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**A STUDY USING ACTION RESEARCH TO HELP MIDWIVES INFLUENCE AND CHANGE  
MATERNITY SERVICES**

**A collaborative study exploring the views and experiences of midwives working within  
Huddersfield and how these may influence the strategic planning of the local  
maternity services**

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## INTRODUCTION

In April 2001, Calderdale NHS Trust and Huddersfield NHS Trust merged to become Calderdale & Huddersfield NHS Trust. Until this time each of the trusts have worked very much (get rid of 'very much') independently having developed their own organisational styles and cultures. To add to the challenge of a recently merged organisation, midwifery managers are also faced with the increasing demands of modernising and improving the quality of maternity services (DoH, 1999).

In Huddersfield Royal Infirmary (HRI) there is a labour ward and independent antenatal/postnatal ward, both of which are serviced by hospital based midwives. In comparison, Calderdale Royal Hospital (CRH) moved from the traditional model of maternity services (i.e. having separate delivery suites and antenatal/postnatal wards), to a Labour, Delivery, Rest and Postnatal (LDRP) suite where women stay from admission until transfer home. This is staffed by hospital based midwives. The independent midwife led unit on the same floor is staffed by community midwives.

Prior to the introduction of the changes in Calderdale, a series of focus groups were held in order to elicit midwives views of the service (Deery et al., 1999). Key areas affecting midwifery morale were identified; in particular staffing levels, working relationships and organisational issues. The following year in November 2000, further focus groups were held to enable midwives to reflect on their experience and the changes that had taken place since. Whilst midwifery morale was still low, participants were more politically analytical of, and actively involved in changing their situation (Deery et al., 2000). The findings from this study indicated that focus groups could be an important means of positively developing maternity services and moving midwifery culture forward.

The above research studies helped the facilitation of culture and practice development at CRH which is now well developed. In order to give the midwives at HRI the same opportunity to become more actively involved in the planning and provision of future services, we replicated the study that was undertaken in CRH. The two modern matrons and Head of Midwifery services have collaborated and participated in this project. In addition, as a means of understanding how the midwives views could link with maternity managers, we also conducted further focus groups with maternity services managers including the general manager and medical director of services

The aims of the midwives' focus groups were to:

1. To provide a forum for midwives to explore current service provision.
2. To engage midwives in discussion of practice and service development.
3. To establish a 'snapshot picture' of midwifery in Huddersfield.
4. To gain an insight into midwifery morale.
5. To make written recommendations to the Children's and Women's Services Division.

## BACKGROUND INFORMATION ON HUDDERSFIELD

There are approximately 2,400 births in HRI each year. Within the Trust at the time of the study there were 75 midwives currently based in Huddersfield. These excluded midwives working in Special Care Baby Unit (SCBU) and midwifery managers.

*Table 1: Midwives employed within Huddersfield*

	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>
Delivery Suite	17	13	30
Antenatal clinic/postnatal ward	9	11	20
Community midwives	12	13	25

These midwives are responsible to two I grade matrons who manage midwives working on the postnatal ward, delivery suite, antenatal clinic and in the community.

There is also a H grade Research & Development midwife based within one of the Sure Start programmes in Deighton & East Fartown. Within HRI there are 5 community midwifery teams, 2 of which are based at HRI, 1 at Holmfirth Memorial Hospital, 1 at Golgar Clinic and 1 at Mill Hill Health Centre.

## METHODS

### Design

An action research study using focus groups to explore midwives' views and experiences of Huddersfield maternity services. Areas for exploration within the focus groups included current feelings (both positive and negative) and visions for the future of maternity services. A semi-structured interview schedule was used to address the various aims of the study (see appendix ). Focus groups were facilitated by Dr. Ruth Deery and Lisa Samwiil and were tape-recorded with the participants' permission.

### Sample

A random stratified sample of 40 midwives were selected from the 75 midwives currently employed within HRI. The sample reflected approximately 50% of the number of midwives employed by hours of work, clinical grade and place of work (see table 2 and table 3). Three focus groups were held between November and December 2004. The midwives invited were equally distributed across one of three focus groups. Midwives who were unable to attend the date of their focus group, but wished to participate were offered an alternative date.

*Table 2: Midwives invited to focus groups*

	<b>Total number employed</b>	<b>Total number invited</b>
Delivery Suite	30	16
Antenatal clinic/postnatal ward	20	11
Community midwives	25	13

The table below (table 3 illustrates the breakdown of attendance by location of work

*Table 3: Breakdown of attendance by location of work*

	<b>Total number invited</b>	<b>Total number attending</b>	<b>Percentage attendance</b>
Delivery Suite	16	3	
Antenatal clinic/postnatal ward	11	8	
Community midwives	13	6	48%

As there was a low representation of delivery suite midwives within the focus groups an additional focus group was arranged for the benefit of these midwives.

### Informed consent

All midwife participants were invited to attend the focus groups by the Head of Midwifery. A description of the purpose of the study and what it entailed (see attached information leaflet and letter of invitation) was sent out in this letter. Participation in the study was voluntary and informed and the midwives could choose not to participate. Those expressing a willingness to take part in the study were required to complete an informed consent form to indicate their willingness to participate.

### Anonymity and confidentiality

It is recognised that due to the nature of focus groups information would be shared by the participants. This was raised with midwives at the start of each focus group and they were asked not to discuss the contents of the focus group with anyone outside their own focus group.

As a means of verifying data collected, the transcripts of each discussion were distributed to all participants from their respective focus groups and permission obtained from midwives for the content to be included in the final report. In order to maintain anonymity, all data was kept anonymised so that it could not be traced back to any individual.

### Data analysis

Data was analysed using a thematic approach. Emerging themes were clustered into dominant themes and then divided into subcategories (Burnard, 1999).

### Organisation and funding

The study has been conducted through the Children's and Women's Services Directorate and the Division of Midwifery at the University of Huddersfield. Funding has been obtained through Sure Start to assist with data transcribing.

## **FINDINGS FROM MIDWIVES FOCUS GROUPS**

### 'Friendly Midwifery'

Overall staff felt positive about their roles as 'midwives', some expressing it in terms of feeling 'honoured'. Experiencing job satisfaction appeared to be an overwhelming reason why midwives felt happy at work. For one midwife *'Its very satisfying to send someone through those doors knowing that you have been part of or helped her to understand all the things she needs to know before she goes home...its very fulfilling to the job properly'*

Many midwives expressed how accommodating managers had been when asking for a change in hours to adapt to family needs. One expressed this as *'They [Midwifery Managers] were really really good, very supportive. It had a really positive impact on my life...I cut down my hours...they do try and accommodate, whatever'*. There also seemed to be a general consensus that as a smaller maternity unit people *'work well as a team'* and *'get on well'*.

### Frustrating midwifery

Although midwives were happy in their capacity as a midwife many were frustrated. *'You know you feel you are a good midwife and you feel you've got a lot to offer but you are spending half your time doing things that are causing frustration'*. Another explained this further *'You can't complete anything. You know being broken off to open the door six times while you are trying to do a job can be very frustrating...trying to deal with printers, they break down all the time.... it sounds so trivial, but then that's it, your job goes pear shaped'*.

### 'Feeling demented with clerical work'

Lack of clerical support appears to be an overriding frustration for all midwives whether in community or on the wards. *'The amount of work that I do that is not midwifery related is really frustrating to me. I'm happy to answer the phone if someone gives it to me and it's a phone call for a midwife but I would say 9 out of 10 times its not a midwifery related call and its just wasting time that I could be using'*. Several midwives felt that the time they were spending on non-midwifery related tasks were a waste of resources. *'Midwives are paid far more money than clerks so its false economy to have a midwife and a midwives wage doing clerical duties'* and felt that *'if we had some part time clerical support I think it would really relieve some of the pressure for us. You might not be able to recruit midwives very easily, but you could recruit people to do clerical work'*.

### 'Undoing the good midwives do'

Another theme that emerged from each of the midwives focus group was a feeling of lost control. One midwife described this: *'I question things an awful lot more now and I find that I spend an awful lot of time doing things because I've got to do them and not because I think they need doing and I find it very frustrating. I think I spend my entire life confusing students because I do things and I say 'because we have to do this but I know that I intrinsically don't agree with what I am doing'.* An example of this was expressed by another midwife; *'She's midwife led, comes into clinic and ends up being changed...she's given another appointment to go back to hospital and in effect you've lost her...she doesn't know why she's going back. You can't give her a good reason...all the good that we do is then undone...surely we can decide whether we feel they need to be seen by a doctor.....its just ridiculous isn't it'.*

### Professional development as necessary or not?

A general feeling of 'lost control' was reciprocated when midwives talked about mandatory training. One midwife said *'I used to enjoy picking and choosing study days that I thought was beneficial to my practice'.* This appears to have been lost as more mandatory training is stipulated. There was a consensus that *'it's a really long list...we ought to look and say 'is it absolutely necessary that everyone does all of these'.* One midwife implied that there was a lack of clarity about what was expected in terms of mandatory and non-mandatory training saying *'the more people I ask the more I get given'.* Others indicated that certain study days in particular *'neonatal resuscitation'* they were *'desperate'* for. Other midwives had particular concerns about K2 training saying *'I think the whole K2 thing is appalling...I'd much rather spend my time updating my baby friendly because I'm encouraging women antenatally and giving advice postnatally on breastfeeding. To me that's more important than sitting on that computer and doing 9 hours of K2. I think its nonsense'.*

### Delivery....delivery....delivery

Another strong theme that emerged was that of the differing cultures across work settings. Participating midwives felt that services were much more focused around 'delivery' often at the expense of other services being provided. *'Even in hospital its delivery, delivery, delivery...you tend to find that everything is centred around that particular moment in time...there's so much more that happens before it and so much more after it that I think things get lost as things go along'.*

### Going along with the roller coaster

As midwives talked about the 'delivery' there appeared to be a general dissatisfaction with what midwives perceived to be happening. *'You only need to look at the type of deliveries, to realise that something's gone drastically wrong....I can't believe the*

*difference we've seen over the last few years'. In response to this other midwives expressed the concern that 'we are in danger of not being able to know how to look after somebody if they've not got an epidural and a drip and monitor and that's not what midwifery is supposed to be about'. Contrary to this midwives appeared to indicate that this again is out of their control and 'kind of go along with this'. One midwife expressed this notion as she talks from a woman's perspective. 'They come in expecting to have normal deliveries and then they come home quite disappointed because they've had interventions that they were made to feel were necessary and I think a lot of them were unnecessary...then you end up kind of having to agree that they were kind of necessary...and you have to bite your tongue and say what you really think. Because you probably absolutely agree with what's she's saying was absolutely unnecessary but she's been led to believe it's OK and we kind of go along with this'*

#### 'Entrenched' midwives and 'scared' midwives

Some of the participants reported experiencing 'difficulties' with some of the other midwives in the maternity unit. This was often where midwives had been working in the same area for a long time. *'You've got some very entrenched midwives...it's hard though...they've done it for years and years, they're stuck in a 'they've got to get on and... mode. You can't penetrate their opinions'.*

(Note cut out paragraph)

There was concern that some midwives are being compromised in order to 'fit into' an industrial model of childbirth (Kirkham, 2003). One midwife expressed this saying *'you've got to fit in and be accepted and not be talked about when you are not there...I'll do anything but I don't want to go away and be talked about'.*

#### 'Shoving' or rotating around?

(Note cut out words) In all three focus groups the subject of rotation arose. Some midwives felt there could be more opportunities to rotate between hospital and community and so these opportunities as being paramount to their own personal and professional development. *"I was interested in a rotational post in community and expressed an interest in clinic and was told that the community post was being abandoned...it means my skills are going to be limited to delivery suite or ward 14 and there's so much more that goes on, rather than just the ward and delivery suite".*

Other quote

Community midwives in particular felt their delivery suite 'updating' was not useful. *"Upskilling in delivery is a load of rubbish. Shoving midwives into delivery and shoving midwives into sections is not the essence of what you should be doing".* On balance

other midwives felt that it was important for everyone to have a general understanding of each other's roles. Other quote

Again, the cultural differences between the midwives became more obvious. *"How has this come about that the community midwives rotate and a lot of the ward and delivery suite midwives rotate but there's this one group of people that doesn't..."*

### The conspiracy feeling

Other profound themes arising from the data was that around the proposed service reconfiguration. There was a general feeling that midwives were unclear about what was happening (or not happening) as well as the feeling that any changes were inevitable regardless of how they felt. One midwife described this as a 'conspiracy'. *"I think there's a huge conspiracy feeling that things are going on anyway and that decisions have been made and its all going to happen anyway whether we kick up a fuss or not.....I think little by little they are going to shift it all over without anybody really knowing about it"*.

Overall the midwives were not comfortable with the notion of a centralised service at CRH and their words suggested that *"It's false economy as well. Sickness rates will go up...you'd get more people leaving. You'd lose some good midwives"*

### Thoughts on Calderdale

Whilst midwives were not keen to work in CRH, these fears were underpinned by their concerns about on call working. *"There have been strong suggestions that we'll have to be on call on the midwifery led unit...and that's not going down very well...I don't think I could do it...there on call system sounds appalling....I don't think my family should suffer because of it"*. There also seemed to be a recognition and appreciation that the model in which CRH midwives work was difficult. *"I think the way they work is hard and I admire them for what they do"*.

### Resistance to change (or is it war?)

Contrary to the above there were midwives who appeared to indicate that some level of 'status quo' was the preferred option with reluctance to shift their views. One midwife expressed this; *"We've seen manager's come and go. When we've had rocky period, when we've had someone new trying to push us in a direction we don't want to go when we think things are working well. We've not been consulted"*. Another midwife said *"I think we feel a bit powerless sometimes that we went through reconfiguration. We went to focus groups, we met people, we talked to people...it did probably put a halt to it because they didn't realize how much opposed to change everybody is and I think midwives as a group...you couldn't just easily move them like they've [managers] done"*

*with the gynae nurses...they're just going aren't they...".* However, whilst midwives appear unwilling to move, the data did seem to suggest that midwives are not up to date with the reconfiguration debate, which is one reason why they may not feel involved in the discussion. 'Too many chiefs and not enough indians'

The midwives' words also suggested that midwifery managers were "*distant*" and "*remote*" and "not really aware of what we want them to be aware of". One midwife noticed this change, more so in recent years. "When I started nursing you knew who you were responsible to...things are a lot more vague now.....there are too many names and you don't know who the names belong too..... It feels like there's too many chiefs and not enough indians...they send you diagrams of the new management structure. It's like 'oh right' and then, there you are at the bottom". (note cut out line)

#### 'The birth centre idea'

For all midwives there seemed to be a feeling that the services within HRI lacked choice for women. Midwives wanted to '*see normalised birth more*' and were keen to see this being offered. This was expressed by a number of midwives in all 3 focus groups. "*I'd like to see more choice. I just feel I'm hugely compromised with what I can offer women. I'd like to see us have a midwife led unit...I'd like to see normalised birth more. I'd like to see more choice for women*". Another midwife said the same "*I'd love to have a midwife led unit on this site...to offer our women more choice...*".

However whilst midwives expressed these dreams there were concerns. One midwife expressed her concerns with respect to transferring women between units assuming that there was one obstetric unit "*I think there is a place for this birth center idea. I wouldn't want to be the midwife that sat with that woman in the ambulance that's hemorrhaging or you've got the baby requiring resuscitation*" (3)

#### Summary and recommendations

## KEY RECOMMENDATIONS

- More clerical support in all hospital and community settings
- More 'choice' and appropriate personal and professional development
  - Clarity around mandatory training
  - More active birth/neonatal study days
  - Increased opportunities for midwives to rotate
- Multi-professional midwifery led care working/steering group
- Regular updates for front line midwives from 'Managers' with respect to reconfiguration debate and careful 'involvement' of midwives with this debate
  - More visible 'managers'
  - More choice for women: midwife led unit/birth centre
- Flexible clinical guidelines that support 'normalised birth' rather than medicalise it

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