Midwifery Research Review™

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Issue 12 – 2016

In this issue:

Welcome to the latest issue of Midwifery Research Review.

The issue starts with a joint Australia/UK study that found that the ambience that is conducive to birth is also conducive to midwifery practice. This is followed by a Norwegian report of women's experiences of postnatal home visits; evidence of the benefits of "self time" for new mothers; and a study of the prevalence of postnatal dyspareunia in Australian women. We also report the maternity care experiences of women with obesity, the new fatherhood experiences of Afghan refugees in Australia, and we finish with an in-depth look at the conflicting findings between two studies of out-of-hospital birth and hospital birth.

I hope you enjoy these and the other selected studies, and look forward to any feedback you may have.

Kind regards,

Jackie Gunn
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Birthplace as the midwife's workplace: how does place of birth impact on midwives?

Authors: Davis D & Homer C

Summary: This study examined the influence of birthplace on midwives in Australia and the UK. Data were gathered from focus groups of midwives in publicly-funded maternity services who provided labour and birth care in at least 2 different settings. Five themes emerged relating to midwifery and birthplace. These were: practising with the same principles; creating ambience; being watched; "busy work" versus "being with"; and midwives' response to place. While midwives demonstrate a capacity to be versatile in relation to the physicality of birthplaces, workplace culture presents a challenge to their capacity to "be with" women. These findings suggest that the culture of the birthplace is more important than the physical location.

Comment: This joint Australia/UK qualitative descriptive study provided as the authors say, "a unique opportunity to study perception of '[birth] place' in a sample of midwives who could articulate the difference of place, and were not merely 'different midwives'." (p.8). The midwives in this study concurrently provided midwifery care in both an obstetric facility and primary care settings of home and/or primary maternity unit. The themes emerging from the focus group data were the same in both countries. The study is fully reported in the article. The authors clearly describe the methods used to reach their findings. This study is important for several reasons. The midwives understand that 'how they are' and the ambience of the setting are conducive to the physiological processes of labour and birth unfolding naturally. The midwives work hard to develop that ambience in all settings. They articulate how easily it is disturbed, as one participant says "she ruined a whole night shifts work in a few minutes" (p.4). In addition, it reflects how powerful the norms of time and busyness in the obstetric facility are, and ways in which midwives with 2–30 years' experience 'felt watched' by their colleagues. These are significant areas where change is very possible. The conclusion highlights that the ambience that is conducive to birth is also conducive to midwifery practice. This study contributes to our understanding of midwifery practice and assists us to reflect on our own maternity care settings and how and why midwives practice within them in the ways that they do.

Reference: Women Birth 2016; published online Mar 17
Abstract

Time spent reading this publication has been approved by the Midwifery Council of New Zealand for NZ midwives as elective education.

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Women's experiences of home visits by midwives in the early postnatal period

Authors: Dahlberg U et al.

Summary: This Norwegian study examined women's experiences of midwifery home visits in the early postnatal period. Data were based on six focus group interviews of women (n=24) who had given birth at a maternity unit. The women were both primiparous and multiparous, aged 22–37 years, and lived with their partners. Analysis of the transcribed interviews found 3 main themes: the importance of relational continuity; the importance of a postpartum talk; and vulnerability in the early postnatal period. When the woman had a personal relationship with the midwife doing the home visit she experienced predictability, availability and confidence. The women wanted recognition and time to talk about their birth experience, and felt vulnerable in their maternal role in the early postnatal period.

Comment: This is a well-designed qualitative study from Norway that explores women's experiences of postnatal home visits. The women in the study were both first time and experienced mothers. The results highlight the importance of continuity of midwifery care as we understand it in NZ and of the birth debriefing discussion that is standard midwifery care here. Importantly for NZ midwives, the results are a reminder that all women can feel vulnerable in the early days postpartum, even if they have previously had a baby. The Norwegian women in this study experienced predictability, availability and confidence when they knew their midwife. Supporting women to become confident mothers is a key part of NZ midwifery care in the six weeks after birth. Again, this study underscores the high quality midwifery care women receive from their LMC midwives, and that the structure of the NZ maternity service has ongoing postpartum midwifery care built into the maternity notice specifications. There is a dearth of NZ research in this area. Good quality studies that explore and reveal the quality of NZ postpartum midwifery care are sorely needed.

Reference: Midwifery 2016;39:57-62
Abstract

Frequency of "time for self" is a significant predictor of postnatal depressive symptoms

Authors: Woolhouse H et al.

Summary: This cohort study explored the relationship between frequency of time for self and maternal depressive symptoms at 6 months postpartum. 1,507 first-time mothers in Australia were recruited in early pregnancy with follow-up at 6 months postpartum. A score ≥13 on the Edinburgh Postnatal Depression Scale was considered indicative of depressive symptoms. 48.5% of the women reported having time for themselves when someone else looked after their baby once a week or more. Compared with women who reported less frequent time for self, women who had time for themselves once a week or more were less likely to report depressive symptoms at 6 months (unadjusted odds ratio, 0.44).

Comment: This study is interesting because it highlights ways of supporting women's health in the first year postpartum. Enabling new mothers to have some time for themselves is beneficial for their health and wellbeing. The extent of postpartum depressive symptoms experienced by NZ women is unlikely to be very different from the experience of Australian women. Of course, not every woman has family and friends available on an ongoing basis. However, determining the amount and type of support individual women have available to them, ensuring women appreciate the need for time for themselves, and providing information about additional support available in the woman's local community seem relatively simple ways health professionals can promote the health and wellbeing of new mothers.

Reference: Birth 2016;43(1):58-67
Abstract

Frequency, severity and persistence of postnatal dyspareunia to 18 months post partum

Authors: McDonald E et al.

Summary: This study investigated the frequency, severity and persistence of dyspareunia in the first 18 months after the birth of a first child. 1507 nulliparous women were recruited from 6 public hospitals at ≤24 weeks' gestation. Self-administered written questionnaires were completed at recruitment and at 3, 6, 12 and 18 months postpartum. Overall, 85.7% of women had pain on first vaginal sex postnatally. The proportion of women experiencing dyspareunia reduced over time, from 44.7% at 3 months postpartum to 22.6% at 18 months postpartum. Approximately 10% of women who reported dyspareunia described the pain as distressing, horrible or excruciating. Women who had a caesarean section were more likely to report more intense dyspareunia at 6 months postpartum.

Comment: As noted in a previous *Midwifery Research Review*, postpartum sexual health is an under-researched area. This prospective cohort study from Australia adds to our understanding of women's experiences of pain associated with postpartum sexual intercourse. The study had a long follow-up period but very little attrition from the cohort of participating women. This indicates that the issue is very important for women. The results show that although a third of the women reported no dyspareunia, and that pain decreased as time passed for those who did report pain, 20% of the women continued to report some degree of pain after 12 months. In addition, women who had a caesarean section reported more intense pain at six months postpartum than those who had a non-surgical birth. The women in the study were recruited from six public hospitals in Melbourne. Study participants were representative in relation to method of birth, but migrant women and women in the 18–24 years age-group were underrepresented. Validated tools were used to measure pain intensity. The social characteristics of the participants were not associated with differences in reporting dyspareunia. The study highlights that for a small but significant group of women dyspareunia is severe and underscores the importance of the discussion about resuming sexual intercourse when discharging women from midwifery care. This is almost always the only time that the discussion is routinely raised with women after birth, and midwives already discuss the first time that sexual activity is resumed. Encouraging women to see their general practitioner or family planning clinic if pain is severe, or if it is a milder discomfort but does not steadily resolve over 3–6 months, seems a relatively simple thing to add into that discussion.

Reference: Midwifery 2016;34:15-20
Abstract

Midwifery education in New Zealand: education, practice and autonomy

Authors: Gilkison A et al.

Summary: The NZ midwifery education model is intertwined with a practice model that is underpinned by autonomy and partnership. This paper provides an overview of NZ's midwifery education model. Students have formal learning opportunities within educational institutions but also spend at least half of their programme learning through authentic work experiences alongside midwives.

Comment: While this is not a research study, I have included it because it is a concise, yet comprehensive review of NZ midwifery education. Many NZ midwives will already be aware of the information in this article. However, it is a measure of international interest in NZ midwifery and midwifery education that this article was accepted for publication in an international midwifery journal. In addition to midwives, it is a useful overview for intending midwives and others who have an interest in the preparation of midwives.

Reference: Midwifery 2016;33:31-33
Abstract

Intentions toward physical activity and resting behavior in pregnant women

Authors: Newham J et al.

Summary: This study assessed the intentions of pregnant women towards physical activity and resting. 345 pregnant women completed two Theory of Planned Behaviour questionnaires where the target behaviours were 1) being physically active and 2) resting. Women were assessed throughout pregnancy to determine whether their intentions toward the two behaviours varied at different stages of pregnancy. As the women progressed in their pregnancies, their attitudes, perceived behavioural control, and intentions towards being physically active all significantly declined. Self-reported health conditions predicted lower intentions for physical activity but not for resting.

Comment: This is an interesting exploratory study from a team of researchers in the UK and Ireland. Theory of Planned Behaviour, the methodology used here, is from psychology research. Evidence continues to emerge that supports the health benefits of regular, moderate physical activity throughout pregnancy for both women and their unborn babies. This study is useful for midwives and other practitioners who care for pregnant women in that it provides insight that women may perceive resting and physical activity as mutually incompatible activities, especially as pregnancy advances. These study results can prompt appropriate inquiry into a pregnant woman's daily activities so that resting can be included alongside continuation of regular physical activity.

Reference: Birth 2016;43(1):49-57
Abstract

A qualitative study of the maternity care experiences of women with obesity: "more than just a number on the scale"

Authors: DeJoy S et al.

Summary: This study explored the experiences of women with obesity in the maternity care system in the US. 16 women with a body mass index ≥30 were interviewed by telephone. They reported diverse maternity care experiences. Some reported appropriate and satisfactory care, while most reported at least one negative encounter over the course of perinatal care.

Comment: This qualitative study from the US has pertinence for NZ midwives even though the contexts of maternity care are quite different. The women's voices are clearly heard. The study reveals that a single interaction that the women perceived as negative had psychological and emotional impact upon them that was not only about the current episode, but also recalled past bullying related to the woman's size. In addition, the negative experience coloured the whole pregnancy and childbirth experience to the extent that one participant who had a previous caesarean section seriously considered an unassisted birth at home. The women in the study who perceived discussion about their health and weight was personalised and conducted sensitively and professionally reported feeling empowered to have confidence in their bodies. The women were not saying that their weight, dietary habits and obstetric risk should not be discussed. As in so many cases, it was how the discussion happened. Given the current emphasis in NZ on encouraging healthy eating and physical activity for pregnant and postpartum women, these findings re-emphasise the ripple effect of "how we are 'with' women", whether that is a negative or positive effect.

Reference: J Midwifery Womens Health 2016;61(2):217-23
Abstract

Antenatal screening for aneuploidy – surveying the current situation and planning for non-invasive prenatal diagnosis in New Zealand

Authors: Eastwood A et al.

Summary: This study discussed the current situation for antenatal screening in NZ using non-invasive prenatal testing (NIPT). A series of 5 workshops for 108 doctors and midwives were held in the main centres of NZ. After a brief education session, a structured evaluation of current screening and future possibilities was undertaken by questionnaire at each workshop. Over 40% of participants identified barriers to current screening, and >60% said they would support NIPT in the first trimester. Most of the carers provided their own counselling support for women.

Comment: This study has been included to raise NZ midwives' awareness of the results of a survey that was designed to gauge practitioner opinion about the current system of antenatal screening for chromosomal defects and to educate participating clinicians about new non-invasive testing technology. As always, screening processes raise a number of issues as reported in the article, e.g. client understanding, equal access, follow-up and counselling when a result is positive.

Reference: NZ Med J 2016;129(1429):57-63
Abstract

Time spent reading this publication has been approved for CNE by The College of Nurses Aotearoa (NZ) for RNs and NPs. For more information on how to claim CNE hours please **CLICK HERE**

Independent commentary by Jackie Gunn

MA *Massey* BHSC Ng *C.Sturt* RGON RM

Jackie is a Senior Lecturer in the Dept of Midwifery, Faculty of Health and Environmental Science at AUT University. She has been involved in leadership of midwifery education at AUT University for more than two decades and has practised midwifery in tertiary and primary maternity units and as an LMC midwife. She is a foundation member of the New Zealand College of Midwives. Jackie has a particular interest in midwifery practices that support physiological pregnancy, childbirth and transition to parenthood processes, midwifery education, and development of midwifery practice.

Fatherhood in a new country: a qualitative study exploring the experiences of Afghan men and implications for health services

Authors: Riggs E et al.

Summary: This study examined the new fatherhood experiences of Afghan refugees in Australia. 30 Afghan male and female refugees who had recently had a baby in Australia were interviewed. Afghan men reported playing a major role in supporting their wives during pregnancy and postnatal care. They accompanied their wives to appointments, and provided language and transport support. They were rarely asked by health professionals about their own concerns about the pregnancy, or about their social circumstances.

Comment: This study explored the experiences of a group of men who has recently settled with their families in Australia, and whose wives had recently given birth in the Australian maternity system. NZ also has significant migrant and refugee communities. The strength of this study is that the focus group interviews were facilitated by Afghan community researchers. Men, women and health professionals who work with refugee communities were interviewed for the study. What the study results highlight is the extent of the support the men provided for their wives and that there was rarely an enquiry about the men's concerns or circumstances. It is a timely reminder that for refugee or migrant families the usual social and support structures that pregnant and postpartum women might have in their country of origin are rarely available in the new country, and that the women's husbands provide most of the support during this time, even if that may not have been the case in their home countries.

Reference: Birth 2016;43(1):86-92
Abstract

Duelling statistics: is out-of-hospital birth safe?

Authors: Goer H

Summary: This review discussed the findings of two recent studies comparing out-of-hospital birth with hospital birth. Possible reasons for differences in the findings related to home birth in the two studies were critiqued.

Comment: This comprehensive commentary compares recently published US and Canadian studies about maternal and neonatal outcomes related to homebirth and/or births in freestanding birthing units. Both studies are a good size, thorough and meticulously reported. One study is from Oregon in the US (Snowden et al., 2016) and the other is from Ontario in Canada (Hutton et al., 2016). The studies have conflicting results. Goer's article provides an in depth review of the conflicting findings between the studies and also includes two large US reports published a little earlier. There have been a number of studies over the years on this topic, some with conflicting results. Important differences between the two studies under examination here are the preparation of the care provider, and the care provider having formal links with an obstetric facility. The Oregon-based study included a significant number of births where women were attended by relatives, unqualified attendants or were unassisted; whereas all the women in the Canadian study were cared for by registered midwives. The midwives in the Ontario study also had access agreements with the local obstetric facility, which facilitates obstetric consultation and timely transfer when necessary. In her review, Goer also includes two recent, large US studies for comparison. In those studies, the women were cared for by the US equivalent of registered midwives. The results from the two studies used for US comparison are comparable to the results from the Canadian study. This review was published in a perinatal education journal, so may not necessarily be read alongside the two studies concerned. It is a reminder to look more widely if studies provide unexpected or conflicting results, as there may be differences in either the study population or practitioner qualification as there are in this case.

Reference: J Perinat Educ 2016;25(2):75-9
Abstract