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### Midwifery and the context of care: is it possible to be 'woman centred'?

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## Midwifery and the context of care: is it possible to be 'woman centred'?

### Abstract

Title: Midwifery and the context of care: Is it impossible to be 'woman centred'? Dr Moira Williamson, School of Nursing, Midwifery and Indigenous Health, University of Wollongong, Northfields Avenue, Wollongong NSW 2522, Australia, ph. +61 2 4221 3381, email: moiraw@uow.edu.au Dr Lindsey Harrison, School of Health Sciences, University of Wollongong Background: Findings from a qualitative study show that the context of care can inhibit midwives' provision of woman centred care; especially impacted is their ability to provide culturally appropriate care. Aim of the Study: The aims of the study were to gain an understanding of midwives' concepts of culture and to explore their strategies to incorporate cultural sensitivity into professional practice, especially in relation to Indigenous women. The study also explored factors that impact on the provision of culturally appropriate care. Method: Semi-structured interviews were conducted with thirty two midwives in three different geographical locations within New South Wales, Australia. A modified grounded theory approach was used for the data collection and preliminary analysis. Emerging findings were explored with and compared to relevant theoretical perspectives, particularly those of Foucault. Findings: The context of practice has a direct impact upon midwives' approach to care. A woman-centred approach is often lost when midwives are working within busy hospital settings, where they lack power and control and are usually time poor. Woman-centred care is replaced by the midwives' need to anticipate care provision and there is a tendency to take a generic or 'recipe' approach to care as a result. This is less likely to occur in community settings, where midwives have more time and control shifts to the woman. In hospitals, bureaucratic procedures are emphasised over the individual decisions of midwives and the woman. Conclusions and Implications: A focus on practice alone is insufficient. The context of care needs to be examined before woman-centred care can be realised. It takes courage to challenge the 'system', however where there is resistance, there is possibility for change for the benefit of women and their families.

### Keywords

be, woman, centred, care, midwifery, possible, context

### Disciplines

Arts and Humanities | Life Sciences | Medicine and Health Sciences | Social and Behavioral Sciences

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**School of Nursing and Midwifery**



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### **Midwifery and the context of care: Is it impossible to be 'woman centred'?**

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Dr Lindsey Harrison, School of Health Sciences, University of Wollongong

**Background:** Findings from a qualitative study show that the context of care can inhibit midwives' provision of woman centred care; especially impacted is their ability to provide culturally appropriate care.

**Aim of the Study:** The aims of the study were to gain an understanding of midwives' concepts of culture and to explore their strategies to incorporate cultural sensitivity into professional practice, especially in relation to Indigenous women. The study also explored factors that impact on the provision of culturally appropriate care.

**Method:** Semi-structured interviews were conducted with thirty two midwives in three different geographical locations within New South Wales, Australia. A modified grounded theory approach was used for the data collection and preliminary analysis. Emerging findings were explored with and compared to relevant theoretical perspectives, particularly those of Foucault.

**Findings:** The context of practice has a direct impact upon midwives' approach to care. A woman-centred approach is often lost when midwives are working within busy hospital settings, where they lack power and control and are usually time poor. Woman-centred care is replaced by the midwives' need to anticipate care provision and there is a tendency to take a generic or 'recipe' approach to care as a result. This is less likely to occur in community settings, where midwives have more time and control shifts to the woman. In hospitals, bureaucratic procedures are emphasised over the individual decisions of midwives and the woman.

**Conclusions and Implications:** A focus on practice alone is insufficient. The context of care needs to be examined before woman-centred care can be realised. It takes courage to challenge the 'system', however where there is resistance, there is possibility for change for the benefit of women and their families.