

# Short Term Scientific Mission (STSM) Report

## The socio-cultural context of midwifery in the Czech Republic



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## **Purpose of the STSM**

Maternity care in Central-Eastern Europe has received increased attention since the former political system has affected both health care and educational systems. This has resulted in three common issues across these countries, namely; academic education, quality and competence of practice and the regulation of maternity care (Mivšek et.al 2016). More specifically, the quality of care within the Czech Republic as an example has been the focus of recent discussions, in which it has been described as over-medicalised and disrespectful by women (Hrešanová 2014).

For this reason, the aim of this STSM was to gain further insight into the socio-cultural context of maternity care in the Czech Republic. Specific objectives were:

1. To develop a deeper understanding of the socio-cultural context of maternity care and the midwife's role in the provision of care for women in the Czech Republic
2. To discuss and plan ethically approved research with student midwives and midwifery educators within the University of West Bohemia, in Plzen, Czech Republic

This STSM was focused on exploring the relationship between education and practice of midwifery, as preparation for the intended outcome of undertaking research with student midwives in the first instance. A focus of our discussions during the visit also considered extending this work to explore the dimension of practice with midwives and with women at a future date.

In order to explore values and the nature of maternity care, student midwives provide a useful lens from which to explore issues (Church & Ekberg 2013). Student midwives are in a particularly vulnerable situation since the way in which they incorporate their cultural values, beliefs and attitudes within their knowledge and practice of midwifery, may be challenged by the practice environment; how the process of socialisation can influence their individual philosophy and determine how they practice in the future. Exploring the socio-cultural aspects of maternity care provision from their perspective therefore can form the basis for understanding how midwifery operates and reveals the role and contribution of women as consumers and partners in care.

This report will begin with an overview of the work carried out during the STSM, followed by a discussion and analysis of the issues which emerged. Lastly, the report will conclude with a discussion of the development of future collaborative activities.

## **Description of work carried out during the STSM**

A detailed timetable of activities (Table 1) was arranged in order to achieve the aim and objectives of the STSM.

<b>Table 1: STSM Timetable of visits and meetings</b>		
<b>Day 1</b>	<b>Sunday 3<sup>rd</sup> April</b>	<u>PM</u> Arrival: Meeting with Dr Ema Hrešanová
<b>Day 2</b>	<b>Monday 4<sup>th</sup> April</b>	<u>AM</u> Visited Department of Nursing and Midwifery with Dr Ema Hrešanová Meeting with Dr Katerina Ratislavova, PhD. And Eva Lorenzová from the Department of nursing and midwifery, Faculty of Health Sciences. Tour of Department  <u>PM</u> Meeting with Dr Ema Hrešanová, Department of Sociology, University of West Bohemia Discussed the development of research proposal.
<b>Day 3</b>	<b>Tuesday 5<sup>th</sup> April</b>	<u>AM</u> Meeting with Dr Ema Hrešanová Department of Sociology University of West Bohemia in Plzen  <u>PM</u> Hospital visit University Hospital Plzen with Eva Lorenzová and Dr Alena Pařízková, Department of Sociology, University of West Bohemia Reflective discussion with Eva Lorenzová and Dr Alena Pařízková
<b>Day 4</b>	<b>Wednesday 6<sup>th</sup> April</b>	<u>AM</u> Development of research proposal. Department of Sociology, University of West Bohemia  <u>PM</u> Culture tour
<b>Day 5</b>	<b>Thursday 7<sup>th</sup> April</b>	<u>AM</u> Development of research proposal  <u>PM</u> Presented lecture at University of Plzen. 'The significance of sociological knowledge for midwives'  Tour of library facilities Meeting with Dr Katerina Ratislavova, PhD. and Eva Lorenzová from the Department of Nursing and Midwifery, Faculty of Health Sciences.
<b>Day 6</b>	<b>Friday 8<sup>th</sup> April</b>	<u>AM</u> Review meetings – review proposal ideas and plan further work.  <u>PM</u> Departure

Discussions with Dr Ema Hrešanová were very enlightening since she has studied women's experiences of childbirth and the maternity services in great detail and has an extensive profile in the Czech Republic. Our discussions considered the position of the midwife and the philosophy of current maternity services. The professionalisation of midwifery was discussed in relation to the registration system and focused on issues of occupational identity. Moreover, any discussion concerning the role and practice of midwives, will also consider their relationship with women. Discussions with Dr Ema Hrešanová, Dr Katerina Ratislavova, Eva Lorenzová and Dr Alena Pařízková, revealed some serious concerns regarding women's lack of access to home birth and to models of midwifery care within the hospital system. Women are able to choose their place of birth but this is restricted to hospital based care. Whilst there is no formal postnatal care provided by the state, mothers are increasingly paying independent midwives to care for them in the postnatal period. However, independent midwives are prohibited from supporting birth at home. Our discussions also focused on Czech birth activists and the Czech natural childbirth movement.

Two specific activities will be discussed in more detail. Firstly the visit to the Department of Nursing and Midwifery with Dr Ema Hrešanová; and secondly, the visit to the University Hospital Plzen with Eva Lorenzová and Dr Alena Pařízková.

### **1. Meeting with Dr Katerina Ratislavova and Eva Lorenzová Department of Nursing and Midwifery, Faculty of Health Sciences, University of West Bohemia in Plzen**

During this visit we discussed the provision of midwifery education. The Department offers a 3 year full time Bachelor degree in midwifery with an annual intake of 20 students. The Department has been part of the Faculty of Health Care Studies since the 2008/2009 academic year. The curriculum and the practice placements were designed to enable students to apply theory to practice. Both Katerina and Eva were advocates of normal birth but were aware that students' experience of normality was limited in practice due to the emphasis on medicalisation and the use of intervention. Students gained practice experience in four hospitals around Plzen, although it appeared that students stayed in one location for the whole of the programme. During their placements, lecturers would undertake placement visits to monitor the students' experience and progression in achieving clinical skills and completion of practice requirements. Students were very proactive in extending their experience of normal midwifery. Utilising the Erasmus scheme, students travelled to neighbouring Germany or Austria to work in birth centres.



**From left to right: Eva Lorenzová, Dr Katerina Ratislavova, (Department of Nursing and midwifery, Faculty of Health Sciences); Dr Sarah Church and Dr Ema Hrešanová**

Both theoretical and clinical skills teaching was undertaken in the same room, which was well stocked with teaching aids, although as both Katerina and Eva commented, the equipment was dated and there was a need for more investment in teaching resources.

## Educational facilities and resources



## 2. Visit to the University Hospital Plzen with Eva Lorenzová and Dr Alena Pařízková

The maternity unit provides antenatal care for high risk women and also provides critical care for women following Caesarean section before transfer to the postnatal ward. Currently they have 3,526 births annually.



**Dr Sarah Church and Dr Alena Pařízková**



**Dr Sarah Church and Eva Lorenzová**

The environment was very spacious with large wide corridors; parenting posters were attached to walls near the entrance to wards. Members of staff were very welcoming and took us around the delivery suite, postnatal ward and the critical care area.

The delivery suite included a central cardiotocographic monitoring system, which enabled midwives and obstetricians to monitor the fetal heart rate from every room in one central area. The level of monitoring also included the observation of women from each room via a camera which was situated in the corner of every delivery room. This was considered to be a useful system since the unit was staffed with four midwives every shift with no support staff.

The delivery room as pictured below, was large and airy; a clinical environment in which emergency equipment such as a resuscitaire was prominent. Whilst a delivery or birthing bed was a central focus, a square flat bed was also present and described as a place where women in early labour could use supported by their partners. The room also included a birthing pool which was said to be used by women. Birthing balls were also available in the room. Each room had ensuite facilities.



1. Birthing bed

2. Resuscitaire

3. Flat bed

4. Birthing pool

## Findings of the STSM

During this STSM the socio-cultural context of maternity care was explored through visits and discussions, as a means of gaining further insight in order to prepare a research proposal. Four key findings have emerged and are summarised below:

1. The maternity services within the Czech Republic are based on a medicalised and paternalistic system where Obstetricians maintain power and control over maternity care.
2. Whilst midwives are educated to degree level, they lack the professional identity afforded to midwives elsewhere to develop as an autonomous profession and as a result midwives lack political voice.
3. Due to the medicalised maternity environment and the limited autonomy of midwives, student midwives have little opportunity to engage with the practice of normal midwifery in hospitals.
4. Women have limited political power and lack voice as consumers to influence maternity policy, in spite of actions to strengthen the role of midwives.

## Discussion

The power and control that Obstetricians hold is a legacy of the old political system; challenging the patriarchal approach to maternity care in the Czech Republic will be a gradual process. Since midwives have limited power to oppose or challenge the policies and practice of obstetricians, it is worth considering the issues which may strengthen the position of midwives and as a result reinforce their role as advocates for women in their care. Many of the key issues raised during the STSM surround the occupational identity of midwives and are bound within the historic and political nature of healthcare.

1. Occupational identity begins with the meanings ascribed to the word midwife. In the UK the word midwife means 'with woman' and reflects woman-centred care and the partnership approach between midwife and mother. Likewise, in the Netherlands, the word midwife means 'wise woman,' whereas the word midwife as a Czech term '*porodni asistentka*' has the literal meaning of birth assistant, which goes some way to reflect how midwives engage with their role as obstetric nurses within the patriarchal system. Hrešanová (2007) suggests that there is another term in the Czech language called '*porodni bába*' or 'birth grandma' which reflects a closer relationship with the meanings used in the UK and the Netherlands, which reflects the ideal identity some midwives aspire to in the Czech Republic.

2. Whilst the education of midwives has been established at pre-registration level since 2008-2009 the provision of masters and doctoral programmes is variable. Institutional support for the development of postgraduate programmes should be prioritised, together with the increase in the financial support for pre-registration teaching facilities and resources. The lack of research education and research positions for midwives both in academia and practice, maintains the educational standard of midwives below that of their medical counterparts.

3. The lack of a framework for the regulation of midwives reflects the limited attention on midwives' continuing professional development and the significance placed on keeping midwifery knowledge and skills up to date. Midwives register to practice with the National Centre of Health Professionals (Registry Centre), for a 10 year period before they are required to re-register. During this period they are required to achieve 40 credits of professional development. This system does not appear to observe the movement of midwives across employers, neither does it monitor and regulate the practice of midwives in the same as the Nursing and Midwifery Council (NMC) does through the 'fitness to practice' process. Whilst this system may also have its limitations, regulation does promote the emphasis on quality of care and the professional behaviour of midwives.

4. To promote occupational identity, a profession requires a political voice and representation to be heard as a legitimate partner within healthcare. Within the Czech Republic, midwives can be represented by one of four associations, leading to fragmentation of the midwifery voice.

5. The socialisation of student midwives is a concern for the future development of an autonomous profession and the confidence and competence of midwives in normal midwifery care. Mivšek et.al (2016:45) write that the development of pre-registration midwifery education has resulted in midwife

teachers being involved in education where 'they can present evidence-based knowledge and skills which will help students gain professional identity in accordance with modern philosophy.' However, they remind us that '... the practical part of the education, bound to existing health-care systems still present a big challenge...' This reflects the dichotomy between the theory and practice of midwifery and as a result it imposes a limitation on the development of woman-centred services in the future.

6. Discussion around the use of intervention in hospital birth has resulted in women requesting home birth. However, the impact of the case *Dubská v Czech Republic* must be considered as a significant setback for midwives and women's autonomy around birth. The European Court of Human Rights in 2014 judged that Czech legislation prohibiting midwives from attending home births did not interfere with women's right to private life. Prochaska (2014) writes;

'...the *Dubská* judgment represents a regressive step in protection for women's autonomy. The Court appeared to believe that it was safeguarding the safety of mothers and babies. The decision will achieve quite the reverse. Prohibiting midwives from attending women at home poses a grave threat to the health and well-being of women and babies.'

It is unfortunate that media reporting of high profile cases such as Ivana Königsmarková (Independent midwife) for example, appears to strengthen the arguments for obstetric care in view of the possible negative consequences for mother and baby; and ignores as a result, the long term effects of unnecessary intervention in labour and at birth, on the health and wellbeing of the mother and her baby.

### **Future Collaborations**

The findings of this STSM have presented an insight into the issues which relate to the role and position of midwives and the structure and organisation of maternity care; all of which provide a firm foundation for further collaborative work.

This STSM has established that further research with student midwives is long overdue and is a matter of urgency. This work directly reflects the aim of working group 3 within the current COST action and will greatly enhance our understanding of student's experiences of the socio-cultural context of midwifery care in the Czech Republic. Furthermore, this research study will act to promote how students feel about maternity services and will stimulate further discussion amongst midwives about the current provision of midwifery care and the role of the midwife. Having agreed an aim and research question, with a broad methodological approach, we are currently exploring the possibility of a staged approach in which we can incorporate interviews with midwives and mothers in addition to student midwives.

A full research proposal is being developed in collaboration with Dr Ema Hrešanová and will be submitted for ethical approval at London South Bank University. Specific institutional approval will also be sought from the University of West Bohemia. Funding is now being explored to support the research study.

## **Acknowledgments**

I would like to send my sincere thanks to Dr Ema Hrešanová for supporting my visit, for her hospitality and friendship, and for organising such an interesting week of visits and meetings. I would also like to thank Dr Alena Pařízková, Dr Katerina Ratislavova and Eva Lorenzová for all the interesting and stimulating discussions. I have had a truly insightful visit.

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COST BIRTH, Action IS1405  
STSM Committee  
Olga Gouni

23<sup>rd</sup> April 2016, Prague, the Czech Republic.

To whom it may concern.

I hereby confirm that Dr Sarah Church from the London South Bank University, United Kingdom, visited my institution in April 2016.

Her STSM grant allowed us to work together and take steps in preparing a research proposal investigating core values and cultural aspects of the midwifery education in the Czech Republic.

During her visit DR Church participated in several meetings with local scholars and students, and visited a university maternity hospital. She also gave a lecture on the sociology of midwifery.

We are grateful that thanks to this STSM grant Dr Sarah church could make this visit and engage in enriching exchange of knowledge and experience with local scholars and midwives.

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