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Factors that support change in the delivery of midwifery led care in hospital settings. A review of current literature

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ABSTRACT

Problem: In hospital units, the network of interdependent relationships between midwives and doctors has positioned midwives within hierarchical relationships of power. Others argue that the physical layout of hospital wards created by biomedicine makes it difficult for midwives to provide midwifery led care. The aim of this review is to identify factors that support change in the delivery of the midwifery led care in hospital settings.
Methods: A narrative review was chosen as this method allows for greater flexibility in the selection of studies and can lead to the inclusion of a wider range of literature.
Results: Eight high quality papers from the UK, Sweden, Canada and Australia were selected for review. Papers focused on improving the delivery of midwife led care in hospital midwifery units, labour and postnatal wards. Key themes were identified as supporting change in the delivery of midwifery led care were ownership of change, capability to change and transformational leadership.
Conclusion: The findings demonstrate the importance of social support and clinical leadership in bringing about subtle changes in hospital based midwifery led care. Ultimately improved understanding of the factors that support the delivery of the midwifery led care in hospital settings may improve women's choice and highlight the role of the midwife as the practitioner of normal childbirth.

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Statement of Significance

Problem

In hospital units, the network of interdependent relationships between midwives and doctors has positioned midwives within contested social practices and hierarchical relationships of power (Pollard, 2011). Others argue that the physical layout created by biomedicine control the thoughts and actions of midwives (Walsh, 2006; Davis and Walker, 2010) and affect their ability to provide midwifery led care in hospital settings (Lavender and Chapple, 2004; Locke and Gibb, 2003; Page and Mander, 2014). Environmental influences may explain why midwifery led care provided in English Alongside and Freestanding Midwife Led Units has been supports normal childbirth and increases maternal higher satisfaction rates (Birthplace in England Collaborative Group, 2011). However, the limited number of Freestanding Midwife Led Units and continued low homebirth rates in England mean that the majority of women will continue to give birth in large obstetric led maternity units under the care of hospital based midwives (NAO, 2013).

What is already known

Little research into the factors that support the delivery of midwifery led care in hospital settings is known.

What this paper adds

Transformational leadership, at all levels plays an important part in effecting practice change. Social support and clinical leadership can bring about subtle changes in hospital based midwifery led care and so improve choice for women The findings of this review demonstrate how social support and clinical leadership can bring about subtle changes in hospital based midwifery led care can improve choice for women experiencing normal childbirth. Improved understanding of the factors that support the delivery of the midwifery led care in hospital settings may improve women's choice and highlight the role of the midwife as the practitioner of normal childbirth. Highlights the value of action research in bringing about sustained change in clinical practice settings.

1. Introduction

In the Western world maternity care is provided in acute hospital facilities delivered by groups of caregivers with distinct philosophical approaches. Midwives are traditionally viewed as the practitioners of normal childbirth and obstetricians (while with some recognisable overlay) as focusing on managing complications of childbirth (biomedicine)[69]. All midwives, regardless of where they work, have a duty to support women's birth choices and promote normal childbirth.[1] Midwifery led care is where midwives are responsible for assessing and planning care that meets the physical, emotional and social needs of women, referring to other professionals as appropriate.[2] Midwifery led care has been shown to improve vaginal birth and women's satisfaction rates[3] and reduce unnecessary medical intervention.[4] Policy documents such as the National Service Framework,[5] Maternity Matters,[6] Midwifery 2020,[7] describe midwives as practitioners of normal childbirth with a legal right to act autonomously.[1] Professional autonomy refers to the control one has over working practices and the organisation of education, training and financial remuneration.[8]

In hospital units, the network of interdependent relationships between midwives and doctors has positioned midwives within contested social practices and hierarchical relationships of power.[69] Unequal power relationships and the promotion of task-based midwifery care on hospital wards may have led some practitioners to internalise the values of biomedicine. Others argue that the physical layout created by biomedicine control the thoughts and actions of midwives[9,10] and affect their ability to provide midwifery led care in hospital settings.[11–13] Environmental influences may explain why midwifery led care provided in English Alongside and Freestanding Midwife Led Units supports normal childbirth and increases maternal higher satisfaction rates.[3] However, the limited number of Freestanding Midwife Led Units and continued low homebirth rates in England mean that the majority of women continue to give birth in large obstetric led maternity units cared for by hospital midwives.[14]

The aim of this review is to identify organisational factors that support change in the delivery of the Midwifery Led Care in hospital settings.

2. Method

A narrative review format was chosen for searching the literature as this method produces a comprehensive account of available evidence.[15,16] In the past, narrative reviews have been accused of producing superficial results because of a failure to follow a systematic approach to searching and retrieving literature.[17] According to Cook et al.[18] this effect can be reduced by explicitly linking data to appropriate theory and contexts. The gold standard for reviewing literature are systematic reviews.[19] However, this method can be limiting because a very particular focus is required.[16] Narrative reviews allow for greater flexibility in the selection of studies and lead to the inclusion of a wider range of literature.[15] Therefore both qualitative and quantitative literature were studied to ensure an extensive range of current literature was included. Although not a systematic review, a systematic method for the recovery of relevant literature was employed to demonstrate consistency and transparency.[17]

2.1. Search strategy

The following databases were searched between 2009 and 2015 and again in 2016. Databases searched included Academic Search Elite, BASE, CINAHL, Cochrane, EPOC, ERIC, Europe PubMed Central, Maternity and Infant Care, Index Thesis, MIDIRS, Psych Info, MEDLINE and SCOPUS (Elsevier). All relevant papers were searched by hand for relevant literature. Search terms included 'midwife', 'midwives', midwifery led care and 'practice change', 'organisational change', 'organisational culture' 'practice development' 'labour ward/intrapartum care', 'normal childbirth'. Selected papers included these terms either in the title or abstract (Table 1).

The purpose was to select papers where the main aims or findings related to improvement in the organisation of hospital based midwifery led care. The identification of only small numbers of papers using this criteria led to the search strategy being changed so that whole papers that used the terms 'practice change or development' and 'midwifery model of care' were included. Identified papers were reviewed for relevance. Given that nurses, in other countries, provide care to women with uncomplicated pregnancies and births in settings similar to the UK it was anticipated that there would be similarities in the way midwifery care and organisational change were introduced and evaluated. It was therefore decided to include maternity nurses and/or nurse-midwives who care for women with uncomplicated pregnancies and births to improve the number of papers for review.

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