BİNGÖL ÜNİVERSİTESİ

BÜSAD 2024; 5(2): 261-270 **BİNGÖL ÜNİVERSİTESİ SAĞLIK DERGİSİ** **Araştırma Makalesi**
BUHJ 2024; 5(2): 261-270 **BİNGÖL UNIVERSITY HEALTH JOURNAL** Original Article
DOI: 10.58605/bingolsaglik.1487944

Opinions of Health Professionals about the Management of Vaginal Deliveries: A Qualitative Research

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MAKALE BİLGİSİ

Received : 01.06.2024
Accepted : 16.07.2024

Keywords
Information, midwife, practice, qualitative research, vaginal delivery

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ÖZ

The research aimed to identify the opinions of health professionals working in the field of obstetrics about the management of vaginal deliveries. The research was carried out with 18 health professionals having active duties in vaginal deliveries at a state university hospital in western Turkey. The maximum variation sampling method, one of the purposive sampling methods, was used. They were analyzed through the thematic analysis method. Three main themes were identified. (I) opinions of midwives about the management of vaginal deliveries, (II) opinions of nurses about the management of vaginal deliveries and (III) opinions of doctors about the management of vaginal deliveries. The participants stated that they overall viewed themselves as a significant activist in the responsibility for vaginal delivery, and midwives could carry out vaginal deliveries due to the workload and the fact that the pregnant women were followed up by midwives. Midwives and nurses emphasized that delivery was not only a medical action but also brought significant responsibilities requiring active care in pregnancy, delivery and the postpartum. It is necessary that active studies should be planned on matter of the fact that especially the midwives in university hospitals could carry out their independent duties and increase their responsibilities for vaginal deliveries as a part of a team.

Doğum Alanında Çalışan Sağlık Profesyonellerinin Vajinal Doğumların Yönetilmesine İlişkin Düşüncelerinin Belirlenmesi: Nitel Bir Araştırma

ARTICLE INFO

Geliş: 01.06.2024
Kabul: 16.07.2024

Anahtar Kelimeler
Bilgi, ebe, nitel araştırma, pratik, vajinal doğum

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ABSTRACT

Araştırma, jinekoloji alanında çalışan sağlık profesyonellerinin vajinal doğumların yönetimine ilişkin görüşlerini belirlemek amacıyla yapılmıştır. Araştırma, Türkiye'nin batısında bir devlet üniversite hastanesinde vajinal doğumda aktif görev alan 18 sağlık çalışanı ile gerçekleştirilmiştir. Amaçlı örnekleme yöntemlerinden maksimum çeşitlilik örnekleme yöntemi kullanılmıştır. Tematik analiz yöntemi ile analiz edilmiştir. Üç ana tema belirlenmiştir. (I) Vajinal doğumların yönetimine ilişkin ebelerin görüşleri, (II) Vajinal doğumların yönetimine ilişkin hemşirelerin görüşleri ve (III) Vajinal doğumların yönetimine ilişkin doktorların görüşleri. Katılımcılar vajinal doğum sorumluluğu konusunda genel olarak kendilerini önemli bir aktivist olarak görmüş ve ebelerin iş yoğunluğuna rağmen gebelerin ebeler tarafından takip edilmesi sayesinde vajinal doğum yaptırabildiklerini belirtmişlerdir. Ebe ve hemşireler doğumun sadece tıbbi bir eylem olmadığını, gebelik, doğum ve doğum sonrası dönemde aktif bakım gerektiren önemli sorumluluklar getirdiğini vurgulamışlardır. Özellikle üniversite hastanelerinde ebelerin bir ekibin parçası olarak vajinal doğumlarda görevlerini bağımsız olarak yerine getirebilmeleri ve sorumluluklarını artırabilmeleri konusunda aktif çalışmaların planlanması gerekmektedir.

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INTRODUCTION

The environment and people that support delivery can affect the delivery process besides the factors which start or influence delivery (1,2). When the act of delivery is viewed from past to present, it is known that the people who take active roles in delivery are midwives and doctors (1,3). In the studies, it was stated that the deliveries which were carried out under the guidance of midwives were quite safe, there was an increase in vaginal deliveries after cesarean delivery. After these deliveries, the possibility of fear of delivery and cesarean were low, and there was more delivery satisfaction (4-8). The protocols for managing vaginal deliveries vary from country to country and even in the same country. This situation causes differences in the type of delivery and delivery results (2,8,9). On the other hand, the interventions which increase with the influence of medicalization (blood transfusion, forceps, vacuum, episiotomy etc.) in vaginal deliveries are started to use (1,10,11). Decisions on deliveries are made by obstetricians dominantly in the hierarchy of hospitals universally (8,12). Doctors in Turkey have a tendency to use elective cesarean due to economic and medical malpractice concerns as well as the doctors throughout the world (11,13). This can make the delivery decision difficult for mother candidates besides nurses and midwives (8,12). Betrán et al. (13) stated that positive experiences could be emerged in vaginal deliveries by increasing training opportunities for medical staff who take responsibility for vaginal deliveries and decreasing the fear of cases about legal issues and the economic advantages of cesarean operations. In addition, health professionals can present different views and attitudes about the management of deliveries, although the advantages of deliveries carried out under the guidance of midwives have been mentioned in the literature (10-12). It was identified that a great majority of the experts who had a part in vaginal deliveries in Turkey were doctors and nurses, and midwives had a lower rate (14). Midwives especially have had a more active role in improving maternal and child health due to the health transformation policy in Turkey since 2003 (15,16). However, the rate of cesarean is not at the desired level in Turkey (14). Additionally, the Ministry of Health took a step, and brought forward that the deliveries should be carried out by midwives, and the necessary procedures were planned for this. This caused several differences of opinion among health professionals in Turkey as well as throughout the world. Identification of opinions, experiences and expectations of health professionals working in the field of delivery can be crucial in uncovering the current problems. Therefore, the current study can provide the decision-makers and policy-makers with awareness about the problems related to the delivery environment and their solution. In the light of this information, the aim of this study was to discover the opinions of health professionals working in the field of delivery about the management of vaginal deliveries.

METHOD

The research was carried out between March 1, 2020-September 1, 2020. Research institution permission was obtained before the pandemic started, and the pandemic period did not disrupt the data collection process. The Very collection process was completed before the active pandemic period began. It was done at a gynecology and obstetrics clinic of a state university hospital. COREQ was used while reporting this qualitative research (17).

Participants

Purposive sampling method was used in this qualitative research. The health professionals with different branches, work experience and work units were interviewed to ensure diversity in the sample. Doctors, midwives and nurses, who had an active role in vaginal deliveries at a state university hospital in western Turkey and were willing to participate in the study, were included in the research. The number of participants increased until the data saturation emerged (Table 1).

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Tablo 1. Descriptive features of health professionals

Code	Age	Education	Year of profession	Year of working in the unit	Duty
Mid1	35	Master	10 years/ 4 months	5 years/ 4 months	Neonatal care+Assisting the delivery+Intrapartum-Postpartum follow up
Dr2	31	Speaciality	2 years/ 8 months	1 year/ 7 ay	Deliver+Policlinic+Clinic
Dr3	30	Speaciality	4 years/ the eklenmeli2 months	4 years / 2 months	Deliver+Policlinic+Clinic
Dr4	25	Master	1 year / 6 months	1 year / 6 months	Deliver+Policlinic+Clinic
Mid5	30	Undergraduate	6 years/ 7 months	6 years / 7 months	Neonatal care + Assisting the delivery +postpartum care
Dr.6	35	Speaciality	9 years	2 years	Deliver+Policlinic+Clinic
Nur7	26	Associate degree	7 years	7 years	Neonatal care + Intrapartum-Postpartum follow up
Nur8	44	Undergraduate	23 years / 7 months	23 years / 7 months	Neonatal care
Mid9	43	Undergraduate	22 years / 11 months	3 years /11 months	Neonatal care +Intrapartum-Postpartum follow up
Dr10	29	Speaciality	5 years	2 years / 6 months	Deliver+Policlinic+Clinic
Nur11	29	Undergraduate	7 years / 4 months	7 years /4 months	Treatment + Neonatal care
Nur12	26	Undergraduate	3 years / 4 months	3 years / 4 months	Neonatal care
Mid13	28	Undergraduate	5 years / 5 months	5 years / 5 months	Neonatal care + Pregnant/Postpartum follow up
Dr14	29	Speaciality	3 years / 9 months	6 months	Deliver+Policlinic+Clinic +Neonatal care
Dr15	29	Speaciality	2 years / 10 months	2 years / 10 months	Deliver+Policlinic+Clinic+ Deliver
Mid16	32	Undergraduate	8 years	8 years	Neonatal care + Assisting the delivery +Intrapartum-postpartum care
Nur17	30	Undergraduate	8 years/ 2 months	3 years / 3 months	Neonatal care+Assisting the delivery
Dr18	29	Speaciality	1 years / 7 months	1 year /7 months	Delivery room+Polyclinic services

Mid: Midwife, Dr: Doctor, Nur: Nurse, NICU: Neonatal Intensive Care Unit

Data Collection Tools

A sociodemographic information form and a structured interview form were used in data collection. The structured information form had 5 questions. It was prepared by the researchers in line with the related literature to identify the opinions of doctors, midwives and nurses on the management of vaginal delivery (5-8,16). Opinions of two academicians who were experienced in qualitative research were gained to ensure the content validity of this form and the necessary corrections were made to the form. Additionally, a pilot study was done. Any changes were not made in the data collection tools. The health professionals joining the pilot study were included in the research sample.

Data Collection

The health professionals suitable for sample features were invited to the research. All the participants were informed about the research, and their oral and written consents were received. The focus group interviews were carried out by the first woman author who had a doctoral degree and an expert in qualitative research. A face-to-face in-depth interview was conducted with each participant and the interviews were recorded. Additional notes were taken during the interviews. An isolated room, prepared in the gynecology and obstetrics clinic before, was preferred for the interviews. The interviewer and participants were alone during each interview. Short notes were taken during the interviews to help in the coding stage. Questions like 'Do you mean this?' and 'Should I understand this from your words?' were asked to deepen the interviews in order to increase the research validity. Each interview took around 30-45 minutes. The records were documented through transcription. Categorical coding was done evenhandedly by the researchers on the texts which were documented. The documented data were evaluated by three researchers independently. The themes and sub-themes emerged after the categorical coding process. Following this process, the research team reviewed and finalized the themes and sub-themes through discussion. Inter-coder consistency was calculated for reliability and found to be 0.79.

Data Analysis

The data analysis method used in this study is thematic analysis. Open coding and decoding were done in the data. Themes and sub-themes were formed after coding the deciphered data (17,18).

Ethical Dimension of the Research

Approval was received from the Non-invasive Clinical Research Ethics Committee of the hospital where the research was carried (Number: 92340882-050.04.04). The researchers held to the Helsinki Declaration. The participants signed the consent form.

Limitations of the Study

When this study is repeated in different focus groups, different views may emerge. It does not have the generalization feature by the nature of qualitative studies.

Acknowledgments

We would like to thank the academicians whose scientific opinions we received in this study.

RESULTS AND DISCUSSION

Three main themes were identified about the management of vaginal deliveries.

Theme-1: Opinions of midwives regarding vaginal deliveries: Midwives emphasized the roles and responsibilities of them in the management of vaginal deliveries. The midwife participants stated that forming a team was important in a delivery. They agreed that they could not apply most of their knowledge and skills in practice and stayed away from their professional

identities. They expressed that they gave care in line with the decisions of doctors during deliveries. The majority of them stated that midwives who followed the pregnant women closely in terms of follow-up and control during deliveries could put the delivery into practice. Few midwives made solution-oriented suggestions regarding the management of vaginal deliveries.

'All of the decisions are made by the doctors and actions are done in line with the requests and rules identified by the doctors.' (Mid_1)

'I think that midwives are more active in the act of delivery in which they are equipped. Midwives can perform quality deliveries when they are supported with institutional seminars in terms of possible complications.' (Mid_5)

'I support the policy of the Ministry of Health. In my opinion, the responsibility for vaginal deliveries should be given to midwives. I think it is suitable that a midwife, who is trained and have a grasp of vaginal delivery, can manage the delivery of a pregnant woman.' (Mid_13)

'Delivery rooms should have a specific team as a separate unit, and the responsibility of each unit should be given to midwives.' (Mid_16)

'I support that the Ministry of Health has given midwives the responsibility of vaginal deliveries. I think it is more advantageous that doctors and midwives manage deliveries together.' (Mid_9)

Midwives mentioned that giving them the responsibility of vagina deliveries could increase the rate of vaginal delivery and positive labor experience.

'I think that midwives can manage the activity of delivery. I believe that there will be more quality deliveries if opportunities are increased.' (Mid_5)

'Increasing the effectivity of prenatal care and training and using these practices during deliveries will enhance the rate of vaginal delivery.' (Mid_1)

'Therefore, a confidential relationship can be maintained between the pregnant woman and midwife. There will be more trained pregnant women in the prenatal training classes.' (Mid_16)

Theme-2: *Opinions of nurses regarding vaginal deliveries:* Nurses stated that the management of vaginal deliveries was a teamwork. They confirmed that the only group who were advantageous in the management of vaginal deliveries in terms of control, taking responsibility and decision making were doctors in a similar way to the statements of midwives. Some nurses made solution-oriented suggestions about the management of vaginal deliveries. They expressed that they had similar responsibilities in the management of vaginal deliveries. Most of them provided expressions which supported midwives.

'Deliveries are carried out in line with the directions of resident physicians and their instructors. Midwives should take roles in deliveries actively; however, they should be supported with comprehensive trainings, and legal responsibilities should be regulated accordingly.' (Nur_7)

'I support the policy of the Ministry of Health regarding giving midwives the responsibility of deliveries. Midwives and resident physicians can carry out a delivery together in the university hospital. They should consult the standby doctor if a problem emerges.' (Nur_8)

'Midwives should train the pregnant women about delivery. They are in a position where they can always accompany and support the pregnant woman during the act of delivery. In my opinion, vaginal deliveries should be managed by midwives. I think that the problems of creating a confidential relation between women and midwife and alleviating anxieties of pregnant women can be solved by a midwife more easily, and the service quality will increase.' (Nur_17)

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Theme-3: *Opinions of doctors regarding vaginal deliveries*: It was identified that doctors mostly viewed vaginal delivery as a routine part of prenatal and intrapartum care in their statements regarding the management of vaginal deliveries. The majority of the participants stated that midwives and nurses had similar responsibilities for the related clinics. Few of the doctors expressed that doctors should mostly carry out deliveries in the university hospital due to the education of resident physicians. Some participants stated that midwives could carry out vaginal deliveries independently, and some of them expressed that deliveries could be managed by a team under the control of a doctor. Although most of the doctors supported the idea that midwives could manage vaginal deliveries, they stated that they were indecisive in prioritizing midwives during practices.

'I support vaginal delivery with the follow-up of midwife in the university hospital. Doctors and midwives should manage together.' (Dr_2)

'Workload of doctors can decrease a bit if midwives take an active role in the follow-up and the process of delivery. Midwives should manage. However, it must be under the control of doctors.' (Dr_3)

'I hold by the view that resident physicians should carry out pregnancy care and delivery during specialty process in the university hospital. I think it is necessary to reach sufficient practice in the process of education. I believe that the management of standby doctor is ideal.' (Dr_4)

'I think that midwives can have difficulty in intervention and necessity of cesarean in case of any complication which may emerge in delivery. Besides, it will be a more effective share regarding decreasing the workload of doctors, giving the patient detailed information and providing care.' (Dr_18)

Opinions of midwives regarding the management of vaginal deliveries

In the current research, it was emphasized that the rate of vaginal deliveries can increase, and more positive labor experiences will be had if midwives manage vaginal deliveries by giving supportive care and information to the pregnant women during the delivery. In a study, which compared health professionals in the practice of vaginal deliveries, it was found that there was a decrease in the use of oxytocin and episiotomy, more alternative labor positions and less development of laceration (19). In another study, the results of vaginal deliveries under the guidance of midwives and doctors were compared. It was observed that cesarean, some medical interventions (instrumental labor, amniotomy, episiotomy, epidural analgesia etc.) and perineal traumas decreased in the interventions under the guidance of midwives (8). Similarly, in a study in which the deliveries carried out under the guidance of midwives were investigated, it was observed that there was a decrease in oxytocin, episiotomy and perineal trauma rates in comparison with those under the guidance of doctors (9). In another study, it was identified that satisfaction levels were at a desired level in deliveries under the guidance of midwives (4). In a study carried out under the guidance of midwives in Lithuania, it was understood that there were differences in terms of operative and instrumental interventions, and delivery results when approaches of health professionals towards vaginal delivery were compared (8). All these studies indicate the fact that midwives manage low risk vaginal deliveries can have positive effects on the obstetric results. It is clear that midwives should have an active role in the vaginal deliveries of low risk pregnant women in Turkey.

In this study, the midwives stated that vaginal deliveries were mostly under guidance of doctors and generally away from the interventions for vaginal delivery. Healy et al. (12) expressed that doctors were the health professionals who were at the decision-maker position in the interventions which would be practiced in the delivery. Güner et al. (20) emphasized that there were problems about the professionalization process of midwives and their independent roles in

Turkey. It was reported that the communication obstacles and preconception between midwives and other health professionals working in fertility center affected cooperation negatively (21). According to these findings, creating effective work fields which may increase their responsibilities and self-confidence will provide the team with advantage. In this regard, knowledge and self-confidence of midwives regarding vaginal delivery can be increased through in-service trainings.

In this study, it was understood that the duties of midwives were superficial and away from many of their independent roles and professional identities. According to the Turkey Demographic and Health Survey results in the last five years, it was seen that a great majority of the deliveries were managed by doctors and cesarean rates in these deliveries were quite high (22). Seibold et al. (23) investigated experiences of midwives about management of vaginal deliveries and reported that doctors limited autonomy of midwives. In another study, it was stated that medicalization of deliveries led even low risk deliveries to be out of the responsibilities of midwives (12). Vural and Erenel (24) recommended that midwives and nurses embrace their roles about vaginal deliveries. In this regard, it is significant that midwives should take an active role in the studies which can improve the current situation and take responsibilities as changing agents in terms of developing their professional identities. Additionally, regulations in health policies should be made in a way to increase the responsibilities of midwives for low-risk deliveries.

Opinions of nurses regarding the management of vaginal deliveries

Nurses emphasized that they were a team in the management of vaginal deliveries in this research, which supported the statements of midwives. Elmir et al. (25) expressed that health professionals had an importance in terms of providing organizational colleague support when nurses and midwives encountered a complicated act of labor and felt something negative. In the studies carried out in health professionals and institutions, team perceptions of nurses were more like at a desired level than other health professionals (26-29). This positive attitude of nurses can increase the cooperation and motivation in the labor team.

In the current research, nurses emphasized that they performed routine medical duties similar to the responsibilities of midwives. Güleç Şatır et al. (30) identified that midwives and nurses had similar responsibilities and opinions regarding the interventions which were performed in vaginal deliveries. According to the studies carried out about the management of vaginal deliveries, it was seen that routine medicalization practices caused anxiety throughout the world (31,32). Vural & Erenel (24) stated that pregnant women were exposed to routine medical interventions intensely and the medicalization of delivery can be decreased through close follow-up of midwives and nurses. According to these results, it can be understood that delivery is not a surgical or medical activity but a more reassuring life experience if it is supported by pregnant women, midwives and nurses.

Nurses expressed that the only society, who had a voice and was decision-maker, was the doctor group in the current research. In the studies carried out in Turkey, it was seen that midwives and nurses had negative operating conditions and problems related to professional autonomy as they could not go out of the routine practices. On the other hand, it was identified that midwives were made work out of their fields of competence, and they were expected to fulfill the duties of nurses and the occupational organization was not at a sufficient level (20,33,36). In the retrospective descriptive study carried out by Aslan and Okumuş (34), it was understood that cesarean was practiced in primipara pregnants and there was more pain than expected in vaginal deliveries. This situation reveals that midwives and nurses stick to the routine practices of doctor authorities.

Opinions of doctors regarding the management of vaginal deliveries

In this study, doctors stated that midwives who had sufficient knowledge and skills could carry out vaginal deliveries. Although some doctors said that they could share the management of vaginal deliveries with midwives, they kept themselves at a distance from this idea due to any risk and malpractice which could emerge in delivery. Yapça et al. (35) expressed that doctors had medical malpractice anxiety about the management of vaginal deliveries. Malpractice anxiety of doctors can be an obstacle in front of their trust in midwives in the management of vaginal deliveries. On the contrary, Başkaya and Sayıner (37) stated that a well-educated midwife could identify risky pregnant women and manage vaginal deliveries of low-risk pregnancies. In a review study, it was reported that satisfaction levels of women was quite high in the deliveries carried out under the guidance of midwives (5). Increase of team concept and trust relationship between doctors and midwives can allow midwives to play a more active role in the management of vaginal deliveries of low-risk women.

CONCLUSION AND SUGGESTIONS

The current study showed that health professionals did not have an exact consensus regarding the management of vaginal delivery. It was seen that midwives were away from the decision-making and the management of the delivery. It was identified that doctors mostly had opportunity and advantage in carrying out vaginal deliveries. In this regard, it can be thought that midwives meet with obstacles while fulfilling their independent roles. The fact that the Ministry of Health make regulations which will allow midwives to take more responsibilities, hospital administrations regulate the activities which will encourage midwives to take active roles in deliveries and midwives are given evidence-based information through in-service trainings can help midwives fulfill their roles.

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