A qualitative study of how caseload midwifery is constituted and experienced by Danish midwives

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Background:
This study focuses on midwives’ working and living conditions in caseload midwifery and how this model of care is embedded in two Danish standard maternity units. Many Western countries have implemented this model of care because research indicates that knowing one’s midwife is essential to women (1, 2, 3) and because evidence shows that continuity of care seems to promote uncomplicated births (4-8). International studies indicate that midwives’ perspectives on caseload midwifery are varied (9-11).

Purpose/Objective:
The aim of this study is to advance knowledge about the working and living conditions of midwives in caseload midwifery and how this model of care is embedded in a standard maternity unit.

Method:
Phenomenology of practice was the analytical approach to this study of caseload midwifery in Northern Denmark. The methodology was inspired by ethnography, and applied methods were field observations followed by interviews. Thirteen midwives working in caseloads were observed during one or two days in the antenatal clinic and interviewed afterwards.

Key Findings:
Being recognized and the feeling of doing high quality care generate high job satisfaction. The obligation and pressure to perform well and the disadvantages to the midwives’ personal lives are counterbalanced by the feeling of doing a meaningful and important job. Working in caseload midwifery creates a feeling of working in a self-governing model within the public hospital, without losing the technological benefits of a modern birth unit. Midwives in caseload midwifery worked on welcoming and including all pregnant women allocated to their care.

Discussion:
In expanding caseload midwifery, it is necessary to understand that the midwives’ personal lives need to be prepared for this work-form. The number of women per full time midwife has to be surveilled as job-satisfaction is dependent on the midwives’ ability of fulfilling expectations of being present at women’s births.

References:

