



# MIDWIVES & WOMEN'S INTERACTION STUDY (MAWI)

**Exploring their interactions during antenatal  
consultations using a gendered approach**

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## Discuss:

- Background
- Literature
- Methodology & Research Design
- Progress to date – early days





# MAWI study

## *Midwives' and Women's Interaction* study

An video-ethnographic study exploring the interactions between midwives and women during antenatal consultations in two different midwifery models of care.





# Aim

- To explore the interactions between midwives and women in the antenatal period in two models of care:
  - MGP & Standard Maternity Care.
- How the midwife-woman continuity of care relationship affects
  - The woman & the midwife
  - Are differences when there is a lack of continuity of carer?
- How the two models of care are perceived by women, midwives and managers





*‘What goes on within a relationship to produce the ‘good things’?*


*To get at that, we have to look at the flow forces within the interactions between peoples.’*

(Miller 1986 p3)






# Background - Renaissance of Midwifery

- De-centred  Centred care
- Midwifery-led care
- Midwifery Continuity of Care (MCOC)
- Relationship of trust & reciprocity





## Background - Australia

- Birth Centres  Caseload –  
Midwifery Group Practice (MGP)
- Metro – rural
- Controlled/Barriers
- Consumer demand for choice
- Change at service & individual level





# Literature Review

- Standard Maternity Care (SMC) - fragmented
- MCOC – midwifery partnership
- Women say:
  - *‘Baby factories’ & ‘felt like you were on a conveyor belt and midwives were robotic’*
  - *‘Care is supportive, reassuring and sensitive to individual needs’*





# Women's satisfaction with Maternity Care

**Specific factors which improve women's satisfaction with maternity services include:**

Organisation:

- Short waiting times
- Flexible appointments
- Sufficient time with carers
- Continuity of care

Nature:

- Involving women in decision-making
- Consistency of information
- Good communication
- Having caregivers who listen
- Friendliness and support.

**Factors shown to reduce satisfaction include:**

- Fragmentation of care
- Conflicting advice
- Lack of rest
- Reducing length of stay
- Busy, rushed staff
- Inadequate time to ask questions
- Inappropriate or non-individualised advice with too much information provided in a short period
- Adapted from: Primary Maternity Services in Australia: A framework to Implementation (2008).



# Literature Review

- Improved outcomes with Midwifery-led and MCOC when compared to SMC
- Psychosocial factors influence overall status of women's health.





# Literature Review

- MCOC:
  - Greater social support
  - Greater Agency & Structure
- Healthcare relationships are power based





*‘Mothers and midwives are intertwined, whatever affects women affects midwives and vice versa – we are interrelated and interwoven... To be a midwife is to be with women – sharing their travail and their suffering, their joys and their delights.’  
(Flint 1987)’*





# Methodology

- Video-Ethnographic Approach
- Feminist Theoretical Framework
- Reflexivity





# Research Design – Setting & Participants

- 2 x Antenatal clinics & Community clinics
  - 2 models of care
- 20 midwives – women dyads
- 4 managers





## Research Design – Data Collection & Analysis

- Observations - Antenatal Appointments
  - Video
  - Audio
- PN interviews – video review/reflexivity
- Focus Groups
- Analysis
  - Thematic
  - Quantitative
  - Video - Reflexive





# Ethical Considerations

- NEAF, SSA & UWS
- Recruitment is voluntary
- Researcher role is powerful
- Steps built in the decrease participant vulnerability







# To date

- 9 antenatal appointment observations completed
  - 2 SMC & 7 MGP
- Initial field notes:
  - Structure of hospital clinics are stressful for both midwife and woman
  - Physical environment
  - Routine hospital systems dominate the care and the conversation
  - Womens' Agency more evident in their own home





*‘Support is difficult to separate out, as it is a way of being with women, a philosophy of care that permeates preparation, choice, control, information and communication.’*

(Dahlen, Barclay & Homer, 2010, p59).

