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Prof C.J Hollins Martin PhD MPhil BSc PGCE RMT ADM RGN RM MBPsS

Author Details

Prof Caroline J Hollins Martin

Telephone number – 0161 295000

Email – C.J.Hollins-Martin@salford.ac.uk

Address – MS 2.78, Mary Seacole Building, University of Salford, Frederick Road, Salford, Greater Manchester, M6 6PU

The importance of education in preparing women for childbirth

This special edition offers unique insight into concepts of education within midwifery practice. One of the aims of delivering midwifery education is to advance the evidence-base and improve the quality of maternity care provided by midwives. In addition, childbearing women require accurate, accessible, evidence-based information from which to make decisions about their care. Pivotal to this approach is providing accurate information on which midwives can base their clinical decisions.

The concept of educating childbearing women to make informed choice is now relatively well embedded in health care policy (DoH, 2004, 2007). Underpinning current directives is a belief that providing choice and control improves the quality of birth experience and its psychosocial outcomes. Deciding which path to follow is a process that requires implementation of sound reasoning and rationale decision-making, adjacent to cost assessment and an assessment of the benefits based upon availability (Allingham, 2002). It is important to acknowledge that some of the decisions made by childbearing women are underpinned by complex reasoning. Quintessentially, processes of making choice are filtered through often complex belief systems and are at the mercy of a cost analysis and availability in service provision (Edwards, 2004).

The range of choice on hand is also often obstructed by obstacles placed in front of midwives, obstetricians and women themselves. Options available are variable and dependent upon several agendas. For example, imposition of hospital policies, hierarchical control and fear of consequences from challenging senior staff (Hollins Martin and Bull, 2006). One characteristic of choice provision is palpable. Specifically, choice provision is firmly associated with “information provision” and empowerment to “control” (Enkin et al., 1995; Handfield & Bell, 1995), and together these emphasise the worth of midwives providing parenthood education (Gibbins and Thomson, 2001).

Preparation for childbirth patently affects the amount of birth satisfaction that a childbearing woman reports (Dannenbring et al., 1997). Women who seek

out information are often more confident and equipped to cope during their intranatal experience (Sinclair, 1999; Brown and Lumley, 1994). Consequently, parenthood education is vital if women are to be equipped with basic information from which to make decisions which relate to their care (Proctor, 1998).

Knowledge acquisition enhances “self-efficacy” (Handfield and Bell, 1995), described by Bandura (1982) as an individual’s estimate of their own ability to succeed at reaching a goal. For the midwives purpose, Bandura’s self-efficacy concept is centered around acquiring information about a childbearing woman’s predicted performance and comparing this relationship to her self perceived capacity to cope during childbirth. High self-efficacy and predicted competence to cope during labour is associated with a decrease in pain experience (Larsen et al., 2001; Stockman and Altmair, 2001). It is therefore, amongst many other factors, a duty of care that midwives provide information to prepare childbearing women for birth.

Constructs of choice and control are intimately intertwined with women’s experiences of childbirth. Providing greater choice by its very nature courts involvement in decision-making, and as such will inevitably impact upon the woman’s perceived control. This control is significant in terms of perceived satisfaction with her birth experience. For example, some women who choose to have a “home birth” claim to do so under the premise of desiring to retain control of their experience (Cunningham, 1993; Eakins, 1996).

Midwives providing information to empower childbearing women to make appropriate choices tailored to their desires and needs, should respect the following points:

- (1) Recognise the importance of preparing women and their partners’ for birth. This process may be facilitated through writing a “birth plan” (see Hollins Martin, 2008).
- (2) An attempt should be made to evidence-base information that is provided.
- (3) Afford a range of options that pertain to the decision in question.

- (4) Triumph over and above simply broadcasting convenient and less challenging habits.
- (5) Post schooling; provide the women and her partner with “a question time”.
- (6) Evaluate the childbearing women’s birth experience. This process may be facilitated using the Birth Satisfaction Scale (see Hollins Martin and Fleming, 2011).

If women are to be empowered to make informed choices, it is imperative that midwives explore and discuss the options available. Providing realistic and levelheaded information should facilitate women to assemble a truthful picture from which pragmatic decisions and probabilities of success may be constructed. Since perceptions of “birth satisfaction” vary, it is recommended that midwives review childbearing women’s constructions of the anticipated birth. This may be recorded prenatally by means of a “birth plan” (see Hollins Martin, 2008), which post event may be compared and contrasted alongside actual happenings. Discussions about related feelings will vary in terms of individual women’s perceptions of their birth experience and their subjective emotional outcomes.

This special issue comprises a score of papers that address the ethos that educating midwives to enlighten childbearing women and educating lecturers to appropriately equip student midwives with skills, is a salient component of delivering midwifery care. The individual authors’ interests materialize through interesting contemporary approaches and methods of delivering education. Overall, a concerted effort has been made to bridge the research-practice divide. The function of cultivating a special edition of *Nurse Education in Practice* that covers educational aspects of midwifery is to disseminate knowledge from individual professions into a broader context of inter-professional practice. Such educational initiatives help produce a broader inter-professional perspective. I hope you will benefit from reading this collection of papers dedicated to midwifery practice and that some of the articles presented will stimulate you. I also hope that reading will spark development of a clinical research study, which in future

will contribute to developing the body of knowledge that drives educational processes in midwifery practice.

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