The Challenges of Change –

Planning a Midwifery Model of Care

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Certificate of Originality

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as full 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 Candidate

Production Note:
Signature removed prior to publication.

Acknowledgements

I have two passions in life. My first passion is being a midwife and having the privilege of being able to share the miracle of childbirth with women and their families. My other passion is the education of people to become midwives in the true sense of the word. Through education of midwifery students I to strive to improve midwifery care by focusing the care on the women and her family. Part of this passion then is the promotion of midwifery care and, therefore, midwifery models of care.

My passionate commitment in pursuing the planning of this midwifery model of care arose from the influence of Dr Maralyn Rowley and Dr Pat Brodie. These wonderful midwives were the first project leaders in New South Wales to plan and implement midwifery models of care in the form of team midwifery at two different hospitals. Both midwives fought many battles to achieve the success with the midwifery models of care that they did. Without their passion for midwifery models of care, this work would not have been started. Much of what they learnt along the planning process was incorporated into the planning of this midwifery model of care.

Abiding thanks go to the people who guided me through the process of planning this midwifery model of care and putting the thesis together, in particular Professor Lesley Barclay who was the visionary behind the project. A great deal of thanks and appreciation is also extended to both Dr Michael Mira and Dr Lindsay Thompson. Both of these general practitioners spent endless time in meetings giving advice regarding their medical colleagues and being consultants to the project planning.

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Appreciation also needs to be extending to Dr Margaret Cook who contributed invaluable advice in tightening the structure. Thank you all for reading and rereading, and then rereading some more, to help shape this work to what it is here. A very special thanks is extended to Dr Anne Adams for her editorial assistance.

Finally, I would like to dedicate this work to Asha, my recently departed cat, who spent endless hours sitting and just being there for me.

Notes on style and language

The headings are presented using different font size. Chapter number is presented as 28 font size, followed by the chapter heading in 26 font size, main heading under this are in then font size 18, with a lesser heading being presented in font size 14.

Throughout this thesis where there are more than three references available to support a point or argument, the references are preceded by 'see for example'. This strategy is to facilitate ease of reading.

The maternity service government reports have been consistently referenced using the name of the chairperson of the review committee, rather than using the title of the report. For example, 'Lumley Report 1990', rather than 'Having a Baby in Victoria 1990'.

There are a number of references that have been removed from the text and reference list in order to protect the anonymity of the hospital in which this study was undertaken and the privacy of the participants. Where these references would appear in the text has been replaced by the words 'Reference removed' in the bracket. These references do not appear on the reference list. The alternative to this action would have been to place an embargo on the thesis.

Direct quotations from any source of data, whether they are from field notes, minutes of meetings or interviews, are written in *italics* without quotations marks.

Glossary of terms and abbreviations

Area refers to the Area Health Service in which the hospital and maternity unit is situated and where the project was being planned.

FN refers to Field Notes, which could be notes made from formal or informal meetings or just as a record of events that unfolded at that time.

M refers to Minutes of meetings, either of the Steering or Management Committee. These were formal notes of the proceedings of the meetings that were then presented to the next meeting for verification as a true recording of the proceedings of the meeting.

MC refers to the Management Committee.

SC refers to the Steering Committee.

I refers to any interview undertaken with key stakeholders.

L refers to a portion of a letter written between key stakeholders.

The date that appears in the brackets following any of the above abbreviation is the date on which the direct quote or statement was made and, therefore, recorded.

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Abstract

This thesis is about the challenge of change in maternity services. It examines the factors that facilitate and hinder the implementation of new models of midwifery care. At the time that the midwifery model of care described in this thesis was being planned, a great deal had been written regarding the problems with Australian maternity services. Such was the level of dissatisfaction with maternity services that government inquiries had been held and reports were produced recommending changes for improvement. Maternity services at the national and local level were in a state of transition, slowly addressing the recommendations from such inquiries and reports. It was in this environment of transition that a midwifery model of care was being planned. The midwifery model of care aimed to provide comprehensive maternity care for women of low risk, who did not hold health insurance and would incorporate childbirth and parenting education and support as well as care throughout the childbearing experience. Midwives would work collaboratively with General Practitioners in the community and provide midwifery led care.

The purpose of the project described in this thesis was to record and analyse the process of change associated with planning and implementing a midwifery model of care. This thesis is as much about effecting organisational change as it is about midwifery and exploring the conditions that are needed to plan and implement new models of midwifery care. This thesis explicates the factors that hindered the planning and implementation of the model, particularly the barriers to shifting boundaries of practice between groups of health professionals.

This thesis draws on Kotter's work on organisational change to describe and analyse the planning process in order to gain a better understanding of what it takes to achieve organisational change. An emerging theme from the data was the interplay between creating a sense of urgency to facilitate change and limiting obstacles to block the vision. These activities revealed the continual struggle that occurred as various strategies were put into place to overcome obstacles and defuse resistance to change.

The conclusion emphasises that while the midwifery model of care was not implemented, change had been achieved through a shuffling rather than a shifting of the professional boundaries between 'key players', namely the midwives, General Practitioners and obstetricians. Changing allegiances, partnerships, relationship and power had changed the status quo. In addition, the midwives had developed professionally leading to an increased capacity to continue the process of achieving the midwifery model of care.