In deep

Working together:

implications for midwifery education of an international weekend workshop

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In order to develop a more collective approach to providing 'good birth' in the UK and Ireland, a weekend workshop was organised by the Birth Project Group (BPG). This Group comprises deeply experienced women in different spheres relating to childbearing, who share common understandings of the resources that promote good birth for woman, family, midwife and community.

Good birth is not a new concept, but is becoming more significant as birth interventions are normalised. The meaning of good birth differs for all concerned. A 'good' birth has been defined in terms of a healthy baby and *'not an ideal birth but one where we are satisfied that what happened was as right as it could be'* (Weston 2005).

Weston's definition infers complexity and ambiguity, yet there is little room within contemporary services to express or experience such nuances. So wider community input is vital to achieving 'good birth' and safeguarding the childbearing woman through the life-changing process of becoming a mother. Support is needed for all involved to enable them to truly be 'with woman' and her family at this crucial time (Mander *et al* 2009, 2010, Murphy-Lawless 2009). Thus, sharing ideas about childbearing women's extensive needs is important (Kirkham 1999, Edwards 2005, Svensson *et al* 2007).

The workshop comprised a study day involving eminent speakers, followed by a more participative group activity day. It was thought crucial to utilise the experience of all involved with good birth, so the BPG gathered a range of people to contribute different perspectives: midwives, birth educators, activists and doulas. The future of the maternity services and the feasibility of achieving 'good birth' rests especially in the hands of midwifery students. Thus, we invited midwifery students from one Irish and one Scottish higher education institution (HEI), who attended and participated enthusiastically.

The workshop highlighted many inter-related midwifery and childbearing issues (Murphy-Lawless 2009). By chance, a number of unanticipated educational issues materialised in the evaluations. It is on these midwifery education-related issues that this paper focuses, after considering relevant literature, examining the organisation of the weekend and scrutinising the evaluation's format.

Midwifery students from Trinity College Dublin perform their play at the Edinburgh workshop, 'Internet Mums' which explores women's support needs during pregnancy and birth

Background literature

Serendipitously, the literature reflecting midwifery students' experiences originates largely in Ireland, where many students participating in the weekend workshop were studying. This Irish orientation serves to inform the background literature.

Midwifery education in Ireland

In the Republic of Ireland, entry to midwifery has changed. There is still a post-qualifying 18 month programme for registered general nurses. However, following a government–funded pilot project (Carroll & Begley 2003), a four year honours pre-registration midwifery degree programme began in 2006. Births in Ireland have increased by 39% between 1999 and 2008 and are predicted to rise further (DOHC 2009; KPMG 2008). Therefore the clinical environment where midwifery students learn is extremely busy and it is currently under-resourced. In the three major Dublin teaching hospitals, care is delivered in aging hospital facilities and an additional 221 midwives are required to reach staffing levels that would achieve 70% of the recognised UK standard (KPMG 2008:45).

In the past, when nurses trained as midwives, students viewed themselves as 'workers not learners', described in a longitudinal study of Irish midwifery students by Begley (1999) and also found in an earlier study (McCrea *et al* 1994). Under this system, students, employed by the hospital, were briefly introduced to midwifery theory, then were expected to 'get on with it' (Begley 2001). Little attention was paid to broad learning needs. Since then, the post-RGN midwifery programme has evolved with a number of key curricular developments. These changes may have ameliorated some of the negative experiences of students in Begley's study who described that earlier programme as "a do-it-yourself course" (Begley 1999).

However, given the over-stretched maternity services, students might still consider themselves 'thrown in the deep end' (Begley 2001), not least because students continue to learn in a highly medicalised, consultant-led environment (Begley & Devane 2003) producing high intervention rates in the normal birth process (Cuidiú 2010). Midwifery students encounter midwives supporting women to achieve normal birth; however, this is uncommon, likely at night when obstetricians and midwifery managers are scarce (Keating & Fleming 2009). Otherwise, midwives 'indirectly' circumvent 'obstetric interference' (Hyde & Roche-Reid 2004:2619).

All midwifery students, both pre and post-registration, have found difficulty applying a health-orientated approach to birth in these circumstances. In Begley's(1999) study, students had not developed a 'health-orientated' viewpoint. They apparently became less assertive in their training, a concern because midwives need to be assertive and open to facilitate normal birth (Begley & Carroll 2005). This lack of assertiveness ill-equips midwives to employ the concept of salutogenesis, wherein a philosophy of birth is based on a positive sense of connectedness and well-being (Downe & McCourt 2004).

The highly centralised, medically-managed maternity model is very slowly being challenged by new midwifery knowledges and practices. There are now elements of different models of maternity care (commonplace although patchy in the UK), such as DOMINO services, midwife-led clinics and midwifery led units (Begley *et al* 2009). These are small beginnings available to few women. For midwifery students, it means very limited exposure (a maximum of 2-3 weeks throughout the degree programme) to practices based on woman-centred and midwife-led care. Strenuous efforts are being made to nurture these new modes of supportive care within over-stretched systems that are having difficulty dealing with increasing birth numbers.

Although the UK is perhaps 15 years ahead of Ireland in relation to pre-registration, direct entry midwifery, it has encountered similar challenges, albeit in different contexts. For example, there has been a clearly articulated framework of woman-centred care in the UK since 1993 (DH 1993) and community-based midwifery has always been integral to maternity care. However, despite tremendous strides in midwifery-led units, UK midwives face increasing fragmentation in their services, rates of intervention in normal birth easily match those in Ireland, and there are acute midwifery shortages comparable with the Australian situation (Leap *et al* 2005, Midwifery 2020 2010).

Despite these challenges, midwives writing about midwifery are clear that changing the system is fundamental to facilitating midwives and women to work together (McCourt & Stevens 2009). Midwives are working to resolve the 'instrumental' approach to midwifery care (Edwards 2009:43) and to anchor the concept of salutogenesis in the woman-midwife partnership. Ideally, clinical midwives can accept these recent developments and support midwifery students in developing confidence and competence in midwifery-led care. However, midwifery students describe experiencing a 'theory-practice gap' (van der Putten 2008) and talk about their preceptors/mentors' hands as either 'guiding' or 'controlling' (Hughes & Fraser 2010). There is precious little time for midwifery students to talk about their fears and worries while in practice nor, more importantly, for midwives to explore these with them sharing their own 'experiential stories' (Finnerty & Pope 2005). There are, however, attempts to nurture midwifery students. In Ireland, preceptors and clinical placement co-ordinators attempt to heal the 'theory practice split'; this is about educationists 'seeing' a setting struggling under great pressures that tends to privilege system outcomes over student learning.

Midwifery education in other settings

Compared with Ireland, UK midwifery students' educational experiences are under-researched; the reason is unclear. It may relate to perceptions of midwifery students being less important compared with nursing students (Pryjmachuk & Richards 2008:109). An exception to this omission is Cavanagh and Snape's classic, yet highly relevant, work (1997). These researchers found that stress for midwifery students reflected insufficient time for assignments, placement exposure to life/death situations and competing demands of personal and student life. Disconcertingly, not only clinical aspects aggravated stress; these researchers identified that the HEI, both their physical/organisational environment and teaching staff, exacerbated student perceptions of stress. This makes the paradox between the ideal of preparing compassionate practitioners and commercially-oriented HEIs very apparent.

There is a focus on 'stress' (Fraser 2006) – a concept often poorly explained, except for a definition of it as 'psychological distress' (Pryjmachuk & Richards 2008:112). Yet it is crucial: student experiences have been linked with changing perceptions of their principal focus and their potential to affect caring adversely.

Insightful research was undertaken to address longstanding problems of Australian midwifery education (Leap *et al* 2005). Many of the identified factors impeding effective midwifery education are familiar to educators in Ireland and the UK; clinical staff unable to provide support and/or supervision, horizontal violence, conflicting philosophies, placement difficulties and, among clinicians, unrealistic expectations of students.

Crucial to Leap and colleagues' (2005) findings, though, were 'competing demands', associated with a ubiquitous perception of 'staff shortages'. This applied particularly to qualified staff, but student shortages could be included when they were 'pairs of hands': *eight women plus their babies can be allocated to one student midwife* (Leap *et al* 2005:129).

The concept of competing demands revolved around differing value systems held by the service and HEI, which the student needed to negotiate. These differing priorities resonate powerfully with the ideology of the midwife being 'with institution' rather than being 'with woman' (Hunter 2004:267). Thus, the Australian midwifery student found herself supposedly learning about woman-centred care in an organisation-centred environment in which learning *'always comes a long second'* (Leap *et al* 2005:130).

Clearly, the minimal research attention given to the midwifery student's educational experience outwith Ireland lends support to her experience that the difficulties she encounters are somehow unmentionable.

The event

The weekend workshop weekend began with an informal Friday evening session, followed by a Saturday study day and Sunday group activities. A total of 40 people attended all the weekend sessions, of whom 23 completed evaluation forms. Of these 23, 19 were midwifery students.

The evaluations provide the basis of this exploration of midwifery students' views about their educational experiences. The opening session emphasised the evaluation and when events concluded, participants were requested to complete the forms. The evaluation data were analysed qualitatively along thematic lines. Despite respondents being a relatively heterogeneous group, it is necessary, in order to be faithful to the data, to indicate the responses of all who completed the evaluation forms. For this reason, all respondents' views are represented in this paper.

Ethical issues

Through this paper, we share the midwifery students' experiences of this weekend workshop and its implications for education. To clarify the findings, we are using a format similar to a research report. Clearly, the event was not a research project, but this approach draws out important ethical implications. The Birth Project Group, who organised the event, correctly identified that the workshop might encourage self-disclosure, so the Friday evening informal scene-setting included an outline of 'ground rules'; these included the need to maintain confidentiality among participants. Ground rules also featured the possibility, if the workshop was productive, of publications. This would be necessary to fulfil the ethical obligation of sharing any new ideas emerging. Participants were assured of anonymity and that confidentiality would extend to any publications.

Findings

The participants were keenly enthusiastic about ideas advanced at the workshop. This applied particularly to the presentations by practitioners already working innovatively to support good birth (Mander *et al* 2009), of which no further mention will be made here. Analysis of the evaluation data identified some issues relating particularly to midwifery education.

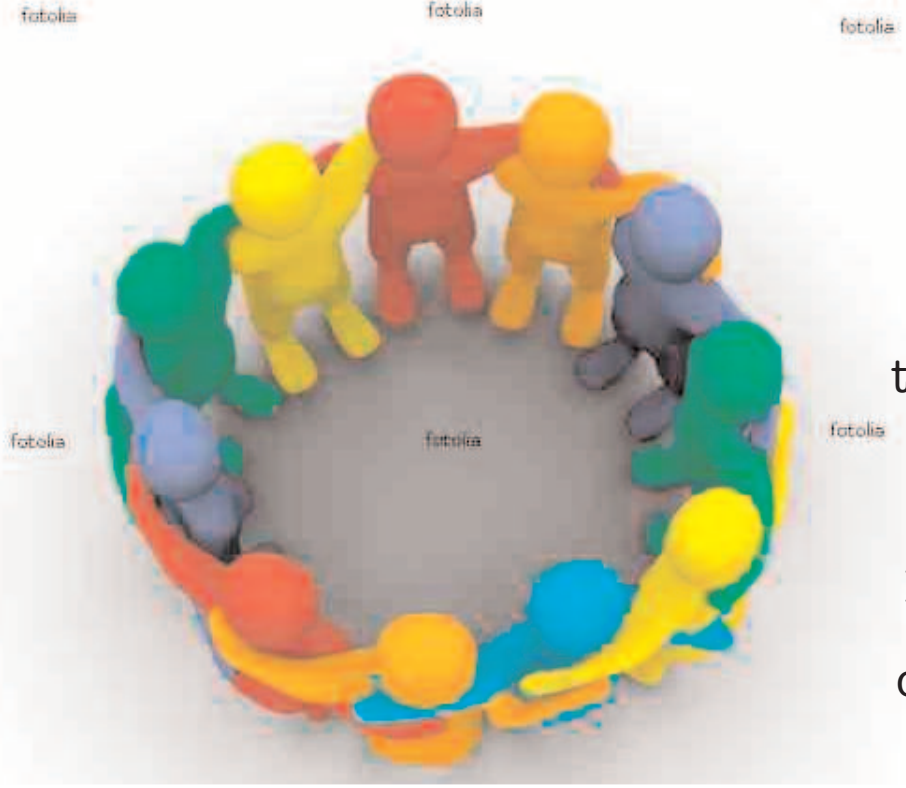
Need for renewal

The theme of renewal summarised what seems to have been the most consistent response identified by participants about how they had benefited. As has been noted already, most of those who attended and completed evaluation forms were midwifery students. They observed how the weekend had helped them to reconnect with why they had originally wanted to become midwives. Simultaneously, the fact that students felt it necessary, at such an early stage in their careers, to mention being 'renewed' is disconcerting. The language which they used revealed the pressures to which they feel exposed through being educated in pressurised obstetric systems. Their comments reflect the extent to which those systems had already been found to be incompatible with the coherent philosophy of midwifery that is meant to be core to their learning. The participants' comments clearly demonstrate this incompatibility:

'Renewed'

'A renewed confidence and belief in my abilities as a midwife.'

It may be that the masculinist institutional settings of HEIs (Benjamin 1997, Vargas 2002) serve to subliminally reinforce among midwifery students the medical ethos prominent in obstetrics.



"Through formal and informal sessions, the midwifery students learned about the possibility, even necessity, of making political changes from both within and outwith state-provided maternity services"

Reassurance of commonality of experiences

The respondents identified how the problems, which they encountered in the context of course structures and practice placements, reflected larger dilemmas and conundrums which currently confront midwifery. Being able to explore such difficulties with others, to articulate them and to name what they were experiencing, seemed crucial to securing a greater sense of purpose:

'The weekend just put my mind at ease, knowing that the difficulties we meet in practice are known about, not just by our group or in _____, and that there are people willing to join forces and do all we can to win back the right for women to choose to have their babies, what sort of care they want and let the world know that childbirth is normal.'

Out of this issue emerges the significance of inter-institutional and international contacts, which lend strength, as well as a clearer perspective, to students and educationists.

Recognising others' contributions

Midwifery students not infrequently bring with them life experiences of being a doula or a birth educator. Often it is that work/life experience, or having become mothers themselves, that draws them further towards wishing to become a midwife. Many midwifery students, however, may not have encountered either doulas or birth educators. This situation is aggravated by doulas having an even more uncertain status in Irish hospitals, where it can be difficult for them to gain permission to be with a woman in labour, than in the UK. Conversations between and amongst participants with all these different roles proved a basis for new perspectives:

'I gained more of a knowledge of what doulas and birth teachers do.'

'Spending some time with doulas and other birth teachers gave me an appreciation of exactly what they do and I can see how people from different disciplines can work together for the good of the women we are looking after.'

Understanding systems

Midwifery students must accept as 'given' the ubiquity of the medicalised system of maternity care within which their programme is offered. However, the contacts made during the weekend encouraged students to re-examine this clinical context and its impact on their learning. These limited regimes of care may be perceived either positively or negatively:

'Having met the girls from _____, the vast differences in the culture where they are training to become midwives.'

'A great opportunity to meet up with students who are doing the same thing but in a completely different way. It put a lot of our difficulties with course and placement in perspective.'

'That other student midwives face the same dilemmas in practice as we do here in __.'

Making change

Through formal and informal sessions, the midwifery students learned about the possibility, even necessity, of making political changes from both within and outwith state-provided maternity services. A broader understanding of what is feasible was regarded as the first step to making political changes and there were some comments that centred on this possibility:

'Naïvely, I hadn't realized how political (and stroppy) we may need to become to be able to offer the best and most desirable care that women want.'

'I enjoyed what the ladies from the Association of Radical Midwives had to say. I thought they were quite thought provoking. I guess the most important theme for me was the realization that our practice as midwives is constantly evolving and that we should always keep our minds open and not get stuck in our ways of practice.'

Raising ideals

The talk by the Irish independent midwife, Sally Millar, was the presentation most often cited as making an impact. For midwifery students, Sally seemed to represent the ideal towards which they

would like to evolve as midwives; that is, strong, competent, connected, skilful, sustained and sustaining midwives:

'Listening to Sally Millar and the midwives from Montrose [the award-winning stand alone midwife-led unit] reaffirmed why I am pursuing this Midwifery course and showed me how to stay strong when faced with obstacles in the hospital.'

'Sally's talk encouraged me to work from the heart always.'

What else was learned

In the final part of the evaluation, midwifery students contributed comments which may benefit the organisation of their programmes:

'Making links with other students in other years at my own University (---) and the conversations and ideas this allowed.'

They also reflected on how to change their approaches to care. Some participants commented that they found new ways of doing things, including ways to keep themselves focussed through more challenging aspects of clinical practice:

'As a student we can be so eager to learn how to do and when to do and in this situation, what should we be doing? The art of doing nothing and being with women quietly is something I intend to develop.'

Discussion

A number of implications for midwifery education emerged, including the 'precarious' nature of the midwifery students' position (Murphy-Lawless 2009:11). The major explicit finding related to what the students termed their need for 'renewal'. This is a challenging reflection on the students' educational programmes and the clinical settings in which those educational programmes are commonly situated. The culture of clinical settings has been shown elsewhere to be potentially pathological, to the extent of urgently needing serious remedial attention to achieve salutogenesis (Mander *et al* 2009, 2010).

In view of the significance of the clinical culture, a range of other contextual issues also emerged. These issues, while outwith the mother-midwife relationship, clearly demonstrate the crucial role of the 'other' in the experience of the midwifery student. Thus, they are of interest to all involved with midwifery education. The 'other' manifests itself in difficulties experienced by many midwifery students, although the student assumes, at least initially, that they are unique to her or her particular programme. These far from unusual experiences help students understand better the contested nature of contemporary birth systems.

The 'other' is also apparent through non-health service birth support workers, including the doula, to whom the student may not enjoy much exposure and, thus, from whom she may be unable to learn. The maternity and health care systems, within which the student learns midwifery, constitute a further group of 'others'. The student needs to recognise this group as major contributors to the midwife's practice for good or ill and, hence, the woman's childbearing experience. The concept of 'otherness' also represents a wide range of women encountering the maternity services: these women because of their language, ethnicity, culture, religion, age, sexual orientation or a range of other characteristics, perceive themselves to be distinct, even alienated, from the organisation and assumptions underpinning maternity care. Thus, while feelings of 'otherness' tend to be regarded as totally negative, they offer opportunities for learning about the perceptions and experiences of childbearing women to whom maternity and health care systems pay less attention than they deserve (Lewis 2007).

Following on from explicit student recognition of these maternity systems, the need for political action to bring about changes therein was a crucial issue. In part, this action and these changes may be influenced by the 'other' who serves as an ideal or role model. A midwife's strongly articulated ethos, philosophy and mode of practice are aspects which the aspiring midwifery student urgently requires in order to understand and secure woman-centred care.

The evaluations showed, at least implicitly, that student respondents were contemplating their futures as midwives. These futures are viewed with mixed feelings, but such concerns could be ameliorated were the ideas on mentoring implemented (Kensington 2011). Rather than the short term and superficial 'mentoring' which many midwifery students encounter, Kensington outlines the New Zealand model comprising at least twelve months of 24/7 accessibility, to achieve a more sustainable midwifery profession.

Conclusion

Through their evaluations, midwifery students demonstrated the juxtaposition of their passion for midwifery and the extent to which they are floundering within medicalised birth systems. While familiar to many in midwifery education, the persistence of this paradox makes painful reading. Similarly, the role of the 'other' has been explicitly shown to impact on the student's experience. What emerges from these evaluations is the need for midwifery education that supports midwifery students in gaining a profound knowledge of genuine midwifery skills, as distinct from the painfully split and radically diminished contexts that midwifery students currently encounter.

This extract is a sobering reflection on the state of midwifery education and serves to summarise the lessons for midwifery educators from this event:

'... I had been seriously considering leaving the course. I have been very doubtful as regards my future as a midwife; I had felt very overwhelmed and doubted if I was suited to being a midwife at all as regards my personal views and feelings over what I've been seeing in practice. However following the weekend, I know I have to soldier through this difficult period and that the future will be much brighter.'

References and useful resources

Begley CM (1999). A study of student midwives' experiences during their two-year education programme. *Midwifery* 15(3):194-202.

Begley CM (2001). 'Giving midwifery care': student midwives' views of their working role. *Midwifery* 17(1):24-34.

Begley CM, Carroll M (2005). *The changing levels of assertiveness and attitudes towards normality in childbirth of Irish student midwives. 6th Annual Research Conference, School of*

Nursing and Midwifery Studies, Trinity College Dublin. Dublin: School of Nursing and Midwifery, Trinity College:62-71.

Begley CM, Devane D (2003). The rebirth of midwifery-led care in Ireland (2). *Practising Midwife* 6(6):26-9.

Begley C, Devane D, Clarke M (2009). *An evaluation of midwifery-led care in the Health Service Executive North Eastern Area: the report of the MidU study.* Dublin: School of Nursing and Midwifery, Trinity College.

Benjamin L *ed* (1997). *Black women in the academy: promises and perils.* Gainesville: University Press of Florida.

Carroll M, Begley C (2003). *Diploma in Midwifery (direct entry) midwife registration education programme: a pilot programme. Report of the final evaluation.* Dublin: School of Nursing and Midwifery, Trinity College.

Cavanagh SJ, Snape J (1997). Educational sources of stress in midwifery students. *Nurse Education Today* 17:128-34.

Cuidiú (2010). *[Consumer guide to the maternity services].* http://www.cuidiu-ict.ie/fulcrum.html?ep=54. [Accessed February 1 2011].

Department of Health (1993). *Changing childbirth: report of the Expert Maternity Group.* London: DH.

DOHC (Department of Health and Children) (2009). Health in Ireland: key trends 2009. Dublin: DOHC.

Downe S, McCourt C (2004). From being to becoming: reconstructing childbirth knowledges. In: Downe S *ed. Normal childbirth: evidence and debate.* 1st ed. London: Elsevier:3-24.

Edwards NP (2005). *Birthing autonomy: women's experiences of planning home births.* Abingdon: Routledge.

Edwards NP (2009). Women's emotion work in the context of current maternity services. In: Hunter B, Deery R *eds. Emotions in midwifery and reproduction.* Basingstoke: Palgrave Macmillan:36-55.

Finnerty G, Pope R (2005). An exploration of student midwives' language to describe non-formal learning in professional practice. *Nurse Education Today* 25(4):309-15.

Fraser DM (2006). Improving learning in hospital labour suites: an ethnographic approach to educational audit. *Learning in Health and Social Care* 5(4):194-207.

Hughes A, Fraser DM (2010). There are guiding hands and there are controlling hands: student midwives experience of mentorship in the UK. *Midwifery* [Accessed February 1 2011].

Hunter B (2004). Conflicting ideologies as a source of emotion work in midwifery. *Midwifery*. 20(3):261-72.

Hyde A, Roche-Reid B (2004). Midwifery practice and the crisis of modernity: implications for the role of the midwife. *Social Science & Medicine* 58(12):2613-23.

Keating A, Fleming VEM (2009). Midwives' experiences of facilitating normal birth in an obstetric-led unit: a feminist perspective. *Midwifery* 25(5):518-27.

Kensington M (2011). Mentoring new graduates. In: Davies L, Daellenbach R, Kensington M *eds.* Sustainability, midwifery and birth. London: Routledge:128-40.

Kirkham M (1999). The culture of midwifery in the National Health Service in England. *Journal of Advanced Nursing* 30(3):732-9.

KPMG (2008). *Independent review of maternity and gynaecology services in the Greater Dublin area.* Dublin: KPMG.

Leap N (2005). *Rhetoric and reality: narrowing the gap in Australian midwifery.* Sydney: University of Technology. http://epress.lib.uts.edu.au/dspace/bitstream/handle/2100/265/02whole.pdf?sequence=2282 [Accessed February 1, 2011].

Lewis G *ed* (2007). *Saving mothers' lives: reviewing maternal deaths to make motherhood safer — 2003-2005. The seventh report of the Confidential Enquiries into Maternal Deaths in the United Kingdom.* London: CEMACH.

Mander R, Murphy-Lawless J, Edwards N (2009). Reflecting on good birthing: an innovative approach to culture change. Part 1. *MIDIRS Midwifery Digest* 19(4):481-6.

Mander R, Murphy-Lawless J, Edwards N (2010). Reflecting on good birthing: an innovative approach to culture change. Part 2. *MIDIRS Midwifery Digest* 20(1):25-9.

McCourt C, Stevens T (2009). Relationship and reciprocity in caseload midwifery. In: Hunter B, Deery R *eds. Emotions in midwifery and reproduction*. Basingstoke: Palgrave Macmillan:17-35.

McCrea H, Thompson K, Carswell L *et al* (1994). Student midwives' learning experience on the wards. *Journal of Clinical Nursing* 3(2):97-102.

Midwifery 2020 (2010). *Workforce and workload workstream.* Final report. http://www.midwifery2020.org/Workforce/documents/WWwedupdate10February2010_001.doc [Accessed February 1 2011].

Murphy-Lawless J (2009). The Birth Project Group and its first weekend workshop: an evaluation for the Birth Project Group. [Unpublished report].

Pryjmachuk S, Richards DA (2008). Predicting stress in pre-registration midwifery students attending a university in Northern England. *Midwifery* 24(1):108-22.

Svensson J, Barclay L, Cooke M (2007). Antenatal education as perceived by health professionals. *Journal of Perinatal Education* 16(1):9-15.

van der Putten D (2008). The lived experience of newly qualified midwives: a qualitative study. *British Journal of Midwifery* 16(6):348-58.

Vargas L *ed* (2002). *Women faculty of color in the white classroom: narratives on the pedagogical implications of teacher diversity.* New York: Peter Lang.

Weston RS (2005). Liberating childbirth. *AIMS Journal* 17(3):6-9.

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I practised as a midwife before moving into midwifery teaching and joined Nursing Studies in Edinburgh University in 1980. My doctoral studies arose from my observation of poor retention of newly-qualified midwives and an interest in labour force issues continues. My interests have moved towards the politics of maternity care, including historical and international aspects. This interest includes a strong woman-centred orientation, including both the childbearing woman and the woman as a midwife. I practised as a midwife before moving into midwifery teaching and then joining the staff of the University of Edinburgh. I have been in the School of Health since it was created. Until recently I continue regular practice as a midwife under an honorary appointment with Lothian Health and have practised independently.

Margaret Carroll

I have practised as a midwife in the UK, Ireland and in the Middle East and have a lengthy involvement in and commitment to excellent midwifery education. I coordinated the initial pilot three year direct entry programme in Ireland, 2000-2003, while now I am Director of Midwifery Education in the School of Nursing and Midwifery, Trinity College Dublin.

Jo Murphy-Lawless

I teach sociology in the School of Nursing and Midwifery, Trinity College Dublin where I have been involved with the development of the four year undergraduate direct entry midwifery programme. Responding effectively to the increasing complexity of the politics surrounding childbirth, including the role of the state, is a central focus in my current work.