International Journal of Africa Nursing Sciences 8 (2018) 23–27

Contents lists available at ScienceDirect

International Journal of Africa Nursing Sciences

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

Midwives perceptions of their post-natal role in a South African level one hospital

Mercy I. Ojuri-King[1], Mary Ann Jarvis*, Olivia Baloyi[2]

School of Nursing and Public Health, University of KwaZulu-Natal, Howard College, Durban, South Africa

1. Introduction and background

Globally, maternal mortality represents one of the biggest challenges to public health, particularly in low and low-middle income countries (LLMIC) (WHO, 2015). Maternal mortality is the death of a woman during pregnancy or within 42 days after termination of pregnancy from any cause related to, or aggravated by the pregnancy or its management (WHO, 2012). The majority of maternal deaths in lower middle-income countries (LMIC) occur in Sub-Saharan Africa with a rate of 546 per 100,000 in 2014 (WHO, 2015: 68). WHO (2015: 75) evidences that South Africa is an exception to other Sub-Saharan countries with a reduction in maternal deaths from 154 per 100,000 births in 2014, to 138 per 100,000 births in 2015, but Mmusi-Phetoe (2016: 137) suggested a greater magnitude of maternal mortality linked to under reporting. South Africa remains far from meeting its commitment to the third Sustainable Development Goal (SDG) to cut maternal mortality to less than 100 per 100,000 births (NDP, 2011: 298). A single example in South Africa is in the eThekwini district of KwaZulu-Natal, where the maternal mortality rate in 2014/15 was 150 per 100,000 births (KZN DoH, 2015: 29).

Between 2000 and 2008 Sub-Saharan African maternal deaths resulted from complications exacerbated by compromised post-natal maternal care, particularly between 24 and 72 h post-delivery (WHO, 2013: 722). The period beginning immediately after the birth of a child and extending to six weeks defines the postnatal period, also referred to as the postpartum period (WHO, 2013: 722). In LMIC, the most common cause of maternal death was obstetric hemorrhage, followed by hypertensive disorders of pregnancy with 50–71% of these deaths occurring in the post-natal period (WHO, 2013: 721). The WHO cites postpartum haemorrhage, infections and complications post-delivery as amongst the major complications that account for nearly 75% of maternal deaths (WHO, 2016b). The risk can be further exacerbated by early discharge within 24 h post-delivery, in particular in women with limited access to emergency obstetric facilities (Warren, Daly, Toure, & Mongi, 2006: 86).

In an attempt to mitigate against post-natal complications and reduce maternal mortality, the South African Department of Health and the South African Nursing Council (SANC) have put measures in place. An example of such measures is the South Africa Department of Health Guidelines for Maternity Care (2015) which provides detailed information on postnatal midwifery care (RSA, 2015). This is in addition to the National Core Standards for Health Establishments in South Africa (NCS) (RSA, 2011), midwives' scope of practice (R2958, chapter 3) and the scale up of training in Essential Steps in the Management of Obstetric Emergencies (ESMOE) (Moran, Naidoo, & Moodley, 2015). The programs and documents offer midwives a resource to enable reasoned judgment in managing presenting clinical situations and align with the WHO global strategy and goal of Ending Preventable Maternal Mortality (EPMM) (WHO, 2016b).

Midwives are the backbone to reducing risk and providing for maternal reproductive healthcare, especially quality postnatal care. Postnatal care is a critical and often undervalued aspect of midwifery (RCM, 2014: 3), with perceptions traditionally based on routine observations and examinations of both mother and child within a certain period after delivery (Gunn, Lumley, & Young, 1998). These perceptions of postnatal care being undervalued are problematic given that postnatal programs are viewed as the weakest of reproductive health programs (Warren et al., 2006: 89). Postnatal care is a core element in maternal health, yet despite this practice gap, a recent global WHO online survey of midwives identified that they felt voiceless as decision makers in effecting change in the quality of care (WHO, 2016a: 30).

This study seeks to describe midwives' perceptions of their maternal postnatal care role within a level one-district hospital in eThekwini, KwaZulu-Natal.

2. Problem statement

Maternal mortality remains a major health challenge in South Africa, inclusive of the KwaZulu-Natal district of eThekwini (KZN DoH, 2015: 29), despite KwaZulu-Natal's scale up of ESMOE training (Moran et al., 2015). The research setting added to these eThekwini figures of maternal mortality, hampering South Africa's ability to meet SDG three (Save Our Soul (SOS), 2014: 12; WHO, 2014: 59). Maternal healthcare focuses predominantly on antenatal care, leaving a gap in discussions

* Corresponding author at: School of Nursing and Public Health, Floor 4, Desmond Clarence Bldg., Howard College Campus, University of KwaZulu-Natal, Durban, South Africa.
E-mail addresses: jarvism@ukzn.ac.za (M.A. Jarvis), baloyio@ukzn.ac.za (O. Baloyi).
[1] Postal address: 8 Upton Place, Woodlands, Durban 4004, South Africa.
[2] Postal address: School of Nursing and Public Health, Floor 4, Desmond Clarence Bldg., Howard College Campus, University of KwaZulu-Natal, Durban, South Africa.

https://doi.org/10.1016/j.ijans.2018.02.002
Received 18 July 2017; Received in revised form 8 February 2018; Accepted 18 February 2018
Available online 20 February 2018
2214-1391/ © 2018 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/BY-NC-ND/4.0/).

for postnatal care. The gap can be filled in part by hearing the midwives' voices. Midwives' perceptions of their roles needs hearing as a further opportunity to address maternal mortality and strengthen postnatal care in the setting.

3. Purpose of the study

The purpose of this study while being descriptive of hospital-based midwives' perceptions of their role within maternal postnatal care in a level one hospital in eThekwini, KwaZulu-Natal, aimed at providing information in order to contribute to quality care and improved maternal health outcomes.

4. Methodology and design

An exploratory descriptive qualitative approach using content analysis as described by Elo and Kyngas (2008) allowed the midwives to provide in-depth information about their perception of the postnatal care delivered. An interview guide directed the data collection from participants.

5. Research setting and positioning of the researcher

The study was conducted in a 200-bed level one-district hospital, in one of KwaZulu-Natal (KZN) 37 level one hospitals that serves the population who live in and around the surrounding semi-urban and rural areas. The most frequent occupation of the female health care users is domestic work with minimal daily or weekly earnings, due to low levels of education and skills. While the male health care users frequently work as taxi drivers/conductors or roadside labourers with small earnings.

The hospital houses a maternity unit, managed by two operational managers and comprises one antenatal ward, one labour ward and one post-natal ward. The monthly birthrate ranges between 350 and 370 deliveries (as per hospital birth register), with the post-natal ward having 15 beds. The unit's nursing staff establishment is 26 midwives and 12 nurses from other categories (3 enrolled nursing assistants and 9 enrolled nurses). The maternal postnatal death rate in the setting for 2014 was five, caused by post-partum hemorrhage, puerperal sepsis and eclampsia. The hospital was audited for compliance with the National Core Standards (RSA, 2011) and no discrepancies were found between practice and the standards with all guidelines and policies in place.

The researcher has six years working experience as a midwife and at the time of the study was working in the research setting. The researcher's awareness of the post-natal maternal deaths rate prompted and motivated the researcher to embark on this descriptive study, inclusive of research supervisors and an expert midwife.

6. Population and sampling

The study used purposive sampling. There was purposive selection of the hospital based on existing relationships and awareness of the maternal mortality in the preceding year. In addition, purposive sampling allowed for the selection of ten (10) midwives working in the maternity unit rendering postnatal care. As the researcher was familiar with the research setting, she identified key informants, specifically inviting the two advanced midwives. Nine (9) midwives agreed to participate, but one (an advanced midwife) withdrew due to a personal crisis.

7. Ethical considerations

All ethical principles were adhered to (Emmanuel, Wendler, Killen, & Grady, 2004). The study did not commence until receiving gatekeeper permission from the KZN Department of Health and ethical approval from the University of KwaZulu-Natal Humanities and Social Sciences Ethics Committee (HSS/0261/016M) as well as written consent from all participants. The positioning of the researcher resulted in measures to decrease the possibility of data contamination, bias, as well as maintaining confidentiality and anonymity of participants (Henning, Van Rensburg, & Smit, 2004: 72). Hence, interaction with the participants was through an advanced psychiatric nurse as a data collector, with coding of voice recordings before handing these to the researcher.

8. Data collection and analysis

The researcher selected an advanced psychiatric nurse to collect data, as obtaining rich data through interviewing is a recognized specialist skill of psychiatric nurses. In addition, the data collector had experience in qualitative research. In order to contribute to credibility; the data collector had a minimum of five years of experience as a psychiatric nurse and was registered with the SANC. The researcher ensured that the data collector was familiar with the setting and all aspects of the process, including the ethical components with a strong emphasis on anonymity and confidentiality.

The researcher personally approached all the prospective participants in the maternity unit and verbally explained to them the purpose and the process of the study. In addition, they received an information sheet. It was explained to the participants in order to ensure anonymity and prevent the Hawthorne effect; an experienced research assistant would collect data. The participants provided written consent and the researcher introduced them in person to the data collector prior to the start of the interviews. Thereafter the data collector solely made contact with the selected participants, randomly selecting whom to interview. One-on-one interviews, which commenced on 27 May 2016 and completed on 04 August 2016, were conducted in English (the language that is used in the hospital amongst the staff), during visiting hours and utilized a private venue in the setting. The data collector made use of an interview guide, which consisted of three core questions, namely: What do you think generally about post-natal maternal care by hospitals in South Africa? How do you render maternal postnatal care in this hospital? What is your perception of postnatal maternal care as a midwife? Interviews lasted between 30 min and an hour and were voice recorded.

The data collector attempted to set up two interviews per day to increase anonymity and provided the original tapes for analysis to the researcher immediately after completion. The researcher kept the more experienced members of the team informed at each stage of the process, providing the original tapes, transcriptions and coding. Saturation was evident at interview seven; hence, for confirmation an eighth interview was conducted. The data collector returned for member checking. After obtaining demographic data, open-ended questions as per the interview guide focused on midwives' perception of their maternal postnatal care role.

The information obtained from the interviews was recorded, transcribed, and coded by the researcher. The research supervisor and co-supervisor coded the data independently. Use was made of the inductive approach, involving the four phases (preparation, organizing, abstraction and reporting) of content analysis by Elo and Kyngas (2008: 107).

9. Measures to ensure trustworthiness

The principles of credibility as discussed above as well as transferability, dependability and conformability ensured trustworthiness (Lincoln & Guba, 1985: 290).

Provision of the interview schedule allows readers to assess the transferability to their own contexts and possibility of repetition in their setting (Bloomberg & Volpe, 2008: 80). Member checking of the transcripts, and the research supervisor and co-supervisor listening to the tape recordings ensured auditing of the study and provided assurance of dependability. The assurance of confirmability of data was by keeping all data in its various stages of the process in order to verify the findings

Download English Version:

https://daneshyari.com/en/article/8584170

Download Persian Version:

https://daneshyari.com/article/8584170

Daneshyari.com