Commencing Undergraduate Midwifery Students' Beliefs About Birth and the Role of the Midwife

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BACKGROUND: A shift has occurred in the last decade toward preregistration undergraduate Bachelor of Midwifery programs in Australia. This has led to an increase in the numbers of student midwives from diverse backgrounds with limited experience of university and socialization into hospital systems.

AIM: This study aimed to explore commencing midwifery students' beliefs about birth and expectations of the role of the midwife.

METHOD: A qualitative descriptive approach was used. All 115 commencing first-year midwifery students enrolled in the first week of an undergraduate Bachelor of Midwifery program were invited and completed a self-administered survey. The survey used open-ended questions to elicit student beliefs about birth and the role of the midwife. Latent content analysis was used to analyze the data set.

FINDINGS: Midwifery students' beliefs were captured within the four themes: birth as "a miracle," "a woman's journey," "a transformative event," and "a natural process." Students articulated the role of the midwife as one of support, education, advocacy, and partnership. Student beliefs and expectations were aligned with the emergent philosophy of the normality of birth and woman-centered care within the Australian maternity care context.

CONCLUSION: Greater understanding is essential to designing quality midwifery education programs that are responsive to the needs of commencing student midwives. Supporting midwifery students' successful transition into, and early engagement with the midwifery profession, may have long-term benefits in terms of retention and successful completion of their program. In addition, ensuring professional socialization occurs early is likely to develop graduates who are well prepared to work across their full scope and are willing to participate in the reform of maternity services in Australia.

KEYWORDS: midwifery student; expectations; beliefs; first-year student; undergraduate midwifery

INTRODUCTION

In Australia, the move toward undergraduate midwifery programs was part of strengthening midwifery, reestablishing the profession as discrete from nursing and designed to ensure programs adequately prepared midwives to work across their full scope of practice. The first Bachelor of Midwifery program for nonregistered nurses commenced in south Australia in 2002 (Licqurish & Seibold, 2008). Today, there are 13 undergraduate Bachelor of Midwifery programs approved across Australia (Australian Health Practitioner Regulation Agency, 2014).

The availability of midwifery programs that do not require students to be registered nurses has led to an increase in the number of midwifery students from diverse backgrounds with limited experience of university and socialization into health care and/or hospital systems (Green & Baird, 2009). Although students entering the profession are generally motivated by a strong altruistic wish to help other women and a quest for meaningful work (Fraser & Hughes, 2009), evidence suggests that many enter programs with differing perceptions and beliefs about maternity care based on life experiences and personal philosophies

(Seibold, 2005; Williams, 2006). In addition, works by Carolan (Carolan, 2011; Carolan & Kruger, 2011) have highlighted that commencing midwifery students may hold idealized views about midwifery and birth, which she suggests may heighten disillusionment. Stolk, Tieszen, Clift, and Levitt (2007) in their comparative study of international attrition rates in Bachelor of Midwifery programs demonstrated that a student's inability to identify with the profession was significantly linked to early withdrawal. Early socialization into the midwifery profession is therefore important to the retention of students and graduates.

The implication for midwifery education is that undergraduate programs need to develop a sense of connection, identity, and purpose as well as foster professional engagement of the midwifery student early in their program (Lizzio, 2011). Abensur and Chevalier (2008) suggest that socialization into midwifery involves negotiating a transition from "ideal to actual views of the midwifery role" (p. 115). Others take a slightly different view. For example, Sidebotham, Fenwick, Carter, and Gamble (2015) contend that embedding midwifery metavalues throughout the curriculum and ensuring teaching staff role model is the key to the socialization process. In light of this, understanding commencing student's beliefs about birth and expectations of the role of the midwife becomes a fundamental objective for midwifery educationalists.

The aim of the study was to explore and describe commencing first-year student beliefs and expectations regarding birth and the role of the midwife. This study is situated within an ongoing program of research designed to evaluate the effectiveness of an accredited 3-year Bachelor of Midwifery program in Southeast Queensland. This body of work includes investigating factors in the curriculum that act as enablers and/or barriers to student success (Sidebotham et al., 2015).

METHOD

A descriptive exploratory qualitative approach was used in this study (Schneider, Whitehead, LoBiondo-Wood, & Haber, 2013). The purpose of qualitative descriptive research is to observe, describe, or document aspects of a situation as it naturally occurs. This approach was appropriate for the study as human characteristics such as beliefs and expectations are inherently not subject to experimental manipulation (Polit & Beck, 2014).

Setting

Griffith University offers a 3-year undergraduate Bachelor of Midwifery program. Students attend a 2-week "teaching intensive" at the beginning of each semester. Commencing first-year students also complete a 2-day orientation prior to commencing the teaching intensive.

Participants, Recruitment, and Data Collection

All commencing first-year students enrolled in the Bachelor of Midwifery program and attending the orientation were invited to participate in the study ($N = 115$). Students received a study pack containing an information sheet and self-administered questionnaire on the first day of orientation to program. Students were advised that completion of the anonymous questionnaire was voluntary. The distribution of the packs was undertaken by a researcher who was not a member of the teaching team. Students were given time to complete the questionnaire at the end of the first day and were asked to return them in the envelope provided. Approval from the university human research ethics committee was obtained prior to conducting the study.

The first section of the questionnaire asked several demographic questions such as age, location, mode of study, employment, number of dependents, previous education, and professional qualification. Subsequently, the students were asked to respond to several open-ended questions. The first asked students to share their thoughts and beliefs about childbirth, and the second asked them their understanding of the role of the midwife. Reasons for choosing midwifery and their expectations of the Griffith program were also elicited. This data was analyzed separately and is not presented in this article.

Data Analysis

The student responses were analyzed using latent content analysis. Latent content analysis deals with the relationship aspect of the data and involves an interpretation of the underlying meaning of the content within the text (Graneheim & Lundman, 2004). First, the student responses were read and subsequently transcribed and entered into a word document. Keywords or sentences that contained areas of commonality were grouped together to create concepts. These represented areas of shared meanings expressed by the students.

Further analysis revealed themes that regularly occurred within and across the grouped data (Polit & Beck, 2014). The patterns formed described students' beliefs about childbirth and expectations of the role of the midwife.

Research meetings were held where the investigators reviewed the clustered concepts and together made decisions relating to the theme patterns (Schou, Høstrup, Lyngsø, Larsen, & Poulsen, 2012). The first author (JB), who undertook the first level of analysis, also reflected on personal values, beliefs, and assumptions generated during the study and recorded these in a journal. Simple descriptive statistics (means and frequencies) were used to describe the characteristics of the participants.

FINDINGS

Participant Characteristics

All 115 commencing students completed the questionnaire. All were female, with most aged 25 years or older (65%). Many were involved in paid employment (62.5%), studying full-time (73.7%) with dependents (60.7%). Although some 70.2% did not hold a previous degree, 40% did hold a professional qualification of some type (see Table 1 for more details).

THEMES

Students were asked to identify their thoughts and beliefs surrounding birth. Four main themes emerged around the act of birth including birth as "a miracle," birth as "a woman's journey," birth as "a transformative event," and birth as "a natural process." Student beliefs about the role of the midwife could be clustered together under two main themes. The first, "being with the woman" was expressed as support, education, advocacy, and partnership. A second theme was about the role midwives play in ensuring a safe and satisfying birth. Students' own words or responses are presented in italics accompanied by their designated study number.

Birth as a Miracle

Words students used to commonly describe what they considered were the "miracle" of birth included *wonderful, amazing, magical, precious, beautiful, exciting, and fascination*. Statements such as "*I believe that the*

TABLE 1 Characteristics of the 115 Participants

	FREQUENCY (N)	%
Age (years)		
≤19	19	16.7
20–24	21	18.4
25–29	37	32.5
30–40	29	25.4
>40	8	7.0
Total	114	100.0
Missing	1	—
Dependents		
Yes	68	60.7
No	44	39.3
Total	112	100.0
Missing	3	—
Mode of study		
Full-time	84	73.7
Part-time	30	26.3
Total	114	100.0
Missing	1	—
Previous degree		
Yes	34	29.8
No	80	70.2
Total	114	100.0
Missing	1	—
Other professional qualification		
Yes	45	40.5
No	66	59.5
Total	111	100.0
Missing	4	—
Undertaking paid employment in this semester		
Yes	70	62.5
No	42	37.5
Total	112	100.0
Missing	3	—

birth of a child is a miracle and life changing" (s17) and "*Birth is beautiful; it's the ultimate proof that the human body is amazing*" (s75) were common to the data set. A large proportion of students spoke about birth as "awe-inspiring": "*I believe there is nothing more miraculous than pregnancy and nothing more magical than birth*" (s100). The statement "*Birthing a child is a magical life-changing experience*" (s68) resonated with many students. In addition, several students extended this to also include the family: "*Birth belongs to the woman and the family that should remain the woman and families' experience*" (s33).

Many students also demonstrated an awareness of the significance of childbirth to the woman that they considered had long lasting effects on the woman and

her family: *"I really feel that how a birth occurs shapes babies into who they will become and the relationship they will have with their mother"* (s20). Another student said, *"A precious moment that they will remember forever"* (s2). Some students demonstrated insight into the wider significance of birth and effect at a societal level: *"If women are well supported through pregnancy and birth, we strengthen them in their jobs as mothers and the flow on effects benefit society as a whole"* (s69).

Students also expressed an appreciation of their own role as a midwife in the birth. The opportunity to not only witness but be actively part of such an "amazing" event was considered to be an honor or a privilege: *"I cannot think of a greater privilege than welcoming new life into the world"* (s110). Statements such as *"to see and assist a new life into the world is just WOW!"* (s47) were common to the data set.

Birth as a Woman's Journey

The concepts informing this theme related to the students' beliefs that birth was personal journey that "belonged" to the woman. Many of the students made statements that demonstrated a clear perception that women owned their own decisions, experiences, and bodies. The following response from one student again is reminiscent of many: *"I strongly believe that it is the woman who births her baby, regardless of her environment or birth team"* (s18). A natural extension of this was the belief that women deserved to be supported unconditionally in the "choices" they would make throughout their childbearing journey; 'the woman's voice should also be heard as she should have the type of birth she wants' (s44). Subsequently, students articulated that the concepts of "empowerment" and "control" were important: *"the woman has all the control and power"* (s43). Within the students discourse, however, there was a sense that the power and control needed to "remain" with the woman. In some instances, students talked about "giving" women choice and "allowing a woman to feel empowered by trusting her body." The use of such language may indicate that students already have some insight into the notion that the locus of control for women is often external rather than internal. For example, one student said it was important for the woman not to *"feel pressured into doing something she does not want to do"* (s47). One student took this further than the individual woman when she wrote, *"birth shouldn't be dictated by government policy, hospital policy, and insurance premiums"* (s11).

Birth as a Transformative Event

Many students expressed the belief that birth was not only a journey but also a significant life-changing event for both the woman and her family: *"I believe birth is a massive transition for each woman and the people involved around her"* (s42). The findings suggest that many students already recognized the potential impact the birth has on the transition to motherhood. Students thus recognized that birth could have far-reaching implications. As one student expressed, *"birth impacts upon everyone and can strengthen relationships within families"* (s33). Another said, *"I really feel that how a birth occurs shapes babies into who they will become and their relationship with their mother"* (s20).

Not surprisingly, some student responses highlighted how their beliefs had been shaped by their own personal experience. For example, *"that sometimes the doctors or midwives [nurses] can either make or break the experience though and that a bad experience can remain with you as long as a good one"* (s78).

Birth as a Natural Process

Finally, some students described birth using terms such as *natural*, *instinctive*, and *unique*: *"Birth is a natural experience that is unique to each woman, and support people should trust women's instincts during birth"* (s22). Interestingly, the word *normal* was not commonly used. In tandem, students also frequently expressed a belief in the ability of women's bodies to give birth without assistance: *"I believe strongly that it is a woman who births her baby"* (s18). In doing this, students conversely made statements about "interfering with birth." As one student said, *"Birth is usually able to happen without need for outside help and is often safest if left to unfold on its own"* (s72). Another student commented, *"too many unnecessary interventions take place for such a natural process"* (s14). Some students expressed the belief that the current system of maternity care failed the woman: *"Too often our medicalized system fails to provide women with a safe, familiar space to birth and too often unnecessary interventions are used"* (s21).

Notwithstanding, other students clearly made comments that indicated that although they believed birth was natural, they also recognized that there were circumstances where medical intervention was considered appropriate.

I believe a natural birth is always what we should strive for, but I also understand that complications sometimes arise and we have to deal with that at the time. Interventions, however, should not be considered routine. There are still situations where interventions are needed, but this is the exception not the rule. (s42)

THE ROLE OF A MIDWIFE

Being With the Woman Through Support, Education, Advocacy, and Partnership

Students expressed the belief that the role of the midwife was to “*be there for the woman through all stages of pregnancy, birth and postnatal period*” (s23). The concept of “support” was frequently used by commencing students to describe the role of the midwife. The nature of support as physical or practical was expressed by one student when she wrote, “*providing knowledge or advice on birth ideas, answering questions, resolving worries or fears, and providing the environment that the mother needs/wants to birth her baby*” (s18). Another student expressed support as emotional: “*being a quiet and gentle support as the woman takes her journey*” (s9). Students also recognized the importance of providing support to the woman’s partner and her family.

Students articulated the belief that “being there” for the woman included philosophical as well as practical support. Significantly, students referred to the role of the midwife in supporting or trusting the woman’s ability to birth her baby: “*To empower and inspire her to trust the birthing process, to trust her own body and ability to bring her baby into the world without unnecessary intervention*” (s75). This was expressed by another student as “*a midwife’s role is to support women through the transition of birth to hold the space*” (s42). Similarly, another said, “*to help protect the woman’s birth space*” (s43). This provides evidence that some commencing students already held beliefs about role of the midwife as a guardian of normal childbirth.

In addition, students frequently referred to the importance of midwives providing women with knowledge and education. The following two quotes are reflective of many that were grouped here: “*Mothers should be given knowledge to actively participate in their births*” (s101) and “*A midwife should educate and recognize the woman’s needs, fears, and goals and help her achieve them . . . guide her through them*” (s27).

Integral and interrelated was the concept of advocacy. Commencing students expressed a strong view that in supporting women, they were advocating for them. One student said, “*I am passionate about supporting women and women’s rights*” (s49), whereas another said, “*To be an advocate for the mother, to empower her to stand up for what she wants*” (s9).

Likewise, students saw themselves as not only supporting natural birth but also actively advocating for it: “*To be an advocate for birth choices and to stand up for women’s rights as a whole*” (s58). This suggests a level of political awareness about the role of the midwife in supporting maternity reform.

Promoting a Safe and Satisfying Birth

Interestingly, many commencing students demonstrated insight into the diverse nature of the midwife’s role. Although support, education, and advocacy were frequently mentioned so was the midwife’s role in promoting health, protecting the woman, and maintaining safety in childbirth. These students felt that the role of the midwife was to assist a woman to have a healthy and safe pregnancy and birth. For example, one student wrote, “*I believe the role of the midwife is to support women and their families to safely bring their babies into the world*” (s58), with another stating that the woman “*should feel safe and protected during labor and birth*” (s96). In addition, students recognized the role of the midwife in providing a “safe and caring environment” (s3) through incorporating the “*ability of the midwife to recognize and act quickly when there are deviations from normal birth*” (s88). Related to this, students acknowledged and recognized the relational nature of the midwife’s role working with other health professionals: “*the midwife also works within a multidisciplinary team involving doctors, nurses, specialists, and other midwives*” (s34).

DISCUSSION

In this study, 115 commencing first-year Bachelor of Midwifery students shared their beliefs about birth and their understandings of the role of the midwife. The great majority conceptualized childbirth as a normal but significant life event that held importance in a woman’s life. There was a strong focus on choice and birth belonging to the woman. Ideally, students felt maternity care should be woman and family centered, reflecting a social model of childbirth. In line with these beliefs, the students

demonstrated an understanding that the midwife's role was one of philosophically "being with" the woman. The students in this study already seemed to demonstrate an understanding of the importance of providing emotional support, promoting the normality of birth, and working in partnership with both women and other health care providers. The strong emphasis on providing emotional support within a trusting relationship resonates with the work of others (Carolan, 2011; Carolan, 2013).

Griffith's Bachelor of Midwifery is designed around a philosophy of woman-centered care. In line with the evidence, continuity of care experiences with women are prioritized throughout the program and are situated within a clear set of well-articulated metavalues (see Figure 1; Carter, Sidebotham, Gamble, Bass, & Fenwick, 2012). The program metavalues aim to support the development of a sense of purpose and identity alongside the growth of connectedness, resourcefulness, and capability across the whole student lifecycle (Lizzio, 2011; Sidebotham et al., 2015). Lizzio (2011) argues that university programs that assist students to develop a sense of purpose and identity early in their program are

much more likely to foster success and retention. This study identified early alignment of student beliefs and program values. This is a significant finding and represents student identification with the role of the midwife prior to commencement.

Although one might argue that the alignment may in part be because of the marketing of the program and promotion of the Griffith Midwifery metavalues, the reverse may also be true. Students may be choosing where to study midwifery based on the program's philosophy and the alignment of beliefs. Regardless, synergy between the program's metavalues and the student's beliefs and expectations of the role of the midwife should improve the ability of the program to prepare the next generation of midwives to actively participate in reforming maternity services.

The concept of "idealized" views is also an interesting one. Similar beliefs and views have been elicited in other studies of commencing midwifery students (see for example, Carolan, 2011). Commonly, researchers have suggested, however, that these preconceived and idealized views of midwifery are not reflected in clinical practice and thus create a sense of disillusionment, which

FIGURE 1 Griffith University Bachelor of Midwifery meta-values.

often leads to withdrawal (Carolan 2011; Carolan & Kruger, 2011; Green & Baird, 2009; Seibold, 2005). We would argue that the students' beliefs and expectations were not idealized. Rather, they reflected the values and beliefs embedded in the Bachelor of Midwifery program as well as the profession (Australian College of Midwives, 2014). The evidence is clear that all women should have access to their own midwife (Sandall, Soltani, Gates, Shennan, & Devane, 2013). Major structural reform is needed to achieve this goal. The midwives of the future must be prepared to undertake this task and work in a way that best meets the needs of childbearing women. Large cohorts of students who come into undergraduate midwifery programs with a strong orientation toward the normal and understand the role of the midwife in providing continuity of care should therefore be in a better position to work across their full scope and drive mainstream changes. The challenge is to maintain their active engagement within a system that continues to struggle with reorientating services to align with the evidence.

CONCLUSION

This study explored midwifery students' beliefs about birth and the role of the midwife in the first week of commencing their undergraduate Bachelor of Midwifery program. Although limited in its generalizability, the finding that students' beliefs about childbirth and expectations of the role of the midwife were aligned with their undergraduate program's metavalues as well as the professional current stated direction was heartening. Assisting these students to develop a sense of connection, identity, and purpose to the midwifery profession is likely to be easier. The challenge, however, is to ensure students develop the ability to hold the vision while practicing within models that do not reflect the evidence and best practice. Research needs to continue to explore and investigate how universities can work in partnership with clinical providers to nurture students and midwifery graduates and enable them to assume their role as the future providers of evidence-based midwifery services.

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