Midwifery Support Empowers Pregnant Women: Focusing on Continuous Care from the Prenatal to the Perinatal and Child-rearing Periods
Abstract

Purpose of Study:
The purpose of this study was to qualitatively and inductively investigate the assistance that empowers women through interaction with midwives. Exploring the process through which independent midwives interact with women and empower them, focusing on what are the essential activities of caring and helping women.

Research Object:
Eleven midwives based in three maternity centres and four women giving birth in these centres. All women were primipara and part of a nuclear family. Pregnancies had progressed normally. Exploring the process through which independent midwives interact with women and empower them, focusing on what are the essential activities of caring and helping women.

Method:
1) Study design: To qualitatively and inductively investigate the assistance that empowers women through interaction with midwives. Exploring the process through which independent midwives interact with women and empower them, focusing on what are the essential activities of caring and helping women.
2) Subjects: Eleven midwives based in three maternity centres and four women giving birth in these centres. All women were primipara and part of a nuclear family. Pregnancies had progressed normally.
3) Data collection method: Interviews and observation.
4) Analytical method: In accordance with a worksheet, concepts were generated, which were then made into a storyline. “Empowerment” is defined here as reclaiming one’s sense of self and acquiring the power to execute the role of a mother. Relationships between concepts were examined and categorized.

Results: The qualitative, inductive study of the codes yielded 49 sub-categories and 7 categories. The 7 categories were (1) Emotional bonding and strong relationships of trust, (2) Fulfilling the function of counselling, (3) Equal relationships, (4) Abundant provision of information, (5) Acquiring childcare ability through joint tasks, (6) Self-efficacy through experiences of success, (7) Starting child-rearing with family cooperation.

Consideration: By fulfilling counselling function based on a foundation of emotional bonds and strong relationships of trust, midwives help women recover from feelings of powerlessness. Care for empowering women involved abundant provision of information, acquiring childcare ability through joint tasks, and self-efficacy through experiences of success.

Keywords: empowerment, independence in childrearing, independent midwives, interaction, support

1. Introduction
Child-rearing problems in recent years as typified by anxiety related to child-rearing and child abuse are expected to become increasingly severe in future. Since the 1960s, private midwife assisted births have formed the majority in Japan. Independent midwives are locally based, and are engaged in coordinating family affairs and child-rearing support, focussing on the care for mother and child. Holistic by a practicing midwife, we believe that continuous care from pregnancy to childbirth brings empowerment to women. Recently, the concept of empowerment focusing on individual responsibility and autonomy in achieving a healthy status has spread, and the main constituent of medical and nursing care has been shifting to the pregnant women themselves. The term empowerment originates in the concept of reinforce power, to transfer power, or to enable.

The followings are clear from research on empowerment. Qualitative study, related exploratory or verification study, and the development of scales related to empowerment that target nurses, patients, and community residents have been carried out in the field of nursing. The condition in the empowerment process is a process in which people acquire the additional competence based on the results by independently selecting the optimal situation through interaction with others. In addition, empowerment has relationships and motivations, and it has become clear that in terms of empowering, the power of social relationships and the motivation as psychological power are necessary. And empowerment shows that it is important for donors to have a sense of ownership and to work together as partners. However, there is no research that details the support for empowerment, following the support of the independent midwives longitudinally. There are no studies that have clarified the skills that empowerment provides to the power of pregnant women and how they are interrelated. An empowerment approach was used as a conceptual framework. The rationale of using an empowerment approach, the empowerment of pregnant women is defined as a sense of self-fulfilment and increased independence, gained through interaction with their environment and other individuals, leading to an increase in the spontaneous psychological energy to achieve the pregnancy and childbirth that they desire.

2. Purpose of Study
The purpose of this study was to qualitatively and inductively investigate the assistance that empowers women through interaction with midwives. Exploring the process through which independent midwives interact with women and empower them, focusing on what are the essential activities of caring and helping women.

3. Method

3.1. Study design
A qualitative analysis was employed. A qualitative descriptive study that uses an inductive approach to explore circumstances leading to the acquisition of independence in child-rearing by the mother through the support by independent midwives.

3.2. Subjects
Eleven midwives based in three maternity centres and four women giving birth in these centres. All women were primipara and part of a nuclear family. Pregnancies had progressed normally.

3.3. Data collection method
Data collection period: June – December 2016.
Longitudinal data were obtained over a period from women’s 30th week of pregnancy until three months after delivery through observation by being present in situations of midwife provided assistance.
Observations were performed at antenatal check-ups, antenatal classes, every day between hospitalization for the delivery and subsequent discharge, post-delivery home visits, postnatal mother and child check-ups at one and two months after birth, breast massage, and child care consultations and emergency clinic visits.
Chronological field notes were taken on the interaction process between midwife and women.
Midwives were interviewed after their assistance had ended, and were asked about the basis of their assistance. Moreover, four semi-structured interviews were conducted with the women. These took place before delivery, before the women discharge from hospital, one month after birth and three months after birth. Consent was obtained to record the interviews on an IC recorder. The data obtained from midwives and women were also recorded in the field notes.
3. **Analysis**

The qualitative data are analysed through modified grounded theory approach (M-GTA)

3. **Ethical considerations**

Ethical considerations including those around the protection of privacy were clarified to the subjects using documentation, and signed consent was obtained. Authorization was obtained from the Ethics Review Board at the International University of Health and Welfare. (14-Io-61) 2014.8.5

4. **Results**

4. 1. **Overview of the subjects.**

Three maternity centres had 7-16 midwives, offering midwife-only assisted natural births. The ages of the four women ranged from 27-36. One woman had withdrawn from employment upon marriage, one woman had withdrawn from employment upon giving birth, and two women continued to be employed. Three women delivered with the husband and family present.

4. 2. **Frequency of and time required for data collection.**

Data were collected 87 times. Observational data were collected 54 times, women interview data were collected 16 times, and midwife interview data were collected 17 times.

The overall data collection time was 3,951 minutes. Observations took 3,147 minutes, women interviews 389 minutes and midwife interviews 118 minutes.

4. 3. **Analysis worksheet**

In accordance with analysis worksheet, concepts were generated, which were then made into a storyline.

Example analysis worksheet (Table 1)

<table>
<thead>
<tr>
<th>Name of Concept</th>
<th>Supportive and nurturing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>When women are anxious, midwives interact with them with support and nurturing, thereby supporting women in regaining peace.</td>
</tr>
<tr>
<td>Variations</td>
<td>Midwives console women who have been through a long struggle and support them in maintaining peace.</td>
</tr>
<tr>
<td></td>
<td>Midwives perceive that women who are working too hard in caring for their children feel a sense of difficulty and show kind concern for them.</td>
</tr>
<tr>
<td></td>
<td>The precious start of the child-rearing experience begins with the mother can be with her child. Midwives support women in making this a happy time for the children.</td>
</tr>
<tr>
<td>Theoretical notes</td>
<td>Women are anxious and lack confidence when they cannot perform their roles as mothers.</td>
</tr>
<tr>
<td></td>
<td>Midwives interact with women with support and nurturing to help them regain emotional stability.</td>
</tr>
</tbody>
</table>

In this situation, the midwife and women share a breastfeeding session. The new-born failed to latch on to the women breast properly, breastfeeding was difficult and the women ended up in tears. We interpreted the interaction between the midwife and the women in this situation. The midwife accepted the women feelings of difficulty as they were, and voiced the women feelings. In response to the women describing herself as incompetent, the midwife denies this. The midwife thought that as the women had only just started nursing, it was only natural. When the midwife subsequently said that she "would get better at it day by day", the women recognised this. The midwife was supportive of the women and said that it was fine to cry. She thought that the women felt powerless and felt that her needs were met by voicing what she could not verbalise herself. We interpreted this situation as “voicing the women feelings when she feels powerless”.

The name of the concept was named support and training. The definition of the concept is: When women are anxious, midwives interact with them with support and nurturing, thereby supporting women in regaining peace.
There was such a variation: 1) Midwives console women who have been through a long struggle and support them in maintaining peace, 2) Midwives perceive that women who are working too hard in caring for their children feel a sense of difficulty and show kind concern for them, and 3) The precious start of the child-rearing experience begins with the mother can be with her child. Midwives support women in making this a happy time for the children.

We wrote in the theory memo like this: Women are anxious and lack confidence when they cannot perform their roles as mothers. Midwives interact with women with support and nurturing to help them regain emotional stability.

4. 4.  Overview of the subjects

Relationships between concepts were examined and categorized.

“Empowerment” is defined here as reclaiming one’s sense of self and acquiring the power to execute the role of a mother.

The qualitative, inductive study of the codes yielded 40 concept names and 7 categories.

The 7 categories were 1) Emotional bonding and strong relationships of trust, 2) Fulfilling the function of counselling, 3) Equal relationships, 4) Abundant provision of information, 5) Acquiring childcare ability through joint tasks, 6) Self-efficacy through experiences of success, 7) Starting child-rearing with family cooperation.

Table 2: Support by midwives for empowering women

<table>
<thead>
<tr>
<th>Category</th>
<th>Concept Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional bonds &amp; strong relationships of trust</td>
<td>Providing safety, Bridging the psychological gap, Considering individual situations, Drawing out individuality, Bringing out women’s power to speak</td>
</tr>
<tr>
<td>Fulfilling counseling function</td>
<td>Sympathy, Voicing women’s feelings, Supportive and nurturing, Putting women at ease, Striving for emotional and physical stability, Supportive and nurturing</td>
</tr>
<tr>
<td>Equal relationships</td>
<td>Domestic environment, Accessible relationship, Congenial relationship, Humor, Respect, Mutual exchange</td>
</tr>
<tr>
<td>Abundant provision of information</td>
<td>Timely provision of information, Giving women an image of scenarios, Presenting specific examples, Expert orientation, Providing anticipatory information, Strengthening of ability to handle problems</td>
</tr>
<tr>
<td>Acquisition of childcare ability through joint tasks</td>
<td>Partnership, Modeling, Demonstrating the judgment process and basis for it, Giving choices, Promoting experience, Skill enhancement through repetition, Not conferring a sense of failure</td>
</tr>
<tr>
<td>Self-efficacy through experiences of success</td>
<td>Encouragement, Letting women handle what they can, Approval and praise, Communicating growth, Supporting women in not giving up, Assurance</td>
</tr>
<tr>
<td>Child-rearing starting with family</td>
<td>Ascertain the abilities of family members, Involving family members, Increasing the power of the family</td>
</tr>
</tbody>
</table>

1) Emotional bonding and strong relationships of trust

This concept names included in the categories are as follows: (1) Providing safety, (2) Bridging the psychological gap, (3) Considering individual situations, (4) Drawing out individuality, (5) Bringing out women power to speak.

Midwives strive to get close to women and bridge the psychological gap between them. By providing continuous care, they form a strong emotional bond. Midwives consider women’s individual situations and draw out their individuality.
2) Fulfilling the function of counselling
This concept names included in the categories are as follows: (1) Sympathy, (2) Voicing women’s feelings, (3) Supportive and nurturing, (4) Putting women at ease, (5) Striving for emotional and physical stability, (6) Supportive and nurturing.
Midwives strove to support and nurture women when they felt powerless and thereby provide emotional and physical stability. Midwives also voice women’s feelings and fulfill their needs.

3) Equal relationships
This concept names included in the categories are as follows: (1) Domestic environment, (2) Accessible relationship, (3) Congenial relationship, (4) Humour, (5) Respect, (6) Mutual exchange.
Midwives build accessible relationships through humour and by providing a domestic environment.

4) Abundant provision of information
This concept names included in the categories are as follows: (1) Timely provision of information, (2) Giving women an image of scenarios, (3) Proposing wisdom for daily life, (4) Presenting specific examples, (5) Expert orientation, (6) Providing anticipatory information, (7) Strengthening of ability to handle problems.
Midwives provide abundant information in anticipation of their needs beginning in pregnancy and support their ability to act practically.

5) Acquiring childcare ability through joint tasks
This concept names included in the categories are as follows: (1) Partnership, (2) Modelling, (3) Demonstrating the judgment process and basis for it, (4) Giving choices, (5) Promoting experience, (6) Skill enhancement through repetition, (7) Not conferring a sense of failure.
Midwives ascertained women’s capabilities and supported their acquisition of childcare ability through educational interactions. Midwives first perform modelling and then give women opportunities to make choices in order to support their decision-making.

6) Self-efficacy through experiences of success
This concept names included in the categories are as follows: (1) Encouragement, (2) Letting women handle what they can, (3) Approval and praise, (4) Communicating growth, (5) Supporting women in not giving up, (6) Assurance.
Midwives recognize women’s growth and give them approval and praise, which leads to women’s self-efficacy.

7) Starting child-rearing with family cooperation
This concept names included in the categories are as follows: (1) Ascertaining the abilities of family members, (2) Involving family members, (3) Increasing the power of the family.
Midwives ascertained the abilities of women’s family members and elicited their involvement to support women as they started rearing children.

4. 5. Overall storyline
In accordance with a worksheet, concepts were generated, which were then made into a storyline. Empowerment and support for women by midwives consists of caring for women in order to provide mental stability, as well as technical work to promote women’s acquisition of childcare ability. The “caring” category consists of emotional bonding and strong relationships of trust, counselling function, and equal relationships. The “technical work” category consists of abundant provision of information, acquiring childcare ability through joint tasks, self-efficacy through experiences of success, and starting child-rearing with family cooperation. This composite support by midwives empowered women.

5. Discussion
Empowerment and support for women by midwives consists of caring for women in order to provide mental stability, as well as technical work to promote women’s acquisition of childcare ability.

We consider that a close, equal supportive relationship based on trust promotes the women autonomy and demonstrates their personality.

We consider that the timely acknowledgement and praise of the women by the midwife, who is an important third party, creates self-confidence as a mother.

We think that the interaction with an experienced private midwife leads to a maternal identity.

6. Conclusion

1. By fulfilling counselling function based on a foundation of emotional bonds and strong relationships of trust, midwives help women recover from feelings of powerlessness.

2. Care for empowering women involved abundant provision of information, acquiring childcare ability through joint tasks, and self-efficacy through experiences of success.

7. Topics for future study

We would like to determine the relationships of support for empowering pregnant women in order to derive a theory which can be applied in hospitals and clinics.

Reference


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