Woman-centred care and the socially disadvantaged woman: an Interpretative Phenomenological Analysis.

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Submitted for the Degree - Doctor of Philosophy, May 2012
Statement of Originality

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Acknowledgements

Thanks Dad for always pushing me, because he knew I could do it.
Thanks Mum for showing me how to go further, leading by example.
Thanks Graham for giving me the space emotionally and physically to do it.
Thanks Kelly, Brad, Ben and Jed for waiting for their Mum to return from the land of PhD.

Thanks Professor Alison Ferguson, Dr Helen Bellchambers and Associate Professor Jenny Browne (my supervisors) who walked with me, sometimes pushing, pulling and dragging, but generally just holding my hand through the Particularly horrible Darkness (read PhD). I also consider these women to be my friends who picked me up and dusted me off when I fell and yelled “I can’t do it!” then smiled knowingly as I kept going.

Thanks to the University of Newcastle, Office of Graduate Studies for providing an APA scholarship which allowed me the financial means to complete this study, and the Deputy Head of School Research, Associate Professor Ashley Kable in the School of Nursing and Midwifery for all the research activities and support over the years.

Finally, thanks to the women, midwives and students who helped me create this document. They are on every page as much as I am...

We did it!
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Abstract

Background: Socially disadvantaged women have less choice and control over their maternity care and experience poorer birth outcomes than more advantaged women. Midwifery literature suggests that woman-centred care improves birthing experiences for women. However, challenges in providing socially disadvantaged women woman-centred care have been identified.

Method: This paper reports on literature relating to social disadvantage, health inequalities and birth outcomes within the Australian context as well as international literature regarding interpersonal challenges identified by women and midwives during interactions.

Findings: The establishment of positive, mutually respectful relationships between midwives and women has the potential to improve women’s emotional wellbeing, birthing experiences and reduce birthing inequalities. Midwives' ability however, to preserve woman-centred care and develop relationships with women have been identified as challenges when working with socially disadvantaged women.

Discussion/conclusion: Midwives, as the primary health professional group working with birthing women, are in the best position to enhance maternity experiences and improve birth outcomes. The midwifery profession is obligated to strengthen its sociological underpinnings to ensure socially disadvantaged women are supported emotionally as well as physically during pregnancy, birth and their transition to motherhood. Midwifery education must endorse woman-centred care from both a theoretical and clinical perspective to generate stronger midwife-woman relationships and assist in the alignment of ideological stances and practice.
Thesis abstract

Woman-centred care, a midwifery philosophy underpinning maternity care, is defined as care that focuses on the individual woman’s needs, providing her with choice, continuity of care and control over maternity services. While woman-centred care is currently the dominate discourse related to midwifery practice, debates concerning the meaning and effectiveness of woman-centred care in practice are occurring. A preliminary step in resolving debates regarding woman-centred care and midwifery practice is to develop an understanding of how the recipients and providers of woman-centred care interpret their experiences.

Aim of study

The purpose of this study was to generate understanding of woman-centred care as experienced by socially disadvantaged women, registered midwives and student midwives who observe midwife-woman interactions during maternity care encounters. The research question presented was - *How do socially disadvantaged childbearing women, registered midwives, and student midwives understand woman-centred care?*”

Research approach

Interpretative Phenomenological Analysis was used to gain an understanding of woman-centred care as experienced by midwives working with socially disadvantaged women, the women for whom the care is provided, and student midwives observing maternity encounters involving socially disadvantaged women. Interpretative Phenomenological Analysis is an approach to qualitative, experiential research informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography. The midwifery concept and maternity care philosophy, woman-centred care, was used to guide the interpretative process when analysing the recounted experiences of participants. Data was collected primarily through focus groups with women, midwives and student midwives over multiple sites in Australia.
Findings
There are two major findings from this study. Firstly, that woman-centred care is largely absent within the maternity care encounters of socially disadvantaged women. Participating women understand that midwives are not available for socially disadvantaged women. When the midwife is unavailable, the woman does not feel valued or safe to engage in their maternity care. The second finding is that socially disadvantaged women have a different understanding of what constitutes woman-centred care than midwives have. While women spoke of the actions and interactions within individual maternity care encounters as being either woman-focused or not, midwives and students spoke of models of care and conditions that either support or hinder woman-centred care.

Conclusion
It is time for midwives to consider how care described by the woman as woman-centred can be implemented within every maternity care encounter and every midwifery context. Midwives need to focus on the conditions which may or may not support them to adopt elements of care perceived, by women, to be woman-centred. Women want a midwife that is available for them. In order for the midwife to be available for the woman and create the conditions in which the woman is able to feel valued and safe, the midwife must equally have available the resources and conditions in which they can feel valued in their midwifery choices and safe in their midwifery voices. Local Health District management needs to make available support systems and resources that enable midwives to be available for socially disadvantaged women. Midwifery practice and education needs to incorporate the concepts being available, being valued and being safe into midwifery and maternity care discourse so that all midwives understand that the provision of woman-centred care is possible in all midwifery contexts and is achievable for socially disadvantaged women.

Keywords:
Woman-centred care, Social disadvantage, Midwifery, Interpretative Phenomenological Analysis
### Abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACM</td>
<td>Australian College of Midwives</td>
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<tr>
<td>ACOSS</td>
<td>Australian Council of Social Service</td>
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<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>ANMC</td>
<td>Australian Nursing and Midwifery Council</td>
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<tr>
<td>CMP</td>
<td>Community Midwives Program</td>
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<tr>
<td>HPL</td>
<td>Henderson Poverty Line</td>
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<tr>
<td>IPA</td>
<td>Interpretative Phenomenological Analysis</td>
</tr>
<tr>
<td>IRSD</td>
<td>Index of Relative Socio-Economic Disadvantage</td>
</tr>
<tr>
<td>LBW</td>
<td>Low Birth Weight</td>
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<tr>
<td>MGP</td>
<td>Midwifery Group Practice</td>
</tr>
<tr>
<td>NSW NMB</td>
<td>New South Wales Nurses and Midwives Board</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>Abbreviation</td>
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<tr>
<td>PAD</td>
<td>Preference Adaption Theory</td>
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<tr>
<td>RWGPS</td>
<td>Rural Women’s GP Service</td>
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<tr>
<td>SaCC</td>
<td>Schools as Community Centres</td>
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<tr>
<td>SES</td>
<td>Socio-Economic Status</td>
</tr>
<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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