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STAYING INVOLVED
‘BECAUSE THE NEED SEEMS SO HUGE’.

**An exploration of the care processes used by midwives in their work
with women living in areas of high deprivation:
A grounded theory study.**

**A thesis submitted in partial fulfilment
of the requirements for the degree of**

Master of Arts in Midwifery

**Massey University
Palmerston North
New Zealand**

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January 2002

ABSTRACT

It is estimated that 17-20 percent of New Zealand's population lives in relative poverty (National Health Committee, 1999; Waldegrave, King & Stuart, 1999). Poverty and ill health are closely related- 'with very few exceptions the financially worst off experience the highest rates of illness and premature death' (National Health Committee, 1998, p.8). Although much has been written about the impact of low socioeconomic status (SES) on pregnancy and birth outcomes, there is little written about the actual care midwives provide to childbearing women, especially to those living in socioeconomic deprivation.

Grounded theory was the methodology used to explore the care provided by independent midwives to childbearing women, especially those of low SES. Through a process of theoretical sampling, independent midwives were interviewed about the care processes used in their work with women living in areas of high deprivation.

Initial recruitment for the study was of midwives providing care to women living in thirteen selected meshblocks in a New Zealand city. Each of the meshblocks had been assigned a deprivation score based on the New Zealand Deprivation 1996 index showing them to be areas of high socioeconomic deprivation. Using the constant comparative method of data analysis, categories and properties were elicited which reflected the care processes used by midwives. These were used to develop a conceptual framework that fitted the collected data.

The core category of 'Staying involved 'because the need seems so huge'' was the basic social process which emerged from the data. The midwives stayed involved throughout the woman's pregnancy and childbirth because the woman's need was so huge, to ensure an optimal pregnancy outcome for both the woman and her new baby. Four other categories were also identified; 'Forming relationships with the wary', 'Giving 'an awful lot of support'', 'Remaining close by' and 'Ensuring personal coping'. Details of the conceptual framework have relevance to the midwifery community, specifically to those midwives who work with women living in areas of high deprivation.

ACKNOWLEDGEMENTS

When I first dreamt of completing a Masters degree, it was quite simply to prove to myself that I could do it. To complete such a degree had always seemed to me to be an elusive goal which I had never been sure I was academically capable of achieving. I thought only the brightest of people got a Masters degree- I may now be living proof that this is not true!

I commenced university study at Massey with the goal of enrolling in a MA degree. From the beginning of the MA, I knew that half of my degree would involve undertaking a research study and writing the thesis. I was aware in an abstract way of the challenge and difficulty of the task that lay ahead. It was not until the latter part of this year and the day to day slog of forcing out every word in the writing up stage of the process however, that the enormity of the task I had set myself began to dawn. As writing the thesis became all encompassing on my time, I experienced total frustration and loneliness wondering if I would ever finish. As the thesis finally began to take shape, I began to believe that I would indeed get to the end. Now it is completed and no one is more amazed at this than me.

Many friends and colleagues have given me great support and encouragement at varying stages of my thesis. Being asked by them how the thesis was progressing has been incredibly helpful. Thank you all for your interest and for being available to listen and give comment.

As unfair as it may seem to individually acknowledge some people for their contribution, some people do deserve a special mention. Although words seem very inadequate, my grateful thanks go to...

...the midwives who were the participants in this study. This thesis would not have been possible without you being prepared to share your experiences of working with women living in these areas so honestly with me. I hope I have treated your words with the respect and sensitivity they deserve,

...Cheryl Benn, my thesis supervisor, who gave guidance and challenge and who was always supportive and encouraging,

...Stephanie and Wally, for doggy sitting Honey whenever I attended Massey,

...Frances my MA classmate, it would have been so much more difficult to do this without you sharing the experience by doing yours,

...Sue, who having already been through this process, knew of and supplied the extra advice and encouragement required,

...Sally, for ongoing discussions including when I first started searching for a suitable topic to research, and for proof reading some of the final document,

...Charlotte, for ringing regularly to check how the thesis writing was progressing,

...Glenis, for the transcribing the audiotapes, and

...my mother. Mum, I've done it!

The School of Health Sciences operating grants and grants from the Graduate Research Fund, both at Massey University, Palmerston North, are acknowledged with thanks.

I would like to mention my father who died on 15 December 1999. Dad, I know what you would have said about me completing this degree.

To my nephew Campart and my niece Porsha Rae- the most important thing is that you try to make a difference.

7 December 2001

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