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Midwives experiences of participating in a midwifery research project: A qualitative study

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ABSTRACT

Problem and background: In an earlier research project midwives were asked to perform women-centered care focusing on the assumption that the physiological process in the second stage of labour could be trusted and that the midwives role should be encouraging and supportive rather than instructing. There is no knowledge about how midwives participating in such a research project, uses their skills and experience from the study in their daily work.
Aim: The aim in this study was to investigate how midwives experienced implementing woman-centered care during second stage of labour.
Methods: A qualitative study was designed. Three focus groups and two interviews were conducted. The material was analysed using content analysis.
Findings: The participating midwives' experiences were understood as increased awareness of their role as midwives. The overarching theme covers three categories 1) establishing a new way of working, 2) developing as midwife, 3) being affected by the prevailing culture. The intervention was experienced as an opportunity to reflect and strengthen their professional role, and made the midwives see the women and the birth in a new perspective.
Conclusions: Implementing woman-centered care during second stage of labour gave the midwives an opportunity to develop in their professional role, and to enhance their confidence in the birthing women and her ability to have a physiological birth. To promote participation in, as well as conduct midwifery research, can enhance the development of the midwives professional role as well as contribute new knowledge to the field.

Statement of significance

Problem or issue

The workplace environment has been found to have an impact on midwifery practice, and the midwives' ability to fully support woman during labour and birth. Knowledge about midwives' experiences in participating in a research project focusing on the second stage of labour is sparse.

What is already known

Woman-centered care involves partnership, acknowledge of self-determination, respect and non-authoritative approach, which can make a significant contribution to pregnancy outcomes for woman and infants. Midwives are the most suitable professionals to support women during labour and birth and to promote physiological childbirth.

What this paper adds

This study shows that participation in a clinical intervention focusing on the second stage of labour gave the midwives an opportunity for professional development, despite the working environment based on risk and fear. The midwives who participated in this research reported that they more fully understand and value woman centered care.

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1. Introduction

1.1. Women centered care

The role of midwives in supporting the women during birth has been described in Hunters review of ideology[1] as "being with women" or "with the institution". It has been suggested that the tension between loyalties is a constraint that negatively affects the midwives' ability to fully support the woman. "Being with women" can also be described as "woman-centered care" in which the midwife takes the woman's wishes and need for support into account rather than simply following some established routines. Hunter's review presents different perspectives on midwives' professional support.[1] The model "Woman Centered Childbirth Care" developed by Berg et al.[2] to support midwives can serve as a broad theoretical framework for discussing midwifery practice in Sweden. The model is based on three central themes: a reciprocal relationship, a particular birthing atmosphere, and grounded knowledge.[2]

1.2. Context of care

The context of care for the maternity services in Sweden is based on two health care systems. Antenatal care takes places within the primary health care system, with the midwife as the primary caregiver. During a normal pregnancy, 6–9 visits to the midwife are recommended, and there is no routine visit a doctor. Pregnant women usually meet the same midwife during the antenatal visits, which implies a great deal of continuity of caregiver during pregnancy. On the contrary, intrapartum care is usually hospital based, there are few homebirths and no midwife-led labour wards or birth centers in Sweden and no continuity between episodes of care. Midwives have the primary responsibility for healthy pregnant women expected to have uncomplicated labour, usually with the assistance of an auxiliary nurse. The Swedish midwifery education is university-based, 18 months, following a three year nursing education, and at least one year of nursing practice is required before application to midwifery education. In labour wards auxiliary nurses, work in close collaboration with midwives. They usually have a three-year high school education. Their role is to assist the midwife in her duties and to support women and their partners during labour and birth. Obstetricians are available at the labour wards but not in the birthing room unless complications arise. However, the fetal trace can be read from the desk of the obstetrician. Intrapartum care is highly medicalized and the use of technology such as continuous fetal monitoring, and epidural analgesia is part of standard care. Midwives usually takes care of several women in various stages of labour during a normal shift.

A common birth position of women giving birth vaginally is semi-recumbent. In a Swedish cohort study 80% of first-time mothers with vaginal births were in a semi-recumbent position or in the lithotomy position. Other positions were kneeling, on all fourth, squatting or on a birth chair.[3] A review of the international literature found that giving birth in an up-right position occurs more often in midwifery-led clinics and in home birth than in hospital settings.[4] The birth position women used is often based on the midwife's previous experiences, what the midwife is comfortable with, and the extent to which the midwife has been trained to support the woman in giving birth in an upright position.[5] The midwife's choice is also sometimes influenced by awareness of an ongoing research that requires a specific approach.

1.3. The intervention

The workplace environment has been found to have an impact on midwifery practice, and levels of experience, knowledge and training are all factors that influence midwives' support for maternal choice of position and mobilization during birth.[6] In an earlier experimental study previously described by Edqvist et al.[7] midwives working in two labour wards in Sweden were asked to perform a woman-centered care intervention (WI) focusing on the second stage of labour in order to prevent perineal injuries. The intervention was based on the assumption that the physiological process could be trusted and that the midwife's role should be encouraging and supportive rather than instructing.[1] In addition to promoting the physiological birth process good communication and cooperation between the woman and the midwife are important elements in preventing perineal trauma.[8]

During the intervention study the midwives followed well-defined instructions. First, to encourage the woman to push spontaneously according to her own sensations. Secondly, to encourage the woman to take a position that allows the sacrum to be flexible (kneeling, standing, lying on the side, on a birth seat, or resting on all-fours). Thirdly, that the baby's head was born at the end of one contraction or between contractions and the shoulders born during the next contraction. Apart from that, the local guidelines of monitoring the birth, use of pain relief or augmentation were to be followed. After the birth the midwife, together with a colleague, was instructed to measure the vaginal and/or perineal tear and to complete a study protocol with detailed questions about management of the second stage of labour. The full protocol for the intervention has previously been described by Edkvist et al.[7] In addition, we found it essential to achieve understanding of the midwives' experiences since this has an impact on the transferability of the results.

1.4. Problem area

The workplace environment, have an impact on midwifery practice, and the midwives' ability to fully support woman during labour and birth. Woman-centered care involves partnership, acknowledge of self-determination, respect and non-authoritative approach. To change working practice towards a more women-centered care during the second stage of labour could affect midwives' perception of their work and their relationships with women during labour and birth. The aim in this study was to investigate how midwives experienced implementing woman-centered care during the second stage of labour.

2. Method

2.1. Design

A qualitative study with focus group discussions and individual interviews.

2.2. Setting

Midwives participating in the focus groups worked at two different labour wards in Stockholm, one with 6000 and the other with 4000 births per year. Midwives working day and night shift were informed about the study during workplace meetings, by e-mail or by phone. Those midwives who participated in the experimental study[7] were invited to attend focus group discussions exploring their experiences.

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