South African students' experiences on a Follow-up of women until six weeks after delivery

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Abstract: At the department of nursing in this South African University of, one of the requirements for students to complete their Bachelor of Nursing Science degree is to choose a pregnant woman and follow her up from pregnancy, during birth, post-partum and 6 weeks after delivery. The aim of this study was to explore and describe student midwives' experiences on the follow-up of a woman from pregnancy, birth and post-partum until 6 weeks after delivery. The research design was qualitative, descriptive, exploratory and contextual. A purposive sampling was used and 21 student midwives who enrolled for midwifery consented to be part of the study. Semi-structured face-to-face interviews were conducted with the student midwives after completing this project. These interviews were tape recorded and transcribed verbatim by an independent transcribing service. The findings in relation to the research question were synthesized under three themes: building relationships with the follow-up women; challenges associated with the follow-up experience; and positive aspects of this experience. Conclusion: The follow-up experience provided midwifery students with unique and important learning opportunities that they would not experience in standard or hospital-based clinical placements alone.
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1. Introduction

Childbirth is a unique and special experience for any woman. Unfortunately, some would argue that is increasingly becoming a 'medicalized' experience, in which women lose their rights and control over their own bodies. Studies such as that of Spurgeon et al (2001) have found that this medicalization leaves women feeling helpless and with no freedom of choice. The medicalization of woman's bodies has led to widespread perceptions of childbirth as a specialist field in which only doctors have appropriate knowledge. However, the care that can be provided by midwives around the time of childbirth can contribute to a good start for the baby and parents during this critical period of human life.

As Fraser and Cooper (2003) highlighted, a midwife meets the woman at the beginning of pregnancy and provides care throughout. Where the woman has a low-risk pregnancy the midwife works with the medical team but is still responsible for all midwifery care. In South Africa the midwife carries out her functions based on the Scope of Practice of a midwife, (South African Nursing Council, 1990), keeping in mind her code of conduct and being able to make ethical decisions regarding the care of mother and child. All midwives must realize that they are able to make independent judgment regarding the care of a patient depending on her knowledge, qualification and skills.

The experience provides the student midwives with an opportunity to form more extended relationships with the women who have been with them during pregnancy, labor and birth, and six weeks after delivery. This type of project has been in place for seven years prior to this study being conducted. The nursing department and all institutions in which student midwives were placed for clinical education, e.g. community service clinics, are aware of the follow-up programme and work with students to assist and enable them to undertake the follow-up. In this way the student midwife would be with the woman on her journey through pregnancy, birth and six weeks after delivery (Kirkham, 2000).

All the twenty one student midwives who were enrolled for Midwifery for the years 2008–2009 were given guidelines as specified by the nursing department:

- To choose one pregnant woman in her first trimester of pregnancy and give her support throughout pregnancy,
- birth and post-partum until six weeks after delivery, i.e. she/he will be on call throughout the woman's journey
- The process of recruiting the women varied, sometimes being undertaken at the antenatal clinic of the public hospital, or at church, or families and friends
- Students were mandated to choose a woman perceived to be in the 'low-risk' category to allow them a good exposure without involving the obstetricians
- Keep records of all their contact hours as these would be added to their training hours as required by the South

- African Nursing Council (R425)
- Keep anecdotal notes, e.g. pictures
- Keep journals
- Write narratives as they continue support of the woman Exchange contact details with the woman for communicating
- When visiting the woman at home, student midwives are to be accompanied by one of their colleagues as some areas are dangerous to visit
- By the completion of the project, the student midwives should write down this experience and submit it for marking by the lecturer.
- Where care is appropriately organized, and midwives hold interpersonal, clinical skills and knowledge, care is more likely to be positive. However, midwives will not be able to do their best for families and communities in their care if care is fragmented or oriented to technology rather than human relationships. Even if midwives have the perfect skills, attitudes and knowledge to care for the women, their professional autonomy may be restricted and the culture of care may be institutionalized. The way care is organized, including the pattern and culture of practice, is probably one of the most important factors in creating effective, sensitive and individual care (Fraser et al, 2006).

The need for continuity of care

It is important that midwives ensure continuity of care to mothers and babies throughout pregnancy, birth experience and puerperium. 'Continuity of care' refers to the follow-up of a woman to ensure her needs—physical and psychological—are met in each consultation and the same midwife continues to care for her throughout the period from early pregnancy to after birth. Additionally, continuity of care refers to care that is not fragmented, where there is good communication within the system and consistent policies (Green et al, 2000). Thus on any given encounter with the maternity services, a woman can feel confident that her caregiver will know what has gone before, so she will not have to repeat her story yet again. Equally, decisions about her care will have been made as a result of policies which are shared by all her caregivers and to which all are willing to adhere, so she will not be given conflicting advice. This is further articulated by Homer et al (2002) who argued that continuity of the carer refers to care by a midwife whom the woman has met previously and feels that she knows.

A programme initiated in the UK in 2003 as a means to restore the 'with woman' relationship revealed the positive outcomes of a one-to-one relationship between midwife and the pregnant woman, where time allows the establishment of this relationship. This programme provided a continuous and personal relationship between the midwife and the patient. According to Walker et al (1995), if one-to-one support is available throughout labor, people may be free to exert their personal choice over the level of support they would like. This is supported by Gibbins and Thomson (2001) who argued that efforts need to be made to provide women with continuous one-to-one care from a midwife during labor, something that may be increasingly difficult to provide in busy maternity units.

A lot is gained through continuity of care, such as trust and cooperation of the patient in solving issues at any time in pregnancy and labor. It also increases the quality of care to the woman in the sense that the midwife has the opportunity to understand her background and culture, to get to know her deeper and allow the establishment of a relationship between them. When in labor, the woman will have support from someone whom she already knows and has a trusting relationship with. She may also be comfortable enough to question the midwife and to participate in any decision-making. Each labor is a unique experience and greater experience with diverse labors means midwives will experience less caesarean section cases and more successful second stage of labor such as a shorter second stage and intact perineum (Halldorsdottir and Karlsdottir, 1996). Midwifery offers the possibility of making the childbirth experience of a woman special and unique—the experience can also end up being just as unique to the midwife, because with each woman, the midwife is able to create a different and personal bond. As midwives, we can empower women and make a difference for them, at the same time creating a learning opportunity for ourselves (Lavender et al, 1999).

Problem statement

The author has observed that student midwives in South Africa believe that their prior learning in nursing education has made them focus on task performance rather than on interaction and offering support during the midwifery training. Little has been written about the experiences of offering continuous support during pregnancy in the South African setting. From the abovementioned problem the following questions arose:

- What is the experience of student midwives of the follow up of a pregnant woman at birth, post-partum and up to six weeks after delivery?

- What are the learning experiences and challenges associated with this experience?

Objectives

The specific objectives of this study were to:

- Explore and describe student midwives' experiences in the follow-up of a pregnant woman until six weeks after delivery
- Identify and describe learning experiences and challenges and learning associated with the follow-up experience
- Make recommendations on the inclusion of follow-up as a requirement for the training of all student midwives in South Africa.

Methodology

A qualitative, exploratory, descriptive and contextual study was undertaken to examine student midwives' learning response to follow up of pregnant women to 6 weeks after delivery. Each of these aspects contributed to the study: Burns and Grove (2007) have defined qualitative design as a systematic, subjective approach used to describe life experiences (in this study, the experiences of the student midwives) and give them meaning. Descriptive and explorative methods are used interchangeably to gain more information and provide a picture of a situation as it is naturally happening, while the contextual aspects are vital in considering the setting of the study, i.e. hospital or home (LoBiondo-Wood, 2006).

Setting

This study was conducted within a university and the public hospital setting in Gauteng Province, South Africa, during a period of 2 years, i.e. 2008–2009. Annually the labor ward takes about 5000 women, who may have uncomplicated deliveries or experience complications. On this ward, ten student midwives from other nursing/midwifery colleges and the university attend for clinical education. Ten qualified midwives, five doctors and six staff nurses work in this labor ward.

Population and sampling

A total of 21 student midwives were enrolled in the midwifery programme for 2 years; in the first year dealing with 'normal' midwifery and in the second year dealing with 'abnormal' midwifery. Through purposive sampling, all students who were registered for midwifery volunteered to participate in this study. The students were aged between 21 and 26 years and only four of the students had a personal experience of childbearing. At the antenatal clinic of the public hospital the pregnant women were informed by the qualified midwives about the need for student midwives to experience follow-up of pregnant women, so that when the student midwives came to recruit the women they were already informed about the project. The student midwives chose the women they were comfortable with, either through language or culture. On orientation in class, students were informed that they can follow-up family members, friends and fellow congregants but with the individual's permission.

Data collection

Semi-structured face-to-face interviews were conducted with the student midwives after completing this project. These interviews were tape recorded and transcribed verbatim by an independent transcribing service. Student midwives were asked to keep journals and to write narratives throughout the experience. The purpose was to assist the student midwives to reflect and evaluate their experiences in offering the continuous support. The students were asked to describe their experience of the follow-up pregnant woman.

Data analysis

A qualitative content analysis was used to allow the researcher to interpret the underlying meanings of the text, as suggested in the literature (Granheim and Lundman, 2004). As the researcher was also the lecturer for these students, and involved in marking the students' case studies, the experiences and narratives documented were read and meaningful units were identified. These units consisted of a few words up to several sentences. The concentrated text was used as a base for interpretation of the meaning. During the interpretation, sub-themes were identified. The main theme emerged at the end of this process. The result of the analysis is presented below.

Ethical considerations

Approval for this study was sought with the hospital through the university's nursing department to allow students to do case studies as a fulfillment of the requirements for the degree of the Bachelor of Nursing Science. The women were given information regarding the study in order to have a chance to make their own decision to participate in the study (only verbal consent). The purpose of the study and the procedure of data collection were explained to the women. The following ethical principles were taken into consideration: informed consent; autonomy; confidentiality; and anonymity.

Results

The findings in relation to the research question can be synthesized under three themes:

- Building relationships with the follow-up women
- Challenges associated with the follow-up experience
- Positive aspects of the experience.

Building relationships with the follow-up women

Under this theme three sub-themes emerged: establishing rapport; being present; and feeling of trust.

Student

Midwives in this study stressed that the relationships they formed with these women during this time were important for a number of reasons—they knew about the woman, her wishes, her past experiences, her personal circumstances and they came to understand what impact this may have on her experience of pregnancy, labor and early parenting. The relationships meant that the students were able to provide care that was more personal and tailored for that particular woman. They described how they came to realize that being able to know the woman was a valuable opportunity:

'It has given me a 'Bigger picture' approach—holistic care as well as teaching me that my beliefs really have little relevance and it comes about to the woman's own choices that matters.' (Participant 2)

The experience provided student midwives with an opportunity to form more extended relationships with the women.

Establishing rapport

The students felt that getting to know the woman was more than a simple social activity; it involved a deeper relationship that led to the midwifery student learning about the woman's wider environment and personal circumstances. The building of a relationship was an important and a necessary requirement in the follow up experience:

'There's a better trust there and it feels a bit more like almost a friendship or a partnership. You are better able to ask her certain things, she trusts you more, she is more willing to share things about herself with you' (Participant 13)

'The unique thing about the follow up experience is the connection, that continuity that you get with women; you can't get it on clinical.' (Participant 14)

Good relationships between women and students/midwives promote trust and confidence. This provides an environment conducive to ascertaining the needs and preferences of the women as well as providing appropriate information, so that women can make informed choices (Kirkham, 2000). The importance of the follow-up experience was in providing student midwives with an opportunity to be involved in midwifery continuity of care, so that they experience this in practice and not only theoretically. A lot is gained through continuity of care and this includes trust and cooperation of the woman in solving problems at any time in pregnancy and labor. It also increases the quality of care to the woman in the sense that the midwife has the opportunity to understand the background and culture of the woman get to know her better and allow a relationship to be established between them. When in labor, the woman will have the support from someone whom she already knows and has established a trusting relationship with, being comfortable enough to question and to participate in any decision making.

Being present

Students reported that the women did not want to be left alone during labor. The presence of the student helped to make the women relax and feel more secure. The student's presence was expressed by touch or talking:

'The woman wanted me to hold my hand on her belly at every contraction. At first I found it odd. I wondered how it could help her, but then I saw that it really did. To her it was probably important to feel that I was actually there. It seemed it made her to relax' (Participant 15)

'I learned that one sometimes does not have to do so much for the woman, it can be enough just to be there for her and to listen.' (Participant 19)

According to Hunter (2002), presence involves a willing interaction between the midwife and the woman that requires trust by the woman, and giving of self (engagement, attentiveness, time, awareness of the encounter) by the midwife. This has also been recognized by Kennedy et al (2004) who considered the art of midwifery as being present without interfering; as long as the process is working as it should, midwifery is the art of doing 'nothing' well.

Feeling of trust

Student midwives also felt the women trusted them because they knew them, and the trust was significant for the women. They recognized the value of having an existing relationship prior to labor and birth as identified by participants:

'There's a better trust there, it feels a bit more like almost a friendship or a partnership with the woman' (Participant 20)

'It is so much easier and rewarding to care for women in a continuity of care. The birth experience in particular becomes so less scary for women when they feel well supported by a known and trusted person.' (Participant 12)

In summarizing this theme, student midwives identified that the development of a relationship and a commitment to the woman allowed them to provide the type of care to the woman that they knew was appropriate for her, particularly during her labor and birth. The midwifery literature has previously identified that midwives experience work differently when they are able to build relationships with women (Kirkham, 2000; Hunter, 2006). According to Fraser et al (2006), it is through the development of relationships between caregivers and childbearing women and their families that we make the change from 'faceless institution' to 'humanistic supportive care'.

Challenges associated with the follow-up experience

While student midwives spoke of their experiences of being able to develop a relationship with women,

they also articulated aspects of the follow-up experience that were difficult, e.g. difficulty with recruiting; poor support; and time management and money. Difficulty with recruiting Student midwives described the recruitment of a woman for follow-up as difficult and a challenging experience:

'I was frustrated because she couldn't understand me well. I spoke too quickly for her but I corrected myself and the communication between us grew. My first feeling was that she would be just another attempt, soon she would not come for the visits any longer and I would be sitting in looking for a new woman' (Participant 9)

'At the start of the project I wanted to quit because of fear of rejection, but because time was running out I had to do it. It also a very confronting experience to have to ask a woman if you can be a part of this very intimate time of her life.' (Participant 11)

In summarizing this theme, it was clear that there were difficulties associated with recruiting women, e.g. it was confronting and awkward, and it sometimes took a long time as they were supposed to study and manage work and family life.

Poor support

Student midwives received support from the university, midwives, doctors and their colleagues, but it was not always easy and this is reaffirmed by another student midwife who described how midwives did not ring her for the labor and birth:

'My follow up woman asked the midwife to call me as soon as she was admitted but the midwife did not do it. So, I missed out on being at birth' (Participant 21)

'After my follow-up woman lost her child, I walked to an empty room and I sat alone and cried. I was interrupted when a sister walked in the room and began shouting at me, saying that is her room, at least she stopped when she saw my puffy eyes, and she asked me and I told her that I was crying because my baby died to which she replied

'Oh!' And she continued to read her newspaper. I asked myself where her compassion was!' (Participant 5)

All these showed poor support especially from the qualified midwives.

Time management

One of the concerns was the difficulties associated with trying to balance university requirements with the follow-up experiences. This was revealed through relating to the following comments:

'I had to miss the appointment with my follow up woman as I was on the train for community clinical placement in another province.' (Participant 3)

This is summarized that although this project was supported by the university, there were clashes as students were registered for other courses other than midwifery, e.g. psychiatry and community health nursing.

Finance

Although the university recognizes the follow-up project, difficulties were encountered when students needed to spend money on things like purchasing phone credit in order to call their follow-up woman and to pay for transport when visiting the woman at home:

'I heard to purchase phone credit in order to communicate with the woman. And when I went to visit her at home I bought fruits for her other kids and at the same time had to pay transport money.' (Participant 6)

To summarize this aspect, the student midwives mentioned that although students are required to commit time, other resources were needed such as travel expenses to visit the women at home.

Positive aspects of this experience

Learning associated with this experience

Although student midwives expressed the challenges they faced with the follow-up experience, some this experience provided the best part of the course as their only chance to work in continuity with women. Other positive experiences identified were around personal interaction, including being able to learn from women and support the women to achieve the birth experience planned:

'The relationship I had with my 'follow up' woman was one where we both learned from each other. I had the 'scientific knowledge' to give her but she had the beautiful experience to share with me. She allowed me to share it with her and to try making it special. She taught me a little about how it is to be a woman, to carry life inside of you. Nothing was more important to me than the lesson she gave me. This case study gave me an opportunity to improve on my critical thinking and problem solving skill as it was my sole responsibility to care' (Participant 7)

'I think it made me look at pregnancy and birth more through the eye of the woman.' (Participant 8)

According to student midwives, this experience showed that women were the greatest teachers. Linking theory to practice Student midwives reflected on how they pursued their own learning, by searching the literature or asking midwives and doctors. The learning was characterized by the development of a relationship with the woman, but it was related to development of skills such as abdominal palpation and blood pressure measurement, and other skills such as communication:

'I learned more from this encounter than any other single component of the course. Both clinically and emotionally' (Participant 1)

'This was not a course that you could close the books, shut the door and walk away from it. If the phone rang you would say 'Please God, I hope it's not my follow up woman having a problem'.' (Participant 17)

The student midwives mentioned that this project helped them to be independent and not have to rely on other people. Such reflection is necessary for a person

to be able to integrate theoretical knowledge with practical skills, as well as reflect one's own experience (Phillips and Soltis, 2004).

The uniqueness of a woman's journey

Many participants described how they learned that women all experience their journey through pregnancy and birth differently:

'I have learned that pregnancy and birth is a different experience for all women and that one should not make assumptions about how women experience it' (Participant 5).

'I learned about the importance of continuous support, that pregnancy, childbirth and the postnatal period are a journey and women love having someone to whom they can share their experience with.' (Participant 18)

Although there are challenges and learning experiences in following up with women, this is also related to their cultural diversity and therefore each experience will be unique. It was obvious to the student midwives that one cannot predict how a birth will end up.

Limitations

This research was conducted in one university of Gauteng province; therefore its findings cannot be generalized to other training institutions in the same province or other provinces. In South Africa each training institution uses its own assessment format with different categories of midwifery, e.g. Diploma in Midwifery and Baccalaureate Midwifery (B. Cur). At this university, the course is a Bachelor of Nursing Science, which is equivalent to an Honors degree. Different training programmes reduce the generalizability of the study. Additionally, the fact that the researcher was also the lecturer of the students means that some bias in the students' reporting of the experience may have been present although students were reassured and encouraged to be honest in reporting their experiences.

Recommendations

Education

The follow up experience provided a significant learning environment for midwifery students. Students identified that the learning they received from the experience is uniquely individual. They articulated that they learned through interaction with the woman, and the ability to be hands on with her. It is recommended that follow-up should be included in the midwifery curriculum of midwifery training in South Africa, as students apply what they learn theoretically in practice, and hence improve their critical thinking and work independently.

Research

Further research could be conducted in other midwifery training institutions from other provinces on the inclusion of this type of project/assessment into their midwifery training. Further research could also be conducted on women's experiences of follow-up, to find out how they experienced the care from student midwives.

Conclusions

The follow up experience provided midwifery students with unique and important learning opportunities that they would not experience in standard or hospital-based clinical placements alone. These learning experiences occur, primarily, because the student is paired with the woman. It is this relationship that provides serendipitous learning, in which learning is informal, the knowledge gained is high and motivation remains with the learner. Students are likely to learn more from these experiences if they are embedded within courses, where support is provided for reflection, and where they are not forced to take a superficial approach to care due to an excessive workload.

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