatal care setting?' This paper reports on the observational fieldwork undertaken in this ethnography to reveal how midwives enact woman-centred care in practice.

2. Method

A contemporary focused ethnographic approach was adopted in which both interviews with midwives and field observations of midwife/woman interactions during an antenatal episode of care were undertaken. Traditional anthropological ethnographic research is orientated towards gaining a holistic understanding of broad cultural groups within specific geographic location[18] but this is often time consuming and costly. More commonly, modified forms of ethnography have been used to investigate defined groups within a larger cultural population, such as focused ethnography.[19] A contemporary focused ethnography, while remaining focused on a defined group within a larger cultural population uses the common characteristics of the target population rather than a geographic location to define the boundaries under investigation. This approach enables an extension of ethnographic studies into new and multiple territories.[20,21] Moving away from cultural inquiry of a group within a defined location allows studies to investigate a common problem or topic that is trans-local.[22,23] What constitutes a field, changes from a locally contextualized and comparable (place-focused) framework to one where objects are studied that are not constrained by place.[21,22] Hence, multi-sited ethnographies follow people, their connections, association and relationships across space connecting the different sites into a whole.

In this study, all participating midwives were registered in Australia and practice according to the National Midwifery Competencies and practice standards framework. Additionally, all of the four participating hospitals operated under the governance policies and codes of practice specified by the South Australian Department of Health resulting in a generic antenatal care model for all women in South Australia.[5,6] There were six different antenatal clinics aligned to the four participating public hospitals where midwife-led antenatal care to women occurred. These six clinics became the field sites for observations of participant midwives' antenatal clinics and consultations.

2.1. Description of midwife-led antenatal care

In South Australia, there is a mix of publically funded midwifery-led care, largely dependent on the hospital's geographic location. In the city and metropolitan areas most of the large maternity hospitals provide continuity of midwife care whereas smaller hospitals provide partial midwifery care through antenatal care.[6] Most of the midwife-led antenatal clinics aim for continuity of care by the same midwife or a small group of midwives, with medical involvement on a needs basis only. It was from these latter groups that participation was sought as midwives working in such models were providing a level of continuity of care within a hospital setting.

2.2. Recruitment

The targeted midwife groups received written information regarding the research and the aims and objectives of the study. The relevant unit managers disseminated information to potential participants on behalf of the researcher, to ensure the privacy of those midwives who did not volunteer to be part of the study. Only midwives, who wished to participate, made contact with the principle researcher (first author).

A total of 16 midwives volunteered to participate, each with many years' experience in providing antenatal care ranging from five to sixteen years, with an average of ten years, conducting midwife-led antenatal clinics. They ranged in age between 30–50 years and all but two had received their initial midwifery training through a hospital based training program. All had undertaken post qualification studies with ten of the group possessing tertiary studies at Bachelor or Masters Level. For privacy, each midwife adopted a pseudonym by which they are identified in the text. Written signed consent was obtained prior to undertaking any investigation and withdrawal without penalty was clearly explained.

Observations of routine antenatal care consultations in the various antenatal clinics conducted by participant midwives also required recruitment of the women booked with the respective midwives. To preserve the identity of women, clerical staff in each antenatal clinic mailed written information about the study to women who had clinic appointments with a participant midwife on the day(s) of which observational activities were arranged. As the information could only be provided in English, women who could not read and communicate in that language were excluded. Additionally, women under the age of 18 years of age or women who were not able to give informed consent themselves were excluded.

Women who chose to participate by allowing observation of their antenatal care consultation contacted the researcher prior to

Please cite this article in press as: D. Wright, et al., Exploring routine hospital antenatal care consultations — An ethnographic study, Women Birth (2017), http://dx.doi.org/10.1016/j.wombi.2017.09.010