

Experienced hospital midwives' views on changing childbirth practices

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Introduction

The techno-medicalisation of childbirth intensified in the 20th century with the systematization of practices designed to guarantee maternal and neonatal safety (Topçu & Brown, 2019).

Sociological studies, evidence-based medicine/midwifery (EBM) and women themselves have questioned the relevance of these routine, scientifically unproven interventions, leading to their rethinking (Borrelli et al., 2018; Enkin et al., 1995; Feeley et al., 2019; Gouilhers, 2017; Perrenoud, 2014; Sackett et al., 1996; Scamell, 2014; Topçu, 2019).

However, the evolution and the adoption of evidence-based practices by professionals is a complex process that can take time.

Objectives

- To explore the experiences of experienced hospital midwives on the evolution of birth practices.
- To study the changes they have experienced, the ways in which they have modified their practices, the difficulties encountered and the barriers to their evolution.

Methodology

A **descriptive qualitative study** was conducted with 15 experienced midwives from a university hospital maternity [UHM] unit and three regional hospital maternity [RHM] units of French-speaking Switzerland.

Four focus groups and one semi-structured interview were conducted from January to July 2024.

Transcribed data was **analysed thematically** using the Braun and Clarke (2022) approach and MAXQDA (2024) software.

The results were presented to four of the participants who were able to discuss and validate the findings.

Results - During the analysis, five themes were identified

Theme 1: Identifying changes in birth room practices

The water had to be broken, the Kristellers manoeuvre had to be performed and that was that. Then, little by little, things progressed. But it's an evolution. I think there were some good things too. Like now, there are things that aren't so good. That's why I think it's difficult to say that back then it was like that, but now it's different. It's not like that. Things change, things come back, you go backwards and forwards. It fluctuates. But I'm not sure that childbirth is all that different now. And what's also changing a lot is the women. (Clara, RHM, 25-29 years' experience)

Theme 2: Development in a community of practice

At school, we learned about physiology. We really started from this definition that the midwife is the guarantor of physiology and that she must promote and maintain this physiology. And that's why I liked it and why I identified with it and why I still have this very physiological approach. (Julia, RHM, 15-19 years' experience)

It's interesting, because I was trained in France, so I have the impression that I was trained to be very technical (...). (Alice, RHM, 15-19 years' experience)

Theme 3: Negotiating practices within a hierarchical framework

A diversity of superiors that implemented different philosophies in the maternity units. (Amélie, RHM, ≥ 30 years' experience)

(...) so we cheated in our cervical examination so as to not break the membrane, so as to not move forward with Synto too quickly. And then try to do the best we could so that these women, they have the most natural birth possible. (Amélie, RHM, ≥ 30 years' experience)

Theme 5: Environmental influences on professional practices

At the Regional Maternity Hospital B., there's a garden (...). Women can go out there (...). In the delivery room, there's no delivery bed (...). That gave the place a completely different feel. (Amélie, RHM, ≥ 30 years' experience)

We had a great natural room with a delivery chair and so on. But we just weren't allowed to use it. We had a bath, but we weren't allowed to use it. (Nelly, RHM, 20-24 years' experience)

We live in a digital society. So this is digitised, we use algorithms. And there's a certain loss of meaning in our work (...). In the old days, it was really like having eyes at your fingertips. And now we have an ultrasound scanner that's quick enough to check a variety of presentation, when it can be done with the fingers. (Fabienne, UHM, ≥ 30 years' experience)

Theme 4: Reflexivity, continuing education and integration of evidence

But afterwards, there's still this training (...) where there are still things that are important, because we're also safer when we do these things regularly. (Fannie, RHM, 20-24 years' experience)

It goes so fast now, all these changes (...). There's always someone to tell us: look, this has changed, there's this study. (Céleste, RHM, ≥ 30 years' experience)

Discussion

Childbirth practices evolution is neither linear nor more oriented towards physiology or medicalisation, despite EBM recommendations.

Evolution is influenced by factors such as fear of risk, judicialisation, institutional constraints, "communities of practice" and the emotional experience of acquired practices.

Implications for clinical practice:

- Interprofessional vocational training can strengthen collaboration between midwives and obstetricians and mutual recognition of skills. The combination of EBM and clinical intuition leads to more appropriate practices.
- Supportive interdisciplinary team meetings foster shared reflection, interprofessional collaboration and adaptation of evidence-based practices.
- A more balanced distribution of roles in physiological childbirth, supported by institutional strategies, supports midwives' autonomy while guaranteeing medical recourse in the event of complications.
- Advanced midwifery practice in Switzerland strengthens the autonomy of midwives and the evolution of birthing room practices, notably through the development of skills and the integration of evidence-based recommendations.

References

- Borrelli, S. E., Walsh, D., & Spiby, H. (2018). First-time mothers' expectations of the unknown territory of childbirth : Uncertainties, coping strategies and 'going with the flow'. *Midwifery*, 63, 39-45. <https://doi.org/10.1016/j.midw.2018.04.022>
- Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. SAGE.
- Enkin, M., Keirse, M., Renfrew, M., Neilson, J., & Enkin, E. (Eds.). (1995). *A guide to effective care in pregnancy and childbirth* (2. ed). Oxford Univ. Press.
- Feeley, C., Thomson, G., & Downe, S. (2019). Caring for women making unconventional birth choices : A meta-ethnography exploring the views, attitudes, and experiences of midwives. *Midwifery*, 72, 50-59. <https://doi.org/10.1016/j.midw.2019.02.009>
- Gouilhers, S. (2017). *Gouverner par le risque : Une ethnographie comparée des lieux d'accouchement en Suisse romande* [Thèse de doctorat, Université de Genève]. Archive ouverte UNIGE. <https://doi.org/10.13097/archive-ouverte/unige.101730>
- Perrenoud, P. (2014). Naissance et évolution des pratiques : Entre Evidence-Based Medicine, expérience et intuition. In C. Burton-Jeangros, R. Hammer & I. Maffi (Eds.), *In Accompagner la naissance. Terrains socio-anthropologiques en Suisse Romande* (pp. 133-154). BSN Press. <https://doi.org/10.3917/bsn.burt.2014.01.0133>
- Sackett, D. L., Rosenberg, W. M. C., Gray, M., Haynes B. & Richardson, W. S. (1996). Evidence based medicine : What it is and what it isn't. *BMJ (Clinical research ed.)*, 312, 71-72. <https://doi.org/10.1136/bmj.313.7050.170c>
- Scamell, M. (2014). *Childbirth Within the Risk Society*. *Sociology Compass*, 8(7), 917-928. <https://doi.org/10.1111/soc4.12077>
- Topçu, S. (2019). Caesarean or vaginal epidemics ? Techno-birth, risk and obstetric practice in Turkey. *Health, Risk & Society*, 21(3-4), 141-163. <https://doi.org/10.1080/13698575.2019.1641588>
- Topçu, S., & Brown, P. (2019). The impact of technology on pregnancy and childbirth : Creating and managing obstetrical risk in different cultural and socio-economic contexts. *Health, Risk & Society*, 21(3-4), 89-99. <https://doi.org/10.1080/13698575.2019.1649922>