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PART I

Theoretical Basis for Practice
Introduction

Midwives have been challenged by Kirkham to develop and understand the theory base of midwifery practice:

Beyond this there is much that needs to be done in midwifery research and the subsequent development of midwifery concepts and theory. There is little time to do this, for the majority of midwives are now vastly limited in their practice by the nature of their setting. But midwifery researchers drawing upon the knowledge of those midwives who still retain a degree of autonomy in their practice could feed much of value into midwifery education, as well as raising our consciousness by showing us the nature of our own practice. (Kirkham, 1989: 136)

This book is part of the response to this challenge. In this first chapter, we set the scene for the discussion of theory development in midwifery, identify the issues considered in the two parts of the book, outline the structure of the following chapters and introduce the interactive nature of the book. We hope that, by working through the activities at the end of each chapter, when you return to the final activity at the end of this chapter you will feel that your understanding and excitement about theory for midwifery practice will have been challenged, deepened and developed.

Midwives and midwifery

The word ‘midwife’ means ‘with woman’. We are all very familiar with this definition – but what does it mean? Descriptions of midwives’ activities with
women identify midwives’ empathy; their openness; their awareness of the feelings, thoughts and processes that a woman and her family are experiencing. Skills of observation are acute: the midwife watches patiently and with love; palpates and touches with sensitivity and kindness; listens with attention and time; smells with understanding and concern.

Midwives are described as special people with special attributes, wise women; in some cultures, only women who are mothers themselves can become midwives. To be a midwife is to use the self, the person who is the midwife, in the practice of midwifery and the care of women and their families. Being a midwife becomes an inextricable part of who the person is: dependent on individual personalities, experiences and beliefs but all, if they are ‘good’ midwives, will have, as part of their nature, the empathetic, intuitive, ‘with woman’ approach to midwifery practice. Midwifery identifies clearly that the practice of midwifery is dependent on the use of the self by the midwife.

Descriptions of midwifery practice and discussions with midwives emphasize the intuitive, the empathetic nature of the midwife’s care, rather than the theoretical underpinnings to their practice. The sensitive midwife, who listens and hears, palpates and understands, observes and comprehends, uses her personal attributes but is able to collect and interpret information through the use of skills acquired through midwifery education and practice, to compare the information collected with knowledge and experience acquired through life, midwifery education and practice.

Midwives have been provided with a surfeit of midwifery textbooks containing both experiential and research-based knowledge that describe the knowledge base of midwifery practice. Both Ina May Gaskin (2002) and Elizabeth Davis (2004), two empathetic and experiential midwives, emphasize the knowledge required to support women during childbearing in their respective books, which can be categorized as textbooks of midwifery practice. Textbooks describe, for example, physiological theories of labour and the production of breast milk; psychological theories of attachment and loss; sociological theories of social roles, and many others. If the day-to-day practice of midwives is observed, they can be seen, for example, explaining the process of foetal development to parents, based on their knowledge of intrauterine growth, or helping a woman decide on the appropriate method of pain relief, based on their knowledge of the physiology of labour.

The ability of the midwife to ‘be with’ the woman and her family may be based on personal, empathetic, intuitive qualities, but the ability to help is based on the use of these qualities in combination with knowledge, with theory and with thinking about practice. In fact, this is the great achievement of the skilled, intuitive midwife: to be able to use the extensive knowledge base of midwifery and, at the same time, to care for the woman, her family and community in a sensitive, loving way. These midwives are the skilled, knowledgeable craftspeople who care for and love the tools and the medium with which they work (Sennett, 2008).

Knowledge and theory at first appear to be anti-empathetic, anti-intuitive, anti-, in Elizabeth Davis’s (2004) term, being open. Anti- all those attributes
that midwives see as being central to midwifery care and anti- all the personal attributes that midwives feel they demonstrate in their care; that is, anti- our image of ourselves as people. This attitude says that you can either be empathetic, intuitive and ‘with woman’, or you can be a theorist, use models and thus be distant, detached from women. In fact, those midwives who are intuitive, empathetic and who love and care for women are probably those who are most concerned to gain new knowledge, to read, to question, to undertake research. They have such concern for the women and families with whom they are involved that they feel that the care they give must be based on the most up-to-date knowledge. This may be the most recent midwifery research about information needs in labour, physiological research about foetal blood circulation, or it may be knowledge about complementary therapies that may relieve depression and stress in pregnancy. Whatever the discipline or source of knowledge, these midwives are concerned to provide the most effective evidence-informed care for women.

These midwives are also concerned to develop knowledge. Through their empathetic observation of women throughout the childbearing process, they build up a huge stock of knowledge about the process of childbearing and the needs of women and, through this process, develop practice theory. Through reflection, further observation and more reflection, they are able to make predictions about the type of care that will be most suitable, for which women, under what circumstances, and can put forward theories of practice. They are able, in research and theory-building terms, to make statements about causal relationships between concepts. They can make statements, for example, about the relationship between immersion in water in the first stage of labour and dilation of the cervix and pain relief. Their close observation and concern makes it possible for them to make such statements which they, and others, can then test and develop into models or theories of midwifery care (see Chapter 2).

Skilled midwifery care results from the combination of the personal qualities of the midwife with knowledge, theory, reflection and thinking about how theory and knowledge can best be used in the care of the individual woman (Mander and Fleming, 2009). Theory provides the tools for the job. Theory provides a structure within which midwives can compare the present experiences of the woman they are caring for with the responses identified in the theory. Theory for practice sensitzes midwives to the things that they should be watching for, and helps to identify those factors that are central from those that are less important. The use of theory involves the comparison of the experiences of the woman with knowledge and theory from midwifery practice and from a range of disciplines. Midwives make this comparison through thinking about women, and thinking about the theories they hold about the behaviour and needs of women. This thinking leads to the development of practice theory and theories for practice. The quality of the thinking that midwives undertake will have a direct effect on their actions, their care of the woman, her family and the community.

This book is about understanding theory generation, theory testing and theory in practice. Midwifery care is essentially practical, and much of the
learning about midwifery focuses on the development of practical, interpersonal skills. These skills are developed through a process that must include thinking. Less attention has been paid to the process of thinking, the need for reflection, and the development of midwifery theory, than to the actual doing of midwifery. Socrates, the son of a midwife, in Plato’s *Theaetetus* describes himself as a midwife of ideas, helping others to bring forth ideas, but not himself giving birth to ideas, in the same way that a midwife helps a woman to give birth:

My art of midwifery is in general like theirs; the only difference is that my patients are men, not women, and my concerns are not with the body but with the soul that is in travail of birth. And the highest point of my art is the power to prove by every test whether the offspring of a young man’s thought is a false phantom or instinct with life and truth. I am so far like the midwife, that I cannot myself give birth to wisdom; and the common reproach is true, that, though I question others, I can myself bring nothing to light because there is no wisdom in me. The reason is this: heaven constrains me to serve as a midwife, but has debarred me from giving birth. So of myself I have no sort of wisdom, nor has any discovery ever been born to me as the child of my soul. (Cornford, 1946: 26)

**Working with the book**

The aim of this book is to help midwives to value the contribution that theory can make to midwifery knowledge and practice. Midwives need to clarify ‘where they are coming from’, to make explicit to themselves and to others the basis for their practice: the values, attitudes, skills and knowledge that combine in midwifery care. This book is an aid to this process. It aims to help midwives think about the basis of their practice and the conditions that are necessary for midwifery care; to help in the thinking about the underlying concepts or theories of practice and to consider the use of those concepts or theories in the tools they use in their everyday practice. Much of this underlying theory and the concepts of everyday practice are generally hidden from discussion and from view, sometimes even hidden from the person who holds them! If these theories, concepts and models can be identified and discussed, they form a way of aiding communication between midwives, the childbearing woman and her family, and other practitioners, helping to identify shared meanings and values. One way of clarifying the meaning of midwifery is to examine the basis and context of care. In Box 1.1, we have identified a number of questions that might help you and those you work with begin to explore these issues.

In this book, the aim is to discuss these and other questions, to work towards an understanding of the context of midwifery care, to consider the need for shared meanings or, at least, the discussion of different meanings and ways of putting these shared meanings into practice through the utilization of models and theories of caring and practice.
You need to make this book work for you. We want to make you think intuitively, theoretically and critically about the art and science of all that is ‘midwifery’. We do not know the values that you hold: you have to bring them to the surface yourself. We cannot reflect on your practice for you: you have to do that. We cannot know the context within which you practice midwifery: you have to identify the supports and constraints there yourself. We cannot know the theories that you have developed from your own practice: you have to describe them yourself. All we can do is bring together contributions from a wide range of people and sources that we hope will help you in your thinking about midwifery practice (or action), and the theory/theoretical research contributing to that practice. This material will help you to consider the theoretical tools that you use in your practice, and may contribute to making these theories more coherent to yourself and to others. Your thinking about these issues will then contribute to the wider debate within midwifery and the search for a language or languages for midwifery practice.

The central contention of this book is that thinking affects practice: that the mental pictures that we each hold affect our practice, and that the mental pictures underpinning the organizations within which we work and provide care (and which we may or may not share) have a profound effect on the care experienced by childbearing women. This book seeks to help clarify the questions: How do I care? How do you care? What impact does that have on the woman’s experience of care?

### Box 1.1 Questions to start the process of theory development

- How do I think about women and about myself?
- What are the needs of women in the process of childbearing, childbirth and, later, in child rearing?
- Do I consider all the needs that women and their families may have, or do I tend to focus on one area of need?
- If I focus on one area, why is that?
- What knowledge do I use in caring for women?
- What constraints do I experience from day to day in caring for childbearing women?
- What is the contribution of other members of the multidisciplinary team to the care of the childbearing woman and her child?
- How much responsibility do I want?
- How much responsibility do women want?
- How do I help women exercise control in their care?
- Do I have polemic views on normal and technological birth?
- What are my views about care, empowerment, choice, holism, equality and continuity?
- What are the views of my midwifery and other colleagues’ about these concepts?
  Do we share the same views? Have we ever discussed them?
Organization of the book

There are two themes that permeate this book: the role of the midwife, and the needs of the childbearing woman. It is the premise of the book that a clearer understanding of the concepts, theories and models that inform midwifery care will result in a better understanding of the role of the midwife, the type of care that women need and provision of that care. All the chapters are therefore concerned with the process of clarifying and identifying these concepts, theories and models. The exercises at the end of each chapter may be undertaken by individuals or groups as part of this process of clarification and theory building.

The first edition was published in 1995 and since that date there has been a huge expansion in the amount of work on the development and application of theory to midwifery practice. There has been an increase in the amount of midwifery research that has tested and developed theory, and a focus on theory is now central to the initial preparation of midwives and their development at master’s level. The content of this book reflects these developments.

The book is organized in two parts. In Part I, following this chapter, there are three chapters that provide the context for Part II of the book. In Chapter 2, some of the terms – such as theory, philosophy, models and concepts – are explored and defined. The central concepts that inform the practice of midwifery are also considered with the process of developing theory and the question: Where does theory come from? The chapter concludes by examining two theories that have a considerable impact on practice: the medical model, and the model of pregnancy as a normal life event. Chapter 3 focuses on a number of midwifery theorists and theory development work by a number of midwives. In the first edition of this book, the theorists considered were all, apart from Jean Ball, from the USA. In this chapter, we could have included now the work of a number of midwifery theorists from the UK, Australia, New Zealand and other parts of the world, many of whom have written chapters for the second part of the book. This chapter roots the book in theory development from the 1940s onwards, and includes the current theory development work of Soo Downe and colleagues and the work that led to the first edition of this book by Rosamund Bryar. Theory, as outlined in Chapter 2, may be developed deductively or inductively. The value of theory from other disciplines to midwifery practice is illustrated in Chapter 4. This chapter, the final chapter in Part I, introduces motivational theory, a psychological theory. Janine Stockdale and co-authors provide a detailed examination of the concepts that form this theory, describing the potential application of motivational theory in the work of midwives in supporting women to breastfeed.

Part II consists of 10 chapters illustrating the development and application of theory to midwifery practice, written largely by midwives. This section demonstrates the enormous growth in theory development in midwifery over the past decades – in particular, in the middle-range theories. The first chapter in Part II, Chapter 5, is written by Janine Stockdale and co-authors, and provides a description of the research that she undertook to test the application of motivational theory to the support of women breastfeeding. The utility of
this approach, and the potential that use of this theory has to enable mothers and midwives, is amply demonstrated. With Chapter 4, this chapter illustrates the utility of theory from other disciplines and one approach to applying such theory to practice issues. Chapter 6, by Lynn Jones and Sally Kendall, may seem rather challenging, as the theory base used moves away from more familiar sociological or psychological theories to theory involved in furniture design. Lynn Jones is a furniture designer and undertook her PhD, supervised by Sally Kendall, on the development of a chair to facilitate breastfeeding. The chapter illustrates the value of combining qualitative research with knowledge from other disciplines and, in this case, has resulted in the manufacture of a chair making use of these different theory bases.

The development of theory and models for practice often involves research activity and the research experience is often presented in publications as being a non-contentious activity. Billie Hunter, well-known for her work in developing our understanding of normal birth, provides a description in Chapter 7 of the reality of undertaking research concerned with examining emotion in midwifery work. She explores the many dilemmas, from her anxiety at challenging received wisdom concerning emotional labour, to her questions about the relevance of research methods and her conclusions about the need not to be afraid to ask questions of every aspect of the research process, as only by doing this will theory be tested and refined.

The subsequent three chapters are concerned with exploring the concepts that support and facilitate the birth experience. In Chapter 8, Denis Walsh illustrates the development of theory concerning the centrality of the concepts of caring, nesting and matresence through detailed qualitative research using observation of birth in a birth centre. This chapter also provides evidence of the importance of environment in the context of birth, a theme reflected in a number of the subsequent chapters. In Chapter 9, Kerri Schuiling and co-authors explore the concept of comfort, demonstrating the use of quantitative methods to test the Comfort Theory developed by one of the co-authors, Kathryn Kolcaba (1994). While a number of the chapters in Part II are concerned with naming concepts, this chapter describes research into testing the evidence of the relevance of the concepts in a theory, Comfort Theory, to women in labour, the next stage of the theory development process. Chapter 10 presents a developed theory of midwifery practice, Birth Territory Theory, developed by a group of midwives in Australia (Fahy et al., 2008). The chapter introduces the concepts that combine to form the theory, and the development of the theory through observation of care is illustrated. This chapter demonstrates the wide range of knowledge that theories may draw on and, while some of the ideas may be unfamiliar or challenging to some, this presentation illustrates the range of theoretical positions held by midwives that will influence and inform their care.

Kenda Crozier and Marlene Sinclair, in Chapter 11, also demonstrate the work of building on and testing theory, extending the theory developed by Marlene Sinclair in her PhD work. In this chapter, these authors demonstrate the need for, and the range of methods that are helpful in testing and refining theory. They demonstrate the use of the Hybrid Method of Concept
Development in studying the roles of midwives in supporting women in labour who need technological interventions (Swartz-Barcott and Kim, 2000). The three models of midwifery practice that emerge from this work relate closely to the discussion of the impact of the elements included in the action approach to organizations discussed in Chapter 3, and are reinforced by Billie Hunter’s work reported in Chapter 7.

The process of examining practice through interrogation and synthesis of evidence from the literature, from pre-existing theory, is demonstrated in Chapter 12, in which Michelle Kealy and Pranee Laimputtong consider issues related to decision-making around the need for Caesarean section. They present a challenging analysis that has the potential to stimulate thinking about everyday practice and questions for research.

Throughout this book, the concern is with the practice of midwifery and the self of the midwife is identified, in this chapter and in Chapter 2, as being central to the care that is given. Chapter 13 is concerned with the environment that supports or undermines the individual midwife. Patricia Gillen and colleagues have examined the experiences midwives have of being bullied in the workplace. They demonstrate the use of Walker and Avant’s (2004) concept development framework to examine the concept of bullying and the process of research undertaken that led to refining the definition of bullying (Royal College of Midwives, 1996), and identification of additional attributes of the concept from the research. As these authors conclude, bullying has a profound impact on the individual midwife and, potentially, has a profound impact on the type of care she is able to provide for women.

Chapter 14, by Rosemary Mander, concludes Part II and provides an analysis of concepts that are held dear by midwives: ‘with women’ and ‘partnership’. She examines the partnership model developed and implemented in New Zealand, and shows that theory building, theory testing and use are not neutral activities but, rather, may be very political. This chapter provides another and different perspective on the utility of theory in and for practice, and suggests the need for close examination of the origins of theories.

A point needs to be made about the use of language. Midwives may be female or male, and efforts have been made to refer to midwives in the plural to avoid identification of midwives as female or male. The identification of midwives as female has only occurred when discussing midwifery practice in periods or countries where it is, or was, an exclusively female activity.

The process of building midwifery theory

Theory building is incremental. To provide an idea of the current extent of literature on midwifery theory, we undertook a database search in 2010 of papers on midwifery theory generation and midwifery theory testing. To do this, we contacted the chief librarian at the Royal College of Midwives and the subject librarian at Ulster University to support us as we undertook a comprehensive and systematized review of the literature on midwifery theory, midwifery concepts, midwifery models and midwifery theorists. We were
advised to use three electronic databases: CINAHL (Cumulative Index to Nursing and Allied Health Literature), Medline, and the British Nursing Index. We discovered ‘midwifery theory’ was not a medical subject heading (MeSH) in any of the databases. Papers were selected if the abstracts indicated that they were likely to provide relevant data on applied, tested or developed theory within the context of midwifery practice.

**CINAHL**

‘Midwifery’ was not a MeSH or a subject heading. Searches for key words ‘midwifery theory’, ‘midwifery concepts’ and ‘nurse-midwifery theoretical constructs’ produced no results; this did not change using smart searching techniques. We also undertook a key word search using ‘theory generation’ combined with ‘nurse midwife’, and the result was zero. MeSH ‘nurse midwives’ was a subject heading in CINAHL and produced 1292 papers. Theory was added and exploded to include all terms resulting in 76,000 hits that were reduced to 58 when we added ‘theory testing’ and ‘theory generation’. The abstracts were downloaded and read, and it was found that 10 papers were relevant to midwifery practice.

**OVID Medline**

‘Nurse-midwifery’ was a MeSH, but ‘midwifery’ was filed under ‘nurse specialties’. The search was replicated and a potential pool of 5407 papers was identified. This was reduced to 82 when the key words ‘midwifery theory’, ‘midwifery concepts’ and ‘nurse-midwifery theoretical constructs’ were added. This was further reduced to 37 when ‘theory generation’, ‘theory development’ and ‘theory testing’ were added.

**British Nursing Index**

‘Nurse midwifery’ was not a MeSH, and a key word search revealed no papers under this umbrella term. A key word search for ‘midwifery’ and ‘nurse-midwifery’ revealed 189 papers. The terms were exploded and a pool of 2472 papers became available. However, when ‘theory generation’ and ‘theory development’ and ‘theory testing’ were added, this was reduced to 29.

Although this search generated a small number of papers, it was encouraging that many have been published in recent years – demonstrating, as do the authors in this book, the continuing growth and development of midwifery theory building and testing. As many of the authors of the chapters here acknowledge, they are often building on or challenging work undertaken by others. In Chapters 2 and 3, in particular, we have deliberately reminded the reader of the contribution to our knowledge that has been gleaned from the work of early researchers in the field. It is extremely important to do so, as we need to be reminded of the value of research or reference materials that are over 10 years old. These may be more difficult to source by means than through Internet searches, but they provide a foundation for our current work,
helping the process of incremental building and thus the future stability of our knowledge building for midwifery practice.

In this book, we provide a solid foundation for the future development and testing of midwifery theory. We believe that the art and science of midwifery must be equally valued and evidence-supported for post modern “Y” generation women to make truly informed choices about their birthing experience, in partnership with midwives and doctors. This poses considerable challenges:

- asking answerable and appropriate questions about our knowledge base
- keeping our focus on searching rigorously for the ‘truth’
- assembling new knowledge into meaningful explanations and laws or theories
- applying, testing and evaluating these theories and their relationships to practice education and research, prior to building foundational models for ‘midwifery’.

A concrete foundation needs to be built with proportionate amounts of the right ingredients and, in midwifery, we require three key substances: education, research and practice. Each of these must be equally balanced and carefully monitored in order to produce the desired outcome – a solid evidence base on which to build midwifery practice with pillars of knowledge. The evidence in the book demonstrates theory derivation, theory generation, theory application, theory development, theory testing, theory evaluation and theory synthesis. However, it is important to remember the purpose of a theory and its limitations. A theory should provide auditable and transparent data on its concepts, attributes and empirical referents, as well as proposed tentative relationships or theoretical assumptions. Describing a theory and its application is similar to the production of a map in which the cartographer helps the navigator to visualize the journey and see the dimensions, connections and boundaries. This is very helpful, but it is mostly of ‘extrinsic’ value. It is only after experiencing the journey equipped with your own personal knowledge, skill and attitude that you really know and understand the ‘intrinsc’ value of ‘doing’ and move more towards becoming enlightened. It is our hope that, through your experience of doing, of engaging with this book and the exercises, you will develop your abilities in the critical analysis and evaluation of theory, and be confident and competent to question the value, relevance and ‘fit for purpose’ contribution of any theory for midwifery practice.

**Conclusion**

In this chapter, some of the issues have been raised that need to be considered in any discussion of theory building. It has been argued that midwifery theory needs to be thought about and placed centrally in any discussions of midwifery practice. The interactive nature of this book has been presented: when you reach the end of the book, if you have undertaken the activities you should have a clearer idea of your own models and theories of and for midwifery practice. The structure and content of the book has been described. This book
is not a prescription for ‘doing’ or ‘applying’ theory. This book is a challenge to you and your thinking about midwifery theory, research and practice. Our message to you is: ‘Change the world of midwifery care that you live in by changing the way you think’.

**ACTIVITIES**

**To be undertaken when you begin this book**

**Undergraduate**

Consider the content of this introductory chapter and, before you proceed to the next chapter, challenge yourself to answer the questions in Box 1.1.

**Postgraduate**

Imagine you have the freedom to create a strategy for developing the knowledge, skills and attitudes of midwives with regard to theory. Using the seminal work of Bloom (1956) and Marzano and Kendall (2007) design a plan of activities to inspire and encourage them to move from simple knowledge acquisition to evaluation and creation of new knowledge.


**To be undertaken when you finish reading the book**

Having read and worked through the chapters, we suggest you re-read this chapter and undertake the following activities.

**Undergraduate**

Undertake a systematic search of current electronic databases from 1950 to the present and search for: ‘midwifery theory’; add ‘models and theories in midwifery’; add ‘testing midwifery theory’; add ‘generating midwifery theory’ and combine. Save your search strategy and creatively explore other possibilities — such as the inclusion of ‘nurse midwife’ and ‘nurse theorists’, use non-academic search engines — to develop an awareness of the challenges involved in searching for relevant literature from both academic and non-academic Internet-based resources.

**Postgraduate**

Consider the contribution of this book to knowledge development and ask yourself: ‘How can midwifery make the necessary connections between the knowledge shared in these chapters to produce a solid foundation for building the future of midwifery?’ Read the short editorial by Sinclair (2007).

Also, consider the following key questions:

- What do I know about the phenomenon that I want to study?
- What types of knowledge are available to me (empirical, non-empirical, tacit, intuitive, moral or ethical)?
- What theory will best guide my midwifery practice?
- Is this theory proven through theory-linked research?
- What other theories are relevant to this practice?
- How can I apply these theories and findings in practice?

Finally, we suggest you revisit the seminal work of Silva (1986). In this paper, Silva publishes unique data from a systematic exploration of American literature from 1952–85 (62 published papers) in which research had been used to test theories. Although these were mostly nursing theories, the approach and the selection criteria used are relevant and replicable for midwifery today. We propose that you repeat this literature search for ‘midwifery theory’ from 1952 to the current year, applying the following inclusion criteria:

- papers in which the research determined the validity of the assumptions/propositions in a theory
- theory as an explicit framework for the research
- whether the relationship between theory and the study hypotheses is clear
- whether research hypotheses were deduced clearly from the assumptions of the theory
- whether research hypotheses were tested in an appropriate manner
- whether research provided indirect evidence as to the validity of the assumptions/prepositions of the theory
- whether the evidence was discussed in terms of how it supported, refuted or explained theory.


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