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THE IMPACT AND OUTCOMES OF THE IMPLEMENTATION OF THE WAKEFIELD BIRTH CENTRE

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EXECUTIVE SUMMARY

Introduction

In today's western society childbirth takes place mainly in hospital settings and is under the control of doctors (Kirkham, 2003). More recently there have been concerns about increasingly high caesarean section rates (ref), the decreasing number of practising midwives (Ball et al. 2002) and the worryingly small number of women experiencing a natural birth (Page, 2003).

Maternity services at The Mid Yorkshire Hospitals NHS Trust provide for a social, cultural and ethnically diverse community and manage 3,600 births per year. Following reconfiguration in February 2002, including the relocation of hospital maternity services, the trust decided to implement some of the Department of Health's Action Plan and open a stand-alone Birth Centre in Wakefield.

Birth centres are facilities that provide individualised and family centred maternity care, with an emphasis on skilled, sensitive and respectful midwifery care. They provide a relaxed and informal environment where women are encouraged to labour at their own pace. Birth Centres seek to promote physiological childbirth by recognising, respecting and safeguarding normal birth processes. This philosophy enables women and their families to experience a positive start to parenthood (Shallow, 2001, Kirkham, 2003). Midwives are also able to practise "real midwifery" (Kirkham, 2003, p.14).

The overall aim of this research was therefore to evaluate the impact and outcomes of the implementation of the Wakefield Birth Centre.

The research was funded by the Centre for Health and Social Care Research (CHSCR) at the University of Huddersfield. Ethical advice was sought through School Research and Ethics Panel (SREP) at the university of Huddersfield and ethical approval was granted by the Local Research Ethics Committee (LREC) and the Mid Yorkshire Hospitals NHS Trust Research and Development.

Methods

This was a small qualitative study and involved all those midwives working in the Birth Centre at the time and a sample of women who birthed their babies during the course of the research.

The research was carried out in three consecutive phases.

- **Phase One:** Focus groups were conducted with the Birth Centre midwives approximately two months after the opening of the Birth Centre. A thematic analysis approach was used in data analysis (Burnard, 1991). The midwives were asked their opinions about the Birth Centre, skill development, what they were hoping to achieve and how this might impact on care provision.
- **Phase Two:** Individual interviews were undertaken with 15 women who had used the Birth Centre. These interviews were undertaken in the women's homes and at their convenience. They were asked about their initial decision to use the Birth centre, their overall impression and the process of care-giving within the Birth Centre.
- **Phase Three:** A second round of focus groups were conducted approximately nine months later with the midwives to help determine whether their views had shifted over time. They were asked about whether working in the Birth Centre had met their expectations, whether their practice had changed, what future developments they would like to see, whether they had come across any unforeseen obstacles whilst working at the Birth Centre and how they saw the Birth Centre impacting on care provision in the area.

Findings

Women

Satisfaction levels

The women who birthed their babies in the Wakefield Birth Centre were very satisfied with the continuity of care that a social model of childbirth brought. The booking criteria at the time meant that the participating women had to have given birth at least once before. This meant that the participants were able to compare birthing experiences. The women expressed higher levels of satisfaction in relation to their well-being and confidence and their accounts strongly suggest that their individual needs were met during care-giving.

“I could do whatever I wanted...” (Mother, 29.04.03)

The environment was described as being relaxed and comfortable and relationships with midwives were experienced as non-hierarchical.

“It's more relaxed, it seemed to be more relaxed than in hospital where they're all running round and seeing so many people at once...” (Mother, 29.04.03)

Relationships: continuity and trust

Phase Two revealed that a social model of care within a Birth Centre, rather than continuity of carer, was more important for the women than seeing the same midwife. The women's narratives reflected the positive aspects of being able to progress in labour at their own pace without intervention and being able to exert choice and control at all stages of their childbearing experience.

“...we were able to discuss it [labour] at length with the midwives...”
(Mother, 28.04.03)

Increased social support during labour has been shown to be effective in decreasing maternal anxiety (McCourt et al. 1998). The women participating in this study stated that being able to include family members and close friends in the birthing experience was beneficial to them during labour.

“...it was just ‘do what ever you want’ and you can have as many people here and bring your mum...” (Mother, 29.04.03)

“...he [woman's partner] stayed overnight...I thought it was the nicest thing. You're very emotional afterwards and you need somebody there with you that you know”
(Mother, 29.04.03)

Moving forward – a cultural shift in the maternity services

Prior to this research being undertaken, the participating women had located previous birthing experiences within a medical model of childbirth where birth was only deemed normal in retrospect.

“When you're in hospital, they seem to take everything out of your hands...there's no discussion on what you want...” (Mother, 28.04.03)

They were also unaware that they could give birth in a different environment.

“...I just felt a lot happier. I was really excited...I think it's the completely different environment. I actually enjoyed my labour...last time it was so horrible”
(Mother, 29.4.03)

The Birth Centre provided a different context to experience birth enabling them to dispel previous negative experiences of childbirth.

“I was so calm and I was just back to my normal self...I was such an emotional wreck last time and I didn't feel myself at all” (Mother, 29.04.03)

“...I wanted to do it differently and I wanted to do it properly on my terms and what I wanted rather than what the medical staff wanted” (Mother, 28.04.03)

Furthermore they expressed a desire to encourage other women to use the Birth Centre and were readily passing information to friends and family about the new service. This is an important finding because Kirkham (2003) has pointed out that women who use Birth Centres are usually a special group of women who know what they want and are self-confident. The women participating in this research are already demonstrating such

confidence indicating that the Birth Centre is becoming an accepted and integrated part of the community.

The Birth Centre midwives

The midwives participating in the research came from a variety of midwifery backgrounds and had differing experience. Each midwife had worked on a labour ward in a hospital setting.

Becoming a 'good midwife again'

Being a good midwife was seen by the midwives as being able to practise 'normal' midwifery, using their midwifery skills without medical interventions and the use of technology.

“...we choose to really use the skills that a lot of midwives have lost”
(Focus group (FG), 26.06.03)

“...we trust their bodies and we instil that trust in them” (FG, 29.05.03)

The midwives reported that they had become more critical in their approach to midwifery and that their skills were developing further. Previous midwifery practices were questioned that did not always reflect the needs of women and their families.

“...we're not jumping in there and rupturing their membranes at 3cms or whapping drips up” (FG, 29.05.03)

Being autonomous – 'owning' the Birth centre

The midwives reported increased confidence in their own abilities stating that where they would have once turned to the obstetrician or a 'machine' for reassurance, they now described being able to assess the situation, discussing care with their peers and the women.

“yeh...they're [women] in the driving seat” (FG, 26.11.02)

They described being able to 'break free' from previous working practices that restricted a woman centred approach (DOH, 1993).

“I've never worked anywhere where I've just been able to give one person my undivided attention...where I worked before you'd have six or seven women...” (FG, 26.11.02)

A flexible, open door service was reported as being the way forward.

“...that's the other thing about being open 24 hors...they don't just have to come nine to five...we've got an open door drop in type policy” (Midwife, 25.01.02)

The midwives reported that they were able to engage with their peers in a non-threatening, non-hierarchical manner and that they never felt undermined. They also reported a sense of less scrutiny over their individual practice. The midwives were determined to work within a birth centre philosophy demonstrating ownership.

Birth Centre under threat – ‘working in a goldfish bowl’

Throughout the course of the research the midwives reported an increased awareness that their Birth Centre was being scrutinised and they reported feeling under increased pressure to ‘prove’ the Birth Centre’s success.

“I felt we were on show” (FG, 26.11.02)

“There will always be sort of big brother looking down on what we do and why we do it” (FG, 26.06.03)

“You’re working in a goldfish bowl and everything you do will be scrutinised...every single thing...” (FG, 26.11.02)

The midwives reported feeling angry that despite their efforts the Birth Centre had received little in the way of promotion within the community and that there had not been a celebration of its opening.

“...we didn’t know what day we were opening” (FG, 26.11.02)

They also reported constantly hearing rumours that the Birth Centre was going to close.

“...especially when the rumours were not denied...we just felt undervalued...(FG, 29.05.03)

They expressed a sense of continuous ‘doom’ and this impacted on staff morale. Recognition of the work that was done in the Birth Centre was reported to be crucial if it was to be a success and the midwives articulated a need for more effective support.

“...we don’t feel that we have had adequate support from Board level...”
(FG, 29.05.03)

Recommendations

- **Different ways of working:** There is a clear message emerging from this study that a social model of birth that takes place within a locally situated birth centre is one of the ways forward for midwifery. The implications of different ways of working need to be considered at the appropriate levels within the Trust, midwifery management and individual midwives. The appropriateness of the Birth Centre for realising the priorities for maternity care established in government policies has been clearly expressed by the participating women and midwives especially the need for a flexible, open-door service.
- **Support for women:** Effective support has been shown to improve the childbearing experience for women and midwives (McCourt et al. 1998, Flint etc). The participants in

this study expressed a need for support from family and friends as well as midwives. There is a need to offer a flexible, family-centred birthing experience for the women.

- **Support for midwives:** The participants in this study expressed a need for mutual support from their peers but especially from all managers within the Trust. Effective support mechanisms that facilitate reflection and the growth of interpersonal skills need to be explored for use with midwives. There is also a need for research that explores future education provision for midwives.
- **The culture and organisation of midwifery:** The midwives in this study wished to practise autonomously and have more control over their work. They appreciated being able to use their midwifery skills as well as being able to exercise their decision-making responsibilities. Conflicting ideologies (Hunter, 2003) about midwifery were found to be unhelpful in a birth centre setting and detrimental to working relationships. Action research within the birth centre, with a view to exploring the ongoing process of change and their responses in a midwife-led setting, is necessary.
- **Recognition and marketing:** Recognition of the Birth Centre as a facility by the relevant stake-holders, for example general practitioners, the Trust and midwifery managers, and investment to ensure appropriate advertising and marketing is crucial and will contribute to the continuing success of the birth Centre.
- **Further research:** Further research is recommended that explores the experience, outcomes and transfers of all women (including primigravidae) who use the Birth Centre.

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