

DOCTORAL MIDWIFERY RESEARCH SOCIETY MEETING

1st November, 2007

Loughview Suite, University of Ulster, Jordanstown



MORNING SESSION

Chair- Professor Marlene Sinclair

- 9:00 Poster Exhibition Tea/Coffee - treats to eat
9:30 Introduction Professor Sinclair
9.35 Welcome Dr Paul Fleming, Associate Dean, Faculty of Life and Health Sciences

PROFESSOR OF MIDWIFERY RESEARCH SERIES: GUEST LECTURE

- 9:45 Professor Soo Downe "*Metasynthesis: A Guide to Knitting Smoke*"

**Morning Coffee Sponsored by School of Nursing
UU 10.45-11.00am**

PRE- DOCTORAL PRESENTATIONS

- 11:00 Sanaa Abujilban: "*Exploring Jordanian Antenatal Education Outcomes: A Solomon Four-Group Study*"
11:20 Karen Casson: "*Socio-economic Inequalities in Stillbirths in Northern Ireland 1993-2002*"
11:40 Elaine Madden: "*Inter-Professional Collaboration in Obstetric Emergencies: An Educational Intervention*"
12:00 Professor Soo Downe: "Normal Birth Research Campaign"

**Lunch Sponsored by Research & Development
Office for Northern Ireland 12.15-1.15pm**

Afternoon Session

Chair Dr Patricia Gillen, Secretary, DRMS

1.15 Research Update

Post Doctoral Midwifery Presentations

1.30 Dr. Gail Thomas: *“Learning to be a Midwife: The Need to Believe”*

2:00 Dr. Kuldip Bharj: *“Pakistani Muslim Women Birthing in Northern England: Exploration of Experiences and Context”*

2:30 Dr. Dale Spence: *“Intrauterine Growth Restriction: The Implications for Later Life”*

Afternoon Tea Sponsored by the UU Institute of Nursing Research 3.00-3.15pm

3.15 Meeting of Research Interest Groups

4.00 Close of the DMRS

Date of next DMRS Meeting

February 11th, 2008 9:30-4pm Lough View Suite,

Jordanstown Campus



DOCTORAL MIDWIFERY RESEARCH SOCIETY MEETING
1st November, 2007

Lunch Menu

Roast Leg Of Lamb On Chive Mash & Rosemary, Thyme Jus

Pan Fried Cajun Salmon Fillet With Yoghurt & Dill Sauce

Supreme Of Chicken Pillard, Watercress & Basil, Mustard Butter

Medley Of Vegetables In a Thai Curried Cream & Saffron Rice

Pudding of the day

*Tropical Fruit Salad Topped With Raspberry Sorbet
Profiteroles, Chantilly Cream & Chocolate Sauce*

Coffee and Mints

DMRS Meeting, University of Ulster, Jordanstown

Thursday 1 November 2007

Attendance Sheet

Prof Marlene Sinclair		Dr Kenda Crozier	
Dr Patricia Gillen		Mrs Pleumjit Chotiga	
Dr Dale Spence		Jessie Yi-Hui Liao	
Dr Kuldip Bhjarji		Dr Nicky Armstrong	
Prof Soo Downe		Prof Cecily Begley	
Sanaa Abujilban		Jenny McNeill	
Karen Casson		Dr Gail Thomas	
Elaine Madden		Veronica Brady	
Bernie Reid		Dorothy Patterson	
Dr Janine Stockdale		Tracy Mullan	
Nicola Young		Jane Sinclair	
Dr Paul Fleming		Joy Poots	
Megan Blinn		Evie Gardner	
Dr Diane Liddle		Marie Goodall	
Eileen Pollock			
NCT			
Women's Groups			
MSLC			
Members from midman to be confirmed			

Professor of Midwifery Series

“Metasynthesis: a guide to knitting smoke”

Professor Soo Downe

BA (Hons) RM, MSc, PhD

Director of the Institute for Women, Infant and Sexual Health (iWISH) Research

University of Central Lancashire, Preston, Lancashire, England

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Since the seminal production of Noblitt and Hares book ‘meta-ethnography’, the quest for an optimal route to synthesising qualitative evidence has gained momentum. Theoretical arguments in this area range from the impossibility of progressing knowledge based on qualitative evidence in the absence of such synthesis, to the impossibility of synthesising knowledge that is based on the primary investigator as research instrument. Even if the need for such synthesis is accepted, there is debate at every stage of the process, from topic definition, to search strategies, inclusion criteria, quality assessment, and method of synthesis. This is further confounded by discussion about whether studies with a range of design can or should be synthesised together, and about the inclusion or otherwise of opinion.

This lecture will explore all of these dimensions and dilemmas, with reference to the theoretical and methodological literature in this area, and a discussion of the various problems and solutions encountered by the author in undertaking a series of metasynthesis-based reviews in the area of maternity care.

Noblitt G. & Hare R. (1988) *Meta-Ethnography: Synthesising Qualitative Studies*. Sage, Newbury Park.

Biography: **Professor Soo Downe**
BA(Hons), RM, MSc, PhD

- Qualified as a midwife in 1985, and then spent 15 years working in various clinical, research, and project development roles at Derby City General Hospital.
- In January 2001, moved to the University of Central Lancashire, where she is now the Professor of Midwifery Studies.
- Set up the UCLan Women, Infant, and Sexual Health (WISH) Institute, which was launched (as the Midwifery Studies Research Unit) in October 2002.
- Currently chairs the UK Royal College of Midwives Campaign for Birth steering committee
- Main research focus at present is the nature of, and culture around, normal birth

“Outcomes from simulations exercises to explore team management of obstetrical emergencies: control, communication and collaboration”

Author: Elaine Madden

Research Supervisors: Dr Marion Wright, Professor Marlene Sinclair

University: Ulster

Aim

The aim of this presentation is to present data from a multiprofessional research study designed to explore simulated management of obstetrical emergencies using an action research approach.

Setting

A maternity unit in Northern Ireland, which provides care for approximately 2750 childbearing women per year and is part of a teaching hospital, was the setting for this research study.

Background

In 2001, the Nursing and Midwifery Council (NMC) reviewed a range of independent reports on standards of maternity care and identified significant variation in the management of obstetrical emergencies:

- Failure to recognise a problem;
- Take appropriate action;
- Communicate effectively;
- Standardize practice.

Problem

Obstetric emergencies are not predictable and staff are not normally trained to function as a team in an emergency situation. How could this situation be addressed? It was not possible to practise on real patients therefore engaging teams in simulations was considered a feasible management strategy. The main aim of the exercise was to allow staff to critically reflect on their own practice in a safe environment and allow them to identify why practice needed to change and to become involved in the change process.

Method

A qualitative approach using action research methods was selected to explore team dynamics using simulated obstetrical emergencies.

Within the setting obstetric emergencies were simulated and videoed to explore the actions and interactions of the health care professionals, involved in the care of childbearing women. The video clips were examined using qualitative research methods to determine what themes emerged from the interactions and the themes were developed within the context. Any related behaviours were explored.

Real time mock emergency drills were set up and video-recorded. Video data were analysed using a qualitative framework to identify patterns of activity, which were clustered into themes. This approach afforded professionals the opportunity to respectfully challenge their own personal values and those of their peers, facilitating critical thinking and learning in a supported learning environment.

Findings

Three main themes were identified and described within the theoretical framework of the hospital culture. Communication, collaboration and control.

- Communication is a multi layered organizational issue that involves many complex tiers of activity
- Collaboration leads to the overall team functioning effectively
- Control is the most dynamic aspect of team management

The obstetric health care team was seen as a social formation involving high medical control. Reflected in the drills were the hospital culture, and the systems in place to support the health care professionals in their efforts to provide optimal care.

Interaction, behaviour and practices were seen within the setting of peer support and the hospital culture. Individual and team behaviour is an important aspect of the environment with implications for both the educational process and the social relationships of the obstetric team.

Conclusion

Simulation can have a definitive effect on the management of obstetric emergencies. However the dynamics and fluidity of the team leads to recurrent problems.

Biography: Elaine Madden

Head of Midwifery & Gynaecology
South Eastern Trust
Woman & Acute Child Health
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07810416867 mobile
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Qualifications: Registered Fever Nurse, Registered General Nurse, Registered Midwife.
BSc Hons. Applied Social Science MSc Midwifery

Currently studying with University of Ulster for PhD (final year).

Over 25 years experience in the clinical setting as a practicing midwife. Just newly appointed Head of Midwifery and Gynaecology for South Eastern Trust. Previously held Lead Midwife post at Ulster Hospital, preceded by specialised role as practice development midwife. Unique role for midwifery in NI, established to implement recommendations from a high-risk maternity group. Prior to that held Labour ward sisters post at the Ulster hospital. Particularly interested in progressing midwifery led care and has established midwifery led ante-natal clinics and a low risk midwifery led unit within the new maternity build.

“Pakistani Muslim Women Birthing in Northern England: Exploration of Experiences and Context”

Author: Dr Kuldip Bharj
Supervisor: Professor Mavis Kirkham

In this presentation, I shall provide an overview of my doctoral study, which examined Pakistani Muslim women’s experiences of labour and maternity services against a backdrop of the National Health Service and the history of Black people in Britain. It set out to develop an understanding of how Pakistani women saw their relationships with midwives and to address the paucity of available research about their intrapartum experiences.

An interpretive ethnographic approach was adopted to obtain narratives from twenty-seven participants: thirteen primigravidae Pakistani Muslim women, nine interpreters and five midwives. The primary method of data collection was conversational qualitative interviews, although a small number of participant observations of women’s labours were conducted. Content analysis was utilised for data analysis.

The key findings of this study revealed that many Pakistani Muslim women generally reported a positive experience of their encounters with maternity services. They valued western obstetric and midwifery services, believing that the midwives and doctors know best; they were grateful for the care they received. The study revealed that adequate and timely information, constructive relationships with the midwives, and support during labour were some of the key factors that shaped women’s experiences of labour. The findings show that Pakistani women value emotional support in labour. Other key factors highlighted were communication and linguistic barriers, and the role of perceived stereotypes and discrimination, which shaped the context in which women birthed as well as underpinning women’s experience of maternity services. The study highlighted that whilst women’s ability to speak English played a role in developing relationships with midwives, a lot depended on the attitudes and behaviours of the midwives, and the way they responded to the women.

Challenges posed by the findings of this study are for both individual professional practice and organisational responsibility particularly in the context of current NHS philosophy. Recommendations for education, practice and research to facilitate ethnically sensitive and appropriate maternity services for women from the Pakistani Muslim backgrounds will be briefly discussed.

Biography: Dr Kuldip K Bharj

PhD; MSc; BSc (Hons); RM; M.T.D; DN (London); RN; RSA Counselling Skills; IHSM Cert.

Kuldip has just over 34 years experience of midwifery practice, research and education. She is currently employed as a Senior Lecturer by the University of Leeds and act as a Lead Midwife for Education for the organisation with specific responsibility for the strategic management of midwifery education.

Kuldip has wide-ranging experience in the field of quality assurance and enhancement including clinical governance developed through working on behalf of the Quality Assurance Agency and the Nursing and Midwifery Council to assess the quality of healthcare education within the higher education sector.

She also acts as a national consultant to both public and private sectors in the areas of equal opportunities and has acquired an in-depth knowledge of 'race' relations through her own research. She undertakes a number of professional activities at local and national level and has been invited to act as a panel member for a number of national conferences led by the NHS & the Department of Health. She has worked with the Department of Health in an advisory capacity to improve service provision for clients from the black and minority ethnic communities and enhance quality to local populations.

Intrauterine Growth Restriction: The Implications for Later Life

Author: Dr. Dale Spence

Supervisors: Dr Fiona Alderdice, Professor Henry Halliday and Dr Moira Stewart

University: Queen's University, Belfast

Background: Intrauterine growth restriction (IUGR) remains a major clinical problem in maternity care. Advances in neonatal intensive care have resulted in increased survival rates for babies, including those with IUGR. Evidence suggests poor intrauterine growth is associated with adverse outcomes in adulthood affecting both physical and psychological development.

Objectives: To compare health-related quality of life, general health, health service use, socio-economic status, blood pressure and anthropometric measures in 50 year old adults who were born at term (≥ 37 weeks' gestation) with IUGR ($< 10^{\text{th}}$ centile) and a group born at term not growth restricted ($> 10^{\text{th}}$ centile).

Methodology: A retrospective cohort design, using historical birth records of babies born in Royal Maternity Hospital, Belfast 1954-1956. The study group comprised 111 adults who were born with IUGR and 124 formed a comparison group with normal birthweight for gestation. A validated questionnaire including the Short-Form-36 Health Survey (SF-36) and individual physical assessment were used. Adjustments were made for potential confounding variables.

Results: Both groups reported similar health-related quality of life on each dimension of the SF-36 and there were no significant differences between them. The IUGR group tended to use health services more but this difference was not statistically significant. This group also had significantly higher systolic and diastolic blood pressure than those in the comparison group. Regression analysis of potential confounding variables and explanatory variables did not explain the difference between groups.

Conclusions: Results from the study were reassuring in terms of similarity of SF-36 scores between groups. Implications of being born with IUGR for health service resources should be explored further. IUGR is associated with higher blood pressure in adulthood. Resources should be targeted at effective and comprehensive blood pressure screening programmes beginning in early adult life for those who were born with IUGR.

Ethical issues: This study received ethical approval from the Local Research Ethics Committee, Queen's University Belfast. Research indemnification was also obtained from the Royal Group of Hospitals Trust Research and Governance Office.

Funding source: Research & Development Office, Northern Ireland.

Biography: Dr Dale Spence

Qualified as registered general nurse 1993 and registered midwife 1997. Completed PhD 2005 and present post as lecturer in Nursing and Midwifery Research Unit, Queen's University Belfast. Research interests include midwifery care, fetal growth restriction and high risk pregnancy. RCM Council Member for Northern Ireland.

“Learning to be a Midwife: The Need to Believe”

Author: Dr. B. Gail Thomas
Supervisors: Professor Mavis Kirkham, Professor Chris McCourt
University: Thames Valley, London

Abstract

Aim: This presentation describes a four phase grounded theory study with the ultimate aim of developing a strategic approach for midwifery education. The project resulted in a framework to underpin the preparation of pre-registration midwifery students that will support the development of ‘woman-centred’ practitioners.

Method: The research was based on grounded theory and had four phases of data collection with two groups of midwives- fourteen who worked in an NHS maternity unit and nine who are employed outside of the conventional services.

Findings/ results: Student midwives benefit from repeated participation in birth without intervention and from being supported by role models with the confidence to advocate for women in their care. This impacts on the place of students’ practice learning in their programme, the types of midwives with whom they practice and the pattern of care delivery to which they are exposed as well as the learning and teaching methods used. A strategic approach to programme development may promote positive experiences which help students to develop belief and to become ‘woman-centred’ midwives.

Implications: A strategic approach to midwifery education, which helps students learn to believe in women’s abilities to give birth without routine intervention and in their own abilities to support this, may benefit midwives and women.

Biographical Details

**Dr. B. Gail Thomas
Dean of the School of Health and Social Care
Bournemouth University**

PhD, MSc, PGCEA, A.D.M., R.M., R.N.

Dr. Thomas began her professional career as a nurse in Montreal, Canada in 1972. Following a period of international travel, she settled in London in 1977 and worked clinically as a nurse and then a midwife until moving into education in the late 1980's. Initially, Gail taught both pre and post registration midwifery at North London College of Health Studies and then led a midwifery team as principal lecturer at Thames Valley University (TVU). In April 1995, she became Dean of Nursing and Midwifery at TVU, providing leadership in a very large Faculty of Health and Human Sciences. She completed her doctoral research in 2003 being awarded a PhD for her thesis 'Learning to be a Midwife: The Need to Believe'. In September 2006, Gail moved to Bournemouth University taking up the role of Dean of Health and Social Care in order to continue to develop her expertise as academic leader, manager, practitioner and researcher.

Dr. Thomas has participated in a large number of national organisations in midwifery and in higher education. She currently represents the university on the Council of Deans and Heads of Faculties of Nursing and Health Professions and is working on a project aiming for a shared quality assurance framework with colleagues from Skills for Health, Nursing and Midwifery Council, Health Professions Council, higher education and practice. She has been involved in quality reviews nationally and internationally in the past, publishes regularly and continues to care about and be involved in midwifery issues and developments.

Exploring Jordanian Antenatal Education Outcomes: A Solomon Four-Group Study

Author: Sanaa Abujilban

Supervisors: Professor Marlene Sinclair, Professor George Kernohan

Univeristy: Ulster

Previous research on the effects of Antenatal education has primarily been conducted using self-report cross-sectional data without an explicit theoretical base. The resulting forms of data are vulnerable to several threats to both internal and external validity. In 2002, a Primary Health Care Initiative (PHCI) was introduced in Jordan recommending free antenatal education for all pregnant women (MOH, 2002). It is important to explore and evaluate such new healthcare interventions so that appropriate resource allocation may be planned for future service delivery.

Aim: To assess outcomes from the introduction of antenatal education on maternal confidence, anxiety and birth outcomes.

Methods: A natural experiment Solomon four-group design was chosen and the Childbirth Self-Efficacy Inventory (CBSEI) and the State Trait Anxiety Inventory (STAI) were used to determine changes in maternal confidence and anxiety following antenatal education. Ethical approval, permission to use the CBSEI, STAI and access to pregnant women was obtained. Depending on power analysis, a convenience sample of 266 primiparous women was recruited from three MOH centres and three private clinics in Northern Jordan between December 2006 and June 2007.

Analysis: 2X2 ANOVA, t-test, ANCOVA were used to analyse the data.

Results and discussion: Pre-testing showed differences between experimental and control group, which were controlled by ANCOVA. Results suggest that the effect of antenatal education on maternal confidence and anxiety were not significant. Experimental group post-test maternal confidence does not change significantly from the pre-test, while their anxiety state increased significantly. On the other hand, the control group demonstrated that maternal confidence increased significantly, while their anxiety does not. Further analysis showed antenatal education is a strong predictor for this change.

Conclusions: Results were not conclusive, antenatal education is a complex intervention which needs to be studied from several perspectives: if applied inappropriately it may raise or lower maternal anxiety and confidence levels.

References:

Ministry of health (2002). Standard of care for health centre. Reproductive health. (Volume III). Primary Health Care Initiative (PHCI). USAID

Biography: Sanaa Abujilban

Sanaa is a VCRS research student, studying at University of Ulster, with a specific interest in evaluation of antenatal education. She was a lecturer at Hashemite University in Jordan. She Holds a BSc in nursing, MSc in nursing education, and higher diploma in midwifery. Previously she worked as a staff nurse in a paediatric ward for five years. She is married with two children, and currently lives in Belfast, Northern Ireland, UK.

Socio-economic inequalities in stillbirth in Northern Ireland 1993-2002

Author Karen Casson

Supervisor: Professor Helen Dolk

University: University of Ulster

Introduction: Recent statistics show that stillbirth rates in the UK remain as high as ever. This paper reports part of a project exploring trends in socio-economic inequalities in pregnancy outcome, including stillbirth, in Northern Ireland.

Methods: The project used routinely collected data; Registrar General data and Child Health System. Matching of the files was required to obtain all required risk factors (maternal age, multiplicity, registration status, social class and smoking). Deprivation indices for small areas were linked into the data via the postcode of residence. Among the 233,782 registered births there were 1,293 registered stillbirths. Statistical analysis was undertaken using Poisson regression.

Results: In Northern Ireland the stillbirth rate has changed little between 1993 and 2002 with rates of 5.1 per 1,000 total births and 5.5 per 1,000 total births respectively. The risk of stillbirth is higher for under 20 year olds (IRR 1.32; 95% CI 0.99 to 1.76) and 40+ (IRR 2.71; 95% CI 1.91 to 3.84). The risk for multiple births was almost three times that of singleton births (IRR 2.77; 95% CI 2.06 to 3.73). There is a clear social gradient in the risk of stillbirth with 30% more stillbirths occurring in the most deprived quintile (IRR 1.30; 95% CI 1.02 to 1.66). Births to older maternal age and multiple births are negatively associated with deprivation and adjustment for these risk factors slightly increases the effect of deprivation (Adj IRR 1.31; 95% CI 1.02 to 1.69). Sole registration did not increase the risk of stillbirth.

Conclusion: Low socio-economic status, advanced maternal age and multiplicity are all associated with increased risk of stillbirth.

Biography: Karen Casson

Karen was appointed as a lecturer in Health Promotion at the University of Ulster in July 2000. Prior to this she worked as a senior research officer in the Department of Public Health Medicine at the Northern Health and Social Services Board, mainly in the area of Maternal and Child Health. Karen has 20 years experience as an active researcher in health and social arenas and has extensive experience researching sexual health services and teenage motherhood in Northern Ireland. She is currently undertaking her PhD "Monitoring Socio-Economic Inequalities in Pregnancy Outcomes in Northern Ireland, 1991-2002" using epidemiologic methods.

Professor of Midwifery Research Series:

Professor Cecily Begley

“The ups and downs of running randomised trials”

11th February 2008

Randomised trials aim to compare groups of people who are similar in all major respects except for the treatment or care they receive. Consenting participants are randomly allocated to one of two groups; a control group, who receive standard care and an experimental group, who receive the new method of care. The outcomes of both groups are then compared. This format is well known to most health care professionals, especially those undertaking higher degrees. This presentation will address three issues that can arise during randomised trials, and describe how difficulties were addressed in the context of various midwifery studies.

The first issue concerns the need to identify prior to the study, the precise outcomes that are considered important by clinicians, researchers and women. This brings into focus the question of clinical significance versus statistical significance, which will be discussed using examples from practice.

The second area for discussion will focus on the lessons learned in the collaborative process of developing evidence-based, clinical practice guidelines for midwifery-led care in the first midwifery-led units in the Republic of Ireland, which are being evaluated through a randomised trial.

The third issue is the need for an *a priori* sample size estimation, based on valid, relevant data. Issues discussed will include: using the null hypothesis, effect size, probability, significance level and type I error, and power and type II error. Examples of sample size estimations with varying effect size, power and alpha levels will be given to illustrate the way in which sample sizes can be juggled to achieve the desired level of rigor.

Throughout the presentation there will be opportunity to question and discuss points as they arise, with the aim of de-mystifying quantitative, experimental research for the participants.

Biography Professor Cecily Begley

Prof. Cecily Begley is Professor of Nursing and Midwifery and Director of the School of Nursing and Midwifery, Trinity College Dublin. She spent 12 years in the Coombe Women’s Hospital as a midwife, midwifery tutor and research fellow, followed by 8 years as a lecturer/senior lecturer at the Faculty of Nursing in the Royal College of Surgeons in Ireland. In 1996, she took up her present post in Trinity College, charged with the task of developing the new School of Nursing and Midwifery. Eleven years later, this School now

runs 16 undergraduate and postgraduate programmes, with 1400 students and over 100 staff.

Prof Begley was a member of the Expert Group on Midwifery and Children's Nurse Education set up to plan the two direct-entry degree programmes that commenced nationwide in October 2006, and is a member of the International Confederation of Midwives' Research Advisory Network. She leads a number of research teams focusing mainly on physiological childbirth and women-centred care, including the care of women with disabilities. She is a reviewer and member of the editorial committee for a number of health professional journals and has published widely on nursing and midwifery clinical and education issues.

Apologies

Professor Clarke (Provost)

Professor Hugh McKenna

Professor Kader Parahoo

Professor Jim Dornan

Professor Carol Curran

Dr Derek McLoughlin

Dr Owen Barr

Dr Elizabeth Stenhouse

Elizabeth Bannon

Ruth Clarke

Diane Lockhart

Ciara Hughes

Eizabeth Qua

Sarah Loughridge

Paula McConn

Liz McGourty

Fiona Bradley

Dr Derek Spence

Genny Marilley