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Explaining the Concept and Dimensions of Midwifery Care Quality in Maternity Ward: A Qualitative Study

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ABSTRACT

Introduction: Optimal quality of care in the maternity ward is a way to achieve sustainable development goals. But there is little knowledge about the dimensions of the midwifery care quality in the maternity ward.

Methodology: This qualitative study was conducted in 2020 in Iran. 17 participants were selected from midwives policy makings, midwives working in the maternity ward and mothers in private and public hospitals in Iran, Kashan. In-depth semi-structured individual interviews were used to collect data. Data analysis was performed using the conventional content analysis method according to the proposed steps of Graneheim and Lundman.

Results: From the data analysis, four themes emerged under the headings of "midwifery clinical competence", "mother empowerment", " Provide clinical care " and "appropriate physical resources, facilities and equipment", which include the nature and dimensions of midwifery care quality.

Conclusion: Midwifery care quality refers to how clinical care is provided in different stages of labor, which is done by a competent midwife to provide facilities to empower the mother by creating a supportive environment and a sense of self-efficacy in the delivery process in a suitable physical environment.

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INTRODUCTION

Reducing global maternal mortality to less than 70 per 100000 births and reducing infant mortality in all countries to 12 or less per 1000 live births is one of the sustainable development goals (SDG) [1]. Iran is one of the ten countries that has reached the fifth millennium development goal between 1990 and 2015 to improve maternal health by reducing the maternal mortality rate by 75% [2], and has been able to increase maternal mortality in the last eight years from 27 cases per thousand live births to 20.3 cases [3]. Although achieving this index is a significant success, it is very difficult to maintain and improve and requires interventions beyond existing programs. On the other hand, based on sustainable development goals and the last announcement of the World Health Organization, Iran such as countries that its maternal mortality in 2010 is lower than 420 per 100000 live births,

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should reduce this index in 2030 about two-thirds of the year 2010 [4].

Optimal quality care in the maternity ward is a way to achieve the Sustainable Development Goals (SDGs) by 2030 [5-9] which is associated by providing qualified services to mothers and infants, ending preventable maternal mortality and reduction in maternal and neonatal mortality, stillbirth and preterm delivery [10]. Optimal quality of care also provides the bonds of trust and friendship between women and health care providers [11]. This is why the quality of care is considered as a priority of the World Health Organization and it is necessary to focus on worldwide [12]. Today focusing on cares is not enough and it is necessary to consider the quality of these services as a basis to improve maternal and infants' results [13].

Midwifery care is a kind of care that monitors the mother's physical, mental, and social well-being during the childbearing cycle through education, counseling, and prenatal care, ongoing assisted labor, and postpartum support [14]. This type of care is inherently comprehensive and based on an understanding of women's society, culture, religion, and physical and psychological experiences [15]. And respects cultural differences and moral principles and actively maintains women's health and promotes the health of infants [16].

The results of a study showed that for qualified care of mothers and infants, the required services should be provided based on the personal needs of individuals and by care providers who have the characteristics of empathy and kindness. And the knowledge and clinical skills of the caregiver must be combined with interpersonal and cultural competencies [17]. In another study, the quality of care in the maternity ward goes beyond providing medicine and monitoring the woman during childbirth, and means the emotional presence of service providers who reassure women with their guidance, support, and counseling [11]. Considering that the precise definition of the concept of midwifery care quality in the context of any society and based on the views of providers and stakeholders can provide a clearer, more comprehensive and accurate understanding of this concept with regard to the existing socio-cultural context and the recent policies of population and childbearing in Iran and emphasizing on promoting natural childbirth in the country and turning it into a pleasant experience, qualitative research researchers aimed to explain the concept and dimensions of midwifery care in the maternity ward to use its results for designing and preparing operational plans in accordance with the health status of the country.

METHODOLOGY

In this qualitative study, participants were selected using a goal-based method. Participants were selected with maximum diversity in terms of different categories of service providers in delivery, age, work experience, degree, and type of hospital (teaching/ non-teaching / private). Regarding mothers, the samples were selected according to the maximum diversity in terms of age, Parity, level of education and receiving care in teaching/ non-teaching / private hospitals, and hospitals with Labour Delivery Room (LDR) and traditional wards. In this study, 2 policy makers in midwifery, 2 faculty members of the midwifery departemen, 3 obstetricians and their assistants, 4 midwives working in the maternity ward, and 6 mothers were included in the study. Inclusion criteria of faculty members and midwifery instructors and obstetricians and their assistants were having at least two years of service in the maternity ward. Inclusion criteria of midwifes were employment and having at least a bachelor's degree with at least two years of experience in the maternity ward. Furthermore, women with low-risk pregnancies admitted to the maternity ward that had been admitted to a public or private hospital in Kashan during the previous 6 weeks and had received midwifery care and liked to participate in the study were included in the study for interview. (Table 1) shows the demographic characteristics of the participants.

In-depth semi-structured individual interviews with open-ended questions were used to collect qualitative data to describe participants' views on the midwifery quality care in the maternity ward. Prior to the qualitative phase, the questions in the interview guide were designed based on a review study. At the beginning of the interview, the objectives of the study and the confidentiality of information and recording of interviews were explained to the participant, and after obtaining written and informed consent, the interviews were recorded digitally. For interview with midwives, obstetricians, assistants, and policymakers, questions such as "How do you think good maternity care should be done?, "and with regard to your professional experience, which midwifery cares should be created or promoted in the maternity ward?" were used. Mothers were asked questions like, "Tell us about your experiences with care from the time you were admitted to the hospital until after you gave birth." After several interviews, the following question was added to the guiding questions based on a review of recorded data from previous interviews to further describe the findings: What do you think about the mother's involvement in self-care decisions? Also during the interview, in-depth and exploratory questions were asked based on the type of answer to each question

to find out the depth of the participants' experience and perspective, such as "What do you mean", "If you can explain more" and "May you give an example to me to understand your mean?"
To ensure the accurate response of mothers, they were interviewed outside the hospital and in health centers, and interviews were conducted with caregivers and policy makers at their place of work. The research period lasted from February 2020 to June 2020. The duration of the interviews based on the willingness and readiness of the participants was between 25 to 60 minutes and on average 45 minutes.
After sampling, data analysis was performed using the conventional content analysis method according to the steps proposed by Graneheim and Lundman (2004). In this way, immediately after each interview, the text of the interview was transcribed and typed from the tape, and then the analysis unit or the original text was written and studied several times. In the next step, initial codes were extracted and the codes were merged according to their similarities. The merged codes were then inserted into categories. In the last stage, the main theme of the classes was extracted by comparative review and back again from categories to sub- categories. Textual data and extracted codes were managed with the help of MAXQDA 18 software.
Data analysis began at the same time with data collection. In addition to the analysis performed by the researcher during the study, at the end of data collection and achieving data saturation, data analysis was performed again.
To ensure the trustworthiness of the findings, the methods of credibility, transformability, dependability and confirmability were used. The member check was used to confirm the validity or credibility. Also, the text of the interviews along with the extracted codes and categories were provided to peer debriefing who were proficient in qualitative research and their corrective opinions were applied in the coding process. On the other hand, the researcher's long-term involvement and allocating enough time to collect data helped to deepen the data. In this research, with detailed descriptions of the study process, it was tried to provide a basis for judging and evaluating others about the transformability of findings. In addition, samples with maximum variability (variance) were selected to evaluate and provide data transfer capability. The researcher evaluates the data stability by writing complete field reports and showing the direction of his decisions, as well as placing all the raw, analyzed data, codes, classifications, study process, initial goals and external check. In this study, the research steps and decisions were accurately recorded and reported to provide the opportunity for others to follow up the research if necessary.

RESULTS

The present study is a qualitative study that was conducted with a content analysis approach. Data analysis revealed four themes under the headings of "clinical competence of midwife", "mother empowerment", " Provide clinical care " and "appropriate physical resources, facilities and equipment", which include the nature and dimensions of the midwifery quality care. Each of these themes is described below along with the relevant classes (Table 2).

First Theme: Clinical Competence of Midwifes

One of the necessary characteristics to provide quality care is the presence of a competent human agent. According to the participants, competency is a reflection of the combination of the following components: "having spiritual-moral competence", "observing moral principles" and "having scientific competence". Regarding the spiritual-moral competence, one of the participants pointed out the desirable moral qualities of a midwife as the following:
"Patience can be very effective in the quality of good care in the stages that the mother is going through in the maternity ward. I think patience is an important part in providing midwifery services. Compassion, empathy, communication and companionship with the mother can all be effective. We need to talk to the mother really compassionately to reduce her anxiety "(Midwife, 22 years experience).
Regarding the observance of ethical principles and the establishment of verbal and non-verbal empathetic communication, most of the participants consider the use of positive and pleasant words to be effective for communication between a midwife and a mother. A midwife working in a private hospital says:
"One word that is very useful here is to use the word 'my dear', or to call them by their first names. What I have seen is that this kind of attitude makes the mother feel good and cooperates more. (Midwife, 6 years of experience)
When the midwife uses inappropriate words and phrases regardless of the mother's mood, it can be annoying for the mother. In this regard, a mother said:
"There were two midwives in the delivery room by the bed, they were very immoral. ....For example, I was looking for a handle to go to the top of the delivery bed, suddenly one of the midwives shouted at me not to touch it and I was embarrassed" (Gravida's mother 4, Non-Teaching Hospital).
In addition to the skill of communicating verbally, the midwife should also be able and proficient in

creating non-verbal relationships; In this regard, a mother said:

"During my delivery, the doctor was very kind. She treated me with laughter and she was very good" (Gravida's mother 4, non-teaching hospital).

Midwives must have the necessary knowledge and skills to provide services in the maternity ward in accordance with their job descriptions, and in addition to academic education, they should pay attention to the issue of updating their information and obtain new information through various means such as participating in domestic and international seminars and conferences. One of the participants stated about the necessity of "having theoretical knowledge and practical skills" in providing quality service:

"A midwife must be scientifically in a good condition, have a degree in midwifery, and know the delivery process and have enough scientific and practical experience" (obstetricians, 12 years of experience).

Regarding the updating of theoretical and practical knowledge, a participant said:

"Providing good quality requires awareness, study, learning up-to-date subjects, articles, and conducted studies, that all of which are effective in improving the quality of midwifery services and bringing us closer to our goal" (Midwife, 22 years of experience).

The Second Theme: Mother Empowerment

Empowerment is a process through which people will have more control over decisions, lifestyles and activities that affect their health. The theme of "mother empowerment" includes two categories: "creating a supportive environment" and "creating a sense of self-efficacy". Participants with regard to supportive environment present "emotional and psychological support" (confidence, peace of mind and comfort), "information support" (provide adequate information and training during labor, delivery and postpartum), "instrumental support" (provide services according to physical and physiological needs and "providing a companion presence" as ways to empower the mother in the maternity ward. A midwife working in a private hospital spoke about information support and how to educate mothers:

"During childbirth, we teach that the mother's pushing is conscious and she can help herself. .... We emphasize skin-to-skin training in childbirth preparation classes. We have made skin-to-skin training in Telegram and Instagram".(Midwife, 6 years of experience).

One of the mothers commented on the instrumental support and services provided according to her needs as following:

"The midwife who was taking care of me in the labor room was very good. .....she asked me, 'Do you have pain? Do you want me to bring you water or something?' when she saw me I am sensitive about cleaning my feet, she said: "Go pour yourself some hot water." (Gravida's mother 4, Non-Teaching Hospital)

Participants cited attention to self-efficacy as a way to empower mothers. Self-efficacy is the belief that a person has the ability to organize and implement the necessary actions in the situations ahead. To create a sense of self-efficacy in the mother, they introduced "having the right to decide", "giving hope and encouragement" and "positive thinking".

The mother has the right to decide by having a birth plan and choosing the method of reducing pain with her desire, so that the mother feels effective in the delivery. A participant in introducing various methods of reducing pain to the mother and giving her the right to choose emphasized the following:

"The method of pain relief should be according to the mother's desire. It is pleasant for her to use her own opinions. We should make a plan for her before childbirth and say we have these methods and she can try them". (Faculty member,13 years of experience).

By encouraging and giving hope to the mother, she can be convinced that she has the ability to give birth. Encouragement, especially in the second stage, to use the mother's abdominal force to remove the fetus can be very effective. A mother at a private hospital commented on the doctor's encouragement about pushing during childbirth and the effect of this approach on her performance during labor:

"The doctor said, 'well done', we did not think you would push so hard. Guys, see how well it pushes. Everyone said good job and I was encouraging and trying to push hard and I thought it was the last steps" (Gravida's mother 1, Private Hospital).

The Third Theme: Providing Clinical Care

From the participants' point of view, all the measures that should be done for the mother in the maternity ward were divided into two categories: "providing care in the first and second stages" and "providing care in the third and fourth stages". The following is an example of participants' statements about clinical care:

The midwife described the clinical procedures for reception as follows:

"The mother who enters the reception, from greeting to taking a complete history, history record, fetal heart rate (FHR)record, Vital signs record, all are policies that are done for everyone and mother examination, pelvic exam, and FHR record and so on"(midwife, 25 years of experience).

A obstetricians about no need of induction in low-risk mothers in Labor, said:

"As far as possible, the patient should not be induced. The low risk patient should be allowed to

progress on her own. If there is time, nonstress test (NST) and sonography are good, why the patient should be induced! With induction we turn the low risk patient to high risk patient. Unfortunately, our induction rate is high "(obstetricians, 12 years of experience).

Gravida's mother 1 commented on the steps taken for her in the maternity ward:

"In the case of exercises, they first told to sit inversely on the chair. Then, with any pain I had, I would sit down and do a walk and there was something like a stair and they asked me to hold my leg up and do 6 movements and then change my leg. "Then they brought me a big plastic ball and I sat on it" (Gravida's mother 1, Non-teaching hospital).

The Fourth Theme: Physical resources, Facilities and Appropriate Equipment

Regarding physical resources, facilities and equipment, the participants referred to the two subcategories "appropriate physical environment" and "safe and adequate equipment" as follows:

According to participants, delivery rooms should be comfortable, secluded, quiet with the right temperature; In their view, LDR wards are the best place to do midwifery care, if there is a balance between the number of midwives and the mothers.

In order to perform the desired care, the necessary facilities must be provided to care provider. Devices and equipment are such as a suitable bed, sonicaid, fetal heart monitor, inhaler for aromatherapy, Transcutaneous electrical nerve stimulation (TENS), facilities for water delivery, delivery ball, telephone for mother to communicate with outside the maternity ward. A participant stated about the equipment needed in the delivery department:

"Some equipment is also needed, such as beds for LDR rooms, bathtubs, TENS and devices to reduce the patient's pain. For example, in each room there should be an inhaler for aromatherapy. If a hospital have all of these, so the options go very high for the patient and she thinks less about cesarean section" (Midwife, 6 years of experience).

DISCUSSION

This study aimed to explain the concept (nature)and dimensions of the midwifery care quality. By analyzing the data, four main themes were conceptualized, including "midwife's clinical competence", "mother empowerment", " Provide clinical care " and "physical resources, appropriate facilities and equipment".

The clinical competence of the midwife is one of the basic characteristics of the quality of care in the maternity ward. Competence is a combination of the components of human qualities, having interpersonal skills and having the required knowledge and skills to perform any specialized action. Midwives must have the appropriate moral competence to use this competence for providing quality services with respect for the mother and to observe ethical principles to lead to better performance, increase the quality of care and increase public confidence in the profession. Similar to the results of our study, the study of Colston et al. (2019) showed that care should be provided based on the personal needs of individuals and by care providers who have the characteristics of empathy and kindness. In particular, women expect their caregivers to combine clinical knowledge and skills with interpersonal and cultural competencies [17].

It is important that service providers have the skills needed for special care and be able to care for the mother and baby after delivery [20-20]. They are expected to have the skills to examine, counsel, and treat women [21] and to be able to make appropriate and informed decisions in problematic situations. Good quality care requires qualified, educated and trained providers [21, 22] to be able to diagnose symptoms in low-level centers and to take first-line measures for complex pregnancies before referring mothers to higher levels of care [21, 23]. Midwifery care provided by an educated, trained midwife with license is associated with improving the quality of care and reducing the rapid and sustained mortality of mothers and infants [11]. They must also have the required skills for special care and be able to care for the mother and her baby after delivery [18-20].

Another basic characteristic of the care quality in the maternity ward is the emphasis on maternal empowerment. An important issue that is less considered, but the participants in this study introduced it as a feature of care in the maternity ward. In vaginal delivery, the role of the mother is an important factor and the quality of care can be improved by involving her in the self-care process and having an active mother in labor instead of a passive mother. Empowering the mother in the maternity ward is possible by creating a supportive environment and creating a sense of self-efficacy. By providing the measures, services and trainings that are given to the mother before, during and after childbirth by the midwife, it is possible to provide a suitable environment for the mother to participate in childbirth and by creating a sense of self-efficacy as a determining factor in thinking, way of behavior and feelings of the mother, it is possible to help the mother's ability to succeed in childbirth so that she could successfully go through the various stages of childbirth. The results of studies show that in midwifery care in the maternity ward, the woman should be the center of obstetric care. She should feel that she has the control of what is happening to her and can make decisions about her care based on her needs [9, 24, 25].

Participants emphasized clinical care and delivery practices in the maternity ward. The results of this study are similar to Donabedian's view that introduces one of the components of care quality as "process" or how care is provided [26].

In the maternity ward, in addition to the basic facilities such as sufficient space, cooling and heating system and proper ventilation, sufficient light in this environment should be soothing [27] with joyful colors, pleasant smell, and appropriate decoration and attention to the health of the environment should be considered. Proper sanitary facilities [28], observing cleanliness [18, 19, 29] and paying attention to the hygiene of labor and delivery rooms [30] are of special importance. In health studies and the existence of good toilets in the maternity ward in Bangladesh, Gambia, Thailand, India and Iran have been reported as effective factors on maternal satisfaction [28].

In addition to the physical infrastructure, the presence of essential supplies [21, 27, 29-32] such as neonatal resuscitation equipment, emergency equipment such as blood and blood transfusions should also be available to all women [29, 32]. The presence of new and modern equipment helps to accelerate services and improve the quality of care [30]. Similar to the results of this study, Donabedian describes the hospital building and equipment as the "structure" and context in which care is provided, and believes that a good structure enhances the care process [26].

One of the strengths of this research is the great diversity of participants, which provides us with a more comprehensive definition of the quality of care. In this study, in addition to mothers as recipients of services, the views of all persons involved in maternal care in the maternity ward, including midwifes, obstetricians and OB/GYN resident and midwifery faculty members have been used. The findings of this study can be used to improve the quality of midwifery care in wards and delivery centers. Also, these results can be used to design tools for evaluating the quality of midwifery care.

This study has its own limitations that should be noted. In this study, only the quality of care for women with low-risk pregnancies has been studied. It is recommended to evaluate the quality of care for high-risk pregnant women in the maternity ward.

CONCLUSION

Based on the results of data analysis, the comprehensive definition of the concept of " midwifery quality care in the maternity ward" was obtained as follows: " The quality of midwifery care refers to how clinical care is provided in different stages of childbirth by a competent midwife with moral and scientific competence through establishing empathetic communication and observing justice and fairness in order to provide facilities for mother empowerment and creating a supportive environment and a sense of self-efficacy during the labor in a suitable physical environment."

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Table 1. Demographic Characteristics of the Participants

Providers	Age, year	Work experience, year	Education, number	Interview's place	Total number
Midwife	46 (29 - 54)	22 (6-28)	BA 3, MA 1	Public and private hospitals	4

Obstetricians and assistant	39.5 (34-45)	7.5 (3-12)	Obstetricians 1, assistant (OB/GYN resident) 2			Public and private hospitals		3	
Faculty member of the midwifery department	37 (34-40)	14 (9-19)	PhD in reproductive health 2			Nursing and Midwifery school		2	
Policymakers in midwifery	53 (52-54)	30	PhD in health policy 1, Master 1			Ministry of Health, Kashan Deputy of Treatment		2	
Recipients of servic	Age, year	Education	Husband education	Job	Income adequacy	Parity	Type of delivery	Interview place	Total number
The mother	29 (21-40)	Bachelor 3, diploma 1, middle school 2	Bachelor 1, diploma 4, middle school 1	Housewife 4 Employed 2	Low 1, middle 4, high 1	1-4	NVD 5 C/S1	Health center	6

Table 2. Categories and Themes Representing the Dimensions of Care Quality in the Maternity Ward

Subcategories	Categories	Themes
Enjoying moral virtues	Possessing spiritual-moral competence	Clinical competence of midwife
Enjoying spiritual health		
Communicating verbal and non-verbal sympathy	Observance of ethical principles	
Observance of justice and fairness		
Possessing theoretical and practical knowledge and skills	Having a scientific competence	
Updating theoretical and practical knowledge		
Emotional and psychological support	Creating a supportive platform	Mother empowerment
Information support		
Instrumental support		
Providing the presence of an attendant		
Give the right to decide	Creating a sense of self-efficacy	
Hope and encouragement		
Thinking positive		
Provide care at the reception	Provide care in the stages of 1 and 2	Provide clinical care
Provide care in labor		
Provide care during childbirth	Provide care in the stages of 3 and 4	
Provide postpartum care		
……..	Suitable physical environment	Appropriate physical resources, facilities and equipment
……	Safe and adequate tools and equipment	