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***Decision-making in the Woman-Midwife Dyad: A
Relational Undertaking***

A thesis presented in fulfilment of the requirements for the degree
of
Doctor of Philosophy
in
Midwifery

At
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Dedication

In Loving Memory of my mother, father, and sister
Betty, Jack and Cathy Noseworthy

Abstract

Within midwifery in both Canada and New Zealand informed choice and decision-making is a strong tenet of the profession's philosophy and ethics. Through discussions and conversations, decision-making was explored in the woman-midwife dyad with birth of the placenta as the vehicle. Using various epistemological, theoretical principles and philosophical paradigms, as well as acknowledging the research journey itself, this thesis develops not only a model that increases the understanding of decision-making but a new relational research methodology that is fitting for midwifery and other health disciplines in which long-term relationships are established.

The evolving methodology developed from the challenges of the research journey and the steps undertaken to address the challenges. These steps involved consultation, professional networks, building relationships and adapting to circumstances. Participants were recruited through professional networks and involved 14 woman-midwife relationships. In total 14 women, 5 support persons, and 18 midwives were involved from New Zealand and Ontario, Canada. The stories, experiences, and thoughts of each woman, her support person, and the midwives in the childbearing relationship were gathered through recording of the decision-making discussions and conversational interviews. The resulting methodology, which is presented in the first substantive chapter, recognises the complexity of influences on the researcher and participants and their involvement together, in constructing knowledge.

Influenced by Granovetter's (1985) concepts of embeddedness and Sherwin's (1998) broader definition of relationality, the findings identify how identity projects, philosophies, socio-political, and locational events influence decision-making within the woman/family-midwife partnership. Participant's talk as a whole and in part were analysed using social theories of identity, including narrative identity, positioning, location, professional projects, and power. The central finding in this research is that decision-making in the woman/family-midwife partnership is

relational in nature, influenced by social networks and the historical, social, political, and economic contexts and locations in which they are embedded.

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To my family in Canada, it's great to be back home and thank you for your support and interest.

To my sister, Elizabeth, thank you once again for your great editorial work, even from the other side of the world.

Glossary

Third stage of labour: The stage from birth of the baby to the complete birth of the placenta and membranes.

Active management: The process where 10 iu of Oxytocin is given intramuscularly within one minute of baby's birth to facilitate delivery of the placenta and prevent postpartum haemorrhage. Once the umbilical cord has stopped pulsing, a technique called controlled cord traction is used to deliver the placenta. (FIGO/ICM, 2004)

Physiological birth of the placenta: The process whereby the body delivers the placenta with no interference from the birth attendant. Research indicates it should only be used when there has been an undisturbed, physiological labour and birth, with the woman in a warm and private environment, a relaxed state, an upright position and breastfeeding or holding baby (Stojanovic, 2012).

Lotus Birth: Refers to a style of birth and care of the placenta, whereby a physiological birth of the placenta occurs, the cord is not clamped or cut but it and the placenta remain attached to the baby until separation occurs naturally, usually within a week of birth.

Ergometrine®: a drug that acts on smooth muscle including the uterus, causing a generalised smooth muscle contraction. It is used in the initial treatment of postpartum haemorrhage.

Oxytocin: The hormone produced by the pituitary and responsible for contraction of the uterine muscle and the milk letdown reflex.

Syntocinon®/Pitocin®: The synthetic form of the hormone Oxytocin. Syntocinon is the trade name in New Zealand, Pitocin the trade name in Canada.

Lead Maternity Carer (LMC): The term used, in official documentation, in New Zealand to refer to the care provider who is responsible for the pregnancy care of the woman who is registered under her care.

[words] inserted for clarity or explanation

[word] inserted for grammatical reasons

Quotes from participants talk during the "interviews" are in Calibri font. Correspondence received via email is in Courier New font as a way of distinguishing the two.

Pseudonyms and partnerships of participants

New Zealand

Midwife	Woman	Pregnancy #	Partner/Support person (those who participated)
Andrea	Kylie	2 (with Andrea)	Rick
Cindy	Jane	3 (1 st with Cindy)	
Fran	Kate	1	
Jess	April	1	Ben
June	Mania	1	Steve
Penny	Tracey	1	
Candice	Helen	1	Tim
Jasmine	Lily	2 (1 st with Jasmine)	

Canada

Midwife	Woman	Pregnancy #	Partner/Support person (those who participated)
Genie/Alex	Ester	1	
Barb/Cherie	Hildy	1	Jim
Mary/Jenn	Hattie	3 (2 nd with these midwives)	
Ellie	Gail	3 (with Ellie)	
Erin/Karen	Catherine	6 (3 rd with these midwives)	
Tilly	Nancy	2 (1 st with Midwife)	

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