

Conference Review

Research Seminar: Childbearing in Europe – the qualitative research network research – BfiN and Network for Women’s Health in Childbearing, with the focus on migrants and minorities – WoMBH-net

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Conference review runs alongside *Guideline commentary* and the other evidence series articles; examining local, national and international conferences that have implications directly or indirectly for midwives. It helps readers to understand the value of conferences for midwifery practice and to place conference research recommendations into context. As with all our evidence series articles, conference reviews support you to critique recommendations and implications for your own practice.

In this review, Alys Einion and Louise Hunter examine the Helsinki seminar in order to assess its key messages and its impact.

Introduction

A product of an ongoing collaboration of interested researchers, and hosted by Metropolia University Helsinki, this seminar brought together interested and motivated researchers from across Europe to discuss particular issues relating to midwifery and family health. The seminar combined two purposes: highlighting the use of qualitative methods within midwifery and how to develop woman-centred research evidence via this paradigm; and research which focused on aspects of migrant and minority health and need in childbearing. Bringing together researchers at different stages of their careers, including student midwives, gave a valuable, diverse insight into aspects of practice-oriented research that might otherwise be less than accessible. After the seminar, the presentations were made available and an abstract book was also published.

Vaccination competence

Dr Anne Nikula from Metropolia University presented her research findings, from her PhD and beyond, looking at vaccination competence. It is interesting to note that in Finland, the role of the midwife is slightly different from that in the UK, in that some aspects of the role, such as promotion of vaccination in mothers and infants, is carried out by public health nurses. Dr Nikula’s research combined a qualitative examination of the concept of vaccination competence, and what factors undermine or promote such competence. This is an important issue for midwives whose role in public health is increasing. Dr Nikula carried out interviews with professionals and service users and found that vaccination competence was a broad concept and

linked to vaccination education, the vaccination context and the person providing the vaccination. Having identified a deficit in knowledge and competence in graduating public health nurses, she was then involved in developing Web-based modules to support the development of the requisite knowledge and skills required in this area. This suggests that this kind of relatively small-scale, localised research can have significant implications for improving health and enhancing professional development.

Being and working together

In her presentation, *Being and working together: families' experience of home birth*, Maija-Riita Jouhki highlighted the differences in the Finnish maternity care system, which does not provide care for home births. Using a qualitative, phenomenological approach, she gathered information from families, including 14 mothers, 11 fathers and seven children (some of who drew pictures of their experience). This study is entirely consistent with a very robust qualitative design, as a small sample is suitable. The use of a previously validated method of analysis strengthens the findings. Often qualitative reports do not give enough detail of the methods of analysis, but using a recognised framework such as this helps both with the reliability of the study and with replicability. Jouhki found that for mothers, home birth meant giving birth on their own terms, and experiencing a greater sense of satisfaction during birth. Fathers felt that they could share responsibility and effectively support their partners, but they also felt that negative attitudes from others about home birth posed a challenge. Children had a range of feelings, such as joy, worry, a sense of helping their mother and of learning from the experience. This highlights not only the value of home birth in a context where it is not supported, but the value of a robust qualitative study that includes the experiences of the whole family.

The listening guide

Dr Ruth Deery, from the University of the West of Scotland, introduced a particular method for qualitative research – the *Listening guide* – prompted by her experiences of being overwhelmed by qualitative data and wanting to ensure that the voices of the midwives she had interviewed would be heard; their perspectives properly represented. Her critical discussion of the phases of this approach to interpreting and analysing narrative data illuminates a set of very useful steps for qualitative analysis, and shows a fascinating product of that interpretation: the I-poem. Collating a series of 'I' statements or sentences, and representing them in poetic structure, she produces a powerful (and innovative) way of re-presenting the narratives she is analysing. This is a great method for those who want to 'do' qualitative research but are intimidated by the process. The impact of the outputs (the 'I-poems') is quite significant.

Childbirth education and fear of childbirth

Sari Haapio discussed research on the power of childbirth education for first-time mothers, relating to reducing the fear of childbirth. Highlighting the reduction in provision of face-to-face childbirth preparation in Finland, and a shift to online education, she first carried out a qualitative study with six first-time mothers and their partners, using interviews and inductive content analysis to inform a second study.

This was a randomised, controlled trial of a particular form of antenatal education as a midwifery intervention, using direct interaction rather than online education. The trial found that fear of childbirth was reduced in the treatment group compared to the control group, and the conclusions show that this can be viewed as a positive intervention. This is valuable research that demonstrates the dangers of trimming services and underestimating the impact of midwifery care such as antenatal classes.

Metasynthesis

Dr Therese Bondas, from Nord University and the University of Eastern Finland presented a very thought-provoking review of the methods of meta-synthesis. Discussing the 'paradigmatic crisis' and a need for increased focus on qualitative research as evidence for healthcare practice, Dr Bondas defines metasynthesis as using previous qualitative research as data for larger synthesis. Synthesising other studies in a constructed, systematic and interrogative way can enable the deeper understanding of phenomena, and support better development of evidence for practice. Although this approach can be limited by the quality and amount of qualitative research already carried out in a particular area, it does support a critical approach to something much deeper and more detailed than a simple literature review.

Narratives and the language of midwifery

Dr Alys Einion of Swansea University (this author) discussed her research into the narratives of student midwives, and highlighted the linguistic trends and norms to which they are exposed and which continue to define their understandings of childbearing. She argued that there is a need to rewrite the language of midwifery practice, at the most fundamental level, to ensure that what is being said, shared, told and retold remains both woman-centred and celebratory, and avoids the emphasis on risk so common in current discourse. In particular, she argues that changing the very stories we tell during and about our work would help to overcome the forces of medicalisation that continue to undermine women's autonomy and dignity in childbirth.

Caring for childbearing migrant women and families

The seminar heard presentations on migration issues facing both Scandinavian countries and the UK. Student midwife Vilma Nihti from Metropolia University and Doctoral student Satu Leppala from the University of Eastern Finland noted that the number of people migrating to Europe is increasing, and their reasons for doing so have changed from family, work and study to humanitarian causes: humanitarian migration to Finland increased nearly ten-fold between 2015 and 2017, with most of the new arrivals being men and women of childbearing age. Dr Anita Wikberg (Novia University of Applied Science), Dr Laura Goodwin (Birmingham University) and Dr Louise Hunter (City, University of London) all presented data showing that ethnic minority and immigrant women in Scandinavian and UK countries have higher levels than average of maternal and perinatal morbidity and mortality and are more likely to experience suboptimal care. Particular issues raised by seminar presenters were: the psychological impact of awaiting decisions regarding asylum application (Vilma

Nihti); the higher rates of abortion among migrant women in Europe (Satu Jokela; National Institute for Health and Welfare, Immigrants and Multiculturalism, Finland); cultural competency and inter-cultural communication and understanding when care-givers and receivers hail from different cultures and may speak different languages (Anita Wikberg, Laura Goodwin, Marit Alstveit [University of Stavanger, Norway]); and the low rates of parents from ethnic minority backgrounds attending birth and parenthood classes, and the failure of these classes to meet their needs (Pirjo Koski).

A number of theoretical constructs and practical interventions aimed at improving care for migrant women and their families were discussed. Both Anita Wikberg in Sweden and Laura Goodwin in South Wales had used their qualitative work with midwives and childbearing migrant women to create a theory of intercultural maternity care. Wikberg's theory has four dimensions: universal caring, which is similar everywhere and anytime; contextual caring, which is dependent on the maternity context; cultural caring according to the cultural background of the mother, midwife/nurse and the organisation; and unique caring which responds to the individual mother. These four dimensions are in turn influenced by outer circumstances such as health care organisation, family, community and society. Wikberg argues that health and wellbeing are improved when all four dimensions are utilised. Laura Goodwin also argued that family relationships, culture and religion, differing healthcare systems, authoritative knowledge and communication of information impact on the midwife-woman relationship when women and midwives have different cultural backgrounds. Her ethnographic research with Welsh midwives and Pakistani women showed that midwives and women placed different levels of importance on each of these factors, and failure to recognise this could impede cross-cultural understanding.

Group care initiatives

Three presenters reported on group care initiatives for migrant women. The REACH project (Research for Equitable Antenatal Care and Health) has tested the feasibility of group antenatal care in four localities in East London. On behalf of the REACH team, Dr Louise Hunter (this author) reported that, although it could be challenging to recruit migrant women, those who attended group care felt that they benefited from the continuity of care provided by the facilitating midwives, and the friendships they developed with other women. Cultural barriers were broken down as the women discovered that 'we are all the same, even though we are different'. The peer support in the groups also enabled women who had recently arrived in the UK to better understand and navigate the health care system, and to improve their English. Seminar attendees discussed the positive impact of women's groups on improving confidence and wellbeing, and wondered whether the acceptability of the group format to migrant women might stem partly from informal gatherings of women perhaps being more common in cultures outside Europe.

Dr Pirjo Koski of Metropolia University presented an evaluation of a group approach, reflecting on the introduction of birth and parenting classes for Somali women in Finland. Facilitators used dialogue and participatory teaching methods, but still

tended to rely on Finnish perceptions of family, spousal relationships and birth and parenting. Dr Koski recommended that different cultural perspectives, language barriers, lack of social support and fear of racism all need to be taken into account when planning interventions for migrant populations, and facilitators need to be better prepared. Susanna Lepola from the University of Tampere had also been evaluating health care practitioners' experiences of providing family training classes for migrants in Finland. Participants in her research stressed the need for the individual needs of families from different cultures to be taken into account, and again highlighted that maternity carers should be adequately trained and aware of the challenges of multicultural care provision, particularly as it is an increasingly common phenomenon.

Conclusion

What we see here are methods and methodologies which support the focus on midwifery as something which seeks to discover and invest in what women need, in effective forms of practice that promote health and protect dignity, rather than midwifery as a 'health police force' that monitors and controls women. The work on caring for migrant women reflects the current context of maternity care within Europe, in which increasing numbers of women and families present in acute need. Services can develop an inclusive approach, as exemplified by these papers. It is clear that there is a wealth of excellent research being carried out which directly responds to, seeks to make sense of and addresses the current context of care – which is increasingly multicultural and increasingly in need of a strong representation of both the voices of childbearing women and families and the voices of midwives themselves. Conferences and seminars such as this are not accessible to all midwives; hopefully this review will enable a wider audience to engage with the work being done and make use of these valuable findings. **tpm**