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### Original Citation

Phillips, Mari (2010) 'Woman centred care'? An exploration of professional care in midwifery practice. In: 16th Qualitative Health Research Conference, 3-5th October 2010, Vancouver, Canada. (Unpublished)

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# 'Woman centred care'?

## An exploration of professional care in midwifery practice

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# Agenda

- Background to study
- ‘Woman-centred care’
- Methodology
- Mismatches
- Tensions and dilemmas
- Implications

# Background to study



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- The concept of 'woman centred care'
- The 'trajectory of maternity care'

# 'Woman - centred care'



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*"The woman must be the focus of maternity care. She should be able to feel that she is in control of what is happening to her and able to make decisions about her care, based on her needs, having discussed matters fully with the professionals involved."*

(DH, 1993, p.8)

*"Women are acknowledged as active, conscious, intentional authors of their own lives and can occupy a powerful authoritative and controlling position in their childbearing experience".*

(Adapted from Brown et al., 1994, p.5)

- Modified grounded theory approach framed in a feminist perspective
- Two phases of fieldwork
- Phase one – interviews with 12 women and 9 midwives
- Phase two – interviews, telephone contact and observations of labour and births of 5 women
- Interviews with the midwives involved in the woman's care

# Mismatches...



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- Knowing
- Choice
- Continuity
- Control

*“...because at the first [pregnancy] I was just getting to know her but I feel like I know her and she knows [the toddler] as well...”*

*(W25.1, p.2).*

*“...so I saw another one...she was very nice but she didn’t know me so I never know who I’m going to see when I get down there...”*

*(W6.1, p.9).*



*“... I want to go straight to hospital definitely. Cos I’m not frightened or anything, a lot of people don’t like hospitals. I’m not frightened, I’d like to be up there right from the beginning, at least you’re looked after, at least you’re not worrying and you’re up there and they can look after... I need to be at the hospital, I’d feel safer and a lot more comfortable if I were at the hospital...”*

(W12.1, p15)

*“...I would like my midwife to follow me all the way through...I haven’t seen the same one twice yet...”*

(W6.1, p.10)

*“...but [the midwife] said that they try and only do two different ones...”*

(W22. 2, p.13)



*“...but they [the contractions] were getting more and more regular...and they were starting to come on top of each other, but every time the midwife came to check me out they’d stop...and they said oh you’re not in labour love...well it got a bit ridiculous when they were really coming fast and I actually thought this is getting painful now, I can’t keep on top of it and then to be told that they weren’t...because I knew they were...it’s almost like they didn’t believe me...”*

(W10.2 pp.2, 6)

# Tensions and dilemmas



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- Tension between individualised care and an institutional framework
- Negotiating the ‘trajectory of maternity care’
- ‘What is must be best’

“Women tend to assume that whatever system of care is provided has been well thought out and is therefore likely to be the best one. Where they express a preference, it is generally for whatever arrangements they have experienced rather than for other possible arrangements.

(Porter and Macintyre, 1984, p.1197).

# Implications for policy makers

- Nature of the system
- Management of risk
- Centralisation of maternity services
- Financial pressures

# Implications for midwifery practice

- Shared understanding of:
  - ‘woman centred care’
  - being ‘with woman’
  - knowing, trusting and listening

# Implications for service development

- Develop, implement and evaluate alternative organisational models to facilitate ‘woman centred care’ and to provide continuity of carer for those women who desire it
- Address organisational factors to facilitate genuine choices for women

# Implications for education providers

- Include the concept of 'woman centred care' in pre-registration curricula
- Prepare students effectively for the multiple pressures that midwives have to negotiate in their daily work
- Facilitate development of strategies for students to manage these pressures in clinical practice

# Summary



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- Discrepancies between what women want and what is provided
- Practices and language observed in 1980s and 1990s still evident
- Reality of care confounded by increasing safety/risk discourse and policies, procedures and rules
- Being 'with institution' more likely than being 'with woman'

# Post script - Midwifery 2020

Across the UK there is now a common commitment to:

- Providing physically and emotionally safe services which are woman and family centred...
- Offering more choice...
- Increasing continuity...
- Hearing and responding to the voices of women and families about their experiences of and satisfaction with care (Midwifery, 2020)