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**'BEING SAFE'  
IN CHILDBIRTH:  
A hermeneutic interpretation of the narratives  
of women and practitioners**

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## ABSTRACT

This study uncovers the meaning of 'being safe' related to the experience of childbirth, from the perspectives of practitioners (midwives and doctors), and women. It is informed by the philosophies of Heidegger and Gadamer. Stories and thoughts of the participants are offered to uncover the taken-for-granted nature of the experience of 'being safe' and to expose possible meanings in a new way.

The findings of this thesis are that 'being safe' dwells in vulnerability. There are possibilities of unsafety that are beyond human or technological control. There is however a distinctive spirit of practice that promotes safe care. It brings wisdom of learning and experience, alertness to the situation of 'now', and anticipation of problems that might arise. Relationships matter to the provision of safe care. Those that seek mutual understanding and that remain open and dialogical are more likely to anticipate concerns or find problems at their first showing. The setting in which practice is experienced impacts on safety, having the potential to erode or sabotage, to protect or enhance. Any questions asked in hindsight about the meaning of safety need to consider what possibilities, if any, existed for creating safe care, and what other factors influenced the situation to undermine the best intentions of those directly involved.

The study concludes by drawing attention to four worldviews which bring conflicting meanings of 'being safe'. The findings of this study show, however, that in the experience of 'being human' there is a common understanding of what it means to be safe in childbirth that reaches beyond the boundaries of worldviews. Where there is a willingness between those involved to find the shared understanding of 'being safe' that overrides the conflicting worldviews, safety is more likely to be achieved. For practitioners, to be safe is a lifetime's struggle. For women, 'being safe' can never be assumed, or taken as a sure promise. 'Being safe' will always be complex, will always be vulnerable, will always be close to danger.

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## POINTS OF CLARIFICATION

### **Writing style**

This thesis takes a hermeneutic approach recognising that I am the author in dialogue with you the reader. I have tried always to make it clear when another voice is offered by the customs of referencing, following the style set out in the Publication Manual of the American Psychological Association (1994). Italics are used for the voices of participants and also for the voice of poets. In chapter ten I have chosen to use italics to highlight the questions that have arisen from this study.

### **Ending each chapter**

When I came to the finish of writing each chapter I let my mind, that was full of the notions of the chapter, yield to the freedom of poetry. It seemed in keeping with the spirit of interpretive phenomenology. The poetry becomes the dwelling place of the tentative new insights. It reveals the connections. It leaves open the questions not yet answered. It tries to speak the language where the meaning arrives at a new place.

### **Naming the participants**

I have broken from the custom of referring to participants by a pseudonym. I experienced a reluctance to call these people by names which were not their own. I have referenced the practitioners' stories with an alphabetical letter representing the order in which I interviewed them. I have not referenced the woman's stories at all. This is to protect their anonymity by preventing the reader from piecing together the stories from the same woman, with the chance that they might then identify her or her practitioner. I believe that the data moves beyond the story of a particular woman, to become a story that might belong to any woman. In seeking to bridge the dialectic tension of a story being both unique and universal it seems there is no longer a need to cling to pseudo-identity. The consequence of not referencing stories with names is that I have no name to bring to the discussion. Therefore, I ask you to accept that 'this woman', 'this doctor' or 'this midwife' always refers to the participant whose data is the focus of the discussion.

**The meaning of words**

It is important that I clarify the meaning I give to key words in this study. 'Childbirth' is used to encompass the whole of the experience from conception to the early days of the mother/baby experience. 'Practice' is similarly used as an umbrella term encompassing the work of midwives, doctors, and any other health professionals. 'Practitioner' is used to refer to both midwives and doctors. 'The practice setting' refers to any place where maternity care is offered. 'Woman' is used to identify a woman who is, or has been, a consumer of the maternity services. I have deliberately chosen broad defining terms to facilitate an openness. Specifying holds the danger of creating barriers, of not letting us see where commonness lies.

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