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Deliberate acquisition of competence in physiological breech birth: A grounded theory study

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ABSTRACT

Problem: Research suggests that the skill and experience of the attendant significantly affect the outcomes of vaginal breech births, yet practitioner experience levels are minimal within many contemporary maternity care systems.

Background: Due to minimal experience and cultural resistance, few practitioners offer vaginal breech birth, and many practice guidelines and training programmes recommend delivery techniques requiring supine maternal position. Fewer practitioners have skills to support physiological breech birth, involving active maternal movement and choice of birthing position, including upright postures such as kneeling, standing, squatting, or on a birth stool. How professionals learn complex skills contrary to those taught in their local practice settings is unclear.

Question: How do professionals develop competence and expertise in physiological breech birth?

Methods: Nine midwives and five obstetricians with experience facilitating upright physiological breech births participated in semi-structured interviews. Data were analysed iteratively using constructivist grounded theory methods to develop an empirical theory of physiological breech skill acquisition.

Results: Among the participants in this research, the deliberate acquisition of competence in physiological breech birth included stages of affinity with physiological birth, critical awareness, intention, identity and responsibility. Expert practitioners operating across local and national boundaries guided less experienced practitioners.

Discussion: The results depict a specialist learning model which could be formalised in sympathetic training programmes, and evaluated. It may also be relevant to developing competence in other specialist/expert roles and innovative practices.

Conclusion: Deliberate development of local communities of practice may support professionals to acquire elusive breech skills in a sustainable way.

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Statement of significance

Problem

Although the skill and experience of the attendant significantly affect outcomes of vaginal breech births, experience levels are minimal within many contemporary maternity care systems.

What is already known

Most mainstream practices recommend supine delivery or caesarean section for breech presentation at term. Some professionals have proposed understanding physiological breech birth as a variation of normal, and advocate the use of upright maternal birthing position. How practitioners develop competence in non-standard practices is unknown.

What this paper adds

This paper offers a learning model through which practitioners could be supported to develop skill and expertise in physiological breech birth.

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1. Introduction

Approximately 1:25 women pregnant at term will carry a fetus presenting breech, bottom- or feet-first.¹ Although debates about the safety of vaginal breech birth compared to elective caesarean section have run for decades,² research and advocacy literature indicates that there is a demand for vaginal breech birth,^{3,4} that women have difficulty accessing this service,^{5,6} and that providers experience cultural resistance when attempting to facilitate breech births.^{7,8} Some experienced midwives and obstetricians have advocated a change towards innovative, physiologically compatible practices for vaginal breech birth,^{8–10} commonly involving upright maternal birthing positions, such as kneeling, standing, squatting, or sitting on a birth stool. Recent research has suggested that the safety of physiological breech birth is comparable to methods involving supine maternal birthing positions, and it may afford some maternal benefits.^{11,12} But implementing the option of physiological breech birth requires professionals to learn complex skills not readily available or supported within their local practice settings, with minimal opportunity to practice under the guidance of experienced mentors.

In a large randomised controlled trial,¹³ the attendance of “a clinician who considers him or herself to be skilled and experienced at vaginal breech delivery, with confirmation by the individual’s Head of Department” (p. 742) reduced the risk of adverse perinatal outcome at breech births to a 0.30 odds ratio compared to births where a clinician meeting this definition was not present ($p = 0.004$). Yet studies from around the world indicate that obstetric training programmes do not necessarily provide new consultants with the experience and confidence to support vaginal breech births.^{14–18} A recent systematic review¹⁹ reported no evidence that current training programmes improve maternal and/or neonatal outcomes. The review also suggested teaching breech skills as part of an obstetric emergencies training programme may reduce the likelihood of actually attending a breech birth in practice. The aim of this study was to explore how professionals acquire physiological breech experience and skill over the courses of their careers, in order to develop an empirical model which might explain and/or predict how clinicians move towards physiological breech birth competence.

2. Participants, ethics and methods

2.1. Research design

This study followed a constructivist grounded theory methodology.²⁰ Grounded theory is ideally suited to exploring processes and new understandings of social interaction, grounded in empirical data, and expressed in the form of a theory which can be tested further.²¹ A constructivist approach acknowledges the inevitable influence of personal experience and social network activity in the co-construction of shared realities, and provides a reflexive framework to maintain awareness of these influences throughout the research process.²² The research team included a clinically active midwife, a Senior Lecturer in midwifery, and a Professor of Educational Development who is a nurse. The first author had qualitative research experience and breech experience at a level similar to the participants. The second and third authors, who had previously conducted grounded theory studies, provided methodological familiarity and professional distance from breech practice, which balanced reflexive discussions. Ethical approval was obtained (City, University of London, SHSREC Ref: PhD/15-16/06), and all participants gave consent to participate via an on-line form.

2.2. Sampling and participants

This research sought to conduct in-depth interviews with midwives and obstetricians who had attended between 3–20 upright breech births. This range was chosen to capture the experiences of professionals who are still in the process of acquiring competence and proficiency.²³ According to Benner,²⁴ professionals in earlier stages of developing competence and proficiency can be expected to engage in more conscious and deliberate planning and reflection, potentially revealing more data about the learning process, than professionals who have reached the level of expertise, wherein analytic processes have been incorporated into more intuitive grasp of complex situations.

Recruitment involved purposive, network, and social media sampling.²³ Although ability to participate in an interview in English was required, recruitment was international. Information about the research and the researcher (first author) was sent via e-mail to practitioners whose involvement with breech birth was publicly known, e.g. through publications or conference activities. Those responding to an expression of interest were also invited to nominate experienced colleagues, who were each sent information about the research. A call for expressions of interest was also posted on social media sites related to breech birth, with permission of the moderators. This process resulted in 52 expressions of interest from professionals who indicated they had the desired range of experience for this study, and 32 were invited to participate [Fig. 1]. If a potential participant did not respond to a request to schedule an interview, the next suitable participant was approached, until saturation was achieved.²⁵ Participants were selected to represent a heterogeneous range of experience levels and geographical areas, and both the midwifery and obstetric professions, in order to distill common elements resonant across diversity through the constant comparative method used in grounded theory research. Recruitment stopped when saturation was reached, as described below.²⁵

A total of 14 professionals were interviewed, including nine midwives and five obstetricians, working in Australia, Brazil, Canada, the Netherlands, New Zealand, the Philippines, the United Kingdom, and the United States. All but one of the midwives described attending breech births in both home and hospital settings. Five midwives and three obstetricians had worked in multiple geographical locations, including the developing world. Some of the participants, especially obstetricians, had significantly

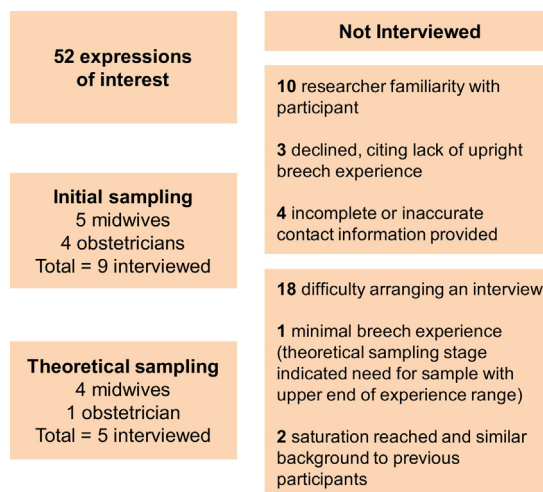


Fig. 1. Sampling: expressions of interest, inclusions and exclusions.

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