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Respectful handover: a good alternative when intrapartum continuity of carer cannot be guaranteed

Sara E Borrelli, Denis Walsh, Helen Spiby

ORIGINAL

Aim: To explore first-time mothers' expectations and experiences of being cared for by an unknown midwife and their perceptions around continuity of carer during childbirth.

Design: Qualitative Straussian grounded theory methodology.

Setting: Three National Health Service Trusts in England providing maternity care that offered women the possibility of giving birth in different settings (home, freestanding midwifery unit and obstetric unit).

Participants: Fourteen first-time mothers in good general health with a straightforward singleton pregnancy anticipating a normal birth.

Methods: Ethical approval was obtained. Data were collected through two semi-structured interviews for each participant (before and after birth). The coding process included the constant comparison between data, literature and analytical memos.

Findings: Childbearing women's expectations during pregnancy and experiences during labour are reported in regard to three main themes: a) encountering an unknown midwife during labour; b) familiarity and immediate connection: 'I felt like I've known her for years'; c) change of shift and respectful handover.

Conclusion: Respectful and efficient handovers between midwives are crucial in guaranteeing a high level of care when continuity of carer cannot be guaranteed. Midwives should, therefore, pay attention to how the handover is done, how information is conveyed to colleagues taking over care and how this is communicated to the labouring woman and her companions present in the room. A handover should actively involve the mother and the birth partner(s) and be essentially respectful of their needs.

Keywords: good midwife, childbirth, birthplace, women, experience, grounded theory, respectful, handover, compassion, continuity.

Introduction

Continuity of carer is defined as '*fewer caregivers, either overall or during pregnancy*' or as a '*known caregiver in labour*' (Green *et al* 2000). This concept should be considered as different from continuity of care, which is concerned with the quality of care over time (Gulliford *et al* 2006) and includes aspects of coordination and consistency, access or barriers to accessing services and the availability of services during all stages of the women's pathway (National Institute for Health and Care Excellence (NICE) 2014). It is widely acknowledged that continuity of carer models improve safety, clinical outcomes and women's experiences (Hicks *et al* 2003, van Teijlingen *et al* 2003, Hodnett *et al* 2013, NHS England 2016). However, this ideal is often far from reality and some difficulties exist in providing continuity of carer within

maternity care services mainly due to shift patterns, completion of non-clinical tasks, low staffing levels and workforce constraints (Smith & Dixon 2008). The findings presented in this article derive from a larger doctoral study exploring mothers' expectations and experiences of a good midwife during childbirth (author blinded). The aim of the paper is to explore first-time mothers' expectations and experiences of being cared for by an unknown midwife and their perceptions around continuity of carer during childbirth.

Methods

A qualitative Straussian grounded theory methodology was adopted. The research sites were three National Health Service (NHS) Trusts that offered different birth settings: home, freestanding midwifery unit (FMU) and obstetric unit (OU). The sample included

fourteen first-time mothers in good general health with a straightforward singleton pregnancy anticipating a normal birth and planning to give birth in one of the above settings. Data was collected through two tape-recorded face-to-face semi-structured interviews for each woman. The first interview took place in the third trimester of pregnancy. The same woman was interviewed four to ten weeks after childbirth. The second interview was conducted irrespective of whether a change from planned place of birth occurred. The exclusion criteria for the second interview were the woman's withdrawal or serious complications for the mother or the newborn (stillbirth, neonatal death, neonatal or maternal intensive care). A total of 26 interviews were conducted by the principal investigator, including 14 interviews during pregnancy and 12 after birth. Data analysis included the processes of coding and conceptualising data, with constant comparison between data, literature and memos. Ethical approvals were obtained from the Multicentre Research Ethics Committee and the respective research and development services for the three NHS Trusts before entering the research sites. Informed consent was obtained from each woman prior to participation. Participants were free to decline participation or to withdraw at any time. Pseudonyms are used to maintain confidentiality. More detailed information on the study methodology and methods are reported elsewhere (author blinded 2016).

Findings

Childbearing women's expectations during pregnancy and experiences during labour are reported in regard to three main themes: a) encountering an unknown midwife during labour; b) familiarity and immediate connection: 'I felt like I've known her for years'; c) change of shift and respectful handover. Each quote is labelled with a reference code indicating a pseudonym and the acronym of planned birthplace for first interviews; these are followed by the acronym of actual birthplace for second interviews.

Encountering an unknown midwife during labour

When talking during pregnancy about not knowing the midwife that was going to assist their labour and birth, the majority of the women did not seem too concerned about this possibility. For births planned in an OU, the women reported that they would accept a midwife that they did not know as long as she/he behaved in a respectful manner, was competent at his/her job, the baby was delivered safely and the birth partner(s) were present:

'It doesn't really bother me to be honest with you. As I said, as long as she comes out okay and we are both fine, then I don't really mind who is there. [...] I would be okay with any midwife as long as they know what they know what they're doing. [...] And as long as I've got my mum on one hand and my partner in the other I am not really bothered.' (Mary: OU)

For FMU and home births, the interviewees stated that they would accept being cared for by a midwife that they did not know as long as they could trust her/him, they established a special bond and she/he made them feel comfortable:

'I think I will be fine. I'll just start to get to know them at the beginning anyway so hopefully will have to get like a bond, a friendship. Hopefully it will be okay.' (Melissa: FMU)

Considering disconfirming data, Jayne (planning to give birth in a FMU) expressed a feeling of disappointment about not knowing the midwife that was going to be present at her birth, nostalgically recalling how the midwifery profession used to be in the old days, when the woman and the midwife were usually able to get to know each other antenatally and build up a relationship.

'I am a little bit disappointed. I think in the old days [...] you had a midwife that saw you through the whole nine months and then delivered your baby. And I really think it would be nice if it was like that today because over those nine months you build up a relationship with the midwife and then you see her really often [...]. During that time, she gets to understand you and know you. [...] One of those things that will make you feel more reassured or relaxed is when you get there you know your midwife is there who you've known for the last nine months. [...] If I would know that my midwife now was going to deliver my baby I could be chatting to her about the sort of birth that I want and what my expectations are.' (Jayne: FMU)

Emily, planning to give birth at home with her community midwife, highlighted the positive aspects of being allocated a midwife from the beginning of pregnancy to birth:

'She knows me personally from me being 6 weeks pregnant and I think that makes a massive difference if you're allocated a midwife and then she knows you right the way through from that kind of point right the way through to birth. She knows how you react to things, she knows what and how to ask you, she knows you very personally.' (Emily: Home)

Familiarity and immediate connection with the midwife: 'I felt like I've known her for years'

Regardless of their planned place of birth, the women interviewed stated that they were not concerned about being cared for by a midwife they had never met before at the time of labour. Some participants were anticipating it to be a bit embarrassing with childbirth being an intimate moment, but they reported that the midwives were generally very professional and friendly and put them at ease:

'I kind of expected it would maybe be a bit awkward because I hadn't ever met her and this was very intimate but then it was amazing and she was really

nice and really put you at ease. [...] By the time you are leaving, not even 12 hours after meeting her, you're kind of be attached.

I had thought "oh I wonder if it would be a bit awkward maybe with somebody that you don't know" but it really wasn't.' (Laura: FMU-FMU)

Some interviewees were surprised by the familiarity and immediate connection they experienced between themselves and their midwives after meeting them for the first time:

'Yeah, I was alright. I think I was alright because the second I saw her she was so friendly and it felt like I'd already seen her like a hundred times.' (Emma: FMU-FMU)

'I just felt really comfortable with them all although I had only just met them. [...] I thought I would be shy because I did a lot of examinations and things like that that were really awful but it actually wasn't that bad at all because they are so professional over there.' (Kate: FMU-OU)

'The midwife I felt like I've known her for years, she actually felt like a part of my family which was really strange. [...] They just sat and watched which I felt relaxed about because I felt that connection with the midwife which was lovely.' (Sophia: OU-OU)

Emily and Melissa, who were planning to give birth respectively at home and in a FMU but were admitted to an OU, were initially concerned about not knowing the midwives at the hospital; however, they later recognised that the midwives *'were all brilliant'* (Emily: Home-OU), although they did not meet them during pregnancy. Overall, as long as a good relationship was established, the women were satisfied by the care they received.

'I was concerned that the midwives in the hospital because they didn't know me they wouldn't give me the care, that they wouldn't really be bothered that much because they see so many different women. But they were all brilliant! I couldn't have asked for better care than I got.' (Emily: Home-OU)

'It's a bit like "Oh, I am not going to know anybody, I don't know the hospital, I don't know anything", where anything was whereas at the birth centre I know it as the back of my hand. But when I got there it just went all smoothly so it was good.' (Melissa: FMU-OU)

Change of shift and respectful handover

The participants in this study did not seem to be generally disappointed by the possibility of having different midwives during labour and birth, agreeing on the fact that professionals have their own lives and need to sleep. Michelle stated that she would prefer to have a *fresh* midwife rather than a tired one. Emily recognised midwives may have various labouring women to look after at the same time:

'People need to sleep [laughing]. [...] And to be honest I know what I am like at the end of a travailed shift. I can much rather have somebody who is fresh and that has had some rest and who is able to make those informed decisions than somebody who is exhausted... yeah, so people need to sleep, that's normal.' (Michelle: OU)

'I was really kind of concerned about that because of the continuity. [...] At the end of the day you've got to be okay with it because you can't expect them to be there with you the whole time you know... they're there to do their job, they're there to help you and they've got various other ladies besides me to look after and they can only do so much on one shift.' (Emily: Home-OU)

The participants were expecting to meet different midwives due to shift changes and accepted that as long as there were not too many different ones, they knew what they were doing and understood how the woman was feeling; emphasising the importance of empathy:

'Not too many different ones. I understand obviously they'll have to swap over through shifts and staff but no, I don't want to see a different face every time.' (Hannah: OU)

'I am not bothered too much about it being a specific midwife. Yes, it's nicer to think that maybe it's not going to be hundreds of different midwives coming in and out.' (Emma: FMU)

'As long as they know what they're doing and they communicate and know how I am feeling and stuff like that.' (Mary: OU)

By sharing their childbearing experiences during the second interview, the women generally seemed not to be disappointed by having been assisted by a number of different midwives during labour and birth. The women appreciated the fact that, even if a change of midwife occurred during their labour, the midwives were all very *similar* and good, describing them as *'friendly'*, *'bubbly'*, *'polite'*, *'brilliant'* and *'fantastic'*:

'They were very similar, they were both friendly, bubbly, polite. They were very similar which was nice.' (Sophia: OU-OU)

'I think I went through four or five different shifts of midwives so because obviously it was such a long time as I said. [...] All of them that were in there were fantastic. [...] They were all absolutely brilliant the midwives in the hospital.' (Emily: Home-OU)

Hannah seemed to consider safety as a fall-back position in the absence of intimacy with one midwife throughout the intrapartum period:

'I had three in total but they were all very nice. [...] I think I said that I wanted to see the same person but no, it didn't bother me at all. [...] To be honest I don't think you really care when you're in that... you don't really know what's up! Just as long as they get him

out safe, I think that's all that you are really bothered about!' (Hannah: OU-OU)

The shift change might be perceived as a time of additional confusion and concern, especially when not previously explained by professionals and therefore not foreseen by the labouring woman. However, Sophia reported a feeling of relief when she finally met the next midwife at the moment of the shift change and realised she was as good as the previous one:

'I didn't expect that, when I first got there I thought that she was the one that would have looked after me into labour and I would have had her. I didn't realise that they were going to swap over or have a different midwife actually when I moved upstairs. So I was a bit worried first but then when I met her and obviously saw what she was like and how she was I felt a lot more relieved.' (Sophia: OU-OU)

Interestingly, the shift change was considered a positive time by Louise because she went from being assisted by a midwife she was not getting along with to meeting two other *nice* and *lovely* midwives:

'The first one, I just wanted to strangle her [laughing]. [...] Then I had an Irish lady and she was lovely, very very nice. And then there was V after, who was there when I delivered and she was lovely.' (Louise: Home/FMU-OU)

During a shift's transition, the women expected the midwives to behave properly and treat the mother in a respectful manner by passing the information/notes and communicating to each other; alerting the mother to a change of shift; introducing the woman to the new midwife; saying goodbye and not just disappearing:

'[During the change I would expect them] to let me know, I wouldn't want just a midwife to go and not knowing that they've gone. It would be nice if they notify what is going on. Communicate with each other so that they know where and what stage I am at, what's going to happen. Introduce themselves, probably both of them being there at the same time just having a chat with me saying "I have finished my shift, I am going to swap now, this is so and so". Just to welcome them in a little bit more and it should be okay.' (Sophia: OU)

'It would be nice if they told me. If they said, you know "Hi, I am your midwife for now, I am here till 10 o'clock and then unfortunately my shift is changing, a new colleague coming in, this is her, she's really nice". Rather than disappearing and a new face is coming "Oh, hello! Who are you?" That wouldn't be very nice.' (Jayne: FMU)

Although the majority of the interviewees described the different midwives who provided care as very good, it was also argued that a change of shift may break the continuity because the woman and the new midwife need to go through the whole process of getting to know each other. Jayne stated that it would be good if continuity of carer was guaranteed, with the woman

being allocated to the same midwife throughout pregnancy, labour, birth and the postnatal period:

'It has been different midwives. Anything wrong with that! They were all absolutely brilliant, I can't fault them but it would just be nice if you just had the same person [...] I think you should always have the same midwife.' (Jayne: FMU-OU)

Discussion and conclusion

Regardless of the planned place of birth, overall the participants of the current research stated that they did not consider it problematic to be cared for by a midwife they had never met before. Having a known midwife during labour was found to be a relatively low priority and there seemed to be no evidence that labouring women who are cared for by a midwife that they had already met were more likely to be satisfied than those who had not. This is supported by Waldenstrom (1998) and Green *et al* (2000) who observed no significant differences in satisfaction between women who experienced and did not experience a known intrapartum carer. However, recalling the idea of *'what is, must be best'* (Porter & MacIntyre 1984), the women might have expressed a preference for what was actually experienced; therefore, women with a known midwife may believe that this was very important, while those who did not have a known caregiver could evaluate it as unimportant. Moreover, in regard to the place of birth, continuity of carer may be less central for women planning to birth in a midwife-led unit, where the woman's satisfaction is probably more affected by the carers' attitude, the philosophy of care and the friendly atmosphere rather than by knowing the individual midwife (Waldenstrom 1998).

The findings of the present study highlighted the importance of the first meeting between the labouring woman and the caregiver, considered as central by Aune *et al* (2014). Therefore, the midwife should dedicate enough time to establish a trusting relationship and to inspire confidence in the woman and the birth partner(s). Although this is a time-consuming process, it should be repeated for each midwife that is called to assist the woman when continuity of carer cannot be guaranteed, as the *'projection of a confident, self-assured image during initial contacts with the woman and her family will help reassure them that she is in good hands'* (Bowers 2002:752).

Fraser (1999) and Hanson *et al* (2001) debated that changing caregiver can be a source of increased anxiety for some women due to the anticipated difficulty of establishing a new relationship with another midwife as labour progressed. However, the participants of the current research were expecting to meet more than one midwife due to shifts. Although most women would prefer to have the same midwife throughout labour, they believed that midwives being friendly and capable were acceptable alternatives.

At the time of shift changes, women expected midwives to behave properly, passing the information/notes and communicating with each other, explaining the shift change in advance, introducing the woman to the new midwife and treating the mother in a respectful manner. Fraser (1999) observed that women placed great importance on the fact that all the midwives caring for them should know about them and read their notes in detail, after being informed by previous colleagues. Handover of accurate and comprehensive information is also crucial for safety, to reduce errors in the context of too many 'handovers' to different personnel.

The recently published NHS England (2016) national maternity review recommends that continuity needs to be acknowledged as a policy directive. A number of authors have demonstrated that greater maternal satisfaction and better clinical outcomes are achieved when continuity of carer is provided (Hicks *et al* 2003, van Teijlingen *et al* 2003, Hodnett *et al* 2013). Sandall *et al* (2016:8) claim that '*relational continuity maternity models should be scaled up because there is compelling evidence that ongoing supportive relationships between women and their maternity care provider improves outcomes and experiences of care*'. However, continuity of carer models were not widespread at the time these data were collected. In such contexts, respectful and efficient handovers between midwives were considered as crucial in guaranteeing a high level of care. In addition, even when midwives are trying to work in continuity models, there may be occasions when the primary midwife cannot be available. The findings of this study therefore have relevance for current and future maternity care, even if increases in relational continuity can be achieved. Midwives should, therefore, pay attention to how the handover is done, how information is conveyed to colleagues taking over care and how this is communicated to the labouring woman and her companions present in the room. A handover should actively involve the mother and the birth partner(s) and be essentially respectful of their needs. It is suggested that the midwife dedicates 15 minutes to sit down with the woman and the new midwife having prompt questions for the woman regarding her needs from the current stage of labour onward with this new midwife. It is recommended that the new midwife dedicates the necessary time to establish a trusting rapport with the mother in a friendly manner, possibly over a cup of coffee or tea if the woman wishes to. These recommendations for practice recall the need for kindness, compassion and respect when caring for people highlighted by the Nursing and Midwifery Council's Code (NMC 2015) as fundamentals of midwifery care.

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