Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
FIRST ANTENATAL VISIT: MEETING NOW FOR THE FUTURE

A GROUNDED THEORY STUDY OF THE MEETING BETWEEN THE INDEPENDENT MIDWIFE AND THE PREGNANT WOMAN

by

Mary R. Sylvester

A thesis submitted in partial fulfillment of the requirements for the degree of

Masters of Arts in Midwifery

Massey University

March 1999
# Table of Contents

ABSTRACT ........................................................................................................... I

PREFACE ............................................................................................................... II

ACKNOWLEDGMENTS .......................................................................................... III

CHAPTER 1 ............................................................................................................. 1

INTRODUCTION ................................................................................................. 1

INTRODUCTION .................................................................................................. 1

KNOWLEDGE PRIOR TO THE STUDY ............................................................... 2

ANTENATAL CARE ............................................................................................... 3

MIDWIFERY IN NEW ZEALAND ........................................................................... 6

SUMMARY ............................................................................................................ 15

CHAPTER CONTENT AND OVERVIEW ............................................................... 15

CHAPTER 2 ............................................................................................................. 17

METHODOLOGY .................................................................................................. 17

INTRODUCTION .................................................................................................. 17

GROUNDED THEORY DEVELOPMENT AND THEORISTS .............................. 17

GROUNDED THEORY RESEARCH QUESTION ................................................. 19

USE OF LITERATURE IN A GROUNDED THEORY STUDY .............................. 20

THE RESEARCHER AS AN INSTRUMENT ............................................................ 21

PARTICIPANTS IN GROUNDED THEORY .......................................................... 22

DATA ANALYSIS .................................................................................................. 22

MEMOING ............................................................................................................ 24

CREDIBILITY ........................................................................................................ 25

THE METHODOLOGY EMPLOYED IN THIS STUDY .......................................... 25

SUMMARY ............................................................................................................ 31
INTRODUCTION TO THE DATA 32

CHAPTER 3 33

SETTING THE STAGE 33
  INTRODUCTION 33
  THE FIRST ANTENATAL VISIT 33
  SETTING THE STAGE 34
  MAKING IT INFORMAL 35
  INTRODUCTION OF SELF AND SERVICE 38
  GIVING AND OBTAINING INFORMATION 43
  SUMMARY 61

CHAPTER 4 62

THE PARADOXES 62
  INTRODUCTION 62
  THE PARADOXES 62
  SUMMARY 78

CHAPTER 5 80

GETTING TO KNOW MY MIDWIFE 80
  INTRODUCTION 80
  OBTAINING INFORMATION BEFORE THE FIRST VISIT 80
  FOLLOWING THE MIDWIFE’S LEAD 87
  GETTING ACQUAINTED 95
  SUMMARY 103
### CHAPTER 6

- **MEETING NOW FOR THE FUTURE** 104
  - INTRODUCTION 104
  - MEETING NOW FOR THE FUTURE 104
  - THE AUDIT TRAIL 108
  - SUMMARY 111

### CHAPTER 7

- **DISCUSSION AND RECOMMENDATIONS** 112
  - INTRODUCTION 112
  - IMPLICATIONS FOR MIDWIFERY PRACTICE 112
  - IMPLICATIONS FOR EDUCATION 115
  - IMPLICATIONS FOR FURTHER RESEARCH 116
  - LIMITATIONS OF THIS STUDY 117
  - CONCLUDING STATEMENT 119

- **APPENDICES** 120
- **REFERENCES** 151
LIST OF FIGURES

1: SETTING THE STAGE ________________________________ 60

2: SETTING THE STAGE: THE PARADOXES ____________ 77

3: GETTING TO KNOW MY MIDWIFE __________________ 102

4: MEETING NOW FOR THE FUTURE _________________ 107

LIST OF TABLES

1: CODES ___________________________________________ 108

2: CATEGORIES AND CODES
   Setting the Stage____________________________________ 109
   Setting the Stage: The paradoxes_______________________ 109
   Getting to Know My Midwife ___________________________ 109

3: CORE CATEGORY _________________________________ 111
ABSTRACT

This is a study of what happens between independent midwives and women at the first antenatal visit. Six experienced midwives and six pregnant women participated in the research. Data were gathered through the observation of six first antenatal visits, individual interviews with the women and midwives and a review of the literature. Grounded theory was used to conduct the study, and a descriptive model of the first antenatal visit emerged.

Up until the change to the Nurses Act in 1990 midwives predominately practiced within the hospital system. Since 1990 and the legalising of independent midwifery practice in New Zealand, midwives have taken up the challenge to practice independently. A few guidelines have been set to assist independent midwives in practice; some of the guidelines being used have been taken from the hospital system into independent practice.

The first antenatal visit is the beginning point of the relationship between the pregnant woman and the midwife. It is a key element for determining the quality and effectiveness of a mother's subsequent maternity care (Methven, 1990). The midwife and the woman each have an important part to play in the first antenatal visit which sets the stage for future care. The data from the study revealed a number of paradoxes that exist when independent midwives deliver midwifery-only care. The basic social process to emerge from the study was “meeting now for the future” but the study identified that the midwife and the woman are meeting for different reasons.
PREFACE

This study has been a long and exciting journey and has reinforced my position to see midwifery not from an illness perspective as I was taught but from a perspective of wellness. During my midwifery training in Edinburgh in 1974 I struggled with the medical model of practice. I did not feel comfortable with midwifery practice in the antenatal clinics where women were kept waiting for hours and had to travel long distances to the hospital, only to see a stranger. I disliked the antenatal clinic with its conveyor belt system and the midwife being the handmaiden to famous obstetricians. This was not good midwifery and I had yet to see it practiced.

Since coming to New Zealand in 1989 I have pursued study, completing an undergraduate degree and now this Masters degree. I have studied feminism and have learned to ask why.

In 1993 I witnessed my very first normal birth. This was the birth of a lovely little boy at home. He was brought into this world by his parents and supported by a midwife. This was a far cry from the clinical walls of the Edinburgh hospital and I loved it. This birth had a lasting effect on me and I was privileged to be part of it.

I have had to re-learn a lot about birthing. The language of normal birth is different from the language of obstetrics. I have moved from seeing pregnancy and birth as abnormal until proved otherwise, to seeing pregnancy and birth as a natural physiological event which occasionally may need medical intervention. New Zealand has given me a new perspective on birthing and I would like to give the findings of this research back to New Zealanders.
ACKNOWLEDGMENTS

It is with great pleasure that I acknowledge and thank those who have helped and supported me through this long and exciting journey of discovery. Although I am unable to mention everyone by name, I would still like to say thank-you to you all.

To the research participants I extend my heartfelt thanks. You volunteered to help me and without your contribution there would be no data. The midwives were enthusiastic and extremely helpful. When things did not go to plan with the data collection they came to my rescue and the research continued. The pregnant women were fun to work with and I hope they enjoyed participating as much as I did.

To my supervisors Dr. Cheryl Benn and Lesley Batten I am indebted. They were there when they were needed. They offered on-going encouragement, reassurance and kindness throughout the year. They were swift in answering my E-mails and always at the other end of the internet. They worked well as a team. I could not have wished for better research supervisors.

I must also thank those agencies that assisted me during my unpaid leave of absence to complete this research:

- Nursing Education and Research Foundation
- Massey Graduate Research Fund

I am unable to mention some agencies due to the need to maintain their confidentiality.
To my children, Paul and Lucy, I would like to thank them for their patience and tolerance during my years of study. I have missed many an outing and school event. I hope they understand. They supported me and hugged me when things got tough.

Finally I would like to thank the most important person in my life, my husband Andrew Sylvester. It was he who believed in me and supported me in this long journey. His contribution to this research is enormous and was never taken for granted. He never complained but quietly took over the major running of our family so many times. We worked well together and I look forward to returning the favour one day.

This is not the end but a continuation of my life-long learning. Thank you to all who helped.