Factors influencing effective consultation of advanced midwives by general midwives in Nelson Mandela Bay obstetric units: A quantitative study.

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Introduction

- South Africa has a growing number of perinatal and maternal deaths and, despite this challenge, advanced midwives are still not always adequately consulted by the general midwives in obstetric units. As a result, pregnant and laboring women remain at risk.
Background

- Women need not die in childbirth, but many do because they are sometimes denied the necessary emergency obstetric care.

- 15% of pregnancies and childbirths require such care because of unpredictable risks.

- **How do we limit these risks?**
  - By ensuring a strong and working health system with skilled personnel to assist the women in need, such as advanced midwives.
An advanced midwife in South Africa is registered with the South African Nursing Council [SANC], and has a post-basic qualification in the specialized field of midwifery and neonatology Section 2 9(b) (i) SANC R212:5.

An advanced midwife has the necessary competencies and skills than a midwife to assist in the case of an emergency. Particularly in emergency situations, delays in decision-making result in complications and extension of the impending complications because the waiting period is usually the critical interval in which most intra-partum complications and maternal deaths occur.

Advanced midwives, if consulted, could help to reduce the maternal mortality numbers.
Midwives in the obstetric units in Nelson Mandela Bay [NMB] prefer the assistance of a doctor, portray reluctance or no effort to utilize the skill of the advanced midwife present at the time, even when midwives are found to understand midwifery care classifications and management thereof.

Doctors are also noted to disregard the expertise of the advanced midwife present in the unit, and insist on being called by the midwives before any decisions are taken on the care of the laboring women.

In so doing, however, they might delay the necessary emergency care to the laboring woman.
Purpose of the study

The aim of this study was to establish how the general midwives perceive consulting and using the skills of the advanced midwife in the Nelson Mandela bay, Port Elizabeth, South Africa.
The purpose of this presentation, is to present the findings of the study and explore the relationship between the midwives’ level of experience and qualifications as possible factors contributing to the non-consultation of advanced midwives in the Nelson Mandela Bay.

Strategies for empowerment of the advanced midwife will also be explored and presented.
Midwives working in obstetric units of the NMB are reluctant to consult ADMs, even though the latter have greater skills in the management of high risk situations and the reduction of maternal and neonatal mortalities.
Objectives
To explore and describe the perceptions of NMM obstetric unit midwives regarding consulting advanced midwives.

Population and sample
Population: midwives from obstetric units in the Nelson Mandela Bay area.
Sampling: simple random probability sampling using the non-replacement approach
Sample size: n=130

Data collection
One hundred and thirty questionnaires were distributed and ninety four were returned:
n=94 participants
Time frame: July to September 2014.
Method: Self-administered questionnaires

Data analysis
Statistica Version 21 was used to ensure efficacy of the results.
Measuring instrument

- The questionnaire was divided into five sections, and the participants responded to closed ended, yes/no and multiple choice style questions.

- Section A: Biographical data

- Section B:
  - (i) Confidence in the ability to manage low risk delivery
  - (ii) Understanding of accurate midwifery classification.
  - (iii) Knowledge of recognition and of the need to refer.
  - (iv) The need for advanced skill
  - (v) The need for immediate referral to higher level of care.
FINDINGS – Participant’s biographic profile

- **GENDER**
  - More females than males (n=91) - 97%

- **AGE**
  - 41 and more (n=44) - 47%

- **Work experience**
  - Majority had more experience (n=30) - 32%

- **Academic qualification**
  - Majority had diplomas (n=55) - 59%

- **Professional qualification**
  - Professional Nurses (n=68) - 74%

**Total number of participants n=94**
FINDINGS – Participants’ attitudes
CURRENT PRACTICE AND NEED FOR EMPOWERMENT

- A total of eight items were used to measure their agreement or disagreement with each of the statements and were scored on the 5 point Likert-type scale, ranging from ‘strongly disagree’ to ‘strongly agree.’

<table>
<thead>
<tr>
<th>Confidence in the ability to manage low risk situations</th>
<th>Performance of advanced skills</th>
<th>Referral to the advanced midwife</th>
<th>Confidence in the performance of advanced skills by the advanced midwife</th>
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<tr>
<td>The mean of confidence in the ability to manage low risk delivery (M = 4.43, SD = 0.61) was very high</td>
<td>The Cronbach^^ inter-item for this scale was α = 0.81 and the mean of performance of advanced skills (M = 2.01, SD = 0.54) was low.</td>
<td>The scale reliability was α = 0.90 and the mean of referral to the advanced midwife (M = 2.16, SD 0.86) was low.</td>
<td>The Cronbach^^ inter-item for this scale was α = 0.92 and the mean of the confident performance of advanced skill by the advanced midwife (M = 3.42, SD 1.03) was low.</td>
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FACTORS INFLUENCING EFFECTIVE CONSULTATION OF THE ADM

- It may be expected that midwives who are experienced in particular skills may be more confident than those that are not. Studies exploring the link between experience and confidence appeared to confirm this view. For Stewart et al (2000) experience was key in increasing confidence.

- Findings from this study also validated this fact as the more experienced midwives perceived themselves more confident in NMB obstetric units as compared to the less experienced ones.
FACTORS INFLUENCING EFFECTIVE CONSULTATION OF THE ADM (cont)

- Both the level of education and professional qualification were also important in determining the midwives’ confidence in NMB obstetric units and interestingly, midwives with the lower qualifications (diploma) and generalist midwives were very positive with their confidence in NMB obstetric units.

- These findings are inconsistent with previous studies and are a concern to midwifery practice.
FURTHER RECOMMENDATIONS

- **Clinical midwifery practice**
  - The ADMs should avail themselves should there be a need for consultation in midwifery practice and mentor newly qualified midwives and those who need assistance.

- **Nursing education**
  - The nursing or midwifery curriculum should include the practical training of midwives and doctors together, such a curriculum could help build the confidence and skills of the ADMs, making them reliable sources of knowledge and skills.

- **Nursing research**
  - A qualitative study that includes doctors and ADMS should be carried out and be expanded to other provinces of South Africa.
CONCLUDING REMARKS

In view of the high peri-natal and maternal mortality and morbidity rates in South Africa, it is essential to have properly trained advanced midwifery practitioners who are able to provide quality midwifery and neonatal nursing care in the obstetric units of this country. However, if ADMs are not consulted, they cannot render such contributions. The ADM is situated between the midwife on the one hand, and the doctor or specialist on the other, and can be drawn upon both as a specialist in his/her own right, and as a mediator between the midwife and the doctor or specialist. Thus, there is a need for consultation with the ADM for the prevention of maternal deaths. However, the ADMs should also make an effort to demonstrate their skills so as to encourage the general midwives to consult them.
THANK YOU...
Questions?
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