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Midwives' perceptions of the implementation of skin-to-skin contact in a delivery suite in Hong Kong – a phenomenological approach

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Introduction

This is a qualitative single site study evaluating a skin-to-skin contact (SSC) care programme for term newborns and their mothers within a delivery suite (capacity: 6,000 deliveries a year in 2010) of a large urban hospital in Hong Kong. Consecutive annual audits of the study site in 2010 and 2011 reported low support of SSC less than 1.6% (below the median among eight hospitals of the same tier) and less than 40% (over the median of 7%), respectively.

Objectives

The researcher tapped into the midwives' recollection of instances of successful service to gather their impressions of the programme and to better understand what mobilised resources in successful implementation.

Methodology

The investigation gathered data in line with a phenomenological approach from six semi-structured individual interviews with midwife-participants. The participants' responses were analysed according to the method formalised by Amedeo Giorgi. The phenomenon in this study is midwives' common experience of supporting SSC within a delivery suite or "the essence of phenomenon". The aims are to capture and elucidate the meaning, structure, and presences of the recollected experiences. This comprises three key elements guiding collection, elucidation and analysis of data: description, essences identification and re-examination of the reduction process before writing a complete textual description of the experience. This study was an application of scientific phenomenological reduction to circumvent researcher bias. The report is adhered strictly to three broad principles of ethics: respect for persons, beneficence, and justice from the inception of this inquiry through presentation of its findings.

Result

The collection of midwives' experiences presented in the transcripts elucidated firstly three types of SSC based on the midwives' perceptions: advocated support, partnership support and individual prioritised support. Their responses brought into focus a division of labour among carers. Peer initiation solicited support successfully among midwives who favoured SSC. Nonetheless, most participants expressed preference for unanimous initiation. They believe that more visible support from the managerial level is essential to profession-wide recognition and support. The logistics might involve the development of a procedural manual and corresponding revision of curriculum for midwife trainees to incorporate SSC into the practice of midwifery. A sustainable implementation also requires ongoing education of practitioners and expectant mothers. The researcher explores these findings in the discussion section in relation to questions, practice and research on ways to improve implementation while stimulating interest in and maintaining a satisfactory context in the provision of SSC.