The Role of Consultant Midwife: An exploration of the expectations, experiences and intricacies

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The primary aim was to consider the effect that consultant midwives were having on the provision of care to childbearing women.

- To establish consultant midwife participants’ expectations and understanding of their role as a consultant midwife;
- To place the consultant midwife role in its political and professional context during a period of ongoing professional change;
- To ascertain how consultant midwives are developing the body of midwifery knowledge;
- To examine how consultant midwives have influenced midwifery practice, as viewed by the consultant midwives and members of the multi-professional team.
Consultant Midwifery Practice

- **Rationale for the Study**

  - Research studies had been undertaken on the first generation of consultant nurses and midwives (Guest et al. 2001, 2004), but nursing consultants had been the predominate focus.

  - Midwives continue to focus on increasing excellence in practice through broadening their role and visibly leading practice development.

  - Personal interest in focusing on new roles within healthcare
Consultant Midwifery Practice

Background

- Nurse, Midwife and Health Visiting Consultant roles were implemented in the latter part of the last decade (NHS Executive, HSC1998/045).

- A new strategy was sought which reflected a more flexible, innovative and collaborative workforce, where senior practitioners were given authority to develop practice and strengthen their leadership (NHS Executive, HSC1998/045).

- Detailed proposals were published in the document Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare (DH, 1999).
The NHS Plan had, amongst its core principles, a promise to “reward and invest in individuals and organizations, providing opportunities for individual staff to progress in their education, training and personal development” (DH 2000:4).

As with Lord Darzi’s (DH 2008) recommendations, problems identified included poor interprofessional relationships, leadership difficulties and communication breakdown. Improved organisation, leadership, management and skill-mix were seen as essential for collaborative working to be effective.
The four key features of the consultant role are -
- expert practice;
- professional leadership and consultancy;
- education, training and development;
- practice and service development;
- research and evaluation (NHS Executive, HSC1999/217).

It was anticipated that these practitioners would be practice based and that partnerships and collaborative working arrangements would be formulated between practice and higher education.
## Consultant Midwifery Practice

**Strategic Health Authority**

**Number of Consultant Midwives in England (Nov. 09)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>East of England</td>
<td>2</td>
</tr>
<tr>
<td>East Midlands</td>
<td>2</td>
</tr>
<tr>
<td>London</td>
<td>17</td>
</tr>
<tr>
<td>North East</td>
<td>0</td>
</tr>
<tr>
<td>North West</td>
<td>7</td>
</tr>
<tr>
<td>South Central</td>
<td>5</td>
</tr>
<tr>
<td>South East Coast</td>
<td>4</td>
</tr>
<tr>
<td>South West</td>
<td>0</td>
</tr>
<tr>
<td>West Midlands</td>
<td>5</td>
</tr>
<tr>
<td>Yorkshire and The Humber</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48</strong></td>
</tr>
</tbody>
</table>
Consultant Midwifery Practice

- **Conceptual Framework**
  - A qualitative paradigm using a constructivist approach closely represented the objectives and ideas relating to research design.
  - The constructivist believes that knowledge is constructed out of experience and believes that reality is socially constructed.

- **Ontological Position**
  - Reality is subjective and based on multiple perspectives.

- **Epistemological Assumption**
  - **Reflexivity** - The researcher interacts with that being researched.
## Trustworthiness

<table>
<thead>
<tr>
<th>Qualitative Terminology</th>
<th>Quantitative Terminology</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Credibility</td>
<td>Internal validity</td>
</tr>
<tr>
<td>b Transferability</td>
<td>Generalizability</td>
</tr>
<tr>
<td>c Dependability</td>
<td>Reliability</td>
</tr>
<tr>
<td>d Confirmability</td>
<td>Objectivity</td>
</tr>
</tbody>
</table>

Lincoln and Guba’s 1985 criteria
Trustworthiness

a) credibility (in preference to internal validity);

- How ‘true’ are the findings?
  - the adoption of well established research methods
  - familiarity with the culture being observed
  - random sampling
  - triangulation
  - reflexivity
  - iterative questioning
  - peer scrutiny of the research project
  - member checks
  - thick description of the phenomenon under scrutiny

(Shenton, A.K. 2004)
Trustworthiness

- b) transferability (in preference to generalisability);

Using quantitative methodology, effort is taken to ensure that the results can be applied to a wider population.

Since the findings of a qualitative study are specific to a particular set of individuals it is not so easy to ensure transferability.

(Shenton, A.K. 2004)
Trustworthiness

- Consider the parameters of the study
  - a) the number of sites taking part in the study and where they are located;
  - b) any restrictions in the type of people who contributed data;
  - c) the number of participants involved;
  - d) the data collection methods that were employed;
  - e) the number and length of the data collection sessions;
  - f) the time period over which the data was collected.

(Shenton, A.K. 2004)
Trustworthiness

- c) dependability (in preference to reliability)
  - the research design and its implementation, describing meticulous planning
  - the operational detail of data gathering, addressing the minutiae of what was done in the field
  - c) reflective appraisal of the project, evaluating the effectiveness of the process of inquiry undertaken.

- d) confirmability (in preference to objectivity).
  - Objectivity
  - Reducing Bias

(Shenton, A.K. 2004)
Consultant Midwifery Practice

- Methodology
  - Qualitative

- Research Approach
  - Case Study

- Reflexivity

- Sampling
  - Purposive

Methods of Data Collection
- Interviews
- Observation
- Documentary analysis

Method of Analysis
- Thematic
  - Conversational
  - Narrative
  - Comparative
  - Content
  - Computer Assisted
Consultant Midwifery Practice

- **Case Study**
  - Facilitates systematic inquiry, whereby an unexplained phenomena may be described;
  - enables a complete description of the case and is usually used prospectively (Yin, 2003);
  - Case study may support focus on an individual or individuals and facilitates comprehensive understanding (Stake, 2000);
  - Data comes from a variety of sources e.g. archival records, interviews, observation (Yin, 2003);
  - Case study questions are central to the method and to the phenomena under examination (Yin, 2003).
Consultant Midwifery Practice

- Participants fell into the following three categories:
  - Consultant Midwives (8)
  - Heads of Maternity Services (8)
  - Medical Practitioners (7)
### Consultant Midwifery Practice

The application of preliminary descriptors to an extract of data

<table>
<thead>
<tr>
<th>Part No</th>
<th>ID No</th>
<th>Data Extract</th>
<th>Preliminary Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>2</td>
<td>You do need to be a competent midwife, to be credible in the eyes of your clinical colleagues. To have academic achievement and to be credible is a real achievement. As an individual you need to be self motivated, you have to organise yourself.</td>
<td>Competency</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Credibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Academic Achievement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self Motivation</td>
</tr>
</tbody>
</table>
### Consultant Midwifery Practice

An example of how preliminary descriptors across interview transcripts were colour coded and grouped

<table>
<thead>
<tr>
<th>Part No</th>
<th>ID No</th>
<th>Data Extract</th>
<th>Broader Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>I think it's vital if the consultant midwife has a considerable amount of clinical experience, to have credibility as a clinical practitioner</td>
<td>Clinical Credibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You do need to be a competent midwife, to be credible in the eyes of your clinical colleagues, to have academic achievement and to be credible is a real achievement.</td>
<td>Clinical Credibility</td>
</tr>
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Consultant Midwifery Practice

Having Clinical Wisdom

- Being Clinically Competent
  - Having Clinical Credibility
  - Having Good Clinical Judgement
  - Providing Expert Practice
- Being a Role Model
  - Being Visible
  - Working in Collaboration
- Understanding the Meaning of Practice
  - Developing Midwives
  - 50% Practice
  - Others Interpretation of Practice
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Taking Control

Influence without Power
- Being independent of the management structure
- Being Free to Focus on the Ethos of Midwifery Care

Providing Strong Midwifery Leadership
- Pushing Boundaries
- Being seen to have Impact

Coping with Frustrations
- Managing the Workload
- Managing Conflicts
- Role Isolation
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Shaping the Future

Role Sustainability
- Role Feasibility

Being Gatekeepers
- Succession Planning
- Promoting quality
- Retaining Midwives

A Maternity Service for the Future
- Having a Clear Vision for the Service
- Having a National Presence
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Consultant Midwifery Practice


Consultant Midwifery Practice


Consultant Midwifery Practice


Reflexivity


Case Study


Case Study


Case Study


