

The experiences of midwives involved with  
the development and implementation  
of CenteringPregnancy  
at two hospitals in Australia

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## **CERTIFICATE OF AUTHORSHIP / ORIGINALITY**

I certify that the work in this thesis had not previously been submitted for a degree nor has it been submitted as part or requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparations of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate

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## LIST OF ABBREVIATIONS

Adj Prof	<b>Adjunct Professor</b>
AHS	<b>Area Health Service</b>
CERCS	<b>Centres for Enterprise, Research and/or Community Services at the University of Technology, Sydney</b>
CHI	<b>Centering Healthcare Institute</b>
CMCFH	<b>The Centre for Midwifery, Child and Family Health</b>
CP	<b>CenteringPregnancy</b>
FNMH	<b>Faculty of Nursing, Midwifery and Health</b>
GP	<b>General Practitioner</b>
MGP	<b>Midwifery Group Practice</b>
NSW	<b>New South Wales</b>
SESAHS	<b>South East Sydney Illawarra Area Health Service</b>
SFH	<b>Symphysis - Abdominal Fundal Height</b>
STOMP	<b>St George Hospital Outreach Maternity Programme</b>
UK	<b>United Kingdom</b>
USA	<b>United States of America</b>
UTS	<b>University of Technology, Sydney</b>
VBAC	<b>Vaginal Birth after Caesarean</b>

# **ABSTRACT**

## **Aims**

The aims of the study were to describe the experiences of the midwives who were part of the first Australian CenteringPregnancy Pilot Study and to inform the future development of CenteringPregnancy.

## **Background**

CenteringPregnancy is a model of group antenatal care that has evolved over the past two decades in North America. A pilot study that explored the feasibility of implementing CenteringPregnancy in Australia was undertaken in 2006-2008. I was the research midwife employed to coordinate this study and I explored the experiences of the midwives who were participants as the focus of my Master of Midwifery (Honours) research.

## **Method**

An Action Research approach was undertaken to study the implementation of CenteringPregnancy in Australia. This included a qualitative descriptive study to describe and explore the experiences of the midwives who were participants. The study was set in two hospital antenatal clinics and two outreach community health-care centres in southern Sydney. Eight midwives and three research team members formed the Action Research group. Data collected were primarily from focus groups and surveys and were analysed using simple descriptive statistics and thematic content analysis.

## **Findings**

CenteringPregnancy enabled midwives to develop relationships with the women in their groups and with their peers in the Action Research group. The group antenatal care model enhanced the development of relationships between midwives and women that were necessary for professional fulfilment and the appreciation of relationship-based care. The use of supportive organisational change, enabled by Action Research methods, facilitated midwives to develop new skills that were appropriate for the group care setting and in line with a strengths-based approach. Issues of low staffing rates,

lack of available facilities for groups, time constraints, recruitment difficulties and resistance to change impacted on widespread implementation of CenteringPregnancy.

### **Conclusions**

The experience of the midwives who provided CenteringPregnancy care suggests that it is an appropriate model of care for the Australian midwifery context, particularly if organisational support and recruitment strategies and access to appropriate facilities are addressed. The midwives who undertook CenteringPregnancy engaged in a new way of working that enhanced their appreciation of relationship-based care and was positive to their job satisfaction.

### **Implications for practice**

Effective ways to implement CenteringPregnancy models of care in Australia were identified in this study. These included a system of support for the midwives engaging in facilitating groups for the first time. It is important that organisations also develop other supportive strategies, including the provision of adequate group spaces, effective recruitment plans and positive support systems for change management. In the light of current evidence the development of continuity of care models which enhance the relationship between an individual women and her midwife, it is important to explore the effects of group care on this unique relationship.

## **PROLOGUE**

The Australian CenteringPregnancy Pilot Study was undertaken between November 2005 and December 2008 (Teate, Leap, Rising, & Homer, 2009). Staff from the Centre for Midwifery, Child and Family Health (CMCFH) at the University of Technology, Sydney (UTS) carried out the research, which was funded by the Telstra Foundation. The Centering Healthcare Institute (CHI), the parent organisation for CenteringPregnancy in the United States of America (USA), provided ongoing support. In October 2005 I was successful in my application to be the research midwife for this study and commenced in January 2006. As part of this research role I also undertook my Master of Midwifery (Honours) degree.

Antenatal care has been an integral part of my midwifery clinical practice since 1994, when I commenced working in one of the first Australian models of midwifery continuity of care. I have worked in a variety of midwifery continuity of care models since then, and have developed an interest in improving antenatal care. Throughout my career as a midwife, the majority of my experience has been working with women across the whole continuum of childbirth and not in a system of fragmented maternity care. As a result I have experienced antenatal care as one part of the whole midwifery process of care for many years. On reflection of my career as a birth centre, caseload and homebirth midwife I have recognised the importance of providing effective antenatal care and also the importance of providing an environment where women, their families and midwives can develop supportive relationships.

CenteringPregnancy is a model of antenatal care that is of interest on many levels. As a model of antenatal care it appears to enhance the experience of antenatal care provision for both the women and the midwives (Rising, 1998). The notions of social support, community and network development, empowerment and the importance of storytelling have been described as significant benefits of this model (Massey, Rising, & Ickovics, 2006). Beneficial clinical outcomes for the women and their babies have been demonstrated (Ickovics et al., 2007; Ickovics et al., 2003). For these reasons, I was motivated to be involved in the development of the Australian CenteringPregnancy pilot

study and following my recruitment to be the research midwife I was keen to enrol in a research degree.

Although I was a novice project and research midwife for the CenteringPregnancy study I had a prior working relationship with the midwives at one of the study hospitals, as I had been employed there for four years. My dual roles of project midwife and researcher required me to be closely involved with all the participants of the study from both hospitals. I acknowledge that previous relationships I had with some of the midwife participants may have, to some extent, impacted on the data collected and the interpretation of these data (Burns & Grove, 2005). I am also aware that my roles of researcher, project midwife and participant overlapped and that this had the potential to create bias. To deal with this, I situated myself as '*participant as observer*' as described by Field and Morse (1985) and regularly made the midwife participants aware of my overlapping roles throughout the study. To account for this situation as an 'insider', I have maintained openness to the perceptions and experiences of the participants and attempted to avoid attaching my own meaning to the experience of the study. This is described in more depth through the dissertation.

The research methods chosen for this study required me to '*invest and divulge*' (Webb, 1992, p. 749) much of myself in the research process as I worked closely with the participants. I have therefore chosen to write a significant part of this work in the first person to accommodate the close working relationships I had with the participants. This was a study informed by Action Research principles and as such is reliant on the successful relationship between the researcher and the participants (Bradbury & Reason, 2003). As a participant in an Action Research project it was essential for me as the researcher to openly explore contributory factors associated with my role and relationships and to avoid domination: writing of these factors in the first person is therefore appropriate and in keeping with the critical social theory paradigm (Webb, 1992).

This thesis therefore, is both a story about the midwives' journey as they developed and implemented the first CenteringPregnancy model of group antenatal care in Australia as

well as an account of the journey I undertook as a novice project midwife and researcher.

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I wish to acknowledge all the people who I came in contact with while undertaking the CenteringPregnancy study and all those I dragged 'kicking and screaming' along with me. This journey that I undertook was not unaccompanied or completed in isolation. My role in the study was a privilege, as it enabled me to work alongside many individuals who taught me a variety of lifelong lessons. These lessons facilitated the successful completion of my first CenteringPregnancy journey. As a result, I have developed research and project management skills and engaged in the previously unknown territory of academic writing. I have also been enriched as a midwife and gained confidence in my personal life.

The first people who I wish to acknowledge as a group are the pregnant women who engaged in this research project with such enthusiasm and confidence. Their trust in the unknown concept of CenteringPregnancy gave me confidence and directed me through the whole journey. Then there are the wonderful midwives and the social worker who I worked alongside and who allowed me into their working lives to create chaos, extra work and disruption to their working world. Their faith in me as the project midwife and 'expert' in CenteringPregnancy gave me enthusiasm and conviction about the benefits of this new way of working. This enabled me to engage with activities that I had never envisaged I could do. For example: public speaking; workshop development and management; teaching and, of course, research. These wonderful women are Kay Anderson, Angela Brown, Lyn Hayes, Christina Huber, Robyn Doherty, Louise Everitt, Beverley Rhodes and Elizabeth Roberts.

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