The Implementation of Providing Support in Labour by a Person of the Birthing Woman’s Choice at the Port Moresby General Hospital (PMGH) in Papua New Guinea (PNG)

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A thesis submitted in accordance with the requirements for admission to the

Degree of Doctor of Midwifery

Centre for Midwifery, Child and Family Health
Faculty of Nursing, Midwifery and Health

University of Technology, Sydney

November 2011
Certification of Authorship and Originality

I certify that the work in this thesis has not been previously submitted for a degree except as fully acknowledged within the text.

I also certify that the thesis was written by me. Any help or assistance I have had in my research work and in the preparation of the thesis itself has been acknowledged. I also certify that all the information sources and literature used are indicated in the thesis.

_________________
Nancy Olan Buasi
ACKNOWLEDGEMENTS

Firstly I would like to thank the Australian Government through which their scholarship Endeavour Post Graduate Award has enabled me to undertake this doctoral degree in midwifery. Without this financial support I would not be here at UTS. My heartfelt thanks I cannot express fully and it goes beyond words. I would also like to extend my word of thanks to the Government of Papua New Guinea (PNG) for allowing me time off work in terms of study leave to undertake studies abroad. Bikpela tok tenkiu tru (‘A very big thank you’ in Pidgin).

Thanks also to both Governments for recognising that woman’s health in PNG needs to be given first preference and be dealt with in terms of financial support as well as prioritising activities and strategies. The maternal mortality will never get better if it is only preached about and nothing physically done to decrease the rate we have at the moment. Thanks also to the non-Government organisations of both countries who also work tirelessly with the communities, especially women and children, on health issues that affect women’s health.

Thanks also go to University of Technology Sydney (UTS) for admitting me to undertake Doctoral Degree in Midwifery. I never for once thought I would come back to do my third degree after having done my Masters in 2001-02, I was too exhausted to even think about coming back but I eventually did. The academic environment UTS provides for students is conducive to learning and this enables students to work to the best of their abilities.
I have certain individuals to thank so much for having brought me to the end of my candidature as a research student with close guidance and supervision. My principal supervisor is Professor Caroline Homer and my alternate supervisor is Professor Nicky Leap. I have not changed supervisors through my candidature and so the experience I have had over the four years I am now sharing as acknowledgement. Having been taught by mostly Australians from primary school days through to high school and nursing college, and having been here to do my masters has not even made my research journey any easier. It has been a challenging journey for me. To write the thesis in a second language is even harder, just because you can speak English does not necessarily mean you can write it well. Without the guidance and supervision of my supervisors, my thesis would not have materialised.

Firstly Professor Homer, you have been my role model, a mentor and an inspiration. You have shown me that nothing comes easy and in order to achieve something you have to work real hard for it. You have challenged and motivated me during my journey as a research student. We have travelled this research journey together and I believe I have also been a challenge to you. I have on several occasions thought you would give up on me but thank you Caroline for putting up with my silly mistakes. My pieces of writings have always come back to me with words such as ‘this is a great start’ or ‘more of this, explain more’ scrawled across the top. Having to give me a piece of work and to tell me ‘Nancy we will give this in but we may have to do it again’. You may never understand but honestly I am proud to say I have been measured with the same yardstick as my other local colleagues have also been measured with. Such comments I take as challenges and I thrive on them. It almost brings me to tears to talk about this and what I say here comes from the heart. Words alone cannot express how grateful I
have been to have you as my principal supervisor. The respect and trust I have had from you speaks volumes of a very professional individual. Thank you so much Caroline and ‘Boina tuna’ in my mother tongue the kuanua dialect of the Tolai people of Rabaul, New Britain Island which means ‘Thank you so much’.

I want to thank also my co-supervisor, Professor Leap for the great support she has offered to me as an alternate supervisor. She has been of great help and assisted making final readings, editing and contributing to some of the structures of sentences in the thesis. I am very thankful for her assistance and her advice as well with regard to the implementation to providing support in labour. I could really never answer all the questions she poses during consultation when she is available with me and Caroline.

There are lots more people out there worth mentioning whom I have come across during my four years being a research student. I would like to thank also the academic teaching staff at UTS Faculty of Nursing Midwifery and Health, at some point I would have conversed with many if not some of you. You have always taken time to find out how things are going and at what stage am I at with my study. Such conversations have always made me feel part of a large family. For me personally learning has always continued no matter where I am and what I do and who I converse with. Speaking to different people from different cultures either professionally or casually, teaches and enables you to accept people with different cultural backgrounds.

I also have my student colleagues to thank. Having to use the research students’ office enables us to communicate and converse regarding different aspects of our studies. It is very enriching to learn about individual studies, you may never consider something so
important in our profession till someone decides to look at it from one angle. We all come together in our different specialities and our conversations seem somewhat always colourful. Thank you so much colleagues. I also have the midwifery students’ group also to be thankful to for providing assistance and advice when I was stuck and think I cannot divert myself away from it. The sharing of experiences is always helpful because at times you may think you are alone with the problem you are faced with. Thanks also to the Midwifery Professors who take time out of their busy schedules to be at these meetings. A special thanks to Professor Linette Lock for reading the final version of the thesis.

I wish also to thank the people I work with at my part time job, Metropolitan Rehabilitation Hospital, Petersham. They work tirelessly to bring patients back to normal function and prepare them for eventual discharge home. Having to work there has been like a gold mine to me. I have learnt so much at this place. I have seen the power of having resources available to carry out better quality nursing care, without resources the provision of nursing care is very limited. The work environment is quite small in size and we are like one big happy family. These individuals at Metro are worth mentioning: Kim Bradstock, Jeffery Ward, Doug Noke, George Thomas, Marie Pascoe, Linda Edmonds, Sandyha Chand, Lucy Liu, Gloria Belinha, James Hayes, Salote Puleiku and the many RNs, AINs, Kitchen hands, Domestic staff and Allied Health staff. You have all been my close friends and have all supported me in one way or another. I love you all.

Thanks also goes to Heather and Brian of Hornsby, Catherine and Rodney of Newcastle, my nephew Kora and his partner Kim of Brisbane, for your continuous
support whenever I needed you. You have always been there for me through both thick and thin, thank you so much.

Last and not the least, thanks to my family who all have supported me through this journey, starting with my daughters Georgina and Gaylyne. These girls have basically relieved me from doing household chores and my heartfelt thanks goes to them. Thanks also to my son Lambert with his own little tribe, Leonnie, Diandra and Dimitri and to my husband Richard who comes and goes and is patient at all times with my work. He truly believes in me and even started talking about the possibility of Doctorate even before I could think about it. He thinks positive at all the times. My mother is in her mid 70s and cannot wait for me to finish this study; she tells me all the time that I have truly made her proud. Thank you Mother.

Finally I owe this work to my only sister Margaret Joseph (deceased). She passed on in 2004 from ovarian cancer, a beautiful person with a beautiful heart. Those who knew her and worked with her as a midwife would always tell me that she was a very competent midwife. Whenever she assisted women give birth she maintained cleanliness around the mother. She was telling me onetime that whenever there was a rotation of staff around wards, the obstetricians would ask for her to remain in the Labour Ward. The majority of her working time was at Nonga Base Hospital’s maternity unit in Rabaul, East New Britain Province. She was advised in year ten (in those days you could go straight to university if you had good passes) by her guidance teacher to go straight to university. She however defied this and went into nursing just as I did, then did midwifery and a diploma in nursing administration as well. Upon her passing on when we all went home for her funeral I was going through her photo album
and came across her year ten certificates. She never scored a pass, she scored all
distinctions and credits. I regretted the fact I had never encouraged her to go further
than where she was. Like my husband she always believed in me and when I came to do
masters she was even more proud. I owe my Doctorate to her as she would have been
excitedly over the moon to see me through a Doctoral degree. ‘We remember you deep
down in our hearts, Maggie’.
### ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>BW</td>
<td>Birthing woman</td>
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<tr>
<td>CHW</td>
<td>Community health worker</td>
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<tr>
<td>MW</td>
<td>Midwife</td>
</tr>
<tr>
<td>NDOH</td>
<td>National Department of Health (PNG)</td>
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<tr>
<td>NHP</td>
<td>National Health Plan (PNG)</td>
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<tr>
<td>O&amp;G</td>
<td>Obstetrics and Gynaecology</td>
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<tr>
<td>PIFS</td>
<td>Pacific Islands Forum Secretariat</td>
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<tr>
<td>PMGH</td>
<td>Port Moresby General Hospital</td>
</tr>
<tr>
<td>PNG</td>
<td>Papua New Guinea</td>
</tr>
<tr>
<td>SMHS</td>
<td>School of Medicine and Health Science</td>
</tr>
<tr>
<td>SP</td>
<td>Support Person</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UPNG</td>
<td>University of Papua New Guinea</td>
</tr>
<tr>
<td>UTS</td>
<td>University of Technology, Sydney</td>
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<tr>
<td>VBA</td>
<td>Village Birth Attendant</td>
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ABSTRACT

Background
Providing social support for women during labour and birth has benefits for both women and babies. Social support from family members or friends during labour and birth is practised in many developed countries as well as a few developing countries. Traditionally in Papua New Guinea (PNG), women provide support to women in labour in the village settings. Women in labour are cared for by immediate family members and relatives as well as close friends. In only very few places the birthing woman is left alone to care for herself and labour alone. In hospitals throughout PNG however, women are not provided with such support during labour and give birth alone.

Aim
The aim of the study was to introduce support in labour by a person of the women’s choice at the maternity unit of Port Moresby General Hospital (PMGH). The study also aimed to examine the challenges associated with undertaking a change such as support in labour using Greenhalgh’s diagram as the model identifying all aspects of Diffusion of Innovation theory.

Method
A descriptive study using qualitative data was undertaken. Data were collected from midwives and birthing women prior to the implementation of providing support in labour through surveys and observation of practice in the Labour Ward. The intervention of providing support in labour by a person of the birthing woman’s choice was implemented for eight weeks. During the implementation of intervention support in labour, further observations were undertaken of the practice in the Labour Ward. Support persons and the women were interviewed after they had given birth. Data were also collected from midwives after the implementation process of support in labour.
Findings

The majority of women and their support persons agreed that providing support in labour had benefits for them. Support in labour provided a valued opportunity to be with their loved ones. Midwives were unable to provide support because of the busy nature of their work and the limited staffing. Women wanted to have support in labour in the Labour Ward of PMGH. The most preferred person to provide support was their mother, followed by their husband, and others, such as an aunt, grandmother, friend or mother-in-law.

Despite these positive findings, providing support in labour was hard to implement. Approximately half the midwives did not support the implementation although this reluctance was often hidden. The theory of diffusion of innovation was used to analyse why support in labour was difficult to implement. The process highlighted that the key attributes for innovation adoption were not totally adopted by the midwives. Though some of the influences that help spread innovation were implemented, such as the use of champions, formal and informal engagement and the use of evidence, the prevailing organisational culture was a strong negative influence and was the main reason for midwives not accepting the innovation of support in labour.

Implications for practice

The findings revealed that the support provided by the person of the women’s choice during labour and birth had a positive effect on women and support people. This intervention was well accepted by the woman in labour, her support person and some midwives. Suggestions for providing support in labour at the Port Moresby General Hospital should be implemented after certain conditions are provided. These conditions include the design within the labour ward to accommodate the support person in the
cubicles and improved privacy. The provision of guidelines so women and their support persons are well prepared at the antenatal clinics prior to the labour is also necessary. Further studies needs to be conducted into the ability of midwives to implement providing support in labour especially in developing countries like PNG. The midwives also need support and guidance to adopt flexible routines and evidence based practice using the diffusion of innovation key attributes for successful implementation.