Welcome to issue 15 of Midwifery Research Review.

First up, we review a Canadian survey on the experiences of gestational surrogates and discover that many of the surrogates viewed surrogacy as a positive experience with harmonious relationships with the intended parents and on-going contact with the surrogacy family post birth. Following on, we investigate a study looking at factors affecting preceptor midwives experiences of competency assessment failure among midwifery students and discover a significant need for support for midwives working alongside students. Other topics in this issue include the working conditions and emotional wellbeing of midwives, pregnancy information on nutrition, physical activity and sleep websites, establishing a valid construct of fear of childbirth, Australian midwives’ intentions to leave the profession, healthcare providers and women’s perceptions of respectful maternity care, and community engagement in the Aboriginal Families Study.

We hope you enjoy reading this review and look forward to your comments and feedback.

Kind Regards,

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“Not my child to give away”: A qualitative analysis of gestational surrogates' experiences

Authors: Yee S et al.

Summary: This anonymous study-specific cross-sectional survey was used to evaluate 184 Canadian women’s experiences of being a surrogate. The women, who were recruited from surrogacy agencies and the Internet, completed an online survey with 9446 words collected from 110 participants who entered comments to one or more questions. Thematic analysis identified seven main themes, and eighteen interrelated sub-themes grouped under the pre-, during, and post-surrogacy stages. Harmonious relationships with the intended parents and on-going contact with the surrogacy family post birth occurred for most surrogates, and many of the surrogates viewed surrogacy as a positive experience and as something meaningful and impactful to other people’s lives. Surrogacy involves deliberate efforts to establish a trustful surrogate-parent partnership through boundary negotiation, relationship building and the management of expectations. An important contributing factor to a positive experience was the compatibility between surrogate and intended parents, regarding aspects such as communication and pregnancy management styles.

Comment (MS): An increasing number of women in Australia are choosing to enter into a surrogacy arrangement whereby they gestate and birth a child that will be parented by others. There is a dearth of research in Australia into the experiences of women who have taken this course of action so this paper from Canada provides valuable insight into women’s experiences. Most of the Canadian women in this study were in supportive relationships and had given birth to at least one child of their own. Their motivation for becoming a surrogate was overwhelmingly to enable others to experience the joy of parenting. They also described how important it was for them to feel supported in their choice to become a surrogate and described the negative impact of “social judgement” from others. Midwives will find this paper interesting – and it may help in their understanding of the subject. This is important, as it is likely more midwives may be caring for women choosing to become surrogates in the future.

Reference: Women Birth 2019;Feb 26 [Epub ahead of print]

Abstract
Safety first: Factors affecting preceptor midwives experiences of competency assessment failure among midwifery students
Authors: Bradshaw C et al.

Summary/Comment (MS): This important paper reports on the experience of preceptor midwives in Ireland and describes their experience of undertaking competency assessment of midwifery students. This is of relevance to Australian midwives, most of whom will be actively involved in the education of midwifery students. In this Irish study, the midwives working alongside the students undertake the competency assessment that determines whether the student passes the clinical component of their course. The midwives undergo a specific training to take on this role and the paper acknowledges the pressure they often feel to “pass the student”. It is encouraging though to see that the midwives interviewed recognised that the safety of mothers and babies is the most important aspect, and that enabled them to be honest in their assessment. It’s important to note though that they stressed the importance of continuity – of being able to work consistently with the student. They also stressed the importance of having a clearly delineated process, that enabled the assessment to take place over time with regular feedback to the student. These findings are relevant to Australian midwifery, particularly at this time while the Australian Midwifery Education standards are under review. Those midwives planning to take part in the consultation on the standards should read this paper and compare it to their own experience. The final quote in the paper: “There is no allowance made for us having a student midwife ……it’s tiring and draining. I would love to see somebody care for the preceptors” will resonate with many Australian midwives. The current review of the Midwifery Education standards provides an opportunity to strengthen clinical assessment processes, and this paper provides useful recommendations, especially in terms of acknowledging the key role midwives in practice play, and the need for robust assessment processes, education and support for midwives working alongside students.

Reference: Midwifery 2019;74:29-35
Abstract

Establishing a valid construct of fear of childbirth: findings from in-depth interviews with women and midwives
Authors: Slade P et al.

Summary/Comment (MS): This UK-based qualitative study aimed to explore the key elements of fear of childbirth. Semi-structured interviews were conducted with women (n= 10) and consultant midwives (n = 13). The findings from the women’s interviews will be highlighted. Women were fearful of the unpredictable nature of childbirth, for some the opportunity to create a birth plan abated this fear, however for some, not knowing which midwife would be present during their labour intensified their fear. Women were also fearful of being excluded from the decision-making process throughout their labour and birth – this was especially relevant for multiparous women who believed they had been excluded in the decision-making in their previous birth experience. An inability to cope with the pain of labour as well as a distrust in their body’s ability to give birth was also identified as a cause of great anxiety by the women. Women had a fear of abandonment, in that they were afraid of being left alone or not having their birth partner by their side during labour. Fear of the unknown highlights the role of uncertainty and unpredictability in the birth process eliciting fear for women. Supporting women to discuss their fears as early as possible in pregnancy will ensure women access timely support to alleviate their concerns. An alternative option to lessen the risk of childbirth fear is to offer continuity of midwifery care, where women are cared for by midwives that they know and have developed a relationship with.

Abstract

A review of pregnancy information on nutrition, physical activity and sleep websites
Authors: Cannon S et al.

Summary/Comment (MS): This paper presents a review of 27 government and leading industry websites accessible to women seeking information on diet, exercise and sleep during pregnancy. It is worrying to see the levels of inaccuracy across the websites examined in this paper, as this is where women may be gaining much of their guidance and advice. There has been increasing awareness of the need for improvements in the time and attention spent on adequately supporting women’s needs for information and guidance on nutrition and exercise in pregnancy. This paper highlights why midwives should be better prepared to provide nutritional guidance and be working in models of care that enable them to adequately support women throughout pregnancy. Women who have the opportunity to build a relationship with their midwife (e.g., in a caseload model) are likely to ask advice from the midwives – and may choose to check with the midwife information they have read on “government” supported websites. In order for midwives to support women though, their own educational needs must be met. This should include the availability of specialised postgraduate courses, and an increased focus on nutrition and physical activity advice within entry to practice programs. The findings of this paper should be used to inform the current review of midwifery education standards.

Reference: Women Birth 2019;Mar 17 [Epub ahead of print]
Abstract
A qualitative exploration of techniques used by expert midwives to preserve the perineum intact

Authors: Begley C et al.

Summary/Comment (KB): The aim of this particular study was to explore the skills expert midwives employ in an attempt to preserve the perineum during childbirth. As millions of women every year sustain trauma to the perineum when giving birth, the findings of this small study are certainly worthy of consideration. Midwives from New Zealand and the Republic of Ireland were recruited via purposive sampling to participate in the study. They were deemed ‘expert’ midwives with ‘expert’ being defined as achieving, in the preceding 3.5 years, an episiotomy rate for nulliparous women of <11.8%, a ‘no suture’ rate of ≤40% (combination of first degree tears that did not require sutures, and an intact perineum rate), and a severe perineal tear rate of <3.2%. In total, 21 midwives participated in the study, seven midwives from Northern Ireland and 14 from New Zealand. Four main themes emerged from the interviews and included: Calm, controlled birth; Position and techniques in early second stage; Hands on or off; Slow blow and breathe the baby out. A number of midwives spoke about how they created an atmosphere of calm in the birthing room by adapting the environment to meet the woman’s needs, the midwives saw it very much part of their role to support the women to remain both calm and in control during the second stage of labour. This was achieved by developing a relationship of trust between the midwife and the woman. Midwives also discussed some of the techniques they employed to help preserve the perineum, such as utilising warm compresses, use of lubrication and some homeopathic remedies. Hands on or hands off was a major point of discussion amongst the midwives, with their opinions being split 50:50. However, on closer examination of the data, the “hands off” group were only “hands off” with those women who they felt were very in control of the second stage of labour and listened to the midwife as they guided them through the second stage of labour. The main findings from this study seem to indicate that the reduction in perineal trauma is often dependent upon the active communication between the midwife and the woman. Other important factors include upright and comfortable positions, use of hot compresses, and the slow blow of the head. However, the study does have some limitations, such as the small numbers of midwives, and that it was conducted in two countries only. Nevertheless the practice recommendations are certainly worthy of consideration.


Abstract

Women with fear of childbirth might benefit from having a known midwife during labour

Authors: Hildingsson I et al.

Summary/Comment (KB): Currently in Sweden there is limited opportunity for pregnant women to access midwifery continuity of care models. If a woman presents with childbirth fear she is referred to a counselling team for specialised care, which includes the woman having 2-3 visits to a counselling midwife. The counselling midwife usually works in collaboration with obstetricians, psychologists and/or social workers; however, they rarely accompany or care for the woman in labour. A total of 150 women who were referred to counselling were invited to participate in an experimental study. In total, 15/70 (21%) had their primary counselling midwife at birth and 24 women (34.3%) reported having a known midwife present during some point of labour and birth. Overall, one-third of the women had the opportunity to have a known midwife during labour and birth; those who did were more likely to report that their levels of fear had disappeared. They were also more satisfied with counselling compared to women who did not have a known midwife. Sadly, despite the known benefits of continuity of midwifery care, few women with fear of childbirth had the opportunity to have a known midwife with them at birth – this was thought to be due to organisational constraints as well as midwives in the study declining to change their working hours to be available for the labour. Nevertheless, despite such shortcomings in regards to continuity of care, there was an overall satisfaction with the counselling provided with those who had a known midwife compared to those who did not have a known midwife. The findings from this study have important lessons for midwifery, importantly, that all women should be offered continuity of midwifery care, especially those women with a history of childbirth fear.


Abstract

Australian midwives’ intentions to leave the profession and the reasons why

Authors: Harvie K et al.

Summary/Comment (KB): This paper reports on the reasons given by Australian midwives as to why they were considering leaving the profession. It is of great concern that almost half (443/1037) of those midwives responding to the Australian Work, Health and Emotional Life of Midwives (WHELM) study had considered leaving within the preceding six months. Many midwives reading this paper will strongly identify with the reasons cited by midwives – the most common being related to an inability to provide optimum midwifery care. Midwives in the study also described poor working relationships and a lack of support from midwifery managers. The most worrying finding from this study was the fact that early career midwives are amongst those most likely to consider leaving. Clearly this must be addressed in order to retain and maintain a sustainable workforce into the future. Midwives should discuss the findings of this study within their workplace and seek ways to promote improved working relationships with colleagues. Midwives in leadership positions should use the findings of this paper to advocate for a reorientation of services to move towards wider implementation of caseload models, ensuring midwives are well resourced and supported to work in these models. Importantly too, midwives in leadership positions should be provided with support and education to enable them to undertake their role effectively. This paper should be the wakeup call needed to begin to make the improvements that will not just benefit midwives, but also the women and families they provide care for.

Reference: Women Birth 2019;Jan 8 [Epub ahead of print]

Abstract
“We are the ones who should make the decision” - knowledge and understanding of the rights-based approach to maternity care among women and healthcare providers

Authors: Jolly Y et al.

Summary/Comment (KB): Despite a decrease since 1990, maternal mortality rates still remain unacceptably high in developing countries. The White Ribbon Alliance published a Respectful Maternity Care (RMC) Charter in 2011 to promote women’s rights and access to safe and respectful maternal care. Using in-depth interviews and focus group discussions, this qualitative study was conducted to explore the seven domains of the RMC Charter among healthcare providers and women’s perceptions regarding respectful maternity care in the central region of Malawi. Eight focus group discussions and nine in-depth interviews (involving 64 women) were conducted. Nine interviews were also conducted with key health providers. The themes were developed around the seven categories of the RMC Charter. None of the women and only one healthcare provider mentioned the right to “safe intrapartum care”; instead, the majority of women and healthcare providers did not know what was meant by the term “respectful maternity care”. Women in particular valued health education and counselling and particularly sought health promotion advice on HIV/AIDS and preparation for labour and birth. Women believed that it was the healthcare provider’s duty to preserve confidentiality, whereas, in opposition, some healthcare providers felt it was justifiable to breach confidentiality regardless of whether this eroded the woman–healthcare relationship. In regards to the woman’s right to be treated with dignity and respect, the manner and behaviour of staff was a recurring theme. Women and healthcare providers believed it was essential to treat women with kindness and respect. Women felt it was very important that healthcare providers were non-judgemental, especially in regards to a woman’s HIV status. Healthcare providers believed a lack of equipment and available space was also considered as an obstacle to delivering respectful maternity care. Staff attitudes as in a “good attitude” were deemed to be integral to providing “respectful maternity care”. Women chose to receive care from staff that they perceived to be fair, even if they were less qualified than highly qualified staff who were preferred and respectful. The findings from this study would seem to indicate that women now believe they should be the main decision-maker with regards to their own care, however, there is still a need for more work to be done by both community advocacy groups and professional organisations to promote an awareness of the concepts as outlined in the Charter.


Community engagement in the Aboriginal Families Study: Strategies to promote participation

Authors: Weetra D et al.

Summary/Comment (KB): Perinatal data clearly demonstrates that Aboriginal women experience rates of pregnancy complications, stillbirth, preterm labour, small for gestational age and infant death two- to three-fold higher than other Australian women. More recently, in response to such disparities some States and Territories have implemented programs to improve maternal, perinatal and infant outcomes among both Aboriginal and Torres Strait Islander populations. However, previously many of these programs have neglected to invite Aboriginal women to talk about their experiences of pregnancy care or invited them to talk about their social circumstances, which affect their health and wellbeing during pregnancy. This study was developed in response to the current gaps in the available evidence and informs future policy and practice. The paper focuses on the methodological approach taken to enhance community engagement, offers reflections on what did and did not work well in the engagement of women, and considers implications for future research. All women giving birth to an Aboriginal baby in South Australia between July 2011 and June 2013 were eligible to take part and a quarter of all Aboriginal women (n = 344; mean age of 25 years; 39% urban, 35% regional and 25% from remote areas) giving birth in the study period accepted the offer. A team of 12 Aboriginal community women/researchers were recruited to the study, with the team of researchers led by a senior Aboriginal researcher. Members of the research team participated in a four-day training program that included opportunities for team members to participate in interview techniques and approach a range of situations that might arise in the course of the research. The high participation rate of this study is reflective of the values and principles approach taken to the study, which included: respect for local communities, using a language preferred in the local setting, allowing the time required for community engagement and fieldwork, and adapting a range of approaches to ensure the recruitment process was inclusive and informative. Each community was different and overcoming barriers in some communities took longer than in others, requiring different strategies. Ultimately, what was central to the success of this particular study was the engagement of Aboriginal women and communities in the study, the importance of valuing and integrating Indigenous knowledge into research, and privileging and promoting Aboriginal community knowledge.


Abstract

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