

STSM REPORT

Date of STSM: 17-21 July 2017

Host: Prof Soo Downe, University of Central Lancashire, United Kingdom

Chief Investigator: Stella Villarrea, University of Alcalá, Spain

Co-Investigators: Kenny Fynlaison, Carol Kingdon, Gill Thomson

TRAINING IN QUALITATIVE RESEARCH METHODOLOGY AND ANALYTICAL FRAMEWORK

ABSTRACT

State main objectives. What did I investigate? Why?

At The School of Midwifery-UCLan I have been in touch with transdisciplinary initiatives in maternity services in the UK. The Short Term Scientific Mission (STSM) has helped me train in current initiatives in maternity care, and in translation of core philosophical concepts into research on birth and publications or other outputs accessible to practitioners.

I was aware that the success of my current research on 'Values in Obstetric Controversies: from Epistemology to Practices (VOICES)' crucially depends on interdisciplinary competence. As yet, I had not formally trained in particular techniques of social sciences with individuals and organisations working on different aspects of midwifery and maternal child care around the world. In this sense, the STSM has constituted a remarkable opportunity for acquiring needed intersectoral knowledge and skills in those fields.

Describe methods. What did I do?

The STSM, under Prof. Soo Downe's supervision, has enabled me to take my research work forward through introductory training in social science methods. In particular, the action has helped me gain a better understanding, albeit initially as a pilot, on needed techniques in relation to the two main steps in qualitative research methodology:

- Collecting data: e.g., how to collect data in discussion groups and focus groups; the pros and cons of interviews; the advantage of using already existing qualitative data; or the virtues of designing an original method such as watching specialised tv programmes to withdraw data on birth debates.

- Analysing data: e.g., how to analyse data by using a model of framework analysis; how to develop first and second order interpretations of data; how to conduct a secondary analysis of literature, that is, how to apply a philosophical lens to already existing reviews and studies on birth debates; how to re-view literature in hermeneutic research, for example, by applying the theory of controversies and the Wittgensteinian approach to knowledge and certainty to interpret already existing data and analysis of data.

The mission has also helped me gain a better knowledge on how to publish in more medically oriented international journals.

INTRODUCTION

What is the core issue?

The issue at stake in my STSM is how to apply a philosophical lens to debates on birth. According to the epistemic theory of controversies (Dascal, 1985, 2011), debates can be classified in discussions, disputes, and controversies. According to the Wittgensteinian approach to knowledge and certainty, there is a line between what knowledge statements aim at (to describe the world of facts) and what interpretation statements serve for (to interpret the worldview which lies at the bottom of any description of facts). The relation between the two approaches --the theory of controversies and the Wittgensteinian approach to knowledge and certainty-- is their common understanding on how conceptual innovation happens. How do notions which exist within a framework of reference, a network of meanings and the practical inferences already associated with them, come to acquire a new use? Their shared answer is that conceptual innovation is produced in linguistic-epistemic practices, in other words, the change in the patterns of meaning occurs within the social practices. If we apply this approach to the debates on maternal system reform, we will extend the current understanding of what is needed to promote reform.

Why is it important?

The importance of my research is to achieve a classification on contemporary main debates around birth that shows which of them qualify as discussions, disputes or controversies. Such a classification could be helpful to understand how conceptual change is, according to the Wittgensteinian approach, promoted, in general, and can take place within maternal health systems, in particular. To that aim it is necessary:

- (1) to count on high quality descriptions of the concrete debates on concrete topics in the field (updated meta-syntheses or meta-analyses of, for example, unneeded caesarean sections, maternal requested c-sections, traumatic births, etc.),
- (2) to populate the philosophical theories at hand with the collected data and analysis, and
- (3) to figure out interesting ways to draw on the philosophical tools to interpret the current situation as presented in the reviews and studies lately published. Maternal health reform can be thus facilitated if we are able to build better bridges between what the women, health practitioners and managers say, ask or are concerned with, and what those sayings, requests or concerns show of the view(s) of the world and human beings that lie underneath.

Which is my hypothesis?

My hypothesis is that most current obstetric debates should be seen as controversies, in the following technical sense: they reflect deep disagreements as to factual, methodological, or conceptual matters. Examples of obstetric controversies are whether, when, or why particular medical interventions (caesarean rates, use of analgesia or anaesthesia, episiotomies, vaginal examinations after 37 weeks, prohibition of partners from operating theatres, etc.) are necessary, good, respectful, or any such contested values).

METHODS

Briefly explain the general type of scientific procedure you used.

I have used the general type of scientific procedure that is common in philosophy and the humanities, i.e., reading, writing, thinking, and talking on different ideas to build bits of arguments that either add, nuance, or change my previous views on the topic.

I have watched documentaries to gather data that could be later be analysed.

I have learnt better, at a very basic level, how qualitative research is conducted in the social sciences.

I have been present at meetings with PhD students and seen how they get introduced and supported in their early stages of their research.

Describe what materials, subjects, equipment, resources, etc. you used.

Computer, library catalogue, research surveys, access to documentaries through the web.

Explain the steps you did: a. the work you carried out during the STSM (order procedures/ actions etc chronologically) and b. provide a summary of the work carried out during the STSM (what you did).

We scheduled the following organisational programme as to allow me to introduce, get to know, and exchange different research approaches and conclusions:

Monday July 17th: Desk allocated, access to computer and library, orientation to the campus, and initial meetings with host and colleagues. Meeting with Soo Downe on content and goals of the stay. Meeting with Marie-Clare Balaam on administrative aspects of the stay. Work on methodological section of funding bid application.

Tuesday July 18th: Meeting with Kenny Finlayson in relation to the work done to translate qualitative evidence into WHO guidelines. Meeting with Soo Downe on methodological aspects of my research. Work on research bid. Access to library catalogue.

Wednesday July 19th: Work on research paper. Meeting with Soo Downe and exchange on philosophy of birth and obstetrics/midwifery controversies and state-of-the-art issues. Watch two episodes of the Channel 4 documentary, 'One born every minute' (<http://www.channel4.com/programmes/one-born-every-minute/on-demand/>).

Thursday July 20th: Work on research bid. Meeting with Carol Kingdon on choice in relation to 'elective' cesarean section in maternity care and her research on caesarean sections for the World Health Organisation. Attendance to a PhD organisational work session with Caron Kingdon. Meeting with Gill Thomson on her research on the phenomenological approach to women's experiences in traumatic births.

Friday July 21st: Write draft of STSM report. Meeting with Soo Downe on methodological aspects of a research bid and state-of-the-art critiques of normal birth. Sign off.

RESULTS

What did you observe?

By following a two-way highway –from conceptual analysis to case analysis and vice versa– I have found new data and conclusions to understand the type of refocalization that has taken place in contemporary obstetric debates. My research incorporates now more results that show that the current polemic around childbirth constitutes a controversy.

DISCUSSION

What do your observations/ findings mean?

To say that the childbirth debate is, in fact, a controversy implies that it is not about scientific-medical aspects only but also about biographical, ethical and socio-political issues that refer to the actual concept of the human being.

What conclusions can you draw (ie patterns, principles, relationships shown, how they relate to expectations or literature or known data? How are you going to use these results in your country? How do the results fit into the broader context? Can you suggest practical applications of them?

To understand the above statement, we need to recognize that classifying the debate around childbirth as a controversy is not merely an epistemic issue, but also a political decision related to the spheres of rationality and normativity. Thus, debates on childbirth are not always and inevitably discussions or disputes. Moreover, we do not want them to be such; for we want them to be a matter of controversy.

This statement raises the following question, which has profound philosophic roots: What are we and what do we wish to be? We address the answer by reflecting on the three epistemic alternatives presented to us: on the one hand, if the debate is considered and treated as a discussion it can be seen and accepted as an internal/scientific debate in which only the opinions of experts are admitted. (Needless to say, pregnant women and mothers are not usually considered real experts on childbirth). On the other hand, if the debate is considered and treated as a dispute, the parties will not feel addressed by the other's point of views. Specifically, it would not be unusual for women who talk of feeling like a 'lump of meat' or a 'slab on a table' —when describing the dehumanizing way in which they were treated during birth and the total lack of acknowledgement of them as humans to be labeled as 'traumatized', 'eccentric', 'sensitive', 'special', 'idealists', 'mystics or childbirth nuts', or similar disparaging terms that appear in the literature and in testimonies on the topic. In short, considering the debate as a dispute could imply delegitimizing one of the parties in their reasons for feeling and reacting in this way; and at best, the whole issue would be seen as a mere question of preferences.

In contrast, by recognizing a debate as a controversy we accept and provoke a shift in the space of rationality, dialogue and arguments. We understand that this space has both a scientific or technical character, and a biographical, cultural, social and political side, and is thus permeated by the collection of elements that constitute a form of life. Finally, we consider that the collaboration in the construction of an argumentative space in which a controversy may arise is an effective way of using critical rationality. Leaving aside the technical stages of discussion and dispute has a number of advantages. By reinforcing the dialogue between the different positions, we facilitate the change and innovation required by many of our shared social

and political practices. The question of how we give birth and how we come into the world is evidently one of the practices in need of attention.

Thus, the primary contribution of a philosophical approach to childbirth with a gender focus is exploring how an issue –namely, care during childbirth– that is initially treated as a mere discussion, can go one step further to be understood as a dispute, before finally achieving the status of being addressed as a controversy.

I had already applied this approach to understand the development of birth models and discussions on childbirth in the Spanish setting. My STSM has helped me to better understand the space and need for reform of the maternal health system in the UK and other international settings.

What future collaborations or/and publications can come out?

I am currently working on a bid research that would allow future collaborations with Soo Downe and her team at UCLan, together with University of Alcalá, and University of Oxford.

Gill Thomson and I have agreed to start building a draft/publication on how to apply Hannah Arendt's approach to describe women's experiences in traumatic births.

In the last week, the opportunity suddenly appeared for Soo Downe and I to work quickly on a draft of a book proposal for an academic publisher. The project is to edit a collective international book on controversies and consensus around childbirth. We will soon hear their first response. Hopefully we are asked to prepare a second and more detailed draft to then go under peer evaluation.

Did you achieve the goal of the STSM as stated in the introduction? Give evidence for each conclusion and if there are unexpected findings discuss possible reasons for that. Group the points you make under headings.

Absolutely yes, I did achieve the goal of the STSM as stated in the introduction and beyond.

Thanks to the warm welcome, useful help, and enriching exchanges with my colleagues at UCLan: Soo Downe, Marie-Clare Balaam, Kenny Fynlaison, Caron Kingdon, Gill Thomson, and Lucía Rodríguez Montesinos (also, Anastasia Topalidou, present even when absent), I was able to:

- ! enjoy a wonderful stay at UCLan
- ! be in touch with transdisciplinary initiatives in maternity services in the UK.
- ! train in current initiatives in maternity care
- ! work in the integration of a philosophical perspective within the maternity services
- ! work in translation of core philosophical concepts into research on birth
- ! work on how to publish or produce outputs accessible to practitioners
- ! introduce in the basics of particular techniques of social sciences with individuals and organisations

- ! acquire needed intersectoral knowledge and skills on different aspects of midwifery and maternal child care around the world
- ! incorporate different organisational ways and procedures in relation to efficient team work and research

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Other resources

- Wax paper (led by obstetricians and published in a medical journal): <http://www.ajog.org/article/S0002-9378%2810%2900671-X/abstract>; see related comments along the side;
- Some media response: <http://www.dailymail.co.uk/femail/article-1304278/Planning-home-birth-Sorry-youre-just-selfish-reckless-A-parenting-expert-mother-threes-deeply-provocative-view.html>; see also the comments under the adverts.
- Roome S¹, Hartz D^{2,3}, Tracy S^{2,4}, Welsh AW^{1,5}, Why such differing stances? A review of position statements on home birth from professional colleges, BJOG. 2016 Feb;123(3):376-82. doi: 10.1111/1471-0528.13594
- Qualitative data analysis: the framework approach in <http://journals.rcni.com/doi/pdfplus/10.7748/nr2011.01.18.2.52.c8284>
- <http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.14666/full>
- <https://plato.stanford.edu/entries/ethics-pregnancy/#Rel>

Other links

Please enjoy this joyful Portuguese production, *Despacito do parto* (Slowly in labour), which I found browsing the web during my STSM stay https://www.youtube.com/watch?v=C_yhKug6gjs&feature=youtu.be

REMEMBER TO SEND

The signed, stamped Confirmation by the Host Institution of the successful implementation of the STSM

Marie Clare Balaam will send it directly to you.

Any pictures associated with your STSM in .jpg form (as attachments)

Sorry, I did none.

Provide 1 or 2 sentences that are the highlights of the STSM results

The warm welcome, useful help, and enriching exchanges with my colleagues at UCLan have given me an extra good motivation and many great ideas to pursue my research on the philosophy of childbirth!

Preston-Oxford, 20th July 2017



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