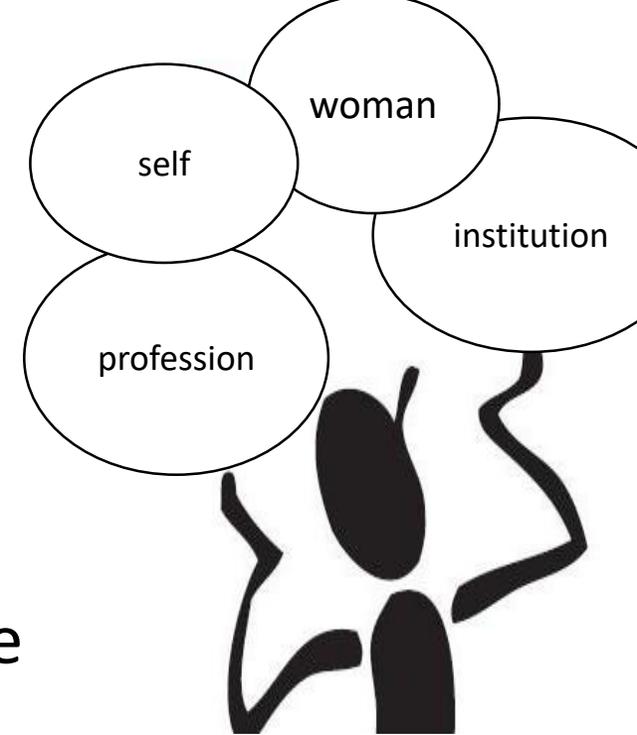


An exploration of the  
professional relationship  
between caseload midwives and  
the women they care for

Liz James 2017

# Why?

- Own experiences as midwife and educator
- Explore NZ midwifery practice
- Relationships important for the woman and the midwife  
(Hunter, 2005; McAra-Couper et al, 2014; Thomas & Dixon, 2012)
- Time of high emotion (Halldorsdottir & Karlsdottir, 2011)
- High trust relationship
- Midwife has responsibility for quality of relationship (Cooper, 2012)
- Risk of assumptions in understanding



# Context

- NZ midwifery unique
- Each woman and her birth unique
- Different understandings of experiences
- Midwife immersed in woman's experience
- Women report high levels of satisfaction in care (MOH, 2011)



# BUT

- High profile complaints with media scrutiny
- Difficult relationships with colleagues (Exton, 2008)
- Claims of bullying and burnout (Calvert & Benn, 2015)
- Impact of nursing and medical model  
(Fergusson, Smythe & McAra-Couper, 2010)
- Focus on efficacy and risk reduction in health care  
(Hunter, 1996)



# Literature review thus far

- Positioning of midwifery
- Concepts of professionalism
- Emotion work



# Positioning of midwifery (NZ)

- Childbirth has history of control and oppression (Ehrenreich & English, 1973)
- Health reforms - midwifery autonomy (1990)
- Increase in midwifery: decrease in GP provision of maternity care
- Midwifery partnership with women

# Professionalism

- Concept of professionalism – slippery (McLachlan et al, 2009)
- Values of integrity, excellence, respect for others, continuous improvement
- Exclusive, specialised knowledge, object orientated
- BUT
- ‘With woman’ and subjective relationship
- If knowledge shared what effect on exclusivity?

(Rosenthal, 2002)



# Emotion work

- Midwives manage own and woman's feelings (Hunter, 2010)
- Disconnect between true & expected feelings linked with burnout (Hochschild, 2012)
- Women seek midwives who are present (Fenwick et al, 2015)
- Need EI and self knowledge (Goleman et al, 2013)
- Students fail to understand importance of soft skills (Nixon, 1997)
- Positive relationships rewarding (including colleagues)
- Different understanding of practice could lead to conflict and horizontal violence (Calvert, 2011)

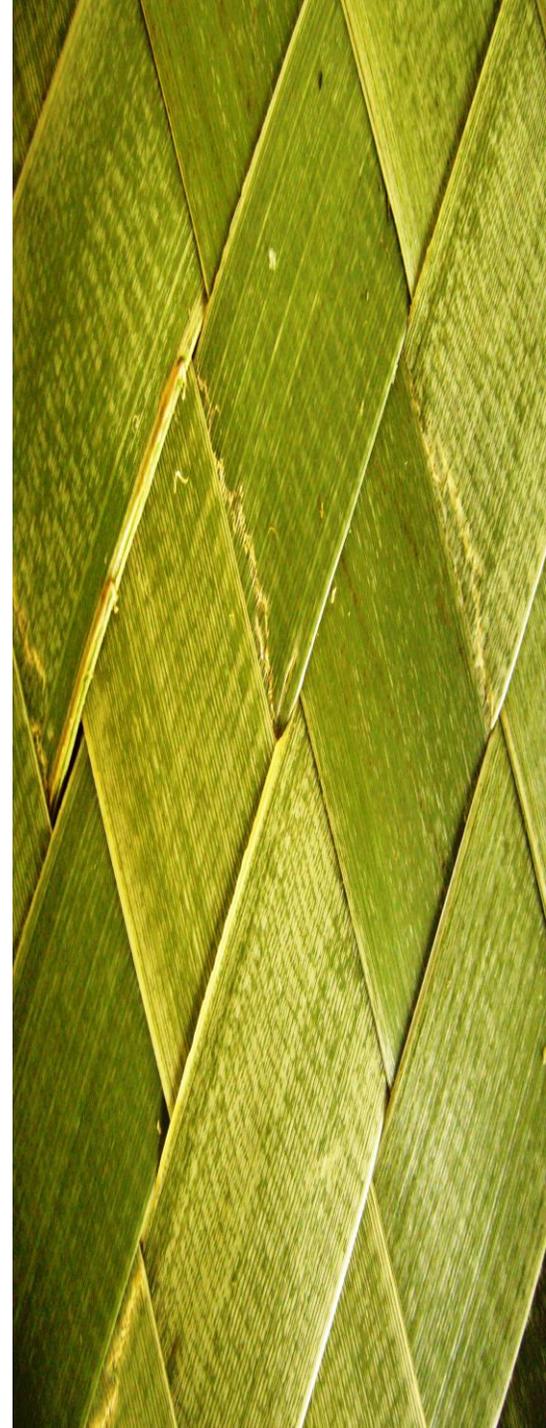
# Methodology

- Ethical approval AUTEK
- Use hermeneutic phenomenology
- Explore lived experience rather than create theory
- Seek understanding of topic rather than final truth
- Researcher situated within the topic
- Experience is contextual



# Method

- Preunderstandings
- Purposive and snowball sampling of midwives and women
- Face to face unstructured ‘interviews’
- Interviews audio taped, transcribed, then crafted into a story (Caelli, 2001)
- Use thematic analysis (van Manen, 1997)
- Insights from work by Heidegger and Gadamer
- Reflexive journal



## Jo felt cared for

*My first midwife is possibly one of the most amazing women I've ever met. She was incredibly compassionate and understanding right from the word go. The fact that she travelled to my house for all of our appointments made a massive difference. She explained the process of how it all worked. She was really clear and well documented, so that made me comfortable. For me it was her saying this is how it runs and when we get to this stage we'll start looking at these things, and when we get a bit closer we'll start looking at these things.*

## Kelly (midwife)

*I felt like there was a ticking time bomb out there and she wouldn't engage and her bloods were getting worse and worse. I was documenting furiously. **I didn't feel like the partnership thing was going on.** Her husband was saying why can't you get her to go and I'm like well, this is your family stuff. That was hard..... I'm supposed to be able to refer but they've got to agree to engage.*

# Debbie (midwife)

*I'm very clear on instructions and I write them down....I am on call for emergencies 24/7 but I am not at work 24/7. I expect you to stick to it. If you contact me out of hours for something that's not urgent, I am likely to send my rejection text.....it made my life so much better. Otherwise I would pick it up and see the non-urgent text and get angry.*

# Karen (woman)

*For me its about midwives – they're the lead maternity carer and they're the lead person in this story. They need to notice if something isn't right with the relationship then take an active role in saying to the woman, you know what? Maybe this isn't working....*

*I felt too scared to say anything about anything I wanted. I just didn't want to rock the boat. She was this massive part of my life but it didn't end well and that's something to regret.*

## Rose (midwife)

*She eventually got in touch with me two months after I knew she was pregnant. She said I'll have you as my midwife, you've been at all my births. I really want you. I'm not sure what's happened here because she doesn't do a lot of what I ask. She doesn't engage with a lot.... Sometimes she is completely off hand and sitting there texting.... It's almost like when there's other things on her mind, maternity care isn't big. Of course I'm going to take her again. She's kind of mine. She's difficult and problematic. I actually do like her.*

# Heather (midwife)

*We almost are a professional friend because we know so much about the woman, it's not just about a pregnant uterus is it? It's about the whole person. We know about their families and we know about things that are happening in their lives that they may be worried about or exciting things....As a midwife I've got my professional clothes and it comes with that professional persona and I'm thinking about what I say, and what I share.*

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