

PROPOSED STSM REPORT

Date of STSM: 09 November 2015-13 November 2015

Host: University of Central Lancashire, School of Health, Research in Childbirth and Health Unit of UCLAN, Preston, UK

Chief Investigator: Prof. Dr. Soo Downe

Co-Investigator: Assoc. Prof. Dr. Ayşe Gürol

THE SUPPORTIVE ROLE OF A MIDWIFE IN THE MOTHER-INFANT ATTACHMENT: CROSS-CULTURAL COMPARISON BETWEEN TURKEY AND UK.

ABSTRACT

This report is about the supportive role of the midwife in the mother infant attachment. The aim of this Short Term Scientific Mission (STSM) was to explore the attachment and to compare the midwife's roles in the mother-infant attachment and how antenatal care is provided for women within Maternity unit. The second aim was to plan a new study with the researchers in ReaCH of UCLAN cluster for participating in the international research projects. The longer-term impact will be an improvement in maternity care provision and the health of mothers and their children in Turkey.

I observed antenatal care in the maternity units. Antenatal care is the most common routine medical activity. Regular antenatal care is important for establishing good relations between the pregnant women and their babies.

INTRODUCTION

Antenatal care is a preventive strategy, which aims to reduce pregnancy-related adverse outcomes (Thomson et al. 2013). Antenatal care is perhaps the most common routine medical activity (Villar et al. 2001). Together with other functions and services, antenatal care has long been considered a basic component of any reproductive health care programme, and all around the world different models of it have been put into practice. Each of these is a result of contributing factors of sociocultural, historical and traditional nature, others related to the economy of the country, to the human and financial resources of the specific health system involved, at times to the economic convenience of the providers wherever private practice has stepped in (Zanconato et al. 2006).

Observational studies have consistently shown that groups having more antenatal-care visits have lower maternal, fetal, and neonatal morbidity and mortality than those who have fewer antenatal-care visits (Carroli et al. 2001, Magadi et al. 2000). Regular antenatal care is important for identifying women at increased risk of adverse pregnancy outcomes and for establishing good relations between the women and their health care providers. The type and quality of antenatal care that women receive is important (Magadi et al. 2000, Villar et al. 2001).

High quality care encompasses midwifery-led care for normal pregnancy, birth and the postnatal period. All women need midwifery care at every stage. The midwife helps women make decisions based on their clinical need, values and preferences on the research evidence. In both the short term and the long term, pregnancy and early years have a decisive impact on the health and well-being of mothers, children and families.

The midwife thus has a vital part to play not only in helping to ensure the health of mother and baby, but in their future health and well-being and that of society as a whole. We know that the health of mothers is critical to the development of their children both before and after

birth. Antenatal care to improve long-term outcomes for children. Interventions to improve a child's health and life chances are needed from the very beginning of life. These include emotional support, and support for physiological processes. Adverse ante and postnatal experiences may have a profound effect on the course of health and development over a lifetime.

Attachment with a baby during pregnancy refers to a process through which a pregnant woman experiences feelings and emotions for her fetus, interacts with her fetus and develops a maternal identity during pregnancy. A secure attachment between mother and baby will provide a good foundation for physical health, emotional security and relationships in later life. If mother attached your baby, mother good success breastfeeding.

This work showed different organizational models for antenatal care provision and identified some issues that could be implemented in the structure and organization of public antenatal care systems in the Turkish Health System. Involvement in COST Action IS1405 and participation in WG3 permitted the investigator to visit-to-visit maternity unit and learn about the organization and outcomes from these innovations. Working group's aim is socio-cultural phenomenon that contextualize labour and birth, including the effects of dissonance between dominant cultural social expectations and those of marginalized groups.

METHODS

This observational study was carried out in the maternity unit, Royal Preston Hospital.

Work Plan of STSM week:

Summary of work carried out during STSM in the Host Institution:

Monday 9thNovember

AM: Meeting with Marie-Claire and talk with Prof. Soo Downe by phone. I worked in Marie-Claire's office.

PM: Meeting with researchers and main staff members (Dr. Nicola Crossland, Dr. Gill Thomson, and Kenny Finlayson) at ReaCH cluster unit of the university.

Tuesday 10thNovember

AM: Working independently and with staff of ReaCH

PM: ReaCH unit. Meet some of the research and academic team

Wednesday 11thNovember

AM: Visit to maternity unit of Royal Preston Hospital to meet Clare who was staff members the hospital.

PM: Meeting with Prof. Soo and midwives to discuss provision and culture of antenatal care in office at university.

Thursday 12thNovember

AM: Meeting with Prof. Fiona Dykes in her office at university.

PM: Working independently and with staff of ReaCH.

Friday 13thNovember

AM: Meeting with Prof. Soo Downe to discuss future works and Horizon 2020.

PM: Working independently and with staff of ReaCH

RESULTS

The work during this STSM was focused on identifying relevant aspects of the operational aspects of the day to day organisation of Maternity Unit, and also to gain a deeper understanding of health professionals' experiences and opinions of working in these settings.

The status of midwifery in the UK is the envy of many countries. In the UK's maternity service usually the midwife is central to high quality antenatal care, and the principle that 'all women need a midwife and some need a doctor too' is widely accepted. But in Turkey, this isn't accepted. In the Turkey, ninety-seven percent of mothers received antenatal care during the pregnancy preceding their most recent birth in the five years preceding the survey, with 95 percent receiving care from a doctor. Overall, 95 percent of women made an antenatal care visit before the sixth month of pregnancy, and 89 percent of the woman made more than four visits. In Turkey, 97 percent of all births were delivered at a health facility. The proportion of all births delivered with the assistance of a doctor or trained health personnel are 97 percent. Ninety-four percent of women reported that they had a postnatal checkup and the majority of postnatal care was provided by a doctor (70 percent). In Turkey, high parity women (four births or more), women living in rural areas and in the East region and the women with no education were more likely to receive no postnatal care (TDHS 2013).

DISCUSSION

Almost all women in western countries receive prenatal care, give birth under the supervision of medically trained personnel and have prompt access to emergency treatment if complications arise. This package of services has contributed to the reduction of maternal and neonatal morbidity and mortality coincident with the improvements seen in all sectors of life. The situation in low-income countries is very different. A substantial proportion of pregnant women in Turkey do not receive antenatal care at present.

Many factors interfere with satisfactory implementation of antenatal care in poor countries: inadequate resources, illiteracy, poverty, cultural and traditional practices. The question is how to re-structure Maternal and Child Health programmes inclusive of prenatal care and make them work in developing countries; how to ensure that women go safely through pregnancy and childbirth, deliver healthy infants and avoid the threat of severe morbidity and death. Evaluating the efficacy of a programme of antenatal care is not at all easy as numerous factors make the task hard to accomplish: a large population is needed to reach conclusive and significant results; two target populations, mothers and babies, have to be considered; antenatal care is a complex intervention, depending on overall quality of care and socio-economic context (Zanconato et al. 2006). So we all need to be clear about our vision of midwifery, and what needs to happen to achieve it. Our challenge is to determine how we can provide high quality care now and in the future. What service models and structures should we use, what should our workforce look like, how will midwives be trained and developed, and how can our workplaces create cultures where high quality is achieved?

National and international standards emphasize the importance of midwifery leadership of midwifery education. Midwife teachers should be qualified teachers and have ready access to research funding and opportunities for further study, including at doctorate and post-doctorate level and clinical/academic career pathways developed.

Future collaboration with host institute

Collaboration between Department of Health and the Research in Childbirth and Health Unit of UCLAN will be explored.

Future Publications

We plan to write new study for submission to a peer review journal, new project for Horizon 2020-Marie Curie Individual Fellowship to The Scientific and Technological Research

Council of Turkey (TUBITAK). Thank you to COST for providing the opportunity and funding to bring this post-doctoral research one step further.

Special thanks to the Research in Childbirth and Health group's Researchers and the Maternal and Infant Nutrition and Nurture Unit group's Researchers and Midwife Clare and Tracey Cooper who staff members their maternity unit at Royal Preston Hospital. Particular thanks to Professor Soo Downe for their ongoing support and guidance.

Confirmation by the Host Institution of the successful execution of the STSM

This is to confirm the visit of Associate Professor Ayse Gürol to UCLan between 9th and 13th November 2015. The visits and meetings took place as listed above. It was a pleasure to host Assoc Prof Gürol, and there is now the potential for future links and research projects between her team and both groups at UCLan (the Maternal Infant Nurture and Nutrition (MaINN) group, led by Prof Fiona Dykes, and the ReaCH (Research in Childbirth and Health) group, led by Prof Soo Downe. We look forward to such work.

Signed:

Date: 20th November 2015



S M Downe
Professor of Midwifery Studies
UCLan

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