MIDIRS Search Pack

Search Pack M105

Royal College of Midwives doctoral thesis collection

The aim of this collection is to provide a platform for midwives to showcase their academic work, and to inspire and support midwives who are considering or who are currently undertaking further academic study. Additionally, the collection will provide a source of open access midwifery-generated evidence for everyone to use.

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2026-06800

Why do midwives stay?: a mixed-methods study of the factors influencing newly qualified midwives in London to remain in post. Bower H (2023), University of Greenwich, London, August 2023. 270 pages

Background:
Midwives are leaving midwifery in greater numbers than in previous years. Newly qualified midwives (NQMs) are the group most likely to leave. Most research has explored why midwives leave rather than why they stay. This research seeks to understand which factors enable NQMs to stay in midwifery, focusing on London, with the aim of retaining this important group of midwives in the midwifery profession.

Methods:
A pragmatic, mixed-methods approach was used to explore why NQMs choose to stay in midwifery. The research was conducted in two phases. Phase one was a survey, sent to all midwives (n = 1502) in four London Trusts with a 16.3% (n = 248) response rate. Participants were asked to complete two scales, the Connor-Davidson 10-point Resilience Scale and the Bower Midwife Wellbeing Scale, developed for this research. Survey data were analysed using SPSS-27. From the survey, eleven NQMs self-selected to be interviewed (phase two) using the findings from the scales as a basis for questioning. Interviews were recorded and transcribed, and interview data were analysed using Applied Thematic Analysis.

Results:
The survey found that the Bower Midwife Wellbeing Scale demonstrated a significant predictive ability in being able to identify midwives who were more likely to have thought of leaving in the last six months. The higher the mean score of the scale, the less likely the midwives were to have thought of leaving (their post/midwifery), so were more likely to stay.

The interviews identified three themes: head above water, cultural conflicts and professional identity. The factors most likely to enable NQMs to stay were those that improved their professional identity, such as job satisfaction and continuity of care. Factors that were least likely to enable them to stay were a poor workplace culture, such as a bullying culture and lack of staff.

Integrating the results from the survey and the interviews, factors that both improved and diminished personal and professional resilience were identified. NQMs with a higher Bower Midwife Wellbeing score were more likely to stay in midwifery.

Recommendations:
The Bower Midwife Wellbeing Scale, developed for this research, has the potential to predict NQMs who are more likely to stay in midwifery as they score higher on the scale. By predicting those who are more likely to leave, it is proposed that interventions, such targeted support, can prevent attrition. The research also identifies adverse workplace conditions that need to be addressed if NQMs are to stay.

The relevance of the research for education is that high personal resilience enables NQMs to cope better with adverse workplace conditions (improving their professional resilience). Personal resilience can be developed through educational interventions, and it is recommended that this is addressed in pre-registration midwifery education programmes. Further research into testing the Bower Midwife Wellbeing Scale is also recommended, to be able to identify those NQMs who are more likely to stay. (© Author)

Full URL: https://gala.gre.ac.uk/id/eprint/50974/

2026-06799

EMpowering Pregnant women Affected by Trauma HistoRY: The EMPATHY study. Cull J (2024), University of Central Lancashire, Preston, July 2024. 317 pages

Over a quarter of pregnant women (~150,000) each year in the UK have suffered trauma such as domestic abuse, adverse childhood experiences, or sexual assault. These experiences can have a lasting effect on mental and physical

health, and impact pregnancy and parenting. Despite this prevalence and the potential consequences, discussing prior trauma is not standard practice in maternity care in the United Kingdom. This critical participatory action research study aimed to address the research question: How can maternity services empower pregnant women affected by previous trauma to access support?

The study was underpinned by critical social theory and guided by a Research Collective comprising experts by experience, voluntary sector practitioners, and maternity care professionals. A systematic literature review and qualitative evidence synthesis was conducted which included 25 papers from 5 countries, representing the views of 1602 women and 286 healthcare professionals and experts from the voluntary sector. Interviews were then undertaken with women with lived experience of trauma (n=4), healthcare professionals (12), and voluntary sector experts (n=7).

Findings from the qualitative synthesis and interviews were reported separately and then integrated with insights from the Research Collective to develop an evidence-based framework of guiding principles for routine discussion of previous trauma in the perinatal period. The development process included a rigorous public consultation with 52 responses.

The framework contains 23 recommendations based on six core principles. Routine trauma discussion should be introduced as part of a system-wide change; maternity care providers should let women know previous trauma can affect their well-being and help them access support; trauma conversations need to be carried out sensitively, to build trust and relationships; staff must be provided with adequate training and support; trauma discussions should be tailored to local needs and services; and services should systematically assess the implementation and impact of routine trauma discussions and seek to continuously improve trauma pathways based on these insights.

The research marks a unique contribution to knowledge by offering a new model for trauma discussions, informed by meaningful engagement with trauma survivors and stakeholders. Further research is needed to determine whether implementation of the framework improves maternal and neonatal outcomes. (© Author)
Full URL: https://knowledge.lancashire.ac.uk/id/eprint/53655/

2026-03888

Birth Place Decisions: A prospective, qualitative study of how women and their partners make sense of risk and safety when choosing where to give birth. Coxon K (2012), King's College London, London, April 2012. 412 pages

For the past two decades, English health policy has proposed that women should have a choice of place of birth, but despite this, almost all births still take place in hospital. The policy context is one of contested evidence about birth outcomes in relation to place of birth, and of international debate about the safety of birth in non-hospital settings; partly as a consequence of this, 'birth place decisions' have become morally and politically charged. Given the perceived lack of consensus about birth place safety, this study sought to explore the experience of making birth place decisions from the perspectives of women and their partners, in the context of contemporary NHS maternity care. Longitudinal narrative interviews were conducted with 41 women and 15 birth partners recruited from three English NHS trusts, each of which provided different birth place options. Initial interviews were conducted during pregnancy, and follow up interviews took place at the end of pregnancy and again up to three months after the birth. Altogether, 141 interviews were conducted and analysed using a thematic narrative approach. This research contributes new knowledge about how birth place decisions are undertaken and negotiated, and about the extent to which some are excluded from these choices. Participants' beliefs about birth place risk originated in upbringing and drew upon normative discourses which positioned hospital as an appropriate setting for birth. Individual worldviews informed conceptualisations of birth place risk, and these were premised upon prioritisation of medical risks of birth, perceived quality of the maternity service or the likelihood that medical intervention would interfere with birth. These beliefs were often enduring and the overall tendency was for women to be increasingly conservative about their birth place options over time, but during their first pregnancies, participants views were most fluid and open to change. (© Author)
Full URL: https://doi.org/10.13140/RG.2.2.32362.17606

2026-03887

The Lived Experience of Perinatal Anxiety: A Longitudinal Interpretative Phenomenological Analysis. Folliard K (2023), University of East Anglia, Norwich, December 2023. 240 pages

Background: Perinatal anxiety has deleterious effects on the fetus, newborn, infant, older child and mother, and is

more commonly experienced yet less well investigated than perinatal depression. There is a paucity of qualitative evidence examining lived experience of anxiety over the continuum of pregnancy and the first year post-birth, which limits the ability of healthcare professionals to recognise and fully understand the condition and to provide appropriate care for women and birthing people.

Aims: This doctoral study aimed to address the lack of evidence, by exploring how women are impacted by perinatal anxiety to and gaining a rich understanding of their experiences. The findings inform recommendations for clinical practice, research and education.

Methods: A qualitative longitudinal design was chosen, using in-depth interviews and Interpretative Phenomenological Analysis to elicit a deeper understanding of perinatal anxiety. Five women were interviewed each at three timepoints: antenatal, early postnatal and late postnatal, producing 15 datasets.

Findings: Nine Group Experiential Themes were developed, underpinned by three Longitudinal Experiential Concepts which explicated the common threads of experience over time: Maternal Eyes, Transforming Existence and Emotional Kaleidoscope. The lived experience of perinatal anxiety has been revealed as socially constructed, with aspects of relationships with self, others, and the world key. The collision between anxiety and motherhood as social constructs provides perinatal anxiety with its unique characteristics.

Conclusion: Midwives and other healthcare professionals should understand the significance of anxiety as a potentially problematic and destructive psychological experience and provide space for women to discuss stigmatising and uncomfortable feelings without judgement. Further research examining whether screening tools used by midwives, health visitors and GPs identify the less immediately evident characteristics of perinatal anxiety, and effectively flag the need for intervention, is recommended. Education for clinicians to understand the significance of perinatal anxiety is essential. (© Author)

Full URL: https://ueaeprints.uea.ac.uk/id/eprint/94787

2026-01139

Keeping the balance: promoting physical activity and healthy dietary behaviour in pregnancy. Warren L (2013), Swansea University, Swansea, September 2013. 378 pages

Gaining large amounts of weight during pregnancy may contribute to development of obesity and is associated with poor outcomes. Therefore managing gestational weight gain is important to reduce the risk of complications. This thesis aims to explore clinical and personal management of gestational weight gain and to discover how pregnant women can be best supported to maintain physical activity and healthy dietary behaviours. This is achieved through a programme of research comprising three related studies.

Study One explored the antenatal clinical management of weight and weight gain through oneto-one interviews with Antenatal Clinical Midwifery Managers across Wales (n=11). Findings showed wide variation in management of weight from unit to unit. Although midwives believed pregnancy to be a perfect opportunity to encourage healthier behaviours, many identified barriers preventing them discussing weight with women.

In Study Two semi-structured interviews with pregnant women (n=15) investigated views on personal weight management during pregnancy. Again pregnancy was seen as an ideal time to improve health behaviours due to a perceived increase in motivation and many women identified specific goals. However, in the face of various barriers, it was apparent that the motivation which initially identified healthy lifestyle goals was unable to sustain this behaviour throughout the pregnancy.

Finally Study Three looked at the feasibility and acceptability of a midwife-led intervention informed by the two preliminary studies. The ‘Eat Well Keep Active’ intervention programme designed to promote healthy eating and physical activity in pregnant women (n=20) was based upon the Self Determination Theory framework for enhancing and maintaining motivation and utilised motivational interviewing. Results indicated that the intervention was received well by participants who reported that it positively influenced their health behaviours. The ‘Eat Well Keep Active’ programme may be a suitable intervention to encourage and facilitate women to pursue a healthier lifestyle throughout their pregnancy. (© Author)

Full URL: https://orca.cardiff.ac.uk/id/eprint/61838/

2026-01137

The Use of Telemetry to Monitor the Fetal Heart During Labour: a mixed methods study. Watson K (2019), University of Manchester, Manchester, 2019. 362 pages

Background: Wireless fetal heart rate monitoring (telemetry) is increasingly being used by maternity units in the UK. Guidelines from the National Institute for Health and Care and Excellence recommend that telemetry is offered to any woman who needs continuous monitoring of the fetal heart in labour. There is no contemporary evidence on the use of telemetry in the UK. Aims: To gather in-depth knowledge about the experiences of women and midwives using telemetry to monitor the fetal heart in labour and to assess any impact that the use of telemetry may have on clinical outcomes, mobility in labour or control and satisfaction. Study design: A convergent parallel mixed methods design was chosen. Methods: Qualitative methods included in-depth interviews with 10 women, 2 partners, 12 midwives and one student midwife from two NHS Trusts in the Northwest of England. A constructivist grounded theory methodology was employed for this phase and used both purposive and theoretical sampling. All interviews were audio-recorded and transcribed verbatim. The quantitative phase recruited 161 women from both sites and compared clinical outcome and mobility data from 74 women who used telemetry during labour and 87 women who had conventional wired monitoring. Women also were asked to complete a questionnaire in the postnatal period on control and satisfaction during labour and birth. Questionnaire data was analysed from 128 women, 64 who used telemetry and 64 who had conventional wired monitoring. Both sets of data were integrated to give an overall broad understanding of telemetry use. Findings: The grounded theory core category was âTelemetry: A Sense of Normalityâ and was described by three sub-categories. âBeing Freeâ described women being more mobile when using telemetry in labour and experiencing greater feelings of control, normality, and support. Telemetry also increased dignity for women as they were able to use the bathroom independently and with ease. âEnabling and facilitatingâ described midwives facilitating the use of telemetry, encouraging mobility and using midwifery skills including caring for women in a birth pool. âCulture and Changeâ described the different maternity unit cultures and how this impacted on the use of telemetry. Telemetry was viewed as increasing choice and equity for women with more complex pregnancies. Within the quantitative phase there was no difference in the aggregate scores for either the Perceived Control in Childbirth (PCCh) scale or the Satisfaction with Childbirth (SWCh) scale. Sub-group analysis found that women who used telemetry for the majority of the time the fetus was continuously monitored in labour scored a higher aggregate score for perceived control during labour (mean Â± SD; 5.3 Â±0.8 telemetry vs. 4.9 Â± 0.9 wired, p = 0.047). Mobility data found that women using telemetry spent more time off the bed in labour and adopted more upright positions for birth. Conclusions: Both qualitative and quantitative findings confirmed that women were more mobile in labour when using telemetry to monitor the fetal heart and integrated findings also found that telemetry increased feelings of control in labour. The use of telemetry had a positive impact on women who required continuous monitoring in labour and engendered a sense of normality for both women and midwives. The use of telemetry contributes to humanising birth for women requiring more complex care in labour and birth. (© Author)

Full URL: https://research.manchester.ac.uk/en/studentTheses/the-use-of-telemetry-to-monitor-the-fetal-heart-during-labour-a-m/

2026-01135

Competence and expertise in physiological breech birth. Walker S (2017), City, University of London, London, September 2017. 267 pages

This doctoral thesis by prospective publication aims to provide pragmatic, evidence-based guidance for the development and evaluation of physiological breech skills and services within the context of contemporary maternity care. The research uses multiple methods to explore development of professional competence and expertise. While skill and experience are acknowledged in multiple national guidelines as important safety factors in vaginal breech birth, prior to this research no guidance existed about how skill and experience should be defined, developed and evaluated. The thesis begins with an integrative review of the efficacy of current breech training methods, highlighting a lack of evidence associating any training methods with improved outcomes for breech births. Following this are two papers reporting the results of a Delphi consensus technique study involving a panel of breech experienced obstetricians, midwives and service user representatives. The first outlines standards of competence, training components and volume of experience recommended to achieve competence and maintain proficiency in upright breech birth. The second outlines principles of practice for physiological breech birth, rooted in relationship and response, and divergent from medicalised practices based on prediction and control. Following this is a grounded theory paper exploring the deliberate acquisition of breech competence among midwives and obstetricians with moderate upright breech experience. The paper reports a theoretical model that can inform development of breech teams and training programmes. The final paper reports a mixed methods analysis of data from the Delphi and grounded theory studies concerning breech expertise. The results present a model of generative expertise, underpinned by affinity, flexibility and relationship, which may function to increase the availability and safety of vaginal breech birth. Each paper is followed by critical analysis and reflection. The thesis ends with a discussion of the implications for practice and research in light of the overall body of work. (© Author)

Full URL: https://openaccess.city.ac.uk/id/eprint/20269/

2026-01134

Unsafe abortion and unsupervised births: understanding the challenges of pregnancy and childbirth in the rural highlands of Papua New Guinea. Vallely L (2015), The University of Queensland, Queensland, August 2015. 314 pages

Papua New Guinea (PNG) has one of the highest maternal mortality ratios in the world. Postpartum haemorrhage is the leading cause of maternal death, followed by sepsis related to childbirth and unsafe abortion, the same reasons as identified in other low-resource settings. PNG has a high rate of unsupervised births, with an estimated 60% of women giving birth unsupervised.

Focussing on the leading causes of maternal mortality, the overall aim of this thesis is to describe women's perceptions and experiences of pregnancy and childbirth from one setting in the Eastern Highlands of PNG; and to describe a community-based intervention to improve maternal health outcomes. This thesis comprises of three studies, divided into two themes: (1) unsafe abortion; and (2) community perceptions and experiences of pregnancy and childbirth. (© Author)

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2025-14777

A Different Way of Being: The Influence of a Single Antenatal Relaxation Class on Maternal Psychological Wellbeing and Childbirth Experience An Exploratory Sequential Mix-Method Study. Tabib Ghaffari M (2022), Edinburgh Napier University, Edinburgh, December 2022. 391 pages

Background: Perinatal mental health problems are prevalent, have a wide range of adverse effects on the mother and her child, and are predictors of negative childbirth experiences. Therefore, improving perinatal mental health is a global public health priority and developing services that could promote it must be a priority for maternity services. There is growing evidence that antenatal education incorporating hypnosis or guided imagery techniques may have the potential to promote perinatal mental health and positive childbirth experiences. However, high-quality research in the field is lacking.

Aim and objectives: This study aimed to explore the influence of a single 3- hour Antenatal Relaxation Class (ARC), incorporating theory on childbirth physiology, hypnosis and guided imagery, on maternal psychological wellbeing and childbirth experiences. The objectives of the study were to: a) identify the aspects of maternal psychological wellbeing and childbirth experiences that may be influenced by ARC, b) understand 'why' and 'how' any influence may occur, c) identify the factors that may mitigate the influence of ARC during labour and birth, and d) test the significance of any influence over time.

Methods: The study took an exploratory sequential mixed-method approach. In the initial qualitative phase, a purposive sample of 17 women and 9 birth partners participated in either individual (8 women) or joint (9 women and their birth partners) semi-structured in-depth interviews. The data were analysed using descriptive qualitative and reflexive thematic analysis. The follow up quantitative phase was a prospective longitudinal cohort study that used surveys to further examine childbirth experiences and measure psychological wellbeing in a sample of 91 women at three time points: pre-class, post-class, and post-birth.

Findings: Attending ARC was associated with increased childbirth self-efficacy, reduced fear of childbirth and state and trait anxiety, as well as improved mental wellbeing. These changes were significant and lasted over time, until after the birth. Attitudes towards childbirth changed after attendance at ARC, which motivated wide use of relaxation techniques as a self-care behaviour during pregnancy, labour, birth and beyond. Use of relaxation techniques was perceived to positively influence women's childbirth experiences and choices including a decline in choice of epidural use for labour pain. The efficacy of the learned techniques in the management of labour pain, however, depended on the 'birth space' which encompassed the physical environment, interactions with birth attendants and the clinical picture of the experience.

Conclusion: Incorporating theory on childbirth physiology, hypnosis and guided imagery in childbirth education can enhance perinatal psychological wellbeing and childbirth experiences. Providing relevant education for birth practitioners may contribute to a salutogenic model of childbirth care in which practitioners can facilitate childbirth education as well as a birth space that is conducive to experiencing an altered state of consciousness as a health promoting state. (© Author)

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2025-14773

Determinants of late stillbirth Auckland 2006-2009. Stacey T (2011), University of Auckland, Auckland, 2011. 244 pages

Stillbirth is a devastating and too common outcome of pregnancy; globally there are approximately three million deaths after 28 weeks‟ gestation every year. In New Zealand, as in other high income countries, more than 1 in 200 babies die before birth, and around 1 in 300 die in the last three months of pregnancy. During the mid twentieth century there was a dramatic decline in the rate of stillbirth, however this improvement has not been sustained in recent years. Previous studies have identified certain causes and risk factors for late stillbirth, but over a third of the deaths remain unexplained. The current variation in the rate of stillbirths both across and within high income countries suggests that it is possible to make further improvements in stillbirth rates. We hypothesised that there would be modifiable, but as yet unidentified risk factors for late stillbirth. The Auckland Stillbirth Study was the first case control study to select women with ongoing pregnancies as gestation matched controls. This study found that the disparity in rates of late stillbirth in women from different ethnicities in New Zealand could be attributed to associated factors such as high parity, high body mass index and social deprivation. Regular utilisation of antenatal care was found to be protective, and women who attended at least 50% of recommended antenatal visits had a lower risk of stillbirth compared to those who did not. Antenatal identification of sub-optimal fetal growth was found to be a possible aspect of the benefit of regular antenatal attendance. Maternal perception of fetal movements was also identified as an area of importance, with women who perceived their baby‟s movements to decrease in the last two weeks of the pregnancy being at greater risk of experiencing a stillbirth. In addition this study found an association between maternal sleep practices and risk of late stillbirth. Most strikingly, the study found that women who went to sleep on their left side on the last night (prior to stillbirth/interview) were half as likely to experience a late stillbirth compared to women who went to sleep in any other position. This study has added a New Zealand perspective to the existing literature on certain known risk factors for late stillbirth (such as high body mass index). It has also identified novel factors that present new possibilities for further research and for the potential for future reductions in the incidence of late stillbirth. (© Author)

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2025-14769

An investigation of subsequent birth after obstetric anal sphincter injury. Webb SS (2017), University of Birmingham, Birmingham, May 2017. 394 pages

Obstetric anal sphincter injuries (OASIS) are serious complications of vaginal birth with a reported average worldwide incidence of 4%-6%. They are a recognised major risk factor for anal incontinence resulting in concern amongst women who sustain such injuries when considering the most suitable mode of birth in a subsequent pregnancy.

This thesis contains three studies; a systematic review and meta-analysis of the published literature exploring the impact of a subsequent birth and it’s mode on bowel function and/or QoL for women with previous OASIS, a follow-up study on the long-term effects of OASIS on bowel function and QoL and finally a prospective cohort study of women with previous OASIS to assess the impact of subsequent birth and its mode on change in bowel function.

The work in this thesis demonstrated an increase in incidence of bowel symptoms in women with previous OASIS over time and that short-term bowel symptoms were significantly associated with bowel symptoms and QoL. This thesis also showed that the mode of subsequent birth was not significantly associated with bowel symptoms or QoL and for women with previous OASIS who have normal bowel function and no anal sphincter disruption a subsequent vaginal birth is a suitable option. (© Author)

Full URL: https://etheses.bham.ac.uk/id/eprint/7807/

2025-14105

Midwives’ experiences following the conclusion of a Nursing and Midwifery Council Fitness to Practise Referral: a phenomenological study. Corr A (2025), University of Nottingham, Nottingham, July 2025

Background:

The Nursing and Midwifery Council (NMC) is an independent regulatory organisation which dictates the standards for practice and education for midwives, and undertakes fitness to practise (FtP) investigations when concerns are raised regarding a midwife’s practice or conduct. Yet, institutions that monitor health and social care regulators in the UK have criticised the NMC’s own practices, condemning the length of time taken to conclude referrals. Concerns have also been raised regarding the possible effects an FtP referral could have on registrants’ health and well-being,

however this has not been researched.

The poor health and well-being of UK midwives in general has been evidenced. Midwifery is recognised as a stressful occupation due to the emotional intensity of the role and high workload. Midwives suffer high levels of stress, depression, anxiety, personal and work-related burnout. It is therefore possible that midwives are already emotionally vulnerable when entering the FtP process, with the potential for levels of stress to increase when experiencing an FtP investigation. This raises concerns regarding the effects of the FtP process on midwives and the resultant consequences on the care they provide.

Aims:

The aim of the research was to examine midwives' experiences following the conclusion of an NMC FtP referral. Particular focus was given to influences on midwives' experiences, to inform recommendations for improving the FtP process and to improve support midwives receive throughout the FtP process and following its conclusion.

Study design:

A scoping review was completed to assess the existing research on healthcare professionals' experiences of professional investigations. Empirical research was then undertaken with a philosophical lens of standpoint feminism and a hermeneutic phenomenological methodology. Fourteen semi-structured interviews were conducted. A purposive sample of midwives who had been referred to the NMC FtP process and received the conclusion between 2016 and 2021 were included.

Findings:

Theories of belonging were employed to discuss the findings, as the research found that an FtP referral can affect a midwife's sense of belonging. Belonging was affected by the FtP referral questioning the midwife's identity and an accumulation of trauma experienced through the FtP process. The FtP process also required midwives to undertake additional emotion work beyond that involved in the midwife's role, causing further stress. The research found midwives felt powerless in their relationship with the NMC and the FtP process. This lack of trust in the NMC and the negative impacts of the FtP process on the midwife, led midwives to interpret the support they received, or did not receive, through the lens of trauma, affecting how they engaged with support.

Recommendations:

Reducing the length of time the NMC take to conclude an FtP referral would assist in alleviating the distress experienced by midwives during the process. Midwives should be treated with compassion and empathy by the NMC, recognising the distress a midwife may be experiencing during and following an FtP referral. A support programme for midwives following the conclusion of an FtP referral should be introduced, with the aim of supporting their well-being. More education should be provided to qualified midwives and student midwives, by the NMC and pre-registration institutions, to inform them of the role of the NMC, the FtP process and how to seek support. Research should be undertaken into whether the changes the NMC have introduced to the FtP process since the conclusion of this research have improved the midwives' experience, as well as more focused research into the experiences of registrants from an ethnic minority. (© Author)

Full URL: https://repository.nottingham.ac.uk/entities/publication/9be910dd-251c-49fc-9534-d33a5d863945

2025-14049

Mothers mood study: women's and midwives experiences of perinatal mental health and service provision. Savory N (2020), Cardiff University, Cardiff, February 2020. 401 pages

Background: Existing research on poor perinatal mental health largely focuses on recognition and treatment of postnatal depression. Consequently, there is a need to explore antenatal mental health.

Aim: To assess poor mental health prevalence in pregnancy, its relationship to sociodemographic characteristics, self-efficacy and perceived support networks. To understand experiences and barriers preventing women with mental

health problems from receiving help and explore midwives' understanding of their role.

Method: Questionnaires were completed by women in early pregnancy. A subset identified to have mental health problems, were interviewed in late pregnancy to explore their experiences and barriers to receiving care. Midwives completed questionnaires exploring their experiences of supporting women with mental health problems and focus groups further discussed the issues raised.

Results: Amongst participants (n=302), the Edinburgh Postnatal Depression Scale (EPDS) identified 8.6%, and the Generalised Anxiety Disorder Assessment (GAD-7) 8.3%, with symptoms of depression or anxiety respectively. Low self-efficacy (p=0.01) and history of previous mental health problems (p<0.01) were most strongly associated with anxiety or depression. Thematic analysis of interviews with women (n=20) identified three themes: 'past present and future'; 'expectations and control'; and 'knowledge and conversations'. Questionnaires were completed by 145 midwives. The three themes identified from the focus groups with midwives were: 'conversations'; 'it's immensely complex'; and 'there's another gap in their care'.

Conclusion: Prevalence rates of anxiety and depression amongst women in early pregnancy were found to be similar to those reported in the literature. Low self-efficacy and previous poor mental health were significant predictors of anxiety and depression. Continuity and more time at appointments were suggested by midwives and women to improve discussions regarding mental health. Midwives were keen to support women but lacked knowledge and confidence. Consistent reference was made to the need for training regarding the practical aspects of supporting women's mental health. (© Author)

Full URL: https://orca.cardiff.ac.uk/id/eprint/132856

2025-14048

Models of maternity care for women with low socioeconomic status and social risk factors: what works, for whom, in what circumstances, and how? A realist synthesis and evaluation. Rayment-Jones H (2021), King's College London, London, 2021. 499 pages

Background

Health inequalities are caused by social factors such as poverty, social deprivation, isolation, oppression, stigma and discrimination. Race, ethnicity, gender, class and other social risk factors intersect to exacerbate the effect of health inequalities. Factors associated with poor childbirth outcomes and experiences of maternity care include; Black and minority ethnicity, poverty, young motherhood, homelessness, difficulty speaking or understanding English, migrant or refugee status, domestic violence, mental illness and substance abuse. These women struggle to access and engage with services and it is not known what aspects of maternity care work to improve their outcomes and experiences. Two theoretical concepts are used to explore these issues, 'sydemics'; the interacting health and social problems that contribute to the excess burden of disease in a specific population and 'candidacy'; the interacting factors that determine people's eligibility for healthcare.

Methods

This research aimed to uncover the mechanisms that lead to improved experiences and outcomes through an evaluation of two specialist models of maternity care. One model of care takes a local approach and was placed within an area of significant health inequality. The other model was based within a hospital setting and provides care for women based on an inclusion criteria of social risk factors. Using a realist approach a synthesis of qualitative literature and focus groups with midwives working in the specialist models was conducted to develop preliminary theories regarding how, for whom and under what circumstances the model of care is thought to work. Quantitative data on birth outcome and service use measures for 1000 women accessing different models, including standard care, group practice and specialist models of care at two large, inner-city maternity services were prospectively collected and analysed using multinominal regression. Longitudinal interviews with 20 women with social risk factors were conducted to refine the theories.

Results

A statistically significant relationship was found between the indices of multiple deprivation score and the number of social risk factors women were experiencing. This adds validity to the use of the deprivation score to identify women at higher social risk. Although Black and minority ethnic women, those with low socioeconomic status and social risk factors were significantly more likely to receive the specialist models of care, women experienced substandard care when they were not in the presence of a known midwife or obstetrician. The specialist model of care appeared to

mitigate the effects of inequality on poor access and engagement with maternity services and revealed no adverse outcomes compared to other models of care. Women receiving the specialist models of care were significantly more likely to use water for pain relief in labour, have skin to skin contact with their baby shortly after birth, and be referred to social care and support services. Maternity care based in the community setting was associated with a significant decrease in preterm birth and low birth weight, and an increase in induction of labour. A subgroup analysis found that the improved preterm birth outcome was particularly significant for women with the highest level of social complexity. The qualitative analysis highlighted possible mechanisms for these findings that were related to access, interpreter services, education, information and choice, continuity of care, social, emotional and practical support and stigma, discrimination, and perceptions of surveillance. Women described the benefits of seeing a known healthcare professional during pregnancy and particularly valued not having to repeat often difficult social and medical histories. Women accessing the specialist models described feeling able to disclose difficult circumstances to a known and trusted midwife. Women in the hospital-based model described a lack of local, community support and had difficulty integrating into unfamiliar support services. This was not reported by the women accessing the community-based specialist model. Finally, women in the community-based model described a trusting relationship with the whole team rather than one named midwife, this appeared to strengthen their perception of support with no negative effects.

Conclusions
This research highlights how carefully considered place-based care with a focus on continuity can create safe spaces for women and identify their specific needs. The quantitative data highlighted interesting relationships between all community-based models of care and neonatal outcomes that require further testing in future research. A particularly important contribution to knowledge was the identification of causal mechanisms for the inequalities often seen in maternal and infant health outcomes, such as women's perceptions of surveillance, discrimination and paternalistic care. Models of care with strict inclusion criteria may risk excluding women at increased risk who are yet to disclose social risk factors, leading to continued fragmented care where they are less likely to disclose and remain 'under the radar'. The identification of specific mechanisms will allow those developing maternity services to structure models of care around local need without losing the core aspects that lead to improved outcomes. These mechanisms, in which contexts they are activated, and what outcomes they effect are detailed in six refined CMO configurations. These configurations provide a framework for future models of care for women with low socioeconomic status and social risk factors. (© Author)
Full URL: https://kclpure.kcl.ac.uk/portal/en/studentTheses/models-of-maternity-care-for-women-with-low-socioeconomic-status-/

2025-14046

Using a birth ball in the latent phase of labour to reduce pain perception; a randomised controlled trial. Mylod DCM (2019), Bournemouth University, Bournemouth, September 2019. 282 pages
Hospital admission in the latent phase of labour is associated with higher rates of obstetric intervention, with increased maternal and fetal morbidity. Women sent home from hospital in the latent phase to 'await events' feel anxious and cite pain as their main drive to seeking hospital admission. Using a birth ball to assume upright positions and remain mobile in the latent phase of labour in hospital is associated with less pain and anxiety. However, no research has examined the effect of using birth balls at home in the latent phase on pain perception, hospital admission or obstetric intervention. An animated infomercial was developed to promote birth ball use at home in the latent phase of labour to enhance women's self-efficacy, in order to reduce their pain perception. As a pragmatic randomised controlled single centre trial, 294 low risk women were randomly allocated to two groups. At 36 weeks' gestation the Intervention Arm accessed the infomercial online and completed a modified Childbirth Self- Efficacy Inventory before and after viewing. They were also offered the loan of a birth ball to use at home. The Control Arm received standard care. On admission to hospital in spontaneous labour, all participants were asked to provide a Visual Analogue Scale score. Both groups were followed up six weeks postpartum with an online questionnaire. Data were analysed on an Intention To Treat basis. A significant increase was found in Outcome Expectancy and Self-efficacy Expectancy after accessing the infomercial and Intervention Arm participants were more likely to be admitted in active labour. No significant differences were found between the VAS scores, or intervention rates. Most respondents (89.2%) described the birth ball as helpful and reported high satisfaction, with comfort, empowerment and progress. The birth ball is a promising intervention to support women in the latent phase. Further research should consider a randomised cluster design. (© Author)
Full URL: https://eprints.bournemouth.ac.uk/33996/

2025-12713

Voicing the silence: the maternity care experiences of women who were sexually abused in childhood. Montgomery E (2012), King's College London, London, October 2012. 322 pages

Childhood sexual abuse is a major, but hidden public health issue estimated to affect approximately 20% of females and 7% of males. As most women do not disclose to healthcare professionals, midwives may unwittingly care for women who have been sexually abused. The purpose of this study was to address the gap in our understanding of women's maternity care experiences when they have a history of childhood sexual abuse with the aim of informing healthcare practice.

This narrative study from a feminist perspective, explored the maternity care experiences of women who were sexually abused in childhood. In-depth interviews with women, review of their maternity care records and individual and group interviews with maternity care professionals were conducted. The Voice-centred Relational Method (VCRM) was employed to analyse data from the in-depth interviews with women. Thematic analysis synthesised findings, translating the women's narratives into a more readily accessible form. The main themes identified were: narratives of self, narratives of relationship, narratives of context and the childbirth journey. Medical records provided an additional narrative and data source providing an alternative perspective on the women's stories. Silence emerged as a key concept in the narratives. This thesis contributes to 'Voicing the silence'.

The particular contribution of the study is its focus on the women's voices and the use and development of VCRM to listen to them. It highlights where those voices are absent and where they are not heard. Women want their distress to be noticed, even if they do not want to voice their silence. The challenge for those providing maternity care is to listen and respond to their unspoken messages and to hear and receive their spoken ones with sensitivity. (© Author)

Full URL: https://kclpure.kcl.ac.uk/portal/en/studentTheses/voicing-the-silence-the-maternity-care-experiences-of-women-who-w/

2025-12711

Informed consent during the intrapartum period: an observational study of the interactions between health professionals and women in labour involving consent to procedures. Marshall JE (2005), University of Nottingham, Nottingham, July 2005. 305 pages

This ethnographic study using participant observation, aimed to explore the issue of informed consent to procedures undertaken during the intrapartum period. It involved recruiting 100 healthy women, who went into labour spontaneously at term, at the point they were admitted to the labour ward. The data collection took place in a large teaching hospital in an East Midlands city from April 1997 until December 1999. The subjects (health professionals and women) were observed throughout the labour until the woman and baby were transferred to the postnatal area. Follow-up interviews were conducted with the woman and midwives, within 24 hours, using a semi-structured format based on the observations.

The study revealed that it was difficult to obtain informed consent during labour. Contrary to professional belief, not all women wanted to be fully informed about intrapartum care and procedures, or wanted anything other than a pain free and easy labour that they perceived the western medical-technocratic model of care would offer them.

Although the midwives' knowledge of legal and ethical issues concerning consent was variable and limited in the majority of cases, they attempted to empower women to make intrapartum choices. However, this was often constrained by the culture of the labour ward environment and the extent to which they adhered to policies and procedures. In cases where medical intervention became necessary, a minority of midwives felt personally disempowered. The obstetricians and paediatricians observed, appeared to be less effective communicators than anaesthetists, often leaving it to the midwife to explain issues to the woman.

It is envisaged that these findings, as well as the stereotypical models of the labouring woman and the attending midwife that developed, and the resulting recommendations, be used in partnership between maternity service and education providers to ensure that health professionals not only have effective communication and interpersonal skills, but also are more conversant with the legal and ethical implications of consent. (© Author)

Full URL: https://eprints.nottingham.ac.uk/11882/

2025-12709

Experiences of Women and Other Birthing People Who Make Non-Normative Choices in Childbearing: A Constructivist Grounded Theory. Madeley A-M (2023), The Open University, Milton Keynes, October 2023. 371 pages

The thesis aimed to explore why and how participants construct non-normative choices in the context of pregnancy and childbearing, alongside the underlying social processes participants navigate within UK maternity systems. Non-normative choices include outside-of-guideline care, declining routinely offered care and interventions or

requesting care outside sociocultural norms. Such choices represent a critical test against which claims of women-centred care and authentic informed decision-making can be tested. To date, emphasis on empirical research in this area has primarily focussed on clinician-based understandings of supporting non-normative choices and women's experiences of more extremely positioned, mostly intrapartum choices. These have often excluded service users' voices within more nuanced choices across the childbearing continuum, situated firmly within consent, autonomy, and agency issues. By exploring these issues, the thesis will present a constructivist grounded theory exploring the social processes experienced by and affecting women's experience in making non-normative choices, offering a substantive theory to explain how women's reproductive identity shapes and informs non-normative choice-making. I present how non-normative choices represent a strategy by which, in the presence of institutional and systemic identity threat, reproductive identity is expressed, reinforced, or defended through common strategies, represented in the QuEEN model of common strategies for reproductive identity reinforcement and defence.

The thesis argues that contrary to choices being seen as 'non-normative' within contemporary maternity care, women view their choices as normative within their unique contexts and that a paradigm shift is required to reframe how non-normative choices are viewed. Rigid, risk-based systems of care designed to categorise women throughout their pregnancy journey work directly against aspirations for personalised care planning and frameworks of choice, reinforcing the urgent ongoing need for emphasis on personalised care within the UK maternity system to achieve equitable and safe perinatal outcomes in the presence of facilitative choice and relational care models. (© Author)

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2025-12704

Care of obese women during labour: The development of a midwifery intervention to promote normal birth. Kerrigan AM (2017), University of Stirling, Stirling, December 2017. 273 pages

Normal birth, defined as birth without induction of labour, anaesthetic, instruments or caesarean section conveys significant maternal and neonatal benefits. Currently one-fifth of women in the United Kingdom are obese. There is increasing evidence of the detrimental effects obesity has on intrapartum outcomes. There is a lack of research on how to minimise the associated risks of obesity through non-medicalised interventions and how to support obese women to maximise their opportunity for normal birth. This thesis aims to provide evidence to address this gap and develop an evidence-based intervention to promote normal birth.

Using a methodological approach aligned with pragmatism, this research was conducted in four parts and underpinned by the Medical Research Council framework for the development of complex interventions. Part one was a national survey involving 24 maternity units. Part two was a qualitative study of the experiences of 24 health professionals and part three involved 8 obese women. The final part was a multi-disciplinary workshop that used consensus decision-making to design the intervention.

Collectively, the findings suggest that intrapartum care of obese women is medicalised. Health professionals face challenges when caring for obese women but many strive to optimise the potential for normal birth by challenging practice and utilising 'interventions' to promote normality. The findings also demonstrate that obese women have an intrinsic fear of pregnancy and birth, have a desire for normal birth and 'obese pregnancy' presents a window of opportunity for change. The intervention consists of three component parts; an educational aspect (e-learning package), a clinical aspect (intrapartum care pathway) and a leadership aspect (ward champions).

Whilst acknowledging the importance of safety, increasing intervention during labour for obese women may further increase the risk of complications, with detrimental effects. Addressing intrapartum management of obese women through non-medicalised interventions is of paramount importance in order to promote normality, maximise the opportunity for normal birth and reduce the associated morbidities. (© Author)

Full URL: https://dspace.stir.ac.uk/bitstream/1893/27479/1/PhD%20Thesis%20-%20Care%20of%20obese%20women%20during%20labour%20-%20The%20development%20of%20a%20midwifery%20intervention%20to%20promote%20normal%20birth%20-%20Angela%20Kerrigan%20(1).pdf

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2025-12702

Engaging with the 'modern birth story' in pregnancy: A hermeneutic phenomenological study of women's experiences across two generations. Kay L (2016), University of Central Lancashire, Preston, May 2016. 356 pages

This in-depth qualitative study considered how women from two different generations came to understand birth in the context of their own experience but also in the milieu of other women's stories. For the purposes of this thesis the birth story (described as the 'modern birth story') encompassed personal oral stories as well as media and other representations of contemporary childbirth, all of which had the potential to elicit emotional responses and generate

meaning in the interlocutor. The research utilised a hermeneutic phenomenological approach underpinned by the philosophies of Heidegger and Gadamer. This methodology allowed the significance of the experience of engaging with stories to be grasped, and in-depth insights into the meanings and lived experience for women of the phenomenon to be made.
Twenty participants were purposively selected, recruited and interviewed. In phase one ten women who were expecting their first baby in 2013 were recruited in order to explore how they understood birth prior to the event and in the light of other women's stories. Birth stories were revealed as one of many 'voices' offering 'advice' to women about birth. The women also talked about classes they had attended, books they had read, websites and online forums they had accessed, as well as television programmes and films they had watched.
The conversations with the first cohort of women led to further questions about whether the information gleaned from media and virtual birth story mediums creates meaningful knowledge about birth for women. The second phase evolved from this thinking. In phase two interviews with an older cohort of women (who were pregnant in the 1970s –1980s) were undertaken to determine whether women from a different era were more able to translate knowledge into meaning. This was based on the belief that, for this 4 generation of women, stories were mediated by personal contact and not though virtual technologies as in the previous generation of women.
Phenomenological conversations with the participants took place in the iterative circle of reading, writing and thinking. This revealed the experience of 'being-in-the-world' of birth for the two generations of women and the way of communicating within that world. From a Heideggerian perspective, the birth story was constructed through 'idle talk' (the taken for granted assumptions of how things are which come into being through language) and took place across a variety of media accessed by women, as well as through face to face conversations.
Five central and interrelated interpretive findings emerged. Firstly the stories the women engaged with, had a significant role to play in their understanding and expectations of birth. The 'norm' as portrayed in the stories circulating in 2013, for instance, was one which perpetuated what one participant described as the 'drama of birth'. Secondly, the modern 'landscape' of birth (populated with many media representations) created and perpetuated fear of childbirth for many of the women. The stories shared were lacking in detail about women's lives, and did not necessarily help them to become 'knowers' and gain wisdom about birthing. Thirdly, the women birthing in the present day were overloaded with information amassed in an attempt to manage their anxieties about birth as well as to fit the role of the informed patient, and demonstrate their competency as mothers. Fourthly the cultural and spiritual significance of birth was not shared in the circulating stories in either generation. Finally, some of the birthing women felt secure in the 'system' of birth as constructed, portrayed and sustained in the stories widely circulated.
The data revealed that the lifeworld of birth being sustained in stories (for both generations) was one of product and process, concentrating on the stages and 5 progression of labour and the birth of a healthy baby as the only significant outcome. Taken as a whole this thesis revealed that the information gleaned from birth stories did not in fact create meaningful knowledge and understanding about birth for these women.
The study is unique in that no other published research has explicitly identified the premise of the 'modern birth story' or the notion of 'idle talk' in relation to childbirth. Further no other study has considered the phenomenon of engaging with these types of stories whilst pregnant. This study reveals how engaging with the 'modern birth story' and the 'idle talk' of birth may influence women's expectations and consequent experience of birth. (© Author)
Full URL: https://knowledge.lancashire.ac.uk/id/eprint/15479/

2025-12701

Recovering the clinical history of the vectis: the role of standardised medical education and changing obstetric practice. Jenkins LE (2019), University of Leeds, Leeds, August 2019. 250 pages

This thesis explores the use, and later non-use, of the vectis – an instrument invented in the seventeenth century by the Chamberlen family, along with its sister instrument, the forceps. Both instruments were designed to deliver a living baby when birth was obstructed by the head, but their histories were very different. In Britain, the forceps came into the public domain in 1733, the vectis in 1783, after which their respective merits were debated for over a century. Throughout that time, it was clear that both instruments were effective in sufficiently skilled hands, yet the forceps took over so decisively that by the early twentieth century the vectis had disappeared not only from clinical use, but also from the historiography of obstetric instruments. The central question addressed by the thesis is: why did the vectis disappear from clinical use?

The thesis argues that the answer to that question is to be sought in the characteristics of clinical practice, skills and training. The vectis required a subtle set of manual skills, and the teaching of such skills was best favoured by individual apprenticeship; the use of the forceps was more easily reduced to rigid rules, and could therefore be taught in large classes. Thus, the shift to such classes around the middle of the nineteenth century favoured the forceps. To

reconstruct that shift, this thesis explores the developing debates around medical education in the first half of the nineteenth century, bringing out the hitherto-neglected theme of the importance of midwifery training as a desideratum for the reformers. The link between pedagogic processes and clinical practice reflects the co-construction of users and technology of the Social Construction of Technology (SCOT) model, but requires some modification of that model, not least because the technological consequences of pedagogic change were entirely unintended. (© Author)
Full URL: https://etheses.whiterose.ac.uk/id/eprint/25543/

2025-12683

An exploration of student midwives' attitudes toward substance misusing women following a specialist education programme. Hooks C (2016), Anglia Ruskin University, Cambridge, August 2016. 329 pages

Substance misuse is a complex issue, fraught with many challenges for those affected. Whilst the literature suggests that pregnancy may be a 'window of opportunity' for substance misusing women, it also suggests that there are several barriers to women engaging with health care. One of these is the fear of being judged and stigmatised by healthcare professionals, including midwives. Previous research indicates that midwives have negative regard toward substance users and that this in turn may lead to stigmatising behaviours and consequential substandard care provision. Midwives however, stress that they do not have appropriate training to be able to effectively provide appropriate care for substance misusers. Research suggests that education (formal training) is needed in this area to improve attitudes. In this study, the role of education in changing attitude toward substance use in pregnancy was explored using case study methodology. The case was a single delivery of a university degree programme distance learning module 'Substance Misusing Parents,' undertaken by 48 final year student midwives across 8 NHS Trusts. The research was carried out in 3 phases, using a mixture of Likert style questionnaires (Jefferson Scale of Physician Empathy and Medical Condition Regard Scale), Virtual Learning Environment discussion board qualitative data and semi structured interviews. The findings of the questionnaires showed that whilst general empathy levels showed no significant change (p=0.539), empathy toward pregnant drug using women showed a statistically significant improvement following the module (p=0.012). Furthermore, exploration of the students' experiences of the module demonstrated the importance of sharing and reflecting on practice with peers; the experiences of drug users, both positive and negative; and having an opportunity to make sense of these experiences, thus bridging the 'theory-practice divide,' as key in influencing their views. Furthermore the findings indicated value in the mode of delivery of such education, suggesting e-learning to be an effective approach, offering not only knowledge gain in terms of the content, but in wider research and critical thinking skills. This research demonstrates the potential of education in this area but also offers suggestions for effective methods of educational delivery to potentially help reduce stigma in other areas of practice. (© Author)
Full URL: https://aru.figshare.com/articles/thesis/An_exploration_of_student_midwives_attitudes_toward_substance_misusing_women_following_a_specialist_education_programme/23758926?file=42195438

2025-12678

Conscientization for practice: The design and delivery of an immersive educational programme to sensitise maternity professionals to the potential for traumatic birth experiences amongst disadvantaged and vulnerable women. Heys S (2020), University of Central Lancashire, Preston, January 2020. 368 pages

Birth is an important time in a woman's life. While the journey into motherhood can be a transformational and liminal experience, unfortunately, this is not the case for every woman. It is estimated that approximately 30 % of women experience childbirth as a traumatic event, with up to 4% of women in community samples developing Post Traumatic Stress Disorder (PTSD) following childbirth. It is also highlighted that women who are vulnerable and disadvantaged, due to complex life situations such as poor mental health, poverty and social isolation, are more likely to experience birth trauma and PTSD onset. Recent research highlights that women's subjective experience of birth is one of the most important factors in determining birth trauma, and that negative interactions with health care professionals are a key contributor to its development. The aim of this study was to develop and evaluate a training programme for maternity care providers to raise awareness of birth trauma amongst disadvantaged
and vulnerable women. A critical pedagogical approach was adopted so that the design of the programme would aid reflection, critical thinking and conscientization.
This study includes a meta-ethnographic review, empirical interviews and the design and delivery of a tailored educational programme within an NHS Trust. Firstly, a meta-ethnography was undertaken to explore disadvantaged and vulnerable women's negative experiences of maternity care in high income countries. Noblit & Hare's (1988) meta- ethnographic approach was used and four themes were identified through the synthesis of eighteen studies; 'Depersonalisation' 'Dehumanisation', 'Them & us' and 'No care in the care'. Secondly, ten local disadvantaged and vulnerable women in North West of England were recruited and interviewed, exploring their negative experiences of

birth. A framework analysis was used to interpret the data, identifying key triggers for birth trauma, focused on interpersonal interactions with maternity healthcare professionals. These findings were then compared against studies included in the meta-ethnography. Following these stages an innovative educational programme focused on birth trauma and PTSD was developed and evaluated. Key findings from the meta- ethnography and the empirical interviews informed the content of a filmed childbirth scenario that was embedded within a critical pedagogical framework. The scenario was delivered to participants' using virtual reality (VR) technology, forming part of a 90-minute educational programme, in which maternity professionals view the scenario from a first-person perspective. Other elements of the education programme involved providing statistical evidence on birth trauma and PTSD, a presentation of qualitative data collected during empirical phases, critical reflections and the development of actionable practice points to change/influence care practice, for self and others. Ten maternity professionals participated in the evaluation, with pre/post questionnaires and a follow-up session used to assess participants attitudes, knowledge and experiences prior, during and following attendance. Findings suggest the immersive educational programme increased participants understanding and knowledge of birth trauma and PTSD, with the use of VR as a tool for knowledge translation found to enhance critical reflection and facilitate praxis. While further research to test the efficacy of the educational programme on women's
birth experiences is needed, simulated first person realities, embedded within a critical pedagogical framework, offer a unique and innovative approach to addressing interpersonal care in maternity and wider health-related contexts of care. (© Author)

Full URL: https://knowledge.lancashire.ac.uk/id/eprint/34594/

2025-12676

Rethinking postnatal care: A Heideggerian hermeneutic phenomenological study of postnatal care in Ireland. Healy MI (2012), University of Central Lancashire, Preston, March 2012. 230 pages

The postnatal period is an important and extremely vulnerable time for new mothers and their infants. Research has outlined the considerable extent of maternal physiological and psychological morbidity following childbirth. The underreporting and undiagnosed aspect of this morbidity has also been highlighted. Newborn infants are totally dependent on their needs being met and are also at risk of newborn conditions particularly if they are undiagnosed, for example neonatal jaundice. There is however, mounting evidence regarding the lack of postnatal support from health professionals, with women continuing to report their dissatisfaction with postnatal care. Research into postnatal care is pre-dominantly quantitative and clinically focused. Few empirical studies have examined the meaning women give to their postnatal care experiences.

This research aims to generate a deeper understanding of the meanings, and lived experiences of postnatal care. In addition, it aims to reveal future possibilities to enhance women's postnatal care experiences. Initially, an in-depth examination of relevant literature is undertaken followed by a presentation of the process and findings from a qualitative meta-synthesis. An in-depth exploration of Martin Heidegger's biography and explication of his philosophy is then outlined.

This research is a Heideggerian hermeneutical phenomenological study of Irish women's aspirations for, and experiences of, postnatal care. Purposive sampling is utilised in this research, which was undertaken in two phases. Phase one involved group interviews over three different time periods (between 28-38 weeks gestation, 2-8 weeks and 3-4 months postnatally), with a cohort of primigravid women and a cohort of multigravid women. The second phase involved recruiting two further cohorts of primigravid and multigravid women who participated in individual in-depth interviews over the same longitudinal period. In total nineteen women completed the study. Thirty-three interviews were held in total.

The data analysis is guided by Crist and Tanner's (2003) interpretative hermeneutic framework. The women's aspirations/expectations for their postnatal care are represented through three interpretive themes: 'Presencing', 'Breastfeeding help and support' and 'Dispirited perception of postnatal care'. In addition, five main themes emerged from the data and capture the meanings the women gave to their lived experiences of postnatal care: 'Becoming Family', 'Seen or not seen', 'Saying what matters', 'Checked in but not always checked out' and 'The struggle of postnatal fatigue'. The original insights from this research clearly illuminate the vulnerability women face in the days following birth. A further in-depth interpretation and synthesis of the findings was undertaken. This philosophical-based discussion drew from the work of Heidegger (1962) and Arendt (1998). Engaging with these theoretical perspectives contributed to a new understanding about why some women within a similar context, have positive experiences of postnatal care while others do not. As such, the very nature that midwives and other postnatal

carers are human beings has an influence on a woman's experience of her care. These carers, in their exposition of 'being' have the ability to demonstrate 'inauthentic' or 'authentic' caring practices. It is those who choose to be 'the sparkling gems' that are the postnatal carers who make a difference and stand out from the others. For the women in this study, their postnatal care experiences mattered. While some new mothers reported positive and meaningful experiences others revealed experiences which impacted unnecessarily. The relevance of these findings, recommendations and suggestions for future research are offered. (© Author)

Full URL: https://knowledge.lancashire.ac.uk/id/eprint/6654/

2025-12671

The experience of pregnant women being offered influenza vaccination by their midwife, a qualitative descriptive approach. Hardacre S (2021), Cardiff University, Cardiff, 2021. 204 pages

Aim To explore, interpret and develop an understanding of pregnant women's experience of being offered the seasonal influenza vaccination by their midwife and whether this affects the woman's decision to either accept or decline the vaccine.

Research Question 'Does the relationship between the woman and the midwife impact on the woman's decision to accept or decline the seasonal influenza vaccination in pregnancy?'

Objectives 1 To investigate factors which when drawn from women's experience of being offered the seasonal influenza vaccination, influence their decision to accept or decline the vaccine. 2 To explore whether women's experience of the antenatal environment in which the midwife / woman discussion takes place has any influence on the decision to accept or decline the vaccine. 3 To identify whether women's experience differs according to their geographical location.

Methods The study was carried out within five geographical Boroughs within a large University Health Board in South East Wales. Semi-structured interviews were held with twelve pregnant women. A qualitative descriptive approach was used and data were analysed thematically. The theoretical framework of 'reproductive citizenship' developed by Wiley et al (2015) was used for interpretation of the study findings

Findings Women's beliefs conflicted with their actions. Participants believed they were not at risk of influenza yet had the vaccination regardless. Characteristics of wanting to be a good mother and doing the right thing were evident, despite many competing priorities of pregnancy. The environment in which the women had their vaccination was not of concern and they displayed a quiescent approach to the influenza vaccination within the context of their antenatal care. Women placed trust in the midwife, relying on their advice without question.

Discussion Fatalism, passive acceptance and influence of the healthcare professional was apparent and participants spoke warmly of the 'good midwife'. Magical beliefs and superstition explained the women's perception of risk, derived from family experience. Fate, luck and perceived lack of control over life events framed women's views. Women placed trust in the midwife taking comfort in that the knowledgeable professional was making the iii right decision 'for them' displaying traits of quiescent reproductive citizenship as characterised by Wiley et al (2015).

Conclusion Influenza vaccination and the consequence of disease were perceived to be low down amongst many competing priorities of pregnancy. Participants did not believe that they were at risk of influenza disease and sometimes shifted responsibility for decision-making to the midwife, placing trust in the mother / midwife relationship. (© Author)

Full URL: https://orca.cardiff.ac.uk/id/eprint/152761/

2025-12667

Returning to the Path. A hermeneutic phenomenological study of parental expectations and the meaning of transition to early parenting in couples with a pregnancy conceived using in-vitro fertilisation. Gale E (2020), University of Greenwich, London, 2020. 380 pages

Background: Increasing numbers of couples are undergoing In vitro fertilisation (IVF) after plans to commence their family is thwarted, a process involving greater psychological and physical demands which may heighten expectations of parenthood. The concept of good parenting is socially constructed and it may be that having actively sought parenthood, parents who have conceived using IVF feel pressure to be 'good' at it. This study seeks to understand the lived experiences of transition to early parenthood following IVF.

Method: A Heideggerian hermeneutic phenomenological study using in-depth data analysis. Three couples expecting their first child, a singleton non-donor pregnancy conceived using IVF, were purposively selected and interviewed on three occasions: at 34 weeks pregnant, six weeks following birth and at three months post birth. The study design enabled rich detail and interpretation aided by a unique combination of both time point and longitudinal data analysis.

Findings: The contribution of interpretive phenomenology to a small number of couples helped draw deep meaning from their experiences. The key finding 'Returning to the Path' was identified as the point at which couples felt they were where they had anticipated being several years earlier, drawing on three over-arching themes: Seeking the Way, Returning to the Path and Journeying On. These were considered using Heideggerian concepts which helped reveal the meaning parents attributed to their experiences. The pregnancy may be experienced as a 'tentative' progression, however following birth, parenthood was embraced with an instinctive, baby-led style – a finding not previously identified. Transition to parenthood was aided by social support and reliance on the couple relationship. Consideration of potential siblings was a consideration which arose in early parenthood, as couples recognised ongoing implications of the path they had travelled.

Conclusion: Infertility is a deviation from the life path that a couple anticipated; the point of and influences on returning to that path is the key phenomenon identified in this study, which was different for each couple. Findings have implications for healthcare professionals in supporting couples through anxieties in pregnancy, the transition to parenthood and an appreciation of the ongoing implications of infertility. (© Author)

Full URL: https://gala.gre.ac.uk/id/eprint/36087/

2025-12663

Exploring decision making to create an active offer of planned home birth. Field J (2018), Bangor University, Bangor, 2018. 465 pages

Background:

Historically, the focus of the UK and international research exploring planned home birth decision making has been largely focused on understanding the experiences of women who decide to birth at home. As a result of high-profile research that suggests that non-OU birth locations are safe for low risk women, there has been a recent shift in focus resulting in research studies that aim to increase the rates of planned home birth, or more often the rates of all non-obstetric unit birth within the UK. However, despite this increased level of attention, the rate of home birth remains stubbornly low. Whilst there is some research to indicate why this might be the case, research that sheds a new light on the issue, and that develops an evidence base for new interventions is required. This thesis illuminates the factors that need to be considered in order to increase women's abilities to make an informed decision about planned birth.

Methodology:

A pragmatic approach, using mixed methods, was used to explore the current way that we offer planned home birth to maternity service users, and to ultimately make suggestions about how this could be improved.

The following studies have been undertaken:

Study 1: Initial exploratory study:

The case notes of one hundred and sixty nine women, from one health board and who had planned to birth at home, were audited.

Non-participant observation of birth planning meetings at thirty-six weeks gestation were undertaken with seven community midwife and low-risk women dyads. These were followed by individual semi-structured interviews with the participants.

Study 2: Scoping review:

Qualitative and quantitative research, and non-research based literature, were analysed to produce a qualitative review of planned home birth decision making.

Study 3: Active offer of planned home birth concept analysis

The findings of the initial exploratory study and the scoping review, in addition to active offer literature that is predominantly applied to support the provision of services within minority official languages, were used to create an active offer of planned home birth.

Study 4: Workshop study testing the findings of the concept analysis

Narrative based exercises were used to explore the concept analysis findings with twenty previous service users who had birthed at home, nine previous service users who had chosen an institutional birth, and fourteen community midwives.

Findings:

Women will either take a 'passive' or 'active' approach to the offer of planned home birth, with a passive approach likely where no motivation for an active approach has been provided.

Where a woman takes a passive approach, her ability to make an informed decision about planned home birth will depend on an active offer being made by her midwife. This will be most effective when it is supported by a midwife's

employing organisation.
The findings of this thesis suggest that a two stage active offer of planned home birth (AOPHB) process, consisting of 'Creating the conditions' and 'Positive reinforcement' stages, can be used to underpin the offer of planned home birth.
Discussion:
There has previously been minimal understanding of how to facilitate the home birth decision making process, and a passive offer is routinely provided to women in the UK.
The proposed two-stage AOPHB process provides a structured way for midwives to underpin their offer to women, in order that an increased percentage of women are able to make an informed decision about home birth and/or decide to birth at home. Where midwives apply the AOPHB, women who may take a passive approach could be 'activated' to engage in home birth decision making.
A pilot intervention has been drafted to implement the AOPHB within clinical practice. The intervention provides support for the implementation of the two-stage AOPHB process through the use of individual components focused on midwives and their employing organisation; student midwives; and women, and their significant others.
Implications:
This thesis has contributed to the developing knowledge base about planned home birth decision making. The application of active offer theory to the offer of planned home birth has been undertaken for the first time, and this has generated a new and useful perspective on this area of midwifery practice.
The resultant two-stage AOPHB process has the potential for developing midwifery practice in terms of supporting midwives to understand and facilitate women's decision making around home birth, providing a flexible tool that can be used in clinical practice. This is the first approach that has been developed with the aim of increasing the ability of women to make an informed decision about whether they wish to birth at home.
Additionally, the pilot AOPHB intervention has implications around the understanding of how employing organisations can best support midwives in this aspect of their role, and developing how student midwives are educated about offering home birth to women. (© Author)
Full URL: https://research.bangor.ac.uk/en/studentTheses/exploring-decision-making-to-create-an-active-offer-of-planned-ho/

2025-12296

'Practising outside of the box, whilst within the system': A feminist narrative inquiry of NHS midwives supporting and facilitating women's alternative physiological birthing choices. Feeley CL (2019), University of Lancashire, Preston, August 2019. 308 pages, 110 pages
This thesis presents the findings of an original study that explored NHS midwives practice of facilitating women's alternative physiological birthing choices - defined in this study as 'birth choices that go outside of local/national maternity guidelines or when women decline recommended treatment of care, in the pursuit of a physiological birth'.
The premise for this research relates to dominant sociocultural-political discourses of medicalisation, technocratic, risk-averse and institutionalisation that has shaped childbirth practices in the UK. For midwives working in the NHS, sociocultural-political and institutional constraints can negatively impact their ability to provide care to women making alternative birth choices. A meta-ethnography was carried out, highlighting a paucity of literature in this area.
Therefore, the aim of this study was to generate practice-based knowledge to answer the broad research question: 'what are the processes, experiences, and sociocultural-political influences upon NHS midwives' who self-define as facilitative of women's alternative birthing choices'.
Underpinned by a feminist pragmatist theoretical framework, a narrative methodology was used to conduct this study. Professional stories of practice were collected via self-written narratives and interviews to understand the processes of facilitation (the what, how, why), their experiences of carrying out facilitative actions (subjective sense-making), and what sociocultural-political factors influenced their practice. Through purposive and snowball sampling, a diverse sample of 45 NHS midwives from across the UK was recruited. A sequential, pluralistic narrative approach to data analysis was carried out, and a theoretical model was developed using the whole dataset.
The findings were subjected to three levels of analysis. First, 'Narratives of Doing' highlight how and what midwives did to facilitate women's alternative choices. The sub-themes reflect the temporal nature of a wide range of actions/activities involved when caring for women making alternative birthing decisions. The second analysis; 'Narratives of Experience' - highlighted the midwives polarised experiences captured as 'stories of distress', 'stories of transition,' and 'stories of fulfilment'. For the third level of analysis, a theoretical model of 'stigmatised to normalised practice' was developed using notions of stigma/normal, deviance/positive deviance. A six-domain model was developed that accounted for the midwives sociocultural-political working contexts; micro, meso, and macro.
The implications of this research related to a number of identified constraints, protective factors, and enabling factors for midwifery practice. Key barriers included negative organisational cultures that restricted both midwives' and

women's autonomy. Disparities between the midwives' philosophy and their workplace culture were highlighted as a key stressor and barrier to delivering woman-centred care. Protective factors related to the benefits of working in supportive, like-minded teams that mitigated against their wider stressful working environments. Facilitating factors included positive organisational cultures characterised by strong leadership where midwives were trusted and women's autonomy was supported. Therefore, this study has captured what has been achieved, and what can be achieved within NHS institutional settings. Through the identification of both challenges and facilitators, the findings can be used to provide maternity professionals and services with insights of how they too can facilitate women's alternative birthing choices. (© Author)

Full URL: https://knowledge.lancashire.ac.uk/id/eprint/30680/

2025-12292

A qualitative exploration of the role frontline health workers play in defining the quality of services provided to women experiencing an early miscarriage. Farnworth A (2017), Newcastle University, Newcastle, 2017. 308 pages

It is proposed that frontline health care workers in the English National Health Service (NHS) should have an important role in managing the quality of the services they deliver. Formal NHS quality management processes are structured in a highly rationalised way and the extent to which frontline workers have agency to apply their own knowledge to address suboptimal care practices is not well understood. This study explores how frontline NHS workers manage the quality of services offered to women experiencing an early miscarriage using qualitative semi-structured interview data collected from 34 frontline health care workers and managers from three hospitals in the North East of England. Secondary thematic data analysis, informed by micro-organisational theories, was used to explore the role of frontline health care workers in managing the quality of their services. This secondary analysis identified three key themes in the data; (1) the link between the quality gap and the difficulties associated with delivering humane and individualised care, (2) the role of collective understandings in defining the parameters of acceptable versus ideal quality of care, and (3) the use of discretionary practices to manipulate quality of care. These findings suggest that management of health care quality is complex and characterised by bureaucratic constraints that support narratives of powerlessness and compromise amongst NHS workers. Structures that privilege rational models of organisational management pose a significant challenge to the delivery of relational aspects of care. This study contributes to the evidence base by providing insight into the unseen discretionary practices frontline workers engage in to improve quality of care whilst also maintaining organisational functionality. These practices, based on collective beliefs about the parameters of "acceptable" quality of care, are paradoxical; they can improve quality for individual patients but they also support the structures that create quality shortfalls in the first place. The findings of this study offer a model of optimal care for early pregnancy loss that could be used as a framework on which to base quality improvement activities in this area. They also offer a unique insight into the issues that may result in suboptimal care practices perpetuating in the NHS, especially in relation to the delivery of humane and relational aspects of health care; this finding has implications for frontline clinicians, managers, educationalists and policymakers alike. (© Author)

Full URL: https://theses.ncl.ac.uk/jspui/handle/10443/3825

2025-12057

An Interpretive Exploration of the Experiences of Mothers with Obesity and Midwives Who Care for the Mother During Childbirth. Chapman Doughty R (2019), De Montfort University, Leicester, June 2019. 411 pages

Obesity, as defined as a BMI ≥ 30 (kg/m2) had been established as a risk factor for increased morbidity and mortality during childbearing. There was a need for empirical research to explore the experiences of obese women and midwives during childbearing to stimulate debate and inform the delivery of care to this client group. This thesis provides a justification for a qualitative interpretivist study using semi-structured interviews with a small group of obese women (N=13) and midwives (N=11).

This study found that once an obese mother has been placed on the high-risk medicalised pathway, her choices are reduced and the ability to bring a sense of agency and choice to promote and support her own health is limited. The relationship with the midwife, which could have been focused on promoting the health and wellbeing of mother and baby, instead becomes a relationship of managing risk in a reductionist way. This makes it harder for both mothers and midwives to raise the issue of obesity, resulting in a tendency not to deal with the issue. Subsequently, the opportunities for health promotion offered by the midwife-mother relationship sustained over 7 to 8 months are lost, so that encouraging self-understanding and self-help in managing and reducing obesity cannot be achieved.

The findings of this study suggest the need to enhance the health promotion role of the midwife. This thesis suggests

reviewing the use of BMI, developing discussions about gestational weight gain and healthy lifestyle choices with women during antenatal care, and listening to mother's lay theories, perceptions and concerns around weight. Midwifery care, which uses positive discourses and forward-facing care approaches and supported by continuity of carer schemes and access to midwifery-led care, could enhance the midwife's health promotion role. This could lessen the risk of post-partum weight retention post-birth and enhance a new mother's physical and emotional well-being. (© Author)

Full URL: https://dora.dmu.ac.uk/server/api/core/bitstreams/d72374a7-0b7b-4398-a3b5-9efd86117467/content

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2025-12048

Meeting the health and social needs of pregnant asylum seekers; midwifery students' perspectives: a critical discourse analysis of language use by midwifery students in their social constructions of the health and social needs of asylum seekers accessing maternity services. Cooper M (2011), University of Bradford, Bradford, 2011. 356 pages

Current literature has indicated a concern about standards of maternity care experienced by pregnant asylum seeking women. As the next generation of midwives, it would appear essential that students are educated in a way that prepares them to effectively care for pregnant asylum seekers. Consequently, this study examined the way in which midwifery students constructed a pregnant asylum seeker's health and social needs, the discourses that influenced their constructions and the implications of these findings for midwifery education.

For the duration of year two of a pre-registration midwifery programme, eleven midwifery students participated in the study. Two focus group interviews using a problem based learning (PBL) scenario were conducted. In addition, three students were individually interviewed and two students' written reflections on practice were used to construct data. Following a critical discourse analysis, dominant discourses were identified which appeared to influence the way that pregnant asylum seekers were perceived. The findings suggested an underpinning discourse around the asylum seeker as different and of a criminal persuasion. In addition, managerial and medico-scientific discourses were identified, which appeared to influence how midwifery students approach their care of women in general, at the expense of a woman centred, midwifery perspective. The findings from this study were used to develop 'the pregnant woman within the global context' model for midwifery education and it is recommended that this be used in midwifery education, to facilitate the holistic assessment of pregnant asylum seekers' and other newly arrived migrants' health and social needs. (© University of Bradford. This work is licenced for reuse under a Creative Commons Licence)

Full URL: https://bradscholars.brad.ac.uk/entities/publication/dcdf4624-d726-4d44-9d70-a5496475364e

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2025-12042

Home birth and the English NHS: exploring the dynamics of institutional change in the context of health care. Common L (2019), University of Nottingham, Nottingham, July 2019. 333 pages

Research aims and objectives

This study explored factors that shaped the institutional work of a non-dominant professional group in a mature institutional field that sought to maintain or transform existing institutional practices. It aimed to understand and explain the work involved in creating, maintaining and disrupting divergent models of health service organisation and delivery, with a specific focus on maternity care provided to healthy women who chose to give birth at home.

This study investigated questions about the priorities that frame the allocation and management of health service resources and sought to understand how opportunities to advance new institutional practices were recognised, created or resisted by different stakeholders.

Particular consideration was directed towards legitimacy contests associated with advancing or preventing change in strategic action fields . It explored how practitioners captured attempts at reform to maintain or extend their influence or counter the interests of others.

The degree to which intra- and inter-organisational relationships are developed, established and maintained to influence institutional change were explored in this study. Further, the mechanisms by which service user experiences were sought, articulated and integrated into scripts that either promoted or delegitimised new institutional practices at both the micro- and macro-levels were examined.

Research gaps

Critiques of existing approaches to institutional change have questioned the relative neglect of bottom-up change and the improvisations initiated at practitioner level (Smets, Morris, & Greenwood, 2012). This study had added to understandings of the micro-level origins of institutional change through the actions of “individuals at the front line”, while at the same time sought to extend understandings of the micro-level processes that maintain the status quo and prevent change (Reay, Golden-Biddle, & Germann, 2006:979). This study examined the degrees by which change emerges from the innovations enacted by the everyday work of non-dominant professional groups; whether this led to these innovations consolidating at an organisational level; and the potential there was for new innovations to radiate up to the institutional field level (Smets et al., 2012) and become ‘taken for granted’.

This study drew upon concepts of deinstitutionalisation to examine why the disappearance of older institutional practices [in this instance, home birth] were not always inevitable when a newer practice [such as an obstetric unit birth] became prevalent or dominant. Work examining mature institutional fields exposed to modernising influences has suggested that non-dominant professional groups appear to engage in countervailing activities that maintain the persistence of older institutional practices while making efforts towards reinstitutionalisation. To date, studies have tended to focus attention at the top of organisations or on embedded or dominant occupational groups. This study has expanded and developed understandings of the agentic activity undertaken by non-dominant professional groups that sit largely outside governance, management and funding structures that sought to re-legitimise institutional practices which had been eroded or threatened with extinction.

Methodology and methods

This was a multiple case site study that employed a social constructivist approach to use a variety of qualitative research methods to explicate particular phenomena. This was compatible with institutional theory which has sought to examine how enduring social patterns and arrangements are constructed, become taken for granted and treated as inevitable. This study engaged with three separate organisations providing maternity services and a range of organisations and individuals associated with, or affected by this activity. The case sites were selected to represent a range of settings, conditions and relationships that are recognisable across the English National Health Service (NHS).

Intended contribution

The theoretical contribution of this study is to organisational and medical sociology questions about occupational relationships and the priorities that frame the allocation and management of health service resources. This was achieved by identifying institutional work both seeking to reinforce or resist existing medicalised and acute-focused maternity services. Practically, this study engaged with the socio-cultural and political complexities of maternity services’ organisation and delivery. It provides information for policy-makers, service leaders and innovators who are contemplating implementing changes in contexts where home birth services are under-developed or under-performing. (© Author)

Full URL: https://eprints.nottingham.ac.uk/56538/

2025-12039

Grading student midwives’ practice: a case study exploring relationships, identity and authority. Chenery-Morris S (2017), University of East Anglia, Norwich, October 2017. 364 pages

Grading students’ practice in the UK is a mandatory requirement of midwifery programmes regulated by the Nursing and Midwifery Council. This thesis explores how grading affects midwifery students, mentors and lecturers’ relationships, identity and authority.

Individual and group interviews with fifty-one students, fifteen mentors and five lecturers, recruited from three local NHS Hospital Trusts and a university provided a diversity of views and experiences. This was complemented with documentary data from student practice grades, practice assessment documents and action plans from underperforming students.

The analytical framework for this case study draws on Basil Bernstein's pedagogic codes using the concepts of classification and framing. This enabled an exploration of what counted as valid practice knowledge, teaching and learning in clinical practice and the evaluation of learning. Differences between students, with respect to their orientation to midwifery knowledge, types of practice knowledge and relationships between the hospital and community mentors were identified. Despite these, students were consistently awarded high practice grades.

The environment seemed to affect the structural and interactional practices between students and mentors and, according to Bernstein’s theory, should have affected the practice grade. However, there was limited stratification of

grades. Therefore, the grades have been interpreted as competence rather than performance of midwifery and symbolise acceptance into the profession. Reasons for this were offered.
This study provides a unique insight into grading students' practice, resulting in recommendations such as the separation of the role of mentor from assessor as well as a call for greater assessment of communication skills and evidence to inform midwifery practice. New models of teaching and assessment in clinical practice may enable a change of pedagogic code. Understanding the complexity of the practice area and the types of discourses it produces is necessary to enable all students equal access to midwifery specific knowledge. (© Author)
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2025-12027

Threatened preterm labour: A prospective cohort study for the development of a clinical risk assessment tool and a qualitative exploration of women's experiences of risk assessment and management. Carter JC (2018), King's College London, London, September 2018. 310 pages

Background: Preterm birth (PTB) is a major cause of infant morbidity and mortality, and accurate assessment of women in threatened preterm labour (TPTL) is vital for identifying need for appropriate intervention. Risk assessment in TPTL is challenging, however, due to its complex and multifactoral nature. In many women, TPTL symptoms do not progress to spontaneous PTB (sPTB) so assessment that reassures quickly, often through use of tests, e.g. fetal fibronectin (fFN) and cervical length (CL), may reduce unnecessary intervention and decrease anxiety. Aims: This PhD project had two main objectives: first to improve TPTL risk assessment by further developing the clinical decision support tool, the "QUIPP" mobile phone application, which simplifies risk assessment by calculating individual % risk of sPTB based on risk status, fFN and CL results. The second objective was to understand TPTL from the women's perspective in order to inform future improvements in care. Method: The study comprised three components: 1) a prospective cohort study, collecting data on risk factors, test results and interventions. Predictive utility of fFN and CL were investigated, as well as generation and validation of risk prediction algorithms for the second version of QUIPP; 2) a qualitative study of women's experience of TPTL through one-to-one semi-structured interviews; 3) a qualitative study of clinicians using the first version of QUIPP. Results: Cohort study: 1186 women were recruited at 11 UK hospitals between March 2015 and October 2017, with data available for analysis on 1037. Prevalence of sPTB was 3.9% (40/1037) and 12.1% (125/1037) at <34 and <37 weeks' gestation, respectively. Validation of QUIPP algorithms, using risk factors and fFN results alone, demonstrated good prediction of sPTB <30 weeks' gestation (AUC 0.96, 95% CI 0.94-0.99) and at <1 week of testing (AUC 0.91, 95% CI 0.87-0.96). Qualitative study: Four themes emerged following interviews with 19 women: i) coping with uncertainty; ii) dealing with conflicts; iii) aspects of care and iv) interactions with professionals. QUIPP users' study: 10 clinicians expressed predominantly positive views and suggested improvements. Conclusion: All components of this project informed development of QUIPP v.2 (algorithms and design), which appears superior in predicting sPTB compared to previously reported predictive utility of fFN, CL and QUIPP v.1 algorithms. The qualitative study was the first exploring women's experience of TPTL in a UK hospital with a specialist preterm service, and findings further support the need for women of all risk groups to have timely access to advice and information, and continuity of care. (© Author)
Full URL: https://kclpure.kcl.ac.uk/portal/en/studentTheses/threatened-preterm-labour

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2025-12016

The Incarcerated Pregnancy: an Ethnographic Study of Perinatal Women in English Prisons. Abbott LJ (2018), University of Hertfordshire, Hertfordshire, February 2018. 283 pages

The UK has the highest incarceration rate in Western Europe, with pregnant women making up around 6% of the female prison population. There are limited qualitative studies published that document the experiences of pregnancy whilst serving a prison sentence. This doctoral thesis presents a qualitative, ethnographic interpretation of the pregnancy experience in three English prisons. The study took place during 2015-2016 and involved semi-structured interviews with 28 female prisoners in England who were pregnant, or had recently given birth whilst imprisoned, ten members of staff, and ten months of non-participant observation. Follow-up interviews with five women were undertaken as their pregnancies progressed to birth and the post-natal phase. Using a sociological framework of Sykes' (1958) 'pains of imprisonment', this study builds upon existing knowledge and highlights the institutional responses to the pregnant prisoner. My original contribution to knowledge focuses on the fact that pregnancy is an anomaly within the patriarchal prison system. The main findings of the study can be divided into four broad concepts, namely: (a) 'institutional thoughtlessness', whereby prison life continues with little thought for those with unique physical needs, such as pregnant women; and (b) 'institutional ignominy' where the women experience 'shaming' as a result of institutional practices which entail their being displayed in public and characterised with institutional symbols of imprisonment. The study also reveals new information about the (c) coping strategies

adopted by pregnant prisoners; and (d) elucidates how the women navigate the system to negotiate entitlements and seek information about their rights. Additionally, a new typology of prison officer has emerged from this study: the 'maternal' is a member of prison staff who accompanies pregnant, labouring women to hospital where the role of 'bed watch officer' can become that of a birth supporter. This research has tried to give voice to pregnant imprisoned women and to highlight gaps in existing policy guidelines and occasional blatant disregard for them. In this sense, the study has the potential to springboard future inquiry and to be a vehicle for positive reform for pregnant women across the prison estate. (© Author)

Full URL: https://uhra.herts.ac.uk/id/eprint/15884/

2025-09312

The experiences of women, birth partners and midwives of a dedicated, midwife-led, telephone support line for labour: An interpretative phenomenological analysis. Naish ME (2025), University of Southampton, Southampton, January 2025

Women admitted to the birthing environment during the latent, rather than established, phase of labour are significantly more likely to experience interventions. Consequently, women are recommended to remain at or return home until labour is established. In 2013 an NHS Trust in England implemented a dedicated, midwife-led telephone support line for women in labour, known as the '24-hour Labour Line'. This is the first documented telephone triage service located away from the hospital setting, with the midwife situated in the ambulance control centre and whose only role is to provide telephone support to women at home during labour.

In the absence of previous literature this research explores the experience of women, birth partners and midwives of accessing, or working on, the 24-hour labour line, with focus on the decision-making process undertaken. A qualitative design was adopted, using Interpretative Phenomenological Analysis. The sample comprised eleven women, four birth partners and five midwives. Data were collected using semi-structured interviews and a reflective diary. Smith et al's (2022) steps to data analysis were applied. Fourteen 'Group Experiential Themes' were identified from the 'Personal Experiential Themes' of each individual participant.

The dedicated telephone triage line offers virtual support to women and birth partners from trusted professionals during the uncertain period of early labour. The location of the service away from the hospital setting assists midwives to make decisions about care, free from the influence of organisational pressures. Through shared decision-making, women can be empowered to take control of the timing of admission to hospital, enabling their emotional and physical wellbeing to be equally valued during telephone assessment. Through advocating women's choices, midwives experience tension with their hospital counterparts, which may be attributed to a lack of understanding of the scope of the role and a lack of visibility of the work undertaken by 24-hour labour line midwives. Midwives have found a sense of belonging through working in the ambulance control centre and value working collaboratively with other professional groups, to the perceived advantage of both the public and professionals.

The findings of this study offer support for the implementation of dedicated telephone support lines for early labour to facilitate shared decision-making and increase women's control over their care during this phase of labour. This study is the first qualitative research to thoroughly explore the experience of women and birth partners of early labour during the COVID-19 pandemic, offering novel understanding of the importance of remote services during this time. New knowledge of the experiences of midwives working in a non-traditional maternity setting and the challenges this brings is provided and recommendations for practice and policy made. (© The Author)

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