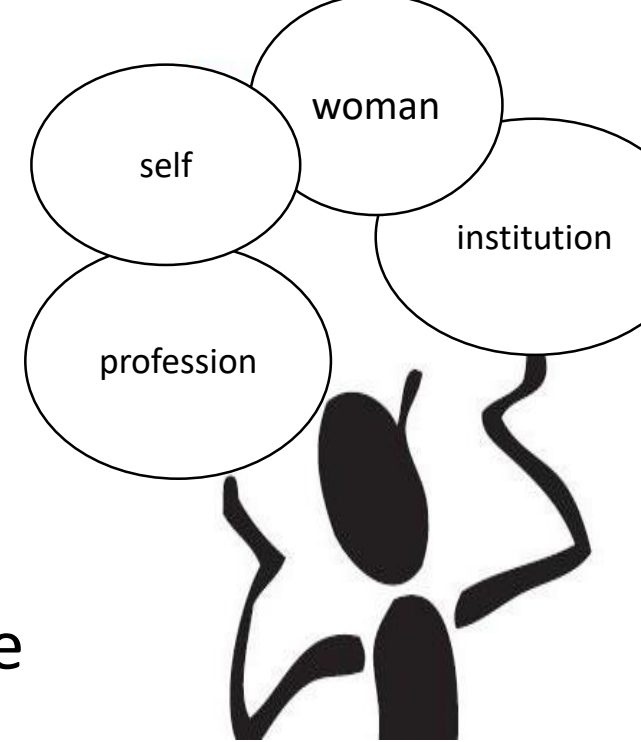


An exploration of the
professional relationship
between caseload midwives and
the women they care for

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)

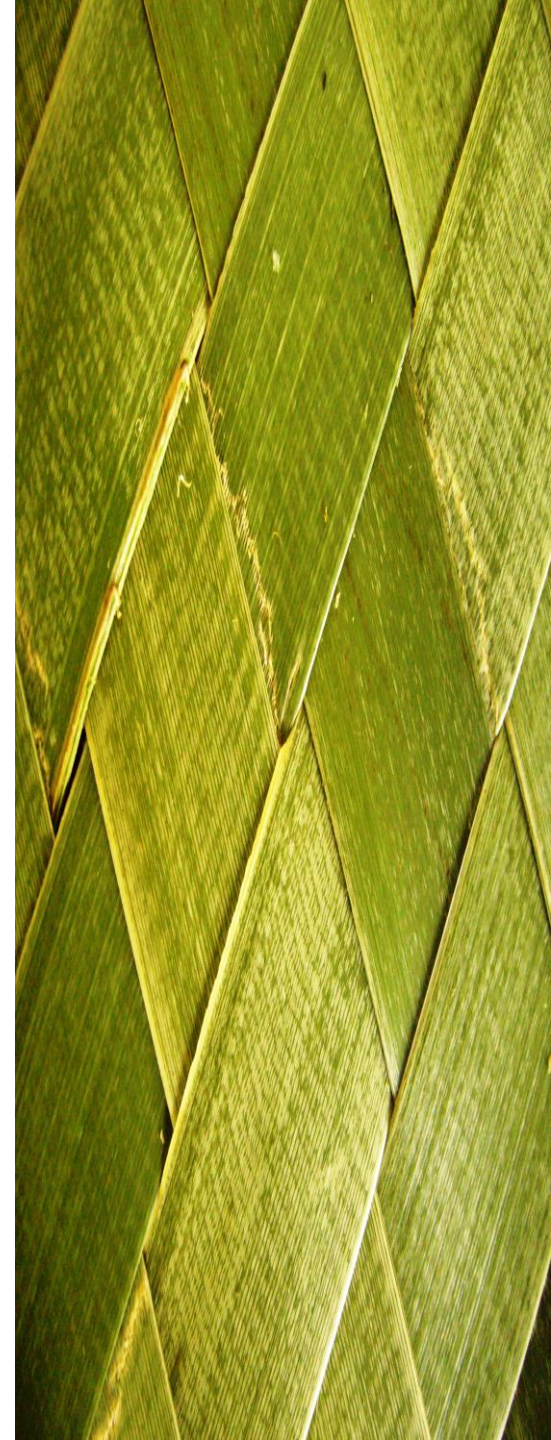
Methodology

- 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.

References

- Caelli, K. (2001). Engaging with phenomenology: Is it more of a challenge than it needs to be? *Qualitative Health Research*, 11(2), 273-281.
- Calvert, I. (2011). *Trauma, relational trust and the effects on the midwife*. Doctoral thesis, Massey University, New Zealand. Accessed from <http://mro.massey.ac.nz>
- Calvert, I. & Benn, C. (2015). Trauma and the effects on the midwife. *International Journal of Childbirth*, 5: 2. 100-112.
- Cooper, I. (2012). Professional boundaries: Forming relationships and working unsupervised. In H. Freegard & L. Isted (Eds.) *Ethical practice for health professionals* (2nd ed.).(pp.174-197). Sydney, NSW, Australia: Cengage Learning Australia Ptd Limited.
- Ehrenreich, B. & English, D. (1973). *Witches, Midwives, and Nurses. A history of women healers*. New York, NY: The Feminist Press.
- Exton, L. (2008). *The baby business*. Nelson, New Zealand: Craig Potton Publishing.
- Fenwick, J., Toohill, J., Creedy, D., Smith, J. & Gamble, J. (2015). Sources, responses and moderators of childbirth fear in Australian women: A qualitative investigation. *Midwifery*, 31, 239-246.
- Fergusson, L., Smythe, L. & McAra-Couper, J. (2010). Being a delivery suite coordinator. *New Zealand College of Midwives Journal*. 42, 7-11.
- Goleman, D., Boyatzis, R. & McKee, A. (2013). *Primal leadership*. Boston, MA: Harvard Business Review Press.
- Guilliland, K. & Pairman, S. (2010). *The Midwifery Partnership – A model for practice* (2nd ed). Christchurch, NZ: New Zealand College of Midwives.

- Halldorsdottir, S. & Karlsdottir, S. (2011). The primacy of the good midwife in midwifery services: an evolving theory of professionalism in midwifery. *Scandinavian Journal of caring sciences*, 25(4), 806-817.
- Hochschild, A. (2012). *The Managed Heart: Commercialization of Human Feeling*. Los Angeles, CA: University of California Press.
- Hunter, B. (2005). Emotion work and boundary maintenance in hospital-based midwifery. *Midwifery*, 21, 253-266.
- Hunter, B. (2010). Mapping the emotional terrain of midwifery: What can we see and what lies ahead? *Int. J. of Work Organisation and Emotion*. 3:3, 253-269.
- Hunter, D. (1996). The changing roles of health care personnel in health and health care management. *Social Science and Medicine*, 43(5), 799-808.
- LaCivita Nixon, L. (1997). Medical humanities: pyramids and rhomboids in the rationalist world of medicine. In H. Lindemann Nelson (Ed.). *Stories and their limits: Narrative approaches to bioethics* (pp. 238-251). New York, NY: Routledge.
- McAra-Couper, J., Gilkison, A., Crowther, S., Hunter, M., Hotchin, C. & Gunn, J. (2014). Partnership and reciprocity with women sustain Lead Maternity Carer midwives in practice. *New Zealand College of Midwives Journal*, 49. 29-33.
- McLachlan, J., Finn, G. & Macnaughton, J. (2009). The conscientiousness index: A novel tool to explore students' professionalism. *Academic Medicine*, 84: 5. 559-565.
- Ministry of Health. (2011). *Maternity Consumer Survey 2011*. Wellington, NZ: Ministry of Health.
- Rosenthal, M. (2002). Medical professional autonomy in an era of accountability and regulation. In M. Dent & S. Whitehead (Eds.). *Managing professional identities* (pp.61-80). London, England: Routledge.
- Smythe, E., Ironside, P., Sims, S., Swenson, M. & Spence, D. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*. 45, 1389-1397.
- Thomas, V. & Dixon, A. (2012). *Improving safety in maternity services*. England: The Kings Fund. Accessed from <http://www.kingsfund.org.uk>
- van Manen, M. (1997). *Researching lived experience*. (2nd ed.). Walnut Creek, CA: Left Coast Press, Inc.