

Concurrent session 6 – Thursday 26 March 2009

Ajzen, I., Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs, N.J.: Prentice Hall

Theme: Midwifery

6.7.1

Team collaboration in obstetric emergencies

Karen Madden, *Woman & Acute Child Health, South Eastern Trust NI, Belfast, UK*

Co-authors: Marlene Sinclair; Marian Wright

Abstract:

Background: A maternity unit providing care for 3000 childbearing women per year was the setting for this research study.

Objective: To explore interactions of the maternity care team in a clinical setting during a simulated emergency, and identify key factors underpinning effective teamwork.

Methodology: A qualitative approach using action research methods was used. Ethical approval for the study was sought and received. Trust access and governance procedures were completed. Obstetric emergencies were simulated and videoed to explore interaction, behaviour and practices of health care professionals within a framework of peer support. Video clips were examined using qualitative analysis. Emerging themes were identified and agreed by confirmatory focus groups.

Findings: Three main themes emerged during the cycles of research – communication, collaboration and control. Good teamwork depended on effective communication and professional collaboration, which could be adversely affected by inappropriate behaviour and commands. The most dynamic aspect was the role of team leader, requiring ability to multi-task, control the team, and hand over responsibilities.

Outcome: Inclusive team involvement led to a number of changes in the processes and systems of care in setting. Example-haemorrhage. Estimates of blood loss at delivery are subjective and generally inaccurate, heightened awareness revealed improved reporting.

Transferability: Change has been realised that is transferable and work continues in the emergency department to role out the process.

Sustainability: Real time drills continue challenging and supporting team members to develop positive relationships and practices. Small and significant changes have led to real improvements. Participatory action research involved the staff in the setting testing systems, marrying academia with clinical knowledge. Knowledge, skills and competencies were optimised and team members assisted to explore collaborative solutions to improving care.

Conclusions: to achieve effective team working an identified leader with skills in controlling and managing the situation is central to optimal care.

Recommended reading:

Lewis C 2004 Confidential Enquiry into Maternal and Child Health 2000-2002 Royal College of Obstetricians & Gynaecologists Press London

Draycott T, Sibanda T, Owen L, Akande V, Winter C, Reading S et al. Does Training in Black RS, Brocklehurst P. A Systematic Review of Training in Acute Obstetric Emergencies. *BJOG: An*

6.7.2

Testing the effectiveness of a motivational program to sustain breastfeeding behaviour

Janine Stockdale, *School of Nursing and Midwifery, Trinity College Dublin, Dublin, Ireland*

Co-authors: Marlene Sinclair; George Kernohan
stockdaj@tcd.ie

Abstract:

Background: Babies, women and society benefit nutritionally, psychologically and economically by breastfeeding. As a result the WHO challenges health professionals to achieve higher rates of breastfeeding. Initiation rates are increasing, but motivating women to sustain breastfeeding remains equivocal (Infant Feeding Survey 2005, European Commission 2004).

Aims: To examine the effect of a new motivation programme on women's breastfeeding behaviour, a randomised control trial was completed, comparing motivationally-enhanced breastfeeding instruction by midwives with current best practice (BFI, 1998).

Methods: Following a literature review, an experiment was designed and subject to Research Governance and Ethics approval. Primigravida women were recruited at their 20 week antenatal appointment and written consent obtained. Women were randomised to receive the motivationally enhanced instruction or current best practice. Midwives supporting the experimental group attended a one-day training course. Women's motivation to breastfeed was measured prior to discharge from hospital by structured interview. Follow-up telephone calls determined duration of breastfeeding.

Results: 181 women were recruited. With attrition, analysis was performed on an intention to treat basis using Chi Squares. No significant difference in the initiation rates was noted. On discharge from hospital more intervention cases (44) were breastfeeding than controls (33), $p < 0.01$. Persistence at 3-4 weeks was noted in 36 intervention cases (15 controls), $p < 0.001$. Independent t-tests verified the differences in duration of the 69 intervention cases that commenced breastfeeding (75 controls). The differences in motivation to breastfeed were explained in part by the uptake of relevant breastfeeding instruction ($p < 0.001$) and increased maternal confidence ($p < 0.01$).

Discussion and Conclusions: Breastfeeding is a complex activity with many benefits and influences. As motivational enhancement of routine instruction has a positive effect on breastfeeding

duration, further research is required to establish effectiveness in different cultural settings. Funded by Research & Development Office for Northern Ireland Trial Registration: ISRCTN 47056748

Recommended reading:

Baby Friendly Initiative (1998) *Implementing the Ten Steps to Successful Breastfeeding – A Guide for UK Maternity Service Providers Working Towards Baby Friendly Accreditation U.K.* Committee for UNICEF London <http://www.babyfriendly.org.uk/guid-ant.htm>

European Commission (2004) *Protection, Promotion and Support of Breastfeeding in Europe: A Blueprint for Action*: www.who.org/a/1301

Infant Feeding Survey (2005) Office of National Statistics <http://www.ic.nhs.uk/pubs/breastfeed>

Theme: Qualitative research

6.8.1

'Dear Sally...' Reflections on using email correspondence as a method of generating qualitative data in health and social care research

Sally Dowling, *Faculty of Health and Life Sciences, University of the West of England, Bristol, UK*
sally2.dowling@uwe.ac.uk

Abstract:

Correspondence as a method of data collection has been used by few health and social care researchers although email has been employed to generate data in a variety of ways. As a tool for academic research the Internet is used increasingly but email correspondence presents additional, exciting and challenging opportunities for nurses and others engaged in qualitative research.

In this presentation I will talk about my experience of using email correspondence in my PhD research. Correspondence, participant observation and in-depth interviews have been used in an ethnographic project to understand more about the experience of women who breastfeed for longer than six months. In particular I have drawn on the work of Kralik et al on the use of correspondence (2000) and email (2006), valuing the development of a 'critical reflective conversation' with my participants. A number of issues arising from the work will be discussed. Is there a difference between 'corresponding' and 'interviewing' by email? What are the issues raised when researcher and participants view this differently? What are the advantages of generating data using this method – and are there disadvantages? How do these different methods complement each other? Ethical issues in research of this nature will also be discussed. The use of correspondence as a research tool for those drawing on feminist principles in qualitative research will be considered, alongside feminist critiques of using the internet for health and social care research. This discussion will be illustrated with examples from my research, reflections on my practice and