

**Towards an understanding of midwifery practice in
relation to managing the risk of severe perineal trauma for
women of Asian ethnicity in the Australian setting:
An ethnography**

Submitted by

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degree of Doctor of Midwifery

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CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not been previously submitted for a degree nor has it been submitted as part of 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 preparation 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 Student:

Date:

ACKNOWLEDGEMENTS

To the midwives who can be heard in this ethnography, thank you for so generously opening the door to your complex professional world. There was a great deal to learn and understand.

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PUBLICATIONS AND PRESENTATIONS ARISING FROM THE THESIS

Wheeler, J.L., Davis, D., Fry, M., Brodie, P. & Homer, C.S.E. 2012, 'Is Asian ethnicity an independent risk factor for severe perineal trauma in childbirth? A systematic review of the literature', *Women and Birth*, vol. 25, no. 3, pp. 103-13 (Appendix 1).

Wheeler, J.L. 2011. Midwifery clinical practice and perineal trauma in women experiencing spontaneous vaginal birth: What do midwives do? Conference presentation at the *International Confederation of Midwives, 29th Triennial Congress*, Durban, South Africa.

GLOSSARY AND ABBREVIATIONS

Accoucheur	Birth attendant
Active second stage of labour	The woman's cervix is fully dilated and she is actively pushing
ANC	Antenatal Clinic
Asian	People originating from Malaysia, Burma, East Timor, Thailand, Philippines, South Korea, North Korea, Cambodia, Taiwan, Laos, China, Vietnam, Hong Kong, Japan or Indonesia (Dahlen, Ryan, et al. 2007)
Crowned	The baby's occiput births under the symphysis pubis and the head does not retract
CTG	Cardiotocograph : An electronic monitor as a method of listening to the FHS, or recording the FHS and maternal uterine contractions
Delivery Suite	A place located in a hospital, where women in labour are cared for
EAS	External anal sphincter
Episiotomy	Scissors are used to make a cut into the vagina and perineum to make the opening of the vagina larger to allow the baby's head to be born
Ethnicity	Refers to "a person's origins rather than their present nationality" (Waite & Hawker 2009) and includes the social group a person relates to, including physical features (Bhopal 2004)
FHS	Fetal heart sounds
Follow through experience	Provides a midwifery student with opportunities to follow women during pregnancy, birth and the postnatal period. In

this way, the midwifery student is exposed to a midwifery continuity of care experience (Gray et al. 2013).

IAS	Internal anal sphincter
Instrumental birth	Where instruments such as, a vacuum extractor or forceps are used to deliver the baby
MUM	Midwifery Unit Manager
O&G	Obstetrics and Gynaecology
Origin	Defined as "...a person's background or ancestry" (Waite & Hawker 2009)
RPG	Reflective Practice Group
Spontaneous vaginal birth	Labour occurring at term, with spontaneous onset and the baby's head presenting. Birth is completed, with no complications or medical interventions
SWSLHD	South West Sydney Local Health District
Term	Gestation between 37 and 42 completed weeks of pregnancy
Vacuum	An instrument applied to the fetal head to assist vaginal birth
VE	Vaginal examination

ABSTRACT

Introduction: Asian ethnicity is a significant risk factor for severe perineal trauma during vaginal birth. Some Australian hospitals care for a high proportion of women of Asian ethnicity, yet little is known about the practices of midwives in relation to managing this risk.

Aim: To explore midwifery clinical practice used to minimise perineal trauma for Asian women anticipating a normal labour and spontaneous vaginal birth, within one hospital-based Delivery Suite in New South Wales (NSW), Australia.

Methodology: The research design selected for the study was ethnography.

Method: The ethnographic techniques used for the study included observations, interviews and focus groups. The total sample for the study consisted of 22 midwives, six midwifery students and 18 women of Asian ethnicity having their first baby. Ethnographic data included 13 interviews, four focus groups and 18 observations of midwives caring for women of Asian ethnicity during the second stage of labour and birth. An ethnographic framework was used for the analysis and interpretation of data.

Findings: A Delivery Suite midwifery culture of care was identified in the following six key themes: The geography of care, midwifery cultural beliefs and Asian women, the midwife-woman relationship, a communication link, protecting the perineum: rituals and patterns of practice and the right to influence and control.

Midwifery practice and the woman's childbirth experiences are shaped by the physical environment, midwifery cultural beliefs and shared patterns of care, which set the potential for reducing or increasing the incidence of maternal perineal

trauma. The midwife-woman trust and communication link is recognised as underpinning the effectiveness of all clinical practice strategies in reducing perineal trauma for Asian woman. A relationship of trust is known to reduce maternal fear and lower the incidence and severity of perineal trauma. Attempting to minimise perineal trauma for Asian women is associated with an ongoing clinical practice evolution embedded in the power and control dynamics within the midwifery cultural group in the Delivery Suite.

Conclusion: The evidence for changing maternity systems towards a more democratic, collaborative, midwifery-led focus is compelling. A strong midwifery social identity can support transformation of practice, promote the quality and safety of care, improve childbirth outcomes and reduce the likelihood of severe perineal trauma for all women.