

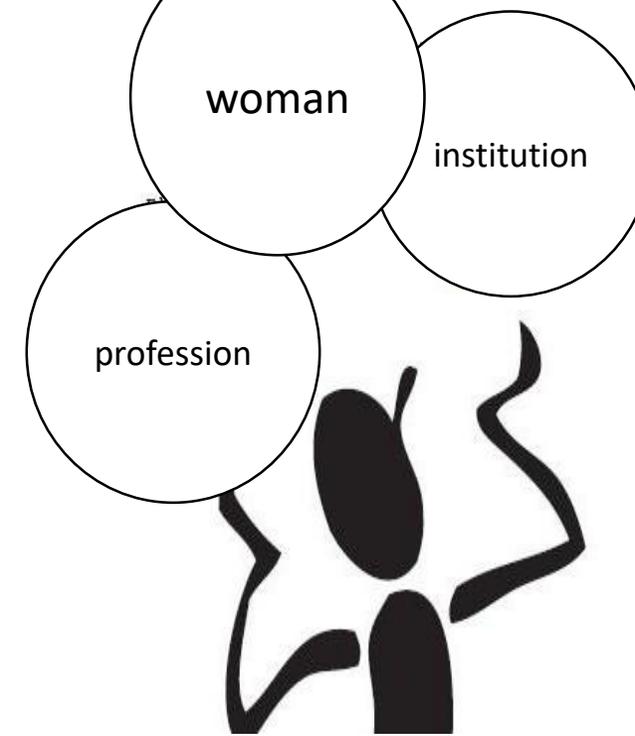
An exploration of the professional relationship between caseload midwives and the women they care for

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Joan Donley Research Forum, 20 October 2017

Why?

- Own experiences as midwife
- 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



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 (Guilliland & Pairman, 2010)

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 underestimate importance of soft skills (Nixon, 1997)
- Positive relationships rewarding (including colleagues)
- Different understanding of practice could lead to conflict and horizontal violence (Calvert, 2011)

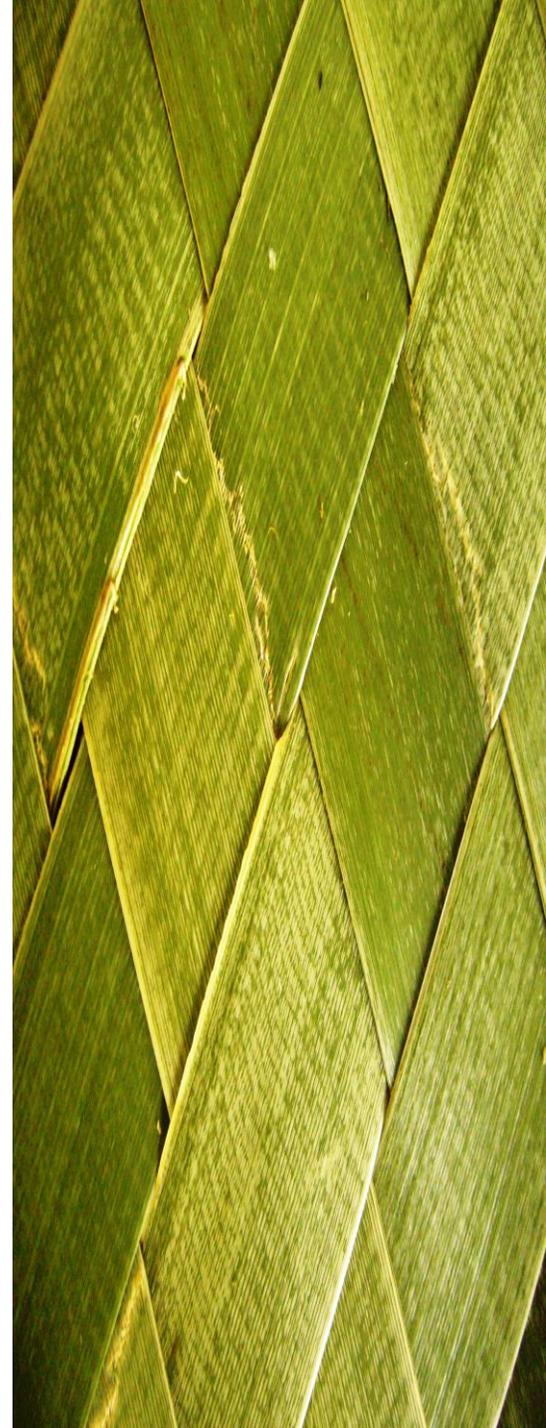
Methodology

- Use hermeneutic phenomenology
- Explore lived experience rather than create theory
- Researcher situated within the topic
- Experience is contextual



Method

- Up to 12 midwives and 12 women who have experienced caseloading relationship
- Face to face unstructured ‘interviews’
- Interviews crafted into a story (Caelli, 2001)
- Thematic analysis (van Manen, 1997)
- Insights from work by Heidegger and Gadamer
- Reflexive journal



Proposed chapters

- In the beginning
- When the relationship goes well
- Tensions in the relationship

In the beginning

I remember busting into tears and I rang my sister and said, I have no idea what I'm doing, I don't know what to ask. She said ring them and say, I've just found out I'm pregnant, would you be my midwife? I didn't even know to ask that. Ruth

Finding a midwife

At the beginning, I was in a rush to get things moving. My first thought was, get a midwife and she'll guide you. But some midwives wouldn't see me until I was ten weeks. I was a first-time mum and I wanted to know how far along I was and I didn't know what I needed to do. Jane

Which midwife?

When I had my pregnancy test, my doctor recommended that I look for somebody with a medical or nursing background, as opposed to somebody who has just trained as a midwife. Two friends who have had babies said the same thing.

Maisie

You hear stories

I was concerned that if for any reason we had to go and have a hospital birth, that my midwife would stay with me. You hear horror stories. I wanted to know that if I wanted, I could have drugs. I had heard that the only way you could have the drugs was going to hospital, so I wanted that as an option. Jane

Personal attributes

How my midwife is with me as a person, is very important to me. If they come and don't share and don't show they care at all, you wouldn't want to share anything with them. If they tell you to come to this appointment you wouldn't want to go. The skills and experience can come later but gaining the trust of a pregnant woman is the first most important step to me.
Suzie

Setting up ways of working

I was very clear in that booking visit, when and how to contact me. I say I'm on call for you 24/7 day and night for emergencies. Emergencies are this, that and the other. I made it a rule quite early that my texts are always on silent. I'm clear that texts are not a way to contact anybody for anything important. Clare, midwife.

When challenges arise

She asked me a couple of questions and I immediately felt this is not going to work. I should have said to her then, no I can't take you, but I didn't. She rang me back the next day and said I'd really love for you to be my midwife. So then it's really hard to say, I don't think this is going to work. I thought, we'll see how it goes and it was awful. Deb, midwife.

Connection

She said “I’ll have you as my midwife, you’ve been at all my births. I really want you”. I’m not actually sure what’s happened here because she doesn’t do a lot of what I ask. Sometimes she is completely off hand and sitting there texting. Of course I’m going to take her again. She’s kind of mine. She’s difficult and problematic. But somehow she’s got a bond with me that surprises me. Rose, midwife.

To be kept safe

I wanted someone who sat back and asked questions and listened, so I felt like the control was in my hands... someone who respected it was my decision and gave me all the information. At the same time, if they thought I was making a decision that was putting me or the baby at harm they would step in and say this is what I think you need to do, and these are the reasons why. Milly

Time together

A text is not important right now ... and this (appointment) is more important than my phone dinging. But if it rings, I will answer it because it might be somebody in labour, bleeding, concerned about movements, that's what's important. Clare, midwife

*I felt like she had all the time in the world for me.
Maisie*

I wanted someone who could hug me, tell me that it was hard, that it was going to be difficult, but support me. They needed to tell me to suck it up and just do it, because I was capable of it... someone to coach and guide me through birth and give positive self talk that I could do it.... I wanted the soft by the hard mother figure meets personal trainer. Jane.

A close-up photograph of a brown bear and a black bear cub nuzzling their noses together in a natural setting. The brown bear is on the right, and the black bear cub is on the left. The background is a blurred natural environment with green and brown tones.

*More mother bear than head mistress.
Stella*

It is a professional but personal relationship

It didn't feel like it was just a business arrangement. By the end you have been seeing them regularly and talking about things other than having the baby, and they do a lot more than that. Jane.

For midwives as well

“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 about things that are happening in their lives that they may be worried about or exciting things” Heather (midwife).

- The relationship was important for all of the women participants
- They looked for similar attributes
- A good relationship where the midwife enjoyed the woman, was a bonus for the midwife

In summary

- To feel nurtured
- To be listened to
- To give information
- To be respected
- To have control, but to be kept safe
- To feel empowered
- It is a special experience
- A professional but personal relationship

How does it feel to
be the midwife
trying to live up to
these expectations?



Thank you

- To my supervisors, Dr Liz Smythe, Dr Deb Payne and Dr Carolyn Young
- To the women and midwives who have generously shared their stories with me
- To my work colleagues who put up with my obsession

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