

UNIVERSITY OF PRETORIA

Presenters: Jiyane PM

Supervisor: Prof Peu MD

Co-supervisor: Prof Mulaudzi FM

Co-supervisor: Prof Moloko-Phiri S.S

University of Pretoria, Nursing Department

**Title: Transforming midwifery care in a public
Maternity ward, Mpumalanga, South Africa.**

Conference dates: 28-31 August 2018.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Denkleiers • Leading Minds • Dikgopolo tša Dihalefi

Overview of the presentation

1. Introduction.
2. Definition of concepts
3. Problem statement
4. Research designs and methods
5. Findings
6. Promoting quality
7. Contribution of the study
8. Conclusion
9. List of sources
10. Reflection
11. Acknowledgements



1. Introduction and background

1.1 The philosophy of midwifery care.

the essence of being a midwife is **the assistance of a woman** around the time of childbirth, in a way that **recognises that the physical, emotional and spiritual aspects of pregnancy and birth are equally important.**

The midwife provides **competent and safe physical care** without sacrificing these other aspects' (Page, L. & McCandlish, R, 2006) as cited in Midwifery 2020 program, 2010:5).

Introduction and background cont.

1.2 Definition of a “Midwife”.

- a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education,
- which is recognized in the country where it is located;
- who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’;
- and who demonstrates competency in the practice of midwifery.

International Confederation of Midwives (2017:1)

Introduction and background cont.

1.3 Description of a midwife

- Midwives are a vital resource for Health.
- Midwives are the backbone of the health care system (Dlomo:2014).
- Midwives belong to a highly specialized value-driven field of study since they perform increased skilful practice comprised of a unique science and art of nurturing during childbirth.
- As a result, midwives are recognised heroes in Health care and therefore, without them, no health system will ever come right (WHO, 2017).
- Midwives are referred to as recognised, responsible and accountable professionals who enter into a voluntary joint partnership with the women during childbirth.
- Despite their professional status they are “just human”.

2. Definition of concepts

Value-driven midwifery care

The term value related to standards for action that are acceptable to a professional group or individual to evaluate the integrity of a group or individuals within that particular group (Poochangizi, Farokhzadian, Abbaszahdeh, Mirzaee & Borhani (2017:2). In this study, the term meant actions which are seen as socially acceptable and desirable by the midwives during their caring in midwifery care.

Definition of concepts cont.

Cooperative Inquiry

- a participatory action research which involves a group of people who voluntarily form a '*do it yourself*' inquiry group into their own experiences, using a series of actions, while moving between the experiences in a collegial environment (Peden, 2004:9).
- All the participants engage in the research endeavour as co-researchers who have a say in the decision making regarding the study (Reason, 2002:169).
- Participants actively engage throughout the research process as the Cooperative inquiry Group (CIG).

Aims and objectives

Aim: To facilitate professional value-driven midwifery care in order to uplift quality midwifery in the Maternity ward using a Cooperative Inquiry research approach.

Objectives of the study

- To explore and describe the participants' views regarding professional value-driven midwifery care during childbirth in order to promote quality care during childbirth.
- Design a plan of action to improve professional value-driven midwifery care using a Cooperative Inquiry research approach in the selected hospital in Mpumalanga.

Research question

- How can midwives promote professional value-driven midwifery care in the Maternity ward?

3. Problem statement

- Increased complaints to the office of the leadership.
- Complaint by the community during the general service delivery “Imbizo”.
- Negative results during the National Core Standards accreditation.
- The district complaint register .
- Twelve complaints from the suggestion box were revealed in one quarter.



Problem statement cont.

Claims raised about the current midwifery care in the chosen setting

Current claim was that:

- ethical-professional values were ignored, with resultant decline in professional value-driven midwifery care.
- increased ethical disengagement has occurred.

Results: humiliation, dehumanization, disturbing, inhuman, disrespectful, abusive and substandard care exists.

Problem statement cont.

- - humanity is lost.
- - the uniqueness, individualized, independence are limited.
- - safe care is decreased.
- - women's democratic rights are infringed upon.

Therefore, the researcher developed interest to conduct research based on the aforementioned state of care in the chosen Maternity ward.



3. 1 Sensitivity of the topic under discussion

Rapport

Researcher's efforts to create ample time for rapport.

- The researcher's non-judgemental stance. The "we" and not the "you".
- The researcher's clear understanding of the need for research to assist participants to address the issue with a positive mind for the sake of service delivery was raised.

Participants' realisation of a need to be listened to was acknowledged.

- **Regaining the trust** from those who are care for.
- Midwives **being overworked**, therefore work is prioritised.
- Complaints about **negative attitudes** from the women as members of the community.
- **Performance of non-nursing duties.**
- **Negative local media reporting.**
- **Impact of system related issues.**

Sensitivity of the topic under discussion cont.

- **Unfavourable working conditions** (threat to individuals' qualifications).
- **Unthankful leaders/managers.**
- **Inadequate resources.**
- **Practices that form barriers** towards professional value-driven midwifery care.

Agreement to use a **Participatory action research (PAR)**.

- A need to utilise PAR was found necessary after the presentation on the method.

4. Research design and methods

4.1 Participatory Action Research (PAR)

Characteristic of PAR

- Conducting research that **combines two different approaches of participatory research and action research.**
- It provide **equal involvement** of the researcher and the participants as co researchers.
- **Findings are more specific** to the community under investigation.
- **Findings are not generalised** but may be transferable to those who feel some aspects of the inquiry might be appropriated to their own contexts (Mash, 2014:4).

Research design and methods cont.

4.2 Differentiating the Cooperative Inquiry (CI) with other forms of researches.

Cooperative Inquiry

- Research conducted “with” people.
- Believes in “together we explore”
- Knowledge created is particular and situational.
- Data is contextually embedded: it is practical and experiential.

Positivist science

- Research is conducted “on” people.
- It believes in “ I ask , you answer”
- Knowledge created is universal and covered by the law.
- Data is context-free, logic and often theoretical.

Research design and methods cont.

Cooperative Inquiry

- It is a participatory and democratic process.
- Genuine achievement of a sense of “us” the group.

Positivist science

- It is a passive and oppressive process.
- Achievement is attached to a sense of “me” the researcher.

Coughlan & Cochlan (2002:224)

Research design and methods cont.

4.2.1 Advantages of using a Cooperative Inquiry

- The need for researcher to cooperate to reap cooperation.
- Equality.
- Collaboration and teamwork.
- Shared roles.
- Collegiality and increased self-worth.
- Mutual decision making.
- Group accountability and shared ownership.



Research design and methods cont.

4.3 The process of Cooperative inquiry research

Participants' agreement to use the following steps of the Cooperative inquiry:

4.3.1 Reflect: (1st reflection)

- Episodes of unprofessional value-driven midwifery care based on the OPM's internal reports

4.3.2 Plan

Participants engaged in plans which should allow them to amicably resolve problematic issues while rendering care.

Planning of the Inquiry

- Presentation of different data collection methods
- Participants' decision making on:
 - the data collection methods

The process of Cooperative inquiry research cont.

- Time management
- Attendance
- Meetings and venues

Total number of FGD sessions

Data analysis: Thematic data analysis according to Clarke & Braun, 2013:121).



5. The findings

Five themes emerged from the FGDs. For the sake of the presentation only a portion of one theme of “**Maintaining ethical midwifery care** “ was addressed as table 1.

Table 1: 1

Theme	Subthemes
Maintaining ethical midwifery care	<ul style="list-style-type: none"><li data-bbox="877 544 1630 658">- Promoting beneficence during childbirth.<li data-bbox="877 715 1630 829">- Portraying respect towards the birthing women.<li data-bbox="877 886 1630 1058">- Promoting acts of justice towards women during childbirth.



Discussion of the Findings of the study cont.

- **Promoting beneficence during childbirth.**

Participants showed increased understanding that acts of harm should not be condoned during childbirth and that showed their willingness to change through the following example:

“By physical harm we talk of a midwife refusing to remove a swollen intravenous infusion because the patient is complaining a lot. I want to teach her a lesson. I want her to feel pain. At the end, the patient’s limb swells until dressings are prescribed. By the way she came with a maternity problem but now she becomes a surgical patient, do you see we invite unnecessary litigations?. We are not supposed to do that”.

Ishola , Owolabi and Fillipi (2017:5) confirmed that women are physically assaulted during childbirth. Midwives resort to use of force and by doing that they end up in physical violence which no woman deserves during childbirth (pickles, 2015:7, Attarra, Kheshavarz, Bakhtiary & Jamilian, 2016:337).

Discussion of the findings of the study cont.

- **Portraying respect towards the birthing women.**

One fourth year male midwifery student appealed for respect of all the women under the midwives' care on a continuous basis. The midwife's voice sent a strong message to the colleagues to refrain from disrespectful practices through this direct quote:

“You cannot call the students and say ” come and see the delivery” and everybody is standing around the patients’ bed. It is embarrassing ...so let there be few people attending and not everybody like” go in and feel, the cervix is just here... and “next!”.

Discussion of the findings of the study cont.

Khosla, Zampas, Vogel, Bohren and Erdman (2016:23) appealed for carers to treat women with increased respect as indicated by the human rights standards which forbids all forms of mistreatment towards women who give birth (Manning & Schaaf, 201:1)

Additionally, participants showed that verbal abuse may also form acts of disrespect towards women who give birth and an example thereof was:

“maybe the woman is para...gravida...oh... let’s say the patient is crying and the sister (meaning the midwife) asks “why are you crying? You have so many children but you are crying as if you don’t know the pain”. The patient may not like that. They may hate to be here again”.

Naturally, childbirth is the worst tormenting event women are exposed to and that on its own fill the pregnant women with fear in anticipation (Aziato, Acheampong & Umoar (2017:1) therefore, midwives should be understanding and supportive during childbirth.

5.1 Discussion of the findings of the study cont.

- **Promoting acts of justice towards women during childbirth.**

Participants showed increased realization that if justice does not prevail, childbirth might pose for example, psychological problems to the women who give birth in the Maternity ward. On e comment read as:

“what do you want here? Hey...you left your hospital there at XXX.... and then came here?”.

The contents of the quote can easily affect the women’s emotions. According to the Constitution of the Republic of South Africa, the comment is discriminatory and should not be used to any woman who give birth in a Maternity ward in the country.

The process of Cooperative inquiry research cont. (from point 4 and only taking place under point 5.

4.1.3 Act (2nd reflection)

Action to improve service delivery was taken (audit tool)

4.4 Observation (at service delivery level)

Agreement to **evaluate** the ability of their own tool to improve the effectiveness to change the care given to cover the needs of professional value-driven midwifery care in the Maternity ward.

Time frame: The next six months.

6. Promoting quality (trustworthiness)

6.1 Measures to ensure quality

Development of reflexivity

Ownership of the inquiry

Democratic collaboration

Commitment

Construction of new knowledge etc.

Mash (2014).



7. Contribution of the study

7.1 . Benefits of the study

- A **meaningful relationship** which took place through co-participation, co-researching and co-production of knowledge
- **Knowledge-transfer**
- **Bridging the existing academic-practice gap** thus, doing away with the academic-practice–disconnect
- **Needs satisfaction** for the 3 tier stakeholders due to the availability of anticipated benefits.
- The development of **educational** material.
- **Turn-around strategy and the transformation** of the current status quo in midwifery may be achieved
- **Improved quality** midwifery may be practiced



8. Conclusion

The purpose of the study was to facilitate professional value-driven midwifery care in one selected hospital in a province in South Africa.

A qualitative, Participatory Action Research, professional Cooperative Inquiry was conducted. Participants were involved through a democratic, collaborative, collegial, joint decision making to change the current level of midwifery practice in their own setting.

The results may:

- transform the midwives to render their maternity services with respect and pride.
- the communities may approach our maternity settings with confidence and trust.

Conclusion cont.

- The findings cannot be generalized but may be transferrable to settings which feel their aspects may be appropriated to them.



9. List of sources

Attarha, M., Keshavarz, Z, Bakhtari , M & Jamillan, M. (2016). The outcome of midwifery-mother relationship in delivery room: A qualitative content analysis. *Health.*, 8(3), 336-343.

Aziato, L., Acheampong, A.K. & Umoar, K.L. (2017). Labour pain experiences and receptions: a qualitative study among post-partum women in Ghana. *BMC pregnancy and Childbirth*, 17 (73).

Bohren, MS., Vogel, JP., Hunter, EC., Lutsiv, O., Makh, SK., Souza, JP., Aguiar, C Conaglia, FS., Luiz, A., Diniz, A., Tuncalp, O., Javadi, D., Odalapo, OT. Khosla, R., Hindin, MJ, Gulmazoglu, AM (2015). The mistreatment of women during childbirth In health facilities globally: a mixed methods Systematic Reviews, *PLoS med* 12(6):e1001847.doi:10.1371/journal.pmed.1001847

Constitution of the Republic of South Africa., Act No 108, 1996, RSA.

List of sources cont.

International confederation of Midwives (2017). International Definition of the Midwife. Strengthening midwifery globally. The Hague, The Netherlands tel: +31 70 3060 520 www.internationalmidwives.org

Manning, A & Schaaf, M. (2017). Disrespect and abuse during childbirth and respectful Maternity care, Averting Maternal Death and Disability Program, Heilbrunn, Department of Population and Family Health, Mailman School of Public Health, Columbia University, Columbia.

Midwifery 2020 (2010). Programme Core Role of the Midwife Work-stream, Final Report.



10. Reflection on the SOMSA conference

Through the Bloemfontein SOMSA Conference (2018) I feel transformed by meeting the SOMSA participants. My colleagues do you feel the same?

As midwives let us go and do, show and advice to:

“Speak tenderly, let there be kindness in our faces, eyes and smile. Let us not only give care but give our hearts to the women we assist” during childbirth.

“not to be mistaken to bring life but to be acknowledged that we receive life into this earth”.

“Hold hands with families of the women”.



11. Acknowledgements

The leadership of the hospital where the research was conducted.

I say THANK YOU for allowing me in and your continuous support.

My supervisors

Your continuous efforts and the enthusiasm to guide me throughout the study period were really noticed. Even when the “*storms of life were raging*” you remained there to support and gave me courage to go forward. Thank you.

Financing of my study

The study received the following grants:

- **UNEDSA**
- **SANTRUST**
- **NRF**

My repeated words of thanks are directed to the aforementioned organizations for the financial contribution which formed a vital source for the existence of this study, Thank you.



Acknowledgements cont.

The Bloemfontein SOMSA audiences THANK YOU for listening to the presentation.

The Bloemfontein SOMSA Conference (2018) research team for selecting my abstract.

Thanks for the opportunity. It became a great honour to me.

The Bloemfontein SOMSA team, Mrs Bekker and all the individual members, for all the logistics of this conference. With you, the conference had been the most enjoyable to of us.

THANK YOU.



THE END

Thank you !

Baie dankie !

Siyathokoza !

Re a leboga !

Khanimamba !

