

**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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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.

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Nancy Olan Buasi

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ABBREVIATIONS

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

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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.