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Woman centred care? An exploration of professional care in midwifery practice

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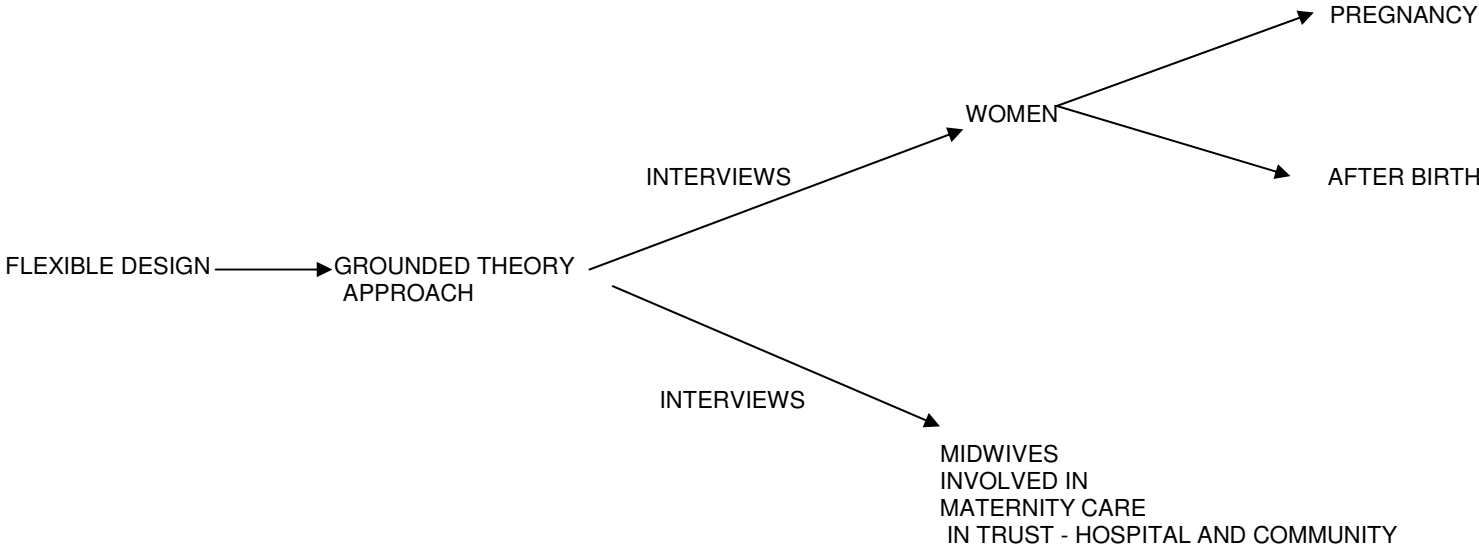
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**APPENDIX 1**

**AN EVOLVING FLEXIBLE DESIGN: PHASE ONE**

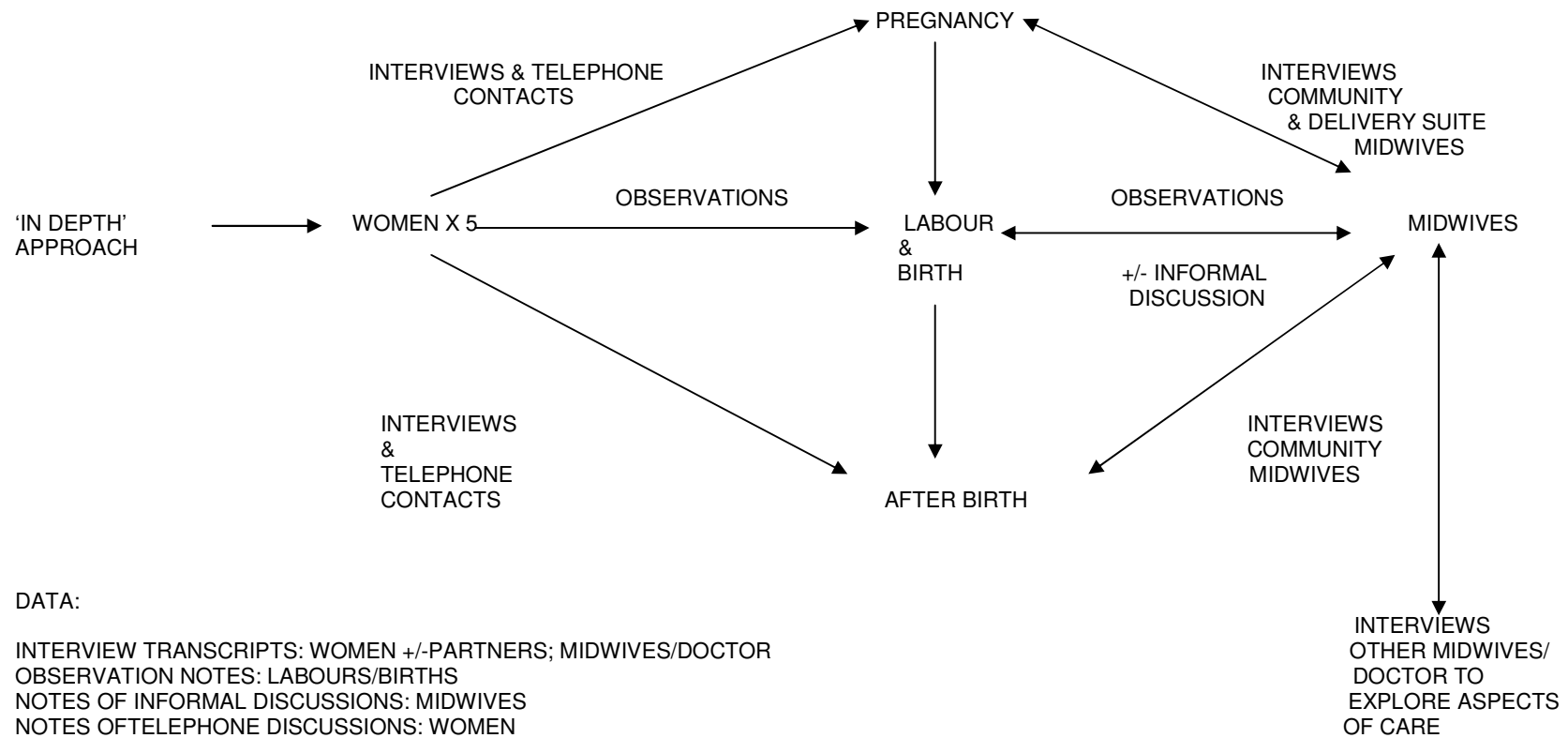


DATA:

INTERVIEW TRANSCRIPTS: WOMEN +/- PARTNERS  
MIDWIVES

## APPENDIX 2

### AN EVOLVING FLEXIBLE DESIGN: PHASE TWO



**APPENDIX 3**

**PHASE ONE OF STUDY – OVERVIEW OF WOMEN’S INTERVIEWS**

<b>INTERVIEW CODE</b>	<b>PROFILE</b>	<b>INTERVIEW EARLY PREGNANCY (INTERVIEW CODE)</b>	<b>LATER PREGNANCY (INTERVIEW CODE)</b>	<b>POST BIRTH (INTERVIEW CODE)</b>	<b>COMMENTS</b>
W1	Self employed actress Age 29 yrs Second pregnancy	@16-17 weeks (W1.1)	@ 25 weeks (W1.2)	3 days after home birth (W1.3)	
W2	Career break Previously Chartered accountant Age 37 yrs Third pregnancy 1 previous miscarriage	@ 13 weeks (W2.1)			Termination of pregnancy for abnormality
W3	Self employed teacher Age 30 yrs Second pregnancy	@ 22 weeks (W3.1)			No response To Follow Up
W4	Project manager Age 32 yrs Third pregnancy 1 previous miscarriage	@16 weeks (W4.1)	@ 36 weeks (W4.2)	51 days after emergency Caesarean Section (W4.3)	
W5	NCT counsellor Previously lecturer Age –not given Third pregnancy	@14 weeks (W5.1)	@ 37 weeks (W5.2)	9 days after emergency Caesarean Section (W5.3)	

**PHASE ONE OF STUDY – OVERVIEW OF WOMEN’S INTERVIEWS CONTINUED**

<b>INTERVIEW CODE</b>	<b>PROFILE</b>	<b>INTERVIEW EARLY PREGNANCY (INTERVIEW CODE)</b>	<b>LATER PREGNANCY (INTERVIEW CODE)</b>	<b>POST BIRTH (INTERVIEW CODE)</b>	<b>COMMENTS</b>
W6	Night carer Previously a nanny Age – not given Second pregnancy	@ 25 weeks  (W6.1)		15 days after normal birth in hospital  (W6.2)	
W7	Student (previously nurse and midwife) Age 30 yrs First pregnancy	@ 13 weeks  (W7.1)		21 days after normal birth in hospital  (W7.2)	
W8	Bilingual support worker Age 26 yrs First pregnancy	@ 10 weeks  (W8.1)	@ 36 weeks  (W8.2)	23 days after emergency Caesarean Section (W8.3)	
W9	Administrator Age 30 yrs First pregnancy	@ 12 weeks  (W9.1)			Declined interview after the birth
W10	Project worker in community development Age 30 yrs First pregnancy	@ 14 weeks  (W10.1)		31 days after normal birth in hospital  (W10.2)	
W11	Cable advisor Age 34 yrs Third pregnancy 2 previous miscarriages	@ 13 weeks  (W11.1)		21 days after normal birth in hospital  (W11.2)	
W12	Chef Age 26 yrs First pregnancy	@ 28 weeks  (W12.1)		35 days after ventouse extraction in hospital (W12.2)	

**TOTAL NUMBER OF INTERVIEWS = 25**

**APPENDIX 4**

**PHASE ONE OF STUDY – OVERVIEW OF MIDWIVES' INTERVIEWS**

<b>MIDWIFE INTERVIEW CODE</b>	<b>GRADE</b>	<b>MAIN LOCATION OF WORK</b>	<b>YEARS EXPERIENCE</b>	<b>COMMENTS</b>
MW13	G	Community	5+yrs	Previously worked in delivery suite in hospital
MW14	G	Community	20+yrs	
MW15	G	Ward	10+yrs	
MW16	G	Community	20+ yrs (13+ yrs community)	Previously worked in hospital
MW17	G	Antenatal Clinic	10+yrs	
MW18	G	Community	20+yrs	
MW19	E	Delivery Suite	5+yrs	Recently moved from ward
MW20	E	Delivery Suite	5+yrs	
MW21	G	Delivery Suite	20 + yrs	

G grade midwives in Community regarded as senior midwives and have a case load of women  
 G grade midwives in Delivery Suite regarded as senior midwives on the shift and take turns in acting as coordinator for the shift

G grade midwives on the ward carry managerial responsibility for the shift

E grade midwives normally the grade on qualification and without continuing responsibility for care

**TOTAL NUMBER OF INTERVIEWS = 9**

**APPENDIX 5**

**PHASE TWO OF STUDY – OVERVIEW OF WOMEN’S INTERVIEWS AND CONTACTS**

<b>INTERVIEW CODE</b>	<b>PROFILE</b>	<b>INTERVIEW EARLY PREGNANCY (INTERVIEW CODE)</b>	<b>NUMBER OF TELEPHONE CONTACTS (TELEPHONE CODE)</b>	<b>INTERVIEW POST BIRTH (INTERVIEW CODE)</b>
W22	Checkout supervisor (part-time) Previously manager Age 34 yrs Second pregnancy	@ 26 weeks (W22.1)	9 contacts in pregnancy  5 contacts after the birth (TELW22)	5 days after birth (W22.2)
W23	Childminder Previously a chef Age Fourth pregnancy	@ 24 weeks (W23.1)	10 contacts in pregnancy  3 contacts after the birth (TELW23)	6 days after birth (W23.2)
W24	Book keeper Age 34 yrs First pregnancy	@ 21 weeks (W24.1)	12 contacts in pregnancy  3 contacts after the birth (TELW24)	10 days after birth (W24.2)
W25	Hotel receptionist Age 25 yrs Second pregnancy	@ 28 weeks (W25.1)	11 contacts in pregnancy  3 contacts after the birth (TELW25)	5 days after birth (W25.2)
W26	Office junior Age –20 yrs First pregnancy	@ 26 weeks (W26.1)	12 contacts in pregnancy  3 contacts after the birth (TELW26)	13 days after birth (W26.2)

**TOTAL NUMBER OF INTERVIEWS = 10**

**APPENDIX 6**

**PHASE TWO OF STUDY – OVERVIEW OF MIDWIVES’ INTERVIEWS**

<b>MIDWIFE</b>	<b>GRADE</b>	<b>MAIN LOCATION OF WORK &amp; YEARS EXPERIENCE</b>	<b>LINKED WITH WOMAN</b>	<b>OTHER REASON FOR INTERVIEW</b>	<b>NUMBER OF INTERVIEWS (CODE OF INTERVIEW)</b>
MW27	G	Community 15+yrs	W25		2 (MW27.1) (MW27.2)
MW28	G	Community 10+yrs	W22 & W23		2 (MW28.1) (MW28.2)
MW29	G	Community 10+yrs	W26		2 (MW29.1) (MW29.2)
MW30	G	Community 10+yrs	N/A	Helped with recruitment of women to study	1 (MW30.1)
MW31	G	Community 15yrs	W 24	Supervisor of Midwives	2 (MW31.1) (MW31.2)
MW32	H	Matron 15+yrs	N/A	Organisational issues	1 (MW32.1)
MW33	G	Community 20yrs	W22 and W23		1 (MW33.1)
MW34	E	Delivery suite 6 yrs	W22		1 (MW34.1)
MW35	N/A	Lecturer/link teacher Previously community midwife 15+yrs	N/A	On call issues	1 (MW35.1)
MW36	G	Delivery Suite 30+yrs	W26	Acted as coordinator on delivery suite	1 (MW36.1)

G grade midwives in Community regarded as senior midwives and have a case load of women  
 G grade midwives in Delivery Suite regarded as senior midwives on the shift and take turns in acting as coordinator for the shift  
 H grade midwives carry managerial responsibility for a designated area  
 E grade midwives normally the grade on qualification and without continuing responsibility for care

**Total number of interviews = 15**



**APPENDIX 7**

**PHASE TWO OF STUDY – OVERVIEW OF WOMEN’S LABOURS AND BIRTHS**

<b>INTERVIEW CODE</b>	<b>BIRTH PARTNER</b>	<b>LENGTH OF LABOUR &amp; OUTCOME</b>	<b>OBSERVATION CODE</b>	<b>NUMBER OF MIDWIVES/OTHERS INVOLVED</b>
W22	Husband	Ventouse delivery	WB22	2x G grades 1 x E grade (MW34) Anaesthetic nurse Anaesthetist Obstetric registrar (D37.1) Paediatrician
W23	Husband	Normal birth	WB23	1 x E grade 1 x student midwife
W24	Husband	Forceps delivery	WB24	2 x E grades 1 x student midwife Obstetric registrar(D37.1) Obstetric Senior House Officer Consultant & 2 other unnamed medical personnel Paediatrician
W25	Husband	Normal birth	WB25	1 x G grade
W26	Boyfriend & mother	Ventouse delivery	WB26	2 x E grades 1 x G grades 1 x G grades(MW36.1) Anaesthetic nurse Anaesthetist Obstetric Senior House Officer Obstetric registrar (D37.1) Paediatrician

G grade midwives in Delivery Suite regarded as senior midwives on the shift and take turns in acting as coordinator for the shift

E grade midwives normally the grade on qualification and without continuing responsibility for care

**Number of observations with post birth midwife interviews = 5**

**Number of separate post birth interviews with midwives =2**

**Number of separate post birth interviews with doctors =1**

## **APPENDIX 8**

### **PLANNED INTERVIEW SCHEDULE PHASE ONE – WOMEN IN EARLY PREGNANCY**

#### **TYPE OF CARE**

1. Tell me about your pregnancy: first or second...?
2. How do you feel about it?
3. What type of care were you offered?
4. What type of care have you chosen?
5. Is this what you wanted?
6. If not, why not?
7. What will this mean for you in terms of:  
Attendance?  
Frequency of visits?  
Professionals involved?

#### **THE MIDWIFE**

8. Did you assume your midwife would be a woman?
9. What if your midwife had been male?
10. Would it have made a difference?

#### **EXPECTATIONS OF CARE**

11. What are your expectations of your care:  
In pregnancy?  
Birth?  
After the birth?
12. What is important to you about your care?
13. What support and information do you want your pregnancy?
14. Where do you anticipate this will come from?

#### **CHOICES AND DECISIONS**

15. How involved do you want to be in making decisions about your care?
16. Has that happened so far?
17. How do you feel you have been treated?
18. Do you feel that care has been centred around you?

## APPENDIX 9

XXXXXXXXXX XXXXXXXXX

### INFORMATION SHEET (1)

**TITLE OF STUDY:** Women caring for women? An exploration of professional care in midwifery practice

**Name of researcher:** Mari Phillips

**Address:** Division of Midwifery, Department of Clinical and Health Sciences, University of Huddersfield, Ramsden Building, Queensgate, Huddersfield, HD1 3DH. Tel: 01484 473525

#### **Aims of the Study:**

- To explore what is meant by woman-centred care: what it means to women and what it means to professionals, specifically midwives.
- To explore how care is offered by health care professionals, specifically midwives and perceived in different settings e.g. hospital, home.
- To consider the effect of health care policy on future organisation and implementation of maternity care.

In order to find out your views of the care you are receiving I should like to come and talk to you during your pregnancy and after you have had your baby. This would be once in early pregnancy, once in late pregnancy and once after you have had your baby. This meeting would be at a date and time convenient to you and I anticipate that it will take approximately one hour on each occasion. These meetings will be tape recorded.

The tapes will not be shared by anybody other than the supervisors of the study (and possibly the typist of the transcripts). You will be able to read the typed record of the interview, if you wish, in order to agree to me using it in the study. In the final report of the study, examples of the interviews will be given, but these and quotes will remain anonymous. You will not be recognised because pseudonyms will be used. You need not answer any specific questions and can withdraw at any time from the interview or the study without having to give a reason for withdrawing and without affecting your future maternity care.

I will erase the tapes on completion of the project.

I would also like to follow a small number of women throughout their pregnancy and birth and this would include observing visits to antenatal clinics, observing the labour, either in hospital or at home and observing postnatal care in hospital and at home. If you would like to be included in this part of the study please indicate this on the consent form.

Please contact me if you would like further information about the study. My name, address and telephone number are on the top of this sheet. Please complete the enclosed consent form and return to me in the envelope provided. If you agree to take part in the study I will contact you to arrange a suitable meeting.

Thank you for reading this.

**APPENDIX 10**

**XXXXXXXXXXXX XXXXXXXXXXXX**

**CONSENT FORM (1)**

**TITLE OF STUDY:** Women caring for women? An exploration of professional care in midwifery practice

**Name of researcher:** Mari Phillips

**Address:** Division of Midwifery, Department of Clinical and Health Sciences, University of Huddersfield,  
Ramsden Building, Queensgate, Huddersfield, HD1 3DH  
Tel: 01484 473525

**Please delete as appropriate**

Have you read the letter/ information sheet? YES/NO

Have you had an opportunity to ask questions and discuss the study? YES/NO

Have you received satisfactory answers to all of your questions? YES/NO

Have you received enough information about the study? YES/NO

Do you understand that you are free to withdraw from the study?  
⇒ At any time  
⇒ Without having to give a reason for withdrawing  
⇒ Without affecting your future maternity care YES/NO

Do you understand that the interviews will be tape recorded?  
⇒ Tapes will not be shared with anyone other than the supervisors of the project  
(and possibly the typist of the transcripts)  
⇒ In the final report of the study, examples of the interviews will be given  
but these and quotes will remain anonymous  
⇒ You will not be recognised because a pseudonym will be used  
⇒ You may refuse to answer any specific questions YES/NO

I.....(name) agree to take part and be interviewed in the study?

I.....(name) agree to take part and be interviewed and observed in the study?

Signed: Date:

Signature of researcher: Date:

## APPENDIX 11

### ACTUAL QUESTIONS USED IN A PHASE ONE INTERVIEW WITH A WOMAN (28.1.98)

1. Tell me a bit about yourself first.
2. So what's different?
3. How do you feel about this pregnancy?
4. How many weeks?
5. Sticking to your guns?
6. Who have you seen?
7. How did you choose your care?
8. And did she persuade you?
9. So how supported were you in your choices?
10. Did that fulfill your expectations?
11. What are the most important things to you?
12. Have you had sufficient information to make decisions so far?
13. It wasn't information you needed?
14. How involved do you anticipate being?
15. Was that the same with [your previous baby] or has it changed?
16. Did you ask for those things?
17. How do you deal with that?
18. What do you think this time?
19. What do you expect from the midwife?
20. Is it important to have the same midwife
21. Would it have been different if you hadn't clicked?
22. So how many of this team have you met?
23. Was the same midwife you met the 1st time?
24. Are there any plans to meet?
25. How important is it that the midwife is female?

26. Had you ever thought about it?
27. Do you think there's anything that women bring that men can't?
28. Are there issues of obstetric consultants being male or female?
29. What about your GP?
30. Did you discuss your home birth with GP?
31. Finally do you feel the care has been centred around you?
32. Is there anything else you want to tell me?

## **APPENDIX 12**

### ***ACTUAL QUESTIONS USED IN A PHASE ONE INTERVIEW WITH A MIDWIFE (24.3.2000)***

1. Tell me about your experience as a midwife...?
  - i. Years of experience?
  - ii. Type of training?
  - iii. Different settings you have worked?
2. Right, I'll start with the main issue, what do you understand by woman centred care?
3. How far are you able to provide that?
4. In your experience, is there much conflict?
5. You mentioned the UKCC, is that very constraining?
6. What is it that women really want with regard to their care?
7. What do women want around the organisation of their care?
8. What about the involvement of other professionals?
9. Are women still going to the GP?
10. Is there a role for the GP?
11. What about the obstetricians then, what role do they have?
12. What support and information is actually offered to the women?
13. How do you, as a midwife, cope with that then?
14. Who is it that provides the information about the screening and the tests?
15. How involved do you think women want to be in the decision making of their pregnancy?
16. Have you considered whether it's important that the midwife is female?
17. In what way?

18. How do women perceive these midwives?
19. Do you see any difference between the midwife's role in the community and in hospital, seeing as you've moved?
20. Are there special skills the hospital setting?
21. Anything I haven't asked you that you feel would be worthwhile me knowing?



## **APPENDIX 13**

### **PLAN FOR INTERVIEWS WITH WOMEN AND MIDWIVES IN PHASE TWO**

Women will be asked about their experience of care so far to explore to what extent the concepts are repeated leading to category saturation.

Midwives will be asked about their experience of providing care to the women I am following up.

Also to be aware of emerging categories and concepts identified from the midwives' interviews in phase one and the extent to which these contribute to a differing or shared agenda.

The preliminary and tentative categories that emerged from the first phase of the interviews were as follows:

#### ***INTERVIEWS WITH WOMEN***

Preliminary categories:  
experiencing care/birth story  
aunties and traffic wardens  
vision of the hierarchy

*Weaker categories include  
being heard and speaking out  
going along with things*

#### ***INTERVIEWS WITH MIDWIVES***

Preliminary categories that have emerged during data analysis include the following:  
nature of care  
qualities of the midwife  
skills  
relationships with doctors and other midwives

*Weaker categories:  
cultural differences  
gender (including the prevalence of sexist, paternalistic and infantilising language)*

## APPENDIX 14

### SAMPLE OF MEMOS

CODING MEMO: W25.1 (08.12.02)

p. 2 – getting to ‘know’ midwife in first pregnancy and therefore ‘knowing’ her in subsequent pregnancy.

MEMO: W24.2 (08.12.02)

p.4 – I’m struggling here to code because everything is so familiar – yet distressing to hear from the woman’s point of view...

CODING MEMO: MW27.2 (02.03.03)

p. 13 – I somehow feel outraged about being selective about the women you may or may not trust. What is this about?

EXTRACT FROM SUMMARISING MEMO: MW27.1 (23.02.03)

Language, in terms of ‘ladies’ or ‘patients’ occurs frequently. Some suggestion that satisfaction might mean doing the same again. ‘Nice’ appears but with the midwife describing the couple as ‘nice’ - ? link with the tyranny of niceness. Covering your back comes up - explicitly and perhaps implicitly. Community midwife appears to be the key in ensuring the most appropriate arrangements for care are made – but she may also may deviate from policy. Qualities of a midwife – kind, approachable, friendly, competent and caring. Acknowledgement that continuity of care is important, but then a justification for the lack of continuity in labour – but a suggestion that this is the best they [the midwives] can do. Important for woman to decide if the midwife is trustworthy...

EXTRACT FROM SUMMARISING MEMO: MW27.2 (23.02.03)

Language again e.g. ladies, plus euphemisms e.g. down below – check literature. Satisfaction her = not complaining. The notion of trust is reversed – midwives know which ‘ladies’ they can trust. Some suggestion of establishing criteria for trustworthiness – this may include stereotyping. Notion of ineffective woman – I don’t know if this will be repeated...