

Warkworth Birthing Centre

An Appreciative Inquiry



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Executive Summary

The Warkworth Birthing Centre is located in the Rodney district. In a time of decreasing numbers of normal births, increasing use of intervention during labour and birth and high midwifery turnover, the Warkworth Birthing Centre exemplifies the vision of the Ministry of Health Maternity Action Plan 2008-2012 (Draft) towards women experiencing pregnancy and motherhoods as normal life events with confidence in their ability to give birth. Using an appreciative inquiry methodology the research identified the strategies, factors and influences that help achieve sustainable excellence that is Warkworth Birthing Centre. 28 women, comprising mothers, midwives, directors and a Trust member, were interviewed for the purpose of the research. The findings show that the things that make the Warkworth Birthing Centre work well are:

- The mothers' confidence is built (p.14-15)
- The Birthing Centre feels like home (p. 16-17)
- The women gain confidence in natural birth (p.18-20)
- The women get mothered, and in turn learn to mother (p.21-23)
- Being within the local community matters (p.24-25)
- It's about being clear about what matters (p.26-27)
- It's about sound, visionary management (p.28-30)
- And it's about being safe (p.30-31)
- It's about sustaining midwives (p.32-33)
- It's about the whole experience / the feel of the place (p.34-36)

Implications

The ongoing and reciprocal relationship that exists between the Birthing Centre and its community is revealed within this study. Just as the Birthing Centre sustains the community so the community sustains the Centre. Because of this Centre, women and their families are nurtured through an empowered experience of normal birth.

The dreams of the women and midwives are for an increase in size, a new delivery room, sound proofing, all rooms with en suites, funding for women who need additional care, and a more streamlined system of audit.

The positive core of Warkworth Birthing Centre is: visionary, committed midwives leading a cohesive, passionate team who 'mother' new mothers, giving women and their families confidence, trust and a feeling that they matter, all within community. This core needs to be replicated and upheld in other communities.

Background to the Study

This study arose from a conversation between the Directors of the Warkworth Birthing Centre, and academic researchers from Auckland University of Technology. Having sat through the presentations at the College of Midwives Conference which highlighted the issues confronting midwives, for example, low breastfeeding rates, increasing rates of intervention during labour and birth, and midwifery burnout, Sally knew they were doing something at Warkworth that needed to be told. Was it about their success in breast feeding? Was it the way the Centre was run? What was it that made this Centre work so well? When Liz and Debbie read about appreciative inquiry as a research approach they knew they had something to offer Sally and Sue. Rather than identify a specific research question that would narrow a research study down to one particular aspect, why not stay with the overarching question ‘what works well here?’ The collaborative team met to plan the study. The academics made application to the Ethics committee (Northern Region) and the Directors did the setting up of inviting focus groups of women, staff, and midwives and arranged an interview with the Chair of the Trust Board who own the buildings.

The aim of the study was to reveal the strategies, factors and influences that help achieve sustainable excellence.

The impetus was twofold.

1. Normal birth is on a decline in tertiary maternity units. For example, in National Women’s Hospital in 2007 only 54.7% of women experienced a normal birth (spontaneous vertex birth). Further, 43% of women had an epidural (regional anaesthesia) for pain relief in labor. While the statistics cannot be directly compared because there are women from the Rodney District who would be booked to deliver at a base hospital because of the likelihood of needing intervention, nevertheless, we believe the Warkworth Birthing Centre statistics are impressive. In 2007, 161 women gave birth at the Centre, which means they all achieved a normal birth, without an epidural (because it is not available). Only 20 women were transferred in labour. That means the vast majority of women who made the choice to birth normally followed that through with an intervention-free birth. Table one shows a similar pattern over the past 3 years.

Table One	2005	2006	2007
Normal birth	178	154	161
Primigravida	59	43	45
Primigravida who gave birth in water	13	10	18
Multigravida	119	111	116
Multigravida who gave birth in water	38	35	53
Total water births	51	45	53
Transfer in Labour	18	20	20
Postnatal only	180	234	268

2. How a woman gives birth, and the model of care that supports birthing services, is shaped by social practice and cultural context (McAra-Couper, 2007; Payne, 2002). We acknowledge our concern of a cascade of intervention which undermines normal childbirth (Banks, 2007). We believe it is 'real midwifery' that helps to sustain a belief in normal birth and thereby allows it to stay within community (Hunter, 2000, 2003; Barlow, Hunter & Lennon, 2004). We hold the assumption that the existence of trusted community birthing centres creates a space that upholds women's confidence that they can give birth without 'high tech' intervention, thereby legitimising the concept of normal birth. We argue that the 'ways' of a birthing Centre such as Warkworth are in urgent need of being explicated.
3. Midwives are voicing their concerns about sustainability of the continuity of care mode of practice (Wakelin & Skinner, 2007; Patterson, 2007; Brodie, P. Warwick, C., Hastie, C., Smythe, L. & Young, C. (2008)) with anecdotal evidence of a growing midwifery shortage. We were keen to explore how midwives in this Birthing Centre look after their own well being to enable them to continue practicing in the long term.

Appreciative Inquiry Approach

This project takes an appreciative inquiry approach which seeks to reveal the strengths, achievements, values, ethos and positive practices that those involved recount with excitement and pride to indicate how the service provided by the Warkworth Birthing Centre works effectively (Ludema, Cooperrider & Barrett, 2001; Hammond 1998, Whitney & Trosten-Bloom, 2003; Hammond & Royal, 2001; Preskill & Catsambas, 2006). It is an approach in which the process itself is said to be transformational for those involved with the collective stories of strengths inspiring a renewed focus to do even better. Thus it is a formative approach in that the aim is to seek improvement of a mature service (Davidson, 2005).

The approach is built on the assumption that research into the social potential of organizational life should:

- begin with appreciation
- be applicable
- be both pragmatic and visionary
- and be collaborative (Cooperrider & Srivastva, 1987).

Critics of appreciative inquiry suggest a “Pollyannaish refusal to face negativity” (Liebling, Price & Elliot, 1999, p.77) yet as Leibling et al argue when one starts from a position of empathy and supportive interest, not judging or criticizing, there is more likely to be a collaborative willingness to explore some of the aspects that they believe could be improved.

Collaborative approach to method

This project grew from discussions with the researchers and the co-directors. It was seen as being for their mutual gain.

Focus groups were organized by the Midwifery Directors, and facilitated by the researchers. These took place over a three day period as follows:

Four focus groups:

One group of six women (including 3 women who were Maori, and three women who were first time mothers);

One group of five women (including 3 first time mothers);

one group of seven midwives (including Sally and Sue);

and one group of five registered nurses, one clinical assistant, the receptionist and the cleaner.

Three individual interviews with each of the co-directors Sally Wilson and Sue Wynyard,

the Chair of the Trust, and one woman who left the focus group because of an unsettled child.

Questions to guide the project were:

- What is the quality of service offered to women who birth in this Centre?
- How valuable is the current service to the community?
- What are the enablers that make this Centre successful?
- Is the value of retaining childbirth services in this community worth the investment?
- To what extent does this service represent the best possible use of available resources to achieve outcomes of the greatest possible value to women/families/midwives/ community?
- What strengths in this service could be valuable in other settings?

Questions that were asked during the focus groups and interviews were:

For women:

What does it mean for you to have this Centre here in your community?

What did you most enjoyed about having your baby in this Centre?

What did the midwives and nurses do that worked really well for you?

What was the best part of your experience here?

Would you encourage other women to come and birth here?

What is the one thing that really makes this place work?

If you could transform this Centre, what three things would you change or add?



MOTHERS, FOCUS GROUP 1



MOTHERS, FOCUS GROUP 2

For midwives and nurses:

What do you most enjoy about working in this Centre?

What you think this Centre does really well?

Describe a great experience you have had in this Centre?

Would you encourage other midwives to come to work here?

What is the one thing that you think really makes this place work?

If you could transform this Centre, what three things would you change or add?



MIDWIVES



NURSES AND STAFF

For Chairperson of Trust Board:

What do you value most about this Centre?

How has this Centre impacted the community?

What you think this Centre does really well?

What is the one thing that you think really makes this place work?

If you could transform this Centre, what three things would you change or add?



LEANNE CREAN, CHAIRPERSON OF TRUST BOARD 2000-2008

Data analysis process

All interviews were tape-recorded. The two researchers listened to the tapes and transcribed the comments they believed were relevant to this study. The data was then clumped into themes, from which insights arose. We were looking for the positive core, for a sense of the things that came together to 'work well'. A powerpoint presentation focusing on these key themes was constructed.

Two weeks later the researchers returned to the Warkworth Birthing Centre where in the morning they presented the findings to the Co-directors. Additional material was added.

In the afternoon, all participants were invited back to see the presentation. Three women returned, as did several midwives and staff members. A discussion was held at the end in which they agreed we had 'got it right'. Editorial suggestions were made and minor corrections.

A further two weeks later Sally, Sue and Debbie did a joint presentation of this powerpoint at the College of Midwives conference. This was therefore not ‘researchers’ passing judgment but rather a collaborative team sharing the insights that had emerged through the interviews of the mix of stakeholders. Three emails were received in the days following conference from midwives in other rural areas asking for a copy of this report. The findings clearly resonated with the wider midwifery community.

Legacy

A feature of this process, in keeping with others experience of using Appreciative Inquiry as a research method (Carter, 2006) was the spirit of excitement and enthusiasm this project generated. The researchers could sense the ‘reward’ they gave to the midwives and staff when they shared the very positive feedback they had received from the women about the quality of the care they had received. The women similarly had their confidence boosted as they realized how impressed we were with their taken-for-granted acceptance that of course they could birth ‘normally’. As we gathered the community of women, staff and midwives to view the presentation there was an enormous sense of pride in the collective wisdom, strength and care. Perhaps previously they had taken for granted the little things that others reported as making such a difference. Following our focus group with the midwives, two of them emailed the researchers to affirm more strongly the commitment, vision and leadership of the co-Directors. Things that normally go unsaid were given voice, and everybody glowed with the warmth of knowing they were appreciated.



History of the Centre

The Warkworth Maternity Hospital was first opened in 1914 as a private facility, and taken over by the Health Board in 1917. In 1992 the service was down-scaled as part of a cost cutting exercise. With the amendment to the Nurses Act in 1990 the model of midwifery service provision had undergone change. Midwives were now able to practice independently and be paid a fee for service from government funds. They could take on a client load and provide continuity of care through antenatal, labour and postnatal stages. In Warkworth they had access to the facilities of the old maternity hospital (now called a Birthing Centre) but no postnatal live-in care was available for mothers as there was no rostered staff cover. Women, midwives and indeed the community still favoured retaining the option of a place within the Warkworth community where women could birth in a safe environment and receive live-in postnatal care. Two community meetings were held, each attended by 500 people. There was strong commitment to provide a facility where women could not only birth but also stay and receive support in the days following birth.

It took five years of lobbying for the Warkworth Birthing Centre to become a reality. A Community Trust Board was founded in 1998 with the aim that there always be a birthing facility in Warkworth. Midwives Sally Wilson, Sue Wynyard and Glen Hoare spearheaded the project which accessed funds from a temporary Community Trust Assistance Scheme. They identified the ideal site just behind the old maternity hospital. The land needed to be released from Treaty Process claims before sale could be made. The old nurses home was moved on to the site and re-constructed to form the initial facility. The Warkworth Birthing Centre Community Trust Board became the landlords. A company was formed by the three midwives who took on the responsibility of managing the Centre. Today, Sally Wilson and Sue Wynyard remain as co-Directors, managing the day to day running of the Centre and drawing a shareholders salary from the funding received from the District Health Board. A group of independent midwives who are self-employed - a group of eight who practice locally (Rodney Coast midwives) and five others who are at greater distance from the Centre - use the Birthing Centre's birthing and postnatal facilities. A further twenty three midwives have postnatal access agreements.

Registered nurses are employed to provide postnatal care to women (at a ratio of one nurse for up to six women, with on-call clinical assistants then coming in to provide back-up). Women are therefore able to stay for a few days post birth, depending on their individual situation. Frozen meals are accessed from a

variety of sources and augmented by fresh salads and light meals made by the administrative staff. There is a live-in caretaker on site.

Funding for maintaining the 24 hour in-patient service is attained from the Waitemata District Health Board on a fee for service basis. The second midwife attending a birth is paid through this fund. There is a fee paid for each woman who delivers at the Centre, but no money is received if the woman transfers to a tertiary facility during labour. A postnatal fee is paid for each woman, but no funding is received if she chooses to go home within 12 hours of birth. Funding is also provided for 10 antenatal courses a year, paying the salary of a Childbirth Educator. Independent midwives who book women to birth at this Centre have an access agreement. They are funded for their care in the same manner as any independent midwife and pay no fee for the use of the Centre's facilities.

The Trust Board has 6 community representatives. They meet every two months. Sally Wilson represents the Midwifery Directors as a member of the Trust Board. Further there is a Quality Committee consisting of the two Directors of the Centre (Sally and Sue), a staff member and two consumers. This committee meets every 6 months to review the feedback from questionnaires completed by women after their stay in the Centre.

Vision and Key objectives of the Warkworth Birthing Centre

There are three mission statements that come together to shape the service provided by this Centre:

The mission statement of the Trust Board reads:

- To provide women and their families of the Rodney community with a modern, comfortable, birthing and education Centre.

The mission statement for the Birthing Centre itself is:

- To provide a safe, comfortable and restful environment for the women of Rodney.

- The service will include birth and postnatal care that allows for recuperation from the birth and education on the management of the baby with a special emphasis on establishing breastfeeding.

The Rodney Coast Midwives who provide the midwifery service at the Birthing Centre describe their mission/aim as:

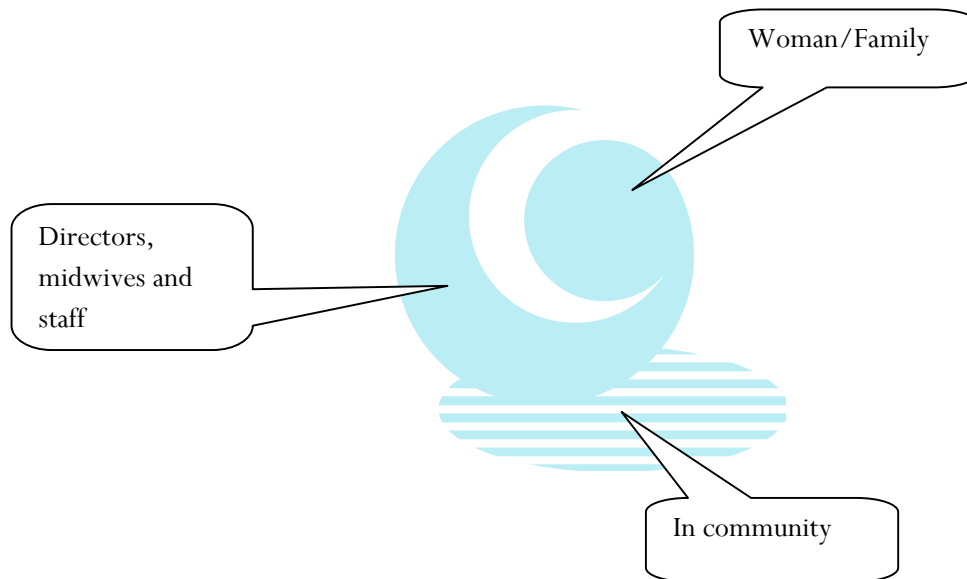
- We are a group of experienced midwives who work as a team and support each other to maintain a 24 hour service to women. As midwives we are committed to provide women with individualised care which involves the whole pregnancy, birth and post-natal experience. Our aim is to support women through the birth experience by providing a relaxed, homely atmosphere with as little intervention in the natural process as possible.
- We wish to foster family bonding by including the family in all aspects of the woman's pregnancy and birth. We believe that continuity of care from one midwife is important as it encourages trust and confidence in each other. Each woman also has a second midwife as a backup.
- We believe this service empowers women and provides them with more choice.

Each of these statements builds on the previous one reflecting a common aim and commitment.



Findings

The underpinning finding of this study is the coming together of the perceived needs as expressed by the women, the philosophy of care as articulated by the midwives, nurses and allied staff, and the link to building strong community. We capture this interconnectedness in the following diagram:



We note the similarity between this schematic model and the sculpture that was commissioned to symbolically represent the values of the Warkworth Birthing Centre:



It's about building confidence

We begin sharing the findings by showing how the experience of birthing at the Warkworth Birthing Centre had built such confidence in the women we talked with. Many talked of how they had gained confidence through the manner in which their midwife worked with them. This first time mother described it this way:

My midwife did a lot of explaining and gave me lots of books because I was really frightened. She made me feel confident. I thought it would be the worst thing in the world but she built my confidence up. She took really good care of me. She didn't say much, she didn't interfere much. She let me do it myself. Because she seemed really confident, it gave my husband confidence and that made me feel confident.

The midwife's own confidence exuded a calmness that rubbed off on this woman and her husband. She made sure they had information to equip them for what they needed to know, she encouraged, she let this new mother see for herself that she could rise to all that was expected of her. She transformed what could have been 'the worst thing in the world' to a very positive experience.

One of the Maori women expressed it this way:

Nothing was ever a problem. No question was ever silly or daft. Everything was answered, no matter how big or how little it was. You feel as though you are asking a stupid question but you don't actually feel like you are daft. It was just 'wow'. It was just fantastic.

In these words there is a real sense of feeling safe to ask. This woman gained the confidence to ask anything because she was never made to feel silly, or foolish, or that she should not have needed to ask such a question. One can hear the empowerment in her voice as she dips again and again into this on-hand expertise to gain her own confidence and skills.

The nursing staff show how such a climate of trust is achieved:

I think we are really good at making the women feel listened to and cared for. They feel nurtured in the time we spend with them. Even when we are really busy we let them know that we are available. We carry phones so that they can ring us whenever they need us. Yet...We are helping them to cope on their own, giving them the skills to cope by themselves.

The nurses know how important it is for women to feel listened to and cared for. Even when they are busy, the women can still contact them easily by ringing them on the phone they carry. Thus, they never have to wait for their bell to be answered. They get an immediate response and know how soon the nurse will be able to come to their room. The nurses talked of 'nurturing' yet they balanced this with the recognition that their ultimate aim was to help each woman cope on her own.

This example shows the commitment of the staff to being confident and acting confident:

We had a woman with inverted nipples. She had no milk. We managed to keep her chilled. It's just our attitude, I think. I said to her: If I start to look worried then you start to worry, and I'm not worried. And she was just so relaxed and the milk came in. It's keeping positive.

Nurses and midwives have seen many situations where what seems an impossible breastfeeding scenario becomes straightforward as long as trust and confidence remain. The most important skill in the trying-to-get-it-right period is to show no signs of worry. If the woman can catch the confidence of those who know, she is much more likely to succeed. Confidence matters.

It's about building confidence



For the women:

- Able to ask,
- Able to try,
- Gaining confidence

For Midwives & staff:

- Available
- Willing to listen
- Encouraging to try
- Giving confidence

For Community:

Building resilience

It's about 'feeling like home'

There was an ambience described by the mothers in the study as 'feeling like home':

It felt like having a baby at home. You had the security of having it in a birthing centre but not that sterile environment of having it in a hospital. There was no smell of hospital. It felt like being in my own bedroom.

In one's own bedroom one is relaxed, 'at home', with a sense that one is free to do whatever one likes. These women were not at home. They sought the security of the Birthing Centre where they knew there were equipment and staff that would keep them safe. Yet they were delighted that this place in no way resembled a hospital. Even the smell of the place was noted for its familiarity of being just like home.

But it was more than the physical environment:

When I came back here it felt like I was home again. They actually remembered who I was.

Home is a place one knows and where one is known, where one is welcomed back as someone remembered and valued. In these few words this mother reveals the feeling of care and homeliness that greeted her arrival. Other women talked of their anticipation of going back to a place they knew:

When I found out I was pregnant again I said to my husband "Oh Great. I get to stay at the birthing centre again."

Instead of labour, birth and the postnatal stay being seen as a time of stress and strain, these women eagerly looked forward to what was ahead of them; another opportunity to go to the place they called 'home'. And the story was not just about the women:

They let your husbands stay one night.

For the first time mothers especially, having their husband stay through the night, sharing the double bed was a special gift. They reported feeling so comforted by their husbands' presence, often having never been separated at night since being-together. Some would have loved their husbands to have been able to stay longer.

However, the staff were mindful that too many men on the premises could become problematic, and also recognised the importance of helping the mother to cope with her baby on her own. They sensed they were more able to focus on the mother's needs, to spend more time with the mothers teaching, supporting and ensuring everything was going well after the partner had gone. But having the partner there one night was a very 'un-hospital' thing to do.

The homeliness of the Centre is no accident. Sally describes how important this is to their approach:

I love the homeliness of this birthing centre; that it's women centred and family centred. It's the simple things like 'normal' beds, that the rooms are as comfortable as possible...

Keeping the Centre homely, and recognising what can still be normal, matters. Yet, it is about more than that:

The receptionist, she always smiles. She's always helpful; nothing is ever a problem. She's enthusiastic. She restocks so you know there's plenty of food when you come in the weekend.

Whoever visits the Birthing Centre, for whatever reason, is greeted with a smile. This is a place where people are made to feel welcome. There is an attitude of wanting to help. It was a midwife who made the comment above. She knows, whenever she arrives with a woman in labour, she will find everything she needs in place. This is a place where everyone relaxes because there is a team of people committed to 'getting it right'.



For the women:
It really does
feel like home

The midwives & staff:
Strive to make
the experience
feel homely

For the community:
This is their
birthing home

It's about confidence in natural birth

Women who choose to birth at the Warkworth Birthing Centre do not have immediate access to epidural anaesthetic for pain relief, or any form of assisted delivery. That requires transfer to the nearest tertiary birthing facility 60 kms away. Yet, still these women make the decision to birth in their own community:

South of the harbour bridge they are all saying "go for the drugs" but up here the midwives say "you can do it, you won't need it".

The women pick up the confidence of the midwives that they will be able to give birth without all the drugs. From the very beginning they come to believe they can 'do it'. And they do:

I wanted to labour without an epidural to see what it was like. Afterwards I was on a huge high, like superwoman. It was a good experience.

Not only did this mother birth without an epidural, but she emerged from the experience feeling like superwoman. The confidence she exuded in her own ability to birth still shone from her months later. And their stories said something quite different to 'there was no pain relief':

They are not saying "this is natural birth and there are no options". You have the gas, you can have the music, you can have the oils, the rope ladder, or the tens machines. There are some things you can't have up here but they give you the options of what you can.

It was with a sense of pride that these women told of the variety of options they had available to them to assist them through labour. From their experience, such low-tech, low-cost, no-side-effect options worked. The midwives confirmed this:

Most of our births here are amazing. You see people who are totally unstressed. It's not labour, they are relaxed and they enjoy it. Lots of women here before their placentas are born are talking about the next one. They feel really powerful afterwards like they have done something amazing.

When women enjoy their births, so do midwives. Everyone is relaxed. And after the birth there is a real sense of pride and exhilaration. Midwives see women empowered by their birth experience. It seems that again it is the simple things that make a difference:

I think in labour they are not tied to one room, they can wander outside; they can wander round in the lounge in the night. They can be really, really mobile and have a sense of freedom. They can feel OK wandering about in their pyjamas. And the women can make a noise without it being a problem.

Being mobile in labour is known to promote a positive experience (Balaskas, 1992). For these women, it is very easy to wander around, inside or out, wearing anything they like. There is privacy in this Centre, tucked up on the hill overlooking the town with a backdrop of native bush. If they make a noise, the only people who might hear will understand. Women are free to labour with no sense of having to be a good patient. This is their place where they are able to stay completely focused on the labour itself and to stay in control. Such an empowered birth experience is not about any one thing. It is about everything coming together in a way that the woman has the confidence, freedom and support to birth as generations of women before her have done. Sue describes how as a rural midwife she helps women understand the nature of birth:

Education is important. It takes ages going through with the woman how the labour starts. I relate everything back to centuries ago: we are supposed to be born at night, it's safer, there are not so many predators around. They are usually more settled at night. And especially for primips, if they are not in established labour by the time the sun comes up it usually goes away again. And it starts again the next night when it gets dark. So we should keep in contact, and say "lie low, stay in bed, get peaceful". It's usually a long latent phase. And then they come in, 7cm dilated, about 10 pm at night because they have just slowly been doing something. And I guess coming from a farming background you are in tune with how it's really meant to be. The cat doesn't have her kittens in the middle of the lounge floor, she finds a quiet place. My husband has been involved in farming all his life. I've learnt a lot from him. It relates, it really does.

Sue knows labour happens best when the woman lies low, finds a quiet private place and lets the long latent phase slowly progress. There is no sense of hurry or angst. Rather she instils trust in these first time mothers to be attuned to the instinctive process of birth. She almost expects that the contractions will go away in the harsh light of day, to return again in the safety of the dark night. Arriving at the Birthing Centre 7 cm dilated means the birth itself will not be that far away. In such a way birth just happens, just as it happens on the farm. Perhaps in a rural community there is more trust in nature, more confidence in the fruitfulness of simply waiting.

It's about confidence in natural birth



It's about 'mothering'

The discourse of midwifery in New Zealand for the past two decades has been one where the midwife and women work in partnership (Guilliland & Pairman, 1995), the midwife empowering the women to make her own decisions. Yet, when we talked to the women in the focus groups the word we heard them use in relation to both the midwives and the nurses who provided care was 'mother':

They are like mothers. You trust them and feel safe. I don't like to be invaded like being asked to 'flop it out'. With the staff here I felt more comfortable. She was massaging my breasts and I didn't think anything of it. I wouldn't go to my doctor to do it and she's a woman.

There was something in the relationship that made this woman feel safe. She acknowledged her shyness about her body, yet with the staff in the Birthing Centre she felt no need to be shy. They were like mothers. That word kept coming up:

After I had my baby there was something wrong with him – he ended up in Starship. My midwife was there with me all the way through that. She was like a Mum. She still keeps in contact too.

In a time of concern for her baby this woman experienced the motherly care of her midwife. She was alongside her through this time of worry, not 'doing anything' but rather being there sharing the concern, just as a close family member would. Such closeness has not finished at the end of the 6 week postnatal period. The relationship continues.

Other women talked of the little things that made such a difference:

Just bringing you a Milo in the middle of the night. You are lying there and the nurse says: "Would you like a Milo?" I'm still trying to make the Milo like they do.

To be brought a mug of hot Milo in the middle of the night is to feel cosseted, pampered, made a fuss of. It the sort of experience we remember from our childhood, the sort of thing a mother would do. Similarly:

I remember feeling sore in my stomach and they brought me a wheat bag and it was just so nice and I went straight to sleep.

While it is likely the nurse also brought her some medication for the pain, it is the hot wheat bag that this woman remembers. Someone took the trouble to bring her comfort. Someone knew it was just what she needed. Someone cared. The nursing staff confirmed the language of 'mothering' as being congruent with their approach to care:

Mothering is what women need when they've just had babies. In the best of worlds they would have their mother helping them.

In earlier generations it is likely that the woman's mother would have been with her to care for her through her childbirth experience. These nurses believe it is very appropriate for them to take on a similar role. They know that the loving care of a mother is just what these new mothers need.

It's pampering. The meals are taken in to them on trays. Nowhere in life do you get pampered like that. And at handover we always go around and introduce the oncoming staff to the mums.

They use the word pampering to show that they willingly go the extra mile to make these women feel cared for, and recognise that caring is a relational activity. They consider the little things:

I always tell them that if they are hungry in the night that there is food, like toast and muffins cos sometimes they are too embarrassed to tell you they are hungry.

In most maternity units the only food available during the night might be through a coin machine. But at Warkworth Birthing Centre, caring means making sure there is food available whenever the woman feels hungry, and making sure she is not shy to ask.

There is a watchfulness about what the women need:

We can see a roomful of visitors there and we can see the mothers beginning to wilt. And we'll ask the visitors to go.

On the one hand this Centre is very welcoming of visitors, yet on the other very protective of each woman's needs. If they see the new mother beginning to tire they do not hesitate to step in and ask the visitors to leave. This is not about rules; rather it is stepping into the gap and helping the woman regain the peace and quiet she most needs. Such an attitude is what the co-Directors of the Centre seek to promote, as Sally describes:

Nurturing is really important. We try and encourage the nurses to make sure the women get a good rest; that they don't get a meal thrust at them when they are not ready for it; we'll re-heat it if it's gone cold. If the Mum is really, really tired we will take her baby between a feed so she can get a good solid sleep. They often only need it for one night and then they get back on the job again. The mother might be ready to throw her baby out the window. The nurse will wrap the baby up firmly and walk around with it for a bit and often it will go off to sleep. That's our conflict with the Baby friendly hospital policy. But we put our mothers ahead of any policy.

This is not a Centre that runs but the clock, or by any external policy that gets in the way of woman-centred care. The needs of each individual woman are watched over and responded to. She is given her meal (hot) when she is ready for it. Rather than insisting that the baby always stays with the mother as baby-friendly policy dictates, there is an understanding that sometimes the thing that matters most is for the woman to know that someone else is watching over her baby. That frees her to have the sleep she is desperate for, and equips her to face the next day. Common sense reigns, along with a responsiveness to reach out to the mother who needs support:

One day I heard a baby crying in the supermarket. I thought “oh that poor mother. If it’s one of our babies then I’ll go and rescue her”. She was going through the checkout and so I asked her if she wanted me to take the baby for a minute. She said “thank you so much” and the next day a card arrived thanking me for helping her out.

In the local supermarket, off duty, the nurse shows she is always there to support these new mothers. While she may not have approached someone she didn’t know, when she saw it was one of the mothers who had recently been in her own Centre she had no hesitancy in offering to take the baby to allow the mother to get through the checkout. This new mother clearly appreciated such support. When birth happens ‘in’ community the support lives on.

It’s about mothering



The mothers:
loved being
mothered

**The staff and
midwives:**
loved mothering

‘Mothering’
makes a caring
community

It can be about ‘place’



This Birthing Centre is located in a particular community, a community which lobbied for the Birthing Centre to remain within its midst. For some of the mothers we met, that mattered:

I wanted to have my baby here because I was born up here. So was my dad. Sue was my brother's and my midwife, that's why my mum remembered her. I wanted Warkworth on my daughter's birth certificate.

This first-time mother wanted to have her baby in Warkworth to continue the family tradition. Her family had strong roots in this community, and it was important to her to stay connected to those roots and be cared for by a known and trusted midwife.

Other women also talked of the history of birth in this community:

You hear all the stories of Sister Brown and the old hospital and you see all the old photos.

There is a strong sense of remembering that birth has been part of this community for generations. It is normal and expected that this is where birth happens. Sally describes how it feels to be associated with this local Birthing Centre:

We are part of this community, but we are also private. We are tucked up on the top of a hill in amongst a reserve. We are separated from the community in that respect. But people feel a part of it because they are encouraged to come in and visit. They've heard good stories. Wherever I go I hear "Your Centre is fantastic". They've all got really good things to say about it. They love the centre but they are not necessarily very involved with it.

As a member of this community Sally picks up the vibes and feels the support. This Birthing Centre belongs to the community. They own it with pride and share the stories to keep the message alive that this is a fantastic resource. Sue shares her own passion for the Centre:

I'm very passionate about having a facility here. I'm not a local but I moved here when I was five. I did my nursing and then I did my midwifery just after I got married. So I've been a midwife since I was 23 and I've only worked as a midwife in this area. The oldest baby I birthed is now 36 and they've had four children with me. I just feel it's so important to be able to have a facility in your own community.

For 36 years Sue has been serving as midwife to this community. This is not just a job. It is a passion and a calling to the people of this place.

It can be about 'place'



It's about being clear about what matters

Throughout all the focus group conversation there was a strong sense that people shared a belief about 'what matters'. In other words, there was a living philosophy of practice that ensured the core of what worked well stayed strong. One mother put it this way:

All the staff have been here for more than seven years and that tells you something about the place. I asked a few of the staff and they love their work. They love the contact with all the mums.

This mother worked out for herself why this Centre works so well. All the staff love their work, and love working with the new mothers. One midwife commented:

When I was up here once in the middle of the night the nurse who was on duty said "I really enjoy spoiling these women."

When the staff love spoiling women, and the women love being spoiled, then it is hardly surprising that this place works well. The staff affirmed this:

I think there is a feeling of love and respect for the women, wanting them to succeed and enjoy their experience. That infiltrates everybody who works here. At the end of the day you feel like you are doing something worthwhile.

The word 'infiltrates' shows how pervasive the philosophy and attitude of caring is in this place. When everybody is trying to give these women the best experience possible, then any one person who brought a not-so-caring attitude would stand out. Caring is the only attitude that is acceptable in this place. Sally affirms that:

I think the nurturing side is really important and it doesn't cost money. Because if you nurture them at this specific time then they become independent.

Caring, or nurturing does not cost money, yet it is perhaps harder to ensure than a commodity that can be brought. Sally talks of the approach of the Directors:

We care for the midwives so they can care for the women. And we the midwives can leave our women in the care of the nurses because we know they will love and care for them.

Caring needs to be passed on, one from the other, as described by the cleaner:

I like to meet people, I like talking to them. I like caring for them. I love to give them fresh towels and restock their nappies for their babies. I like everything.

While in a less personalised work environment the cleaner could easily get caught up in the tedium of only doing the restocking and the cleaning, this woman took a real pride in her work. She had the privilege of giving these new mothers clean towels and nappies, and to talk with them as she went about her work. That many of the women commented to us on the cleanliness of the Centre is testament to this woman's care. She knew she impacted their experience and was valued by the rest of the staff.

While this Birthing Centre is owned by a Community Trust women are still able to come at no cost. This matters to Sally:

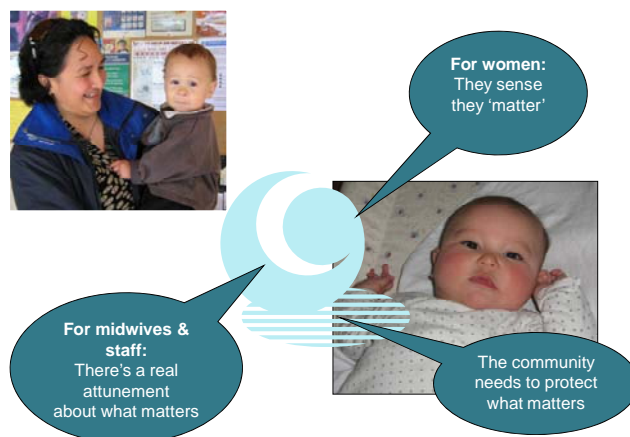
The biggest thing is that maternity has to remain free I am determined not to have a paying wing here, a sub-class of people. Why shouldn't someone who is very poor at home have a lovely comfortable birth experience and be treated like a queen for a while? That's what they tell us they feel like.

This is a place where the aim of the Directors is for every woman to leave feeling like she has been treated like a queen. That's what matters, and that is what is reflected in the collective voice of all we talked to. The Chair of the Trust Board affirmed this:

I have been involved with the Trust since its inception. The people are very caring, dedicated staff. Sally and Sue who run the Centre are very experienced midwives. They have a great following. I believe they run a top class service.

When everybody is committed to running a top class service to benefit the women and their families within this community, then it seems that that is exactly the sort of service that results.

It's about being clear about what matters



It's about sound, visionary management

The Warkworth Birthing Centre did not simply happen. It took the initial commitment of three visionary midwives, and the support of a community to make the dream a reality. To sustain this excellent service is an ongoing quest. The midwives described their day to day experience of how this Centre works:

The systems runs well, the policies are looked at and reviewed, you can put your finger on anything and know that it won't be expired or missing. Sally and Sue have great experience, they are very good midwives and business women.

This is a Centre managed by experienced midwives who know what needs to be in place to facilitate safe birth. They have developed policies and ensure they are adhered to. Staff have clear job descriptions to ensure everything is in place and runs smoothly. This is a business as well as a service. Sally and Sue explain a unique feature of how this Centre is run:

We are fortunate because we are a private facility and not a district health facility. We can make our own rules and decide for ourselves what to do with our funding. We saw how the CHE could just exit when they got fed up with it. We didn't want the community to be left like that again. That's why we set up the Trust as the landlords. Whoever manages it leases it off the Trust, and it has to be used for that purpose. We've set it up so it really can't be taken away.

Timing meant funds were available for the service to be set up in such a way that the buildings are owned by the community trust and can only be used as a birthing centre. Sally and Sue lease the buildings from the trust and manage the service as a private business. While they contract with the local District Health Board to provide service they are not under their jurisdiction. Thus they are free to spend the funding in the way they see fit. They cite the dilemma of whether to spend x amount of money on another machine to monitor the fetal heart rate or build a children's playground. They chose to build the playground. Their prime aim is to keep this service functioning at the heart of this community. The midwives were keen to acknowledge how much this service owes to the vision and commitment of Sally and Sue:

I do believe that Sally and Sue are keys in the successful working of Warkworth Birth Centre. Their particular personalities are such that they complement each other well, while sharing the same level of commitment to MAKE IT WORK, and a similar high level of clinical skill.

Making it work means, for example, either Sally or Sue is always on call to support the nursing staff and be a back-up to the midwives who use the Centre. It means going through a variety of audit processes to ensure standards are met and funding continues. It means being a good employer:

We give our staff lots of incentives. We have a birthday bonus system - \$100 for every year until they get to 5 years, and then they stay at \$500 for every birthday. We give them lots of education. We do social things together. Every good business needs to be managed, but

in a way that makes people feel like they are not being managed. I think there are lots of things that we do that mean staff have time to spend with women. We have a rule here that when there are 6 women the nurses call in an extra staff member. There is an administrator on in the day. At night the nurses are sole charge but we are quite quick to get them help if they need it. And the same with the midwives. Sue and I are very quick to come and help or consult if there are any problems at all.

The spirit of care shines through this management policy. The longevity of the staff means friendships have been nurtured and grown. There is a real sense of family in this Centre, where everybody works together, and everyone is looked after. The style of management is quietly always there but mainly unobtrusive. Sue described however the close attention they pay to making sure the care remains at a high standard:

I think the questionnaires have been important in developing a spirit of care. If there is negative feedback it's usually pretty well justified. We have a committee that meets every 6 months and goes through all the feedback and investigates the complaints. But it's mainly positive feedback. We go to the staff and say "you're brilliant; you have so many 1's..." And the comments the women make reinforce their care.

If a woman makes a complaint about the care it is taken seriously and followed up. With such attention to 'getting it right' most often the feedback is very positive, and fed back to the staff to encourage and affirm their commitment to quality care. Thus the cycle of care continues to reinforce what matters.

When Sally and Sue reviewed the draft of this report they offered a fresh clarity of thinking in terms of on-going development. They believe that the Centre would be more economic if it had 10-12 beds. There is an important economy of scale that keeps a Centre small enough to maintain the ethos of personal, homelike care while big enough to have enough funding to support additional costs, such as education for staff.

It's about sound, visionary management



For Women:
Everything is
in place

For co-Directors:
This is a business
that must be
managed very
well

**For midwives &
staff:**
They have
confidence in
management

Community
needs to support
Directors and
Trust to ensure
Centre is
sustained

AND It's about being safe

Smythe (1998) identifies that what matters most in a birth experience is that the mother and baby are safe. Morbidity or mortality arising from a mis-managed childbirth experience is a lifetime legacy that bears with it the angst that maybe the un-safety could have been prevented (or maybe not). Yet, the quest for any midwife is to keep childbirth as safe as it can be for mother and baby.

The midwives practicing at the Warkworth Birthing Centre were very mindful that safety matters. They voiced a strong sense of feeling well supported to ensure safe practice:

What keeps it safe is that you know it's well equipped, you know that there are always other people around to consult with if you are unsure. No-one is too far away.

First there is confidence that everything is always in place for when a situation arises that needs equipment to be 'right there'. And second, there is a strong ethos of collegial support. There is always another midwife to ask, or to come at a moment's notice to help. Sue gives an example:

The heart beat was dipping down. She was about 7cm, so I ruptured her membranes to see if there was meconium liquor and found a cord at the side of the head. It was during the day. Sally was here. I kept the head up and she did all the organising. The baby was born by caesarean section 55 minutes after leaving here, and everything was fine.

There was no way this situation could have been predicted. It simply happened. But everything was in place to ensure the situation remained as safe as possible. The cohesive teamwork meant the woman was promptly on her way to the base hospital. They had the skills and processes to keep the woman safe, and share in celebrating the positive outcome. Nevertheless, they do not take such success for granted:

We have a good transfer policy. When we have our midwifery meetings on Fridays we go through cases and review how the transfer went.

Every case where something happens that requires a transfer to the base hospital is reviewed. Questions are asked as to how practice could have been even better. Lessons are learned to ensure safety is always as safe as can be.

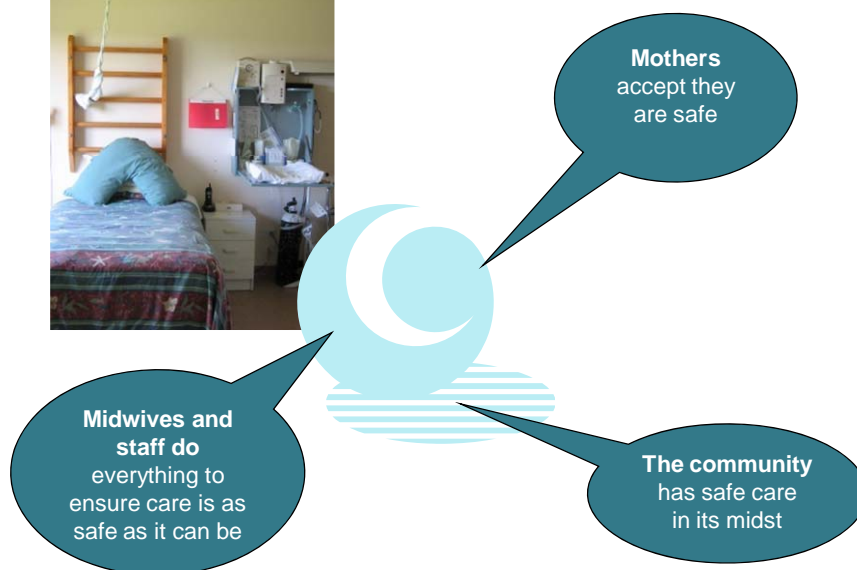
Recognising the paramount importance of physical safety, women can feel unsafe in other ways, especially from a cultural perspective when their ways of birth are frowned upon or not allowed. A Maori woman in the focus group shared her experience:

My experience was great. I'm a first time Mum. You are coming into an environment where you feel pretty vulnerable; hormones all over the place. My midwife was great: experienced, peaceful, calm. I found it really peaceful coming here. What I liked about it was with your birth plan everything was open. We did a karakia when my daughter was

born, and my husband did that. You could do whatever you liked and they were open to suggestions. I had all my family in when I had my baby, there were twenty of them and they were fine with that.

This woman expresses the cultural safety of her birth experience. Her husband clearly felt comfortable praying as their baby was born. Having twenty whanau present was not a problem. What could have been an unsafe experience for this first time mother on many different levels is described in very positive terms, and was affirmed by the other Maori women in the group.

It's about being safe



It's about sustaining midwives

Birthing at the Warkworth Birthing Centre is only possible because of the committed midwives who practice in the area. However, practice means being on-call 24 hours a day, seven days a week. Labours do not come to schedule. A tired midwife can be called to the next birth just as she falls asleep exhausted. Yet, because she has built a relationship with the woman during the pregnancy she is reluctant to hand over her care to someone else. The passion for midwifery and the strong partnership relationship between a midwife and the woman has given rise to a situation where midwives burnout (Brodie, P. Warwick, C., Hastie, C., Smythe, L. & Young, C., 2008). The Warkworth midwives recognised these tensions. One of their key coping strategies was identified as the support they give and receive from each other:

I think there is sense of huge responsibility at times but we are able to share it more easily. We are always there for each other. If we have concerns we can always get help. We can always 'let off steam' to one another.

There was a strong sense of team amongst the midwives who participated in this study. When they need help, they know there is always someone who will willingly do that. And similarly, when they have had an experience that worries them, they know they have safe colleagues to talk to.

When we talked with them about the 'burden' of women who can ring at any time their response was:

The women who know and trust you are very caring of you, they wouldn't disturb you at an inappropriate time unless it was really urgent. And it's a relief that they've got us. It says something about how they viewed the care before.

It seems in this community there is mutual care. The women know they need to look after their midwives to help them sustain practice long term. While they are confident to ring them at any hour in an emergency, it seems they respect the midwives personal time.

There were, however, differing views about the importance of having regular rostered time off:

We are trying a new system of having every second or third weekend off.

In the focus group discussion some midwives were very enthusiastic about this new system and loved the freedom of being able to go away, do dive courses, plan dinner parties, while others were still reluctant to miss the birth of the women they had cared for right through pregnancy. It seemed the team was finding ways of meeting each person's needs.

Nevertheless there was recognition of the toll of the on-call lifestyle:

You need to have two really good 3 week holidays a year or you just start to burn out.

Refreshment only comes from having a long enough space to stop and switch off. These midwives have found it takes three weeks to achieve a sense of having had a break. It is only in recent years that they have recognised the need to have two such holidays a year. The reality of burnout amongst known and respected colleagues means that they have become proactive in looking after themselves. Six weeks holiday a year is not excessive. It is essential.

It's about sustaining midwives



It's about the whole experience

While this report is presented as a series of sub-themes, we are mindful that the Warkworth Birthing Centre works because of the synergy of all of these aspects coming together. Each influences and shapes the other. As this woman said:

The whole experience is amazing, right from the time when I thought "Oh my God I'm pregnant" to the time when she actually came out.

This is a service where care givers and the philosophy of care are congruent from the very beginning of pregnancy right through to the birth. And for the women we talked to it mattered that everything happened at the one place:

I come from a long way away. I like having everything here. Antenatally I see my midwife here. I know this is where I come, this is where I have my baby. My family knows this is where I come. My children call this Sue's house. Just having everything here, it's great.

Everything is 'here'. The whole family see the Birthing Centre as the place where one goes for everything about the experience. It is not a hospital; it is "Sue's house", a safe place where even children feel at home (looking forward to getting to the play ground). And there is a sense that the care takes the woman on to the next step:

They just don't give you a whole lot of information. They give you the right information and they make sure you understand it. Before I left they made sure I had all my contacts, like Plunket and Parent Port and coffee groups. They gave me a big information tree.

The staff made sure this woman knew exactly who could offer her support as a new mother in the community. They did more than just pass the information over. They helped her to understand how to use such information and gave her the confidence to access the support she needed. As this woman said:

They look after you and do what's best for you but they want you to keep on coping when you go home. They not only want you to cope for the first days here but they want you to keep on coping when you go home.

As well as being concerned for the care needed in the moment of now, it seems that the midwives and staff at the Birthing Centre also take seriously their responsibility to equip women for what comes next. In so doing Sally and Sue report that most women are encouraged to wait and not go home until about day 4 post birth. In this way their breast feeding is well established, they are rested, they are ready for what comes next. There is a real sense of integrated community care arising from this Centre.

And it's about the feel of the place

The whole experience is also about the feel of the place. The feel is not something that any particular service or person can make happen as a task. It is rather the ambience that pervades as the collective spirit of care. One woman put it this way:

You don't ever feel rushed. There's a calmness about the place and everyone who works here. Even when you arrive in labour in the middle of the night and you're in labour there's a calmness. It's so nice and quiet.

Because everything is in place, because the midwives and staff have confidence in each other, because the leadership is so committed to achieving high quality care the pervading feel is one of peace and calm. Such an ambience surely promotes confidence in the woman who arrives in labour. And as this woman remarked:

They are onto it. You feel like you are getting extra special Care. You feel like you exist.

At the Warkworth Birthing Centre no one is 'the primip in room 2'. Women exist as someone known, someone special, someone deserving of the very best care. That is how they are left feeling. As they say:

It's an amazing place, you don't have to pay. It's super clean. They even have heated towel rails and TVs.

It is the little things that add to the sense of feeling pampered, feeling at home, feeling safe.

The staff are mindful of how precious the ambience is:

I think this place will grow but we have to be careful about how big it gets. I think the secret it is that its small intimate and personal. And the physical situation. It's so quiet and peaceful here.

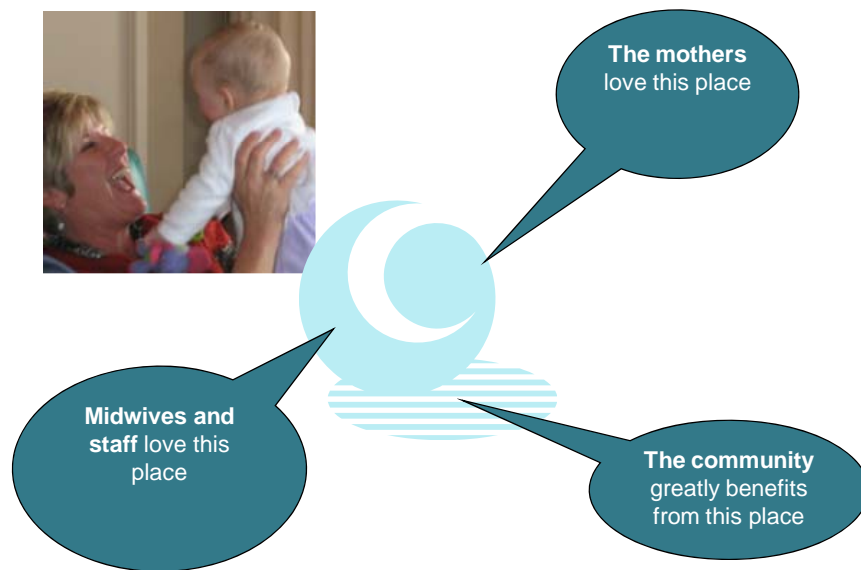
There is something about the smallness of this Birthing Centre and its rural location that helps make it work. While others may value economies of scale and plan bigger units, Sally and Sue are aware of how much can be achieved because the service is small. But always it comes back to people:

We've got a really nice bunch of people. We can rely on each other. You know the person before you has done a good job and you don't have to pick up the pieces. We talk the same language as the mums, we actually like each other. There's a lot of loyalty.

The midwives and the staff who make this Centre work are special people, drawn to care, eager to give, willing to invest themselves in their commitment to each other and to the women in their care. In turn they themselves are cared for. As researchers we listened to them laugh together. We noticed that many of them

had come to join the focus group on their day off and were delighted to catch up with each other. There was no obligation to be part of this research, but there was enormous willingness from the midwives, the staff and the women to come and tell their stories. It seems such generosity of spirit is a key ingredient in what makes the Warkworth Birthing Centre work.

It's about everything



What is the 'positive core'?

It's visionary, committed midwives
leading a cohesive, passionate team,
'mothering' new mothers

giving women and their families
confidence, trust;
a feeling that they matter

equipping them for what follows;
all within community .



Dreams

Appreciative Inquiry does not go looking for issues and problems; nevertheless, we recognise that no service is perfect. There is always room for improvement. Within the focus groups and interviews we therefore asked participants to talk about their dreams and to make suggestions about how the service could be even better.

The women

In telling us how good it was for them to have their husband stay with them one night, several of them went on to dream of partners being able to stay even longer:

For me it would be having the father to be able to stay longer. We've never had a night apart before. The second night when he wasn't there even though the nurses were around, I felt really lonely and lost. When they kicked him out at 8 or 9, I cried.

And another talked of supporting the husbands more while they were there during the day:

It would be great if the husbands could eat here. Have a set menu with prices. Then have can have lunch with you whatever.

Yet, there were other mothers having their second or third babies who seemed to enjoy just spending some time alone with their new baby, knowing their partner was at home looking after the other children. The midwives also had some concern about having too many men staying at the Centre at any one time, especially in areas where women needed to share bathroom facilities. Further, there was a belief that the woman did not always get the support and teaching she needed when her partner was with her. Staff had more of a hesitancy about interrupting.

Noise was another key concern:

Lying awake for hours hearing the baby crying in the next room. I couldn't sleep. I was a wreck anyway. The one thing that really bothered me was that you could hear everything they were saying next door. And I know that Mum worried about her baby crying because she apologised the next day.

Sleep is so important to new mothers when their own baby wakes them at frequent intervals to feed. It is frustrating when other babies make it hard to sleep in the time when they are free to sleep. The Directors were very mindful of this issue, had already attended to the walls but know that it needs double glazed windows and doors to reduce the noise.

As much as the women loved the environment, they would have liked each woman to have had the luxury of an ensuite. The nursing staff shared this concern. And if dreams are possible - *a bit more of a couch and a common area in your room*. Once a facility takes on a sense of homeliness then the women crave for even more. While there are couches in more public spaces, for some being able to stay private also mattered.

One woman, having her second baby some time after her first suggested it would be good to have refresher antenatal for second time mums.

Staff

The staff were fairly pragmatic in their dreams:

I'd like a little staff room with its own toilet.

When the nurse is on duty she is at everyone beck and call. There was a dream that there could be one little private space they could retreat to for a break.

A receptionist on in the weekend in the mornings as lot of clients come in the morning to see the unit at the weekend.

When you are the only nurse on duty, working between several women each with their own pressing needs, and someone comes to look through the unit the nurses are torn between competing demands. It does not require nursing skill to show prospective clients around the unit. They dream of having someone else who could do this for them, just as the receptionist does during the week.

Midwives

The midwives were the most creative in their dreams. Their first priority was for a *separate birthing area at the other end of the building, of a bigger size than the current one* to give more space and be less intrusive for the postnatal women. They suggested *carpets on the floor*, recognizing the cleanliness issues, but dreaming of the quietness. One went on to dream of *open air birthing rooms up in the bush*. For the women who seem 'stuck' but make great progress in the ambulance when being transferred they suggested *an ambulance simulator or some shaky massage type chairs*.

They also thought of their own needs and recognized that normal birth is much more physical for midwives than caring for a woman with an epidural. Ideas flowed: *Masseur 24 hrs a days, and osteopath, a spa pool, heated swimming pool*. One could almost hear their weary bodies responding to the mere thought of such pampering.

Chair of Trust

The Chair of the Trust who acts as caretaker of the buildings had her own perspective:

A generator for power cuts. When it went off last year they had emergency lighting and gas heating but they need more. I think the Trust will buy a generator.

We need more car parking for antenatal classes.

Clearly she had the big picture view and was aware of the Trusts responsibility to ensure a safe facility with adequate support. When we mentioned the idea of extending the unit she was mindful that *an enlargement would increase the rent* which would then require a higher occupancy rate. Dreams are never free.

Co-Directors

Sally and Sue have a dream of a bigger centre catering for 10-12 women, with other new Centres built so as not to provide unnecessary competition. Sustainability requires a constant flow-through of women. They are mindful of the on-going challenge for funding, and concerned that presently there are no funding mechanisms to allow them to provide care for:

- women who are experiencing breast feeding difficulties,
- women who are discharged from tertiary facilities with small babies who would benefit from a few days 'growing time' at their Centre
- or women with hyperemesis in their pregnancy who need rehydrating with intravenous fluids and a nights rest.

Such is the spirit of this Centre that these women tend to be taken in with no funding to support their care, but such generosity does not build sustainability.

And their heart-felt dream would be for the variety of Government agencies who audit their Birthing Centre, at considerable time and cost to themselves, to come together to produce a combined audit tool. Already they ask very similar questions. If the intent of all these agencies is to ensure the best possible care for mothers and babies, then a vital ingredient towards that is to be respectful of the time and cost 'taken away from care' through excessive audit processes.

Summary

Asking about dreams was the opportunity for serious concerns to be expressed about the Warkworth Birthing Centre. No such voices emerged. Everyone was proud of their association with the Centre and eager for it to be even better.



Summary of Key Findings

The quality of the service offered through the Warkworth Birthing Centre is acclaimed by women who have experienced care there within the past three years as excellent. They feel at home, confident, empowered and cared for as individuals. Even though there is minimal intervention available at the Centre itself, they feel safe and testify to safe birthing experiences. They express deep satisfaction in having proven to themselves that they could give birth normally, and look back on their experiences with positive memories. They emerge back into the community, but not until they are ready which is often day 4 post birth, knowing about the ongoing support available.

This service is of immense value to the community. Several of the woman commented how important it was for them to be able to birth in the place where generations of their family had also been born. There is a sense that this Birthing Centre lies at the very heart of this community, keeping the possibility open of 'staying in this place' from the very beginnings of life. Further, this service builds confidence and promotes wellbeing that enables these mothers to pick up their role within the community in a manner that picks up the spirit of nurture. When one is cared for oneself, one is called to care for others. Such is the fabric of community.

The enablers that make the Warkworth Birthing Centre successful begin with the exemplary vision and management by the Community Trust Board and the midwife co-Directors of the Centre, Sally Wilson and Sue Wynyard. First there is a deep commitment to make this both a high quality service and a sustainable one. Then there is a funding arrangement which gives the co-Directors autonomy in decision making. And thirdly, there is a women/family-centred philosophy of service which pervades all decisions. Such foundations give rise to an ethos of care and commitment which pervades the service.

The value of retaining childbirth services in this community is very worthy of the investment. The commitment of the co-Directors towards the service is noted. One of them is always on call. The personal monetary gains from their director fees are unlikely to go anywhere near compensating the time and energy they invest in making this a service of such high quality. They could not be replaced with just anyone. The fact that they combine expert midwifery skills with exemplary management skills is an added dimension that may make succession a challenge.

This service is very focused on ensuring the outcomes are of highest possible value to the women, families, midwives and the community itself. Everyone we spoke to had high praise for the service, and each voice confirmed the others.

The strengths identified from this service that could be valuable in other settings are:

- Ensure leaders have vision, commitment and management skills
- Arrange funding so decisions can be made by those close to the service itself
- Hold the value of smallness that allows people to be known and remembered
- Grow big enough to achieve economies of scale (10-12 beds)
- Establish an ethos of care
- Achieve the balance of homeliness with safety
- Recognise that the little things matter
- Invest in nurturing
- Involve the community towards a sense of ownership
- Note that a physical environment of quiet tranquility has impact
- Consider allowing fathers to stay overnight
- Look after staff to win their enthusiastic loyalty
- Promote natural birth
- Encourage midwives to have regular breaks and support them in making that possible

Links to Ministry of Health Maternity Action Plan 2008-2012 (Draft)

At the time of writing this report, the draft maternity action plan has been circulated from the Ministry of Health. We are struck by how well the findings of our research on the Warkworth Birthing Centre are aligned to the stated vision for maternity services of New Zealand:

Women will experience pregnancy and motherhood as normal life events with confidence in their ability to give birth (p.6).

As we read through the Maternity Action Plan principles we can say with confidence that the Warkworth Birthing Centre is already meeting them:

	Maternity services...	Warkworth Birthing Centre
Principle 1	Ensure a woman-centred approach	Ethos of service / confirmed by mothers
Principle 2	Delivered in a way that acknowledges pregnancy and childbirth as a normal life stage	Confirmed by the high rate of normal birth, and the expectations of midwives and mothers that birth will be normal
Principle 3	Aimed at improving health outcomes and reducing inequalities	Mothers receive accessible, individualized care. Health outcomes are very positive.
Principle 4	Will provide safe, high quality services that are nationally consistent and continuously improve	Service continues to demonstrate high levels of safety. Quality of service excellent
Principle 5	All women have access to a comprehensive range of maternity services that are funded and provided appropriately to ensure that there are no financial barriers to access for eligible women	Normal childbirth services are very accessible; however funds are not available for additional services which would enhance the availability of care eg. Breastfeeding difficulties, at-risk baby support, hyperemesis care in pregnancy
Principle 6	Are culturally safe and appropriate	The Maori women in our study affirmed they felt very safe throughout their care at the Warkworth Birthing Centre
Principle 7	Providers will work together in partnership with women to ensure a seamless process throughout the continuum of maternity care	The smallness of this service and the close sense of community amongst the midwives and staff make this a very cohesive service.
Principle 8	Are equitably and appropriate funded for the provision of an effective range of maternity services	The strength of this service is the discretion the co-Directors have in spending the funds; the vulnerability is sustaining a cost-effective service on such a small scale.

We note that the service at Warkworth is already meeting many of the goals of the Maternity Action Plan, and in particular Goal 4: “To encourage the development of innovative approaches to protect, promote and support normal birth” (p.16) which goes on to talk of promoting birth in primary facilities. This evaluative study totally supports such an initiative. If a service such as this could be replicated in communities throughout New Zealand we believe there would be

- An increase in normal birth experiences
- Women emerging from the childbirth experience with greater confidence in their mothering abilities
- A reclaiming of the value of community
- Enhanced sustainability of lifestyle for independent midwives

Crouch and Manderson (1993) describe parturition as a social metaphor. In other words, whatever happens in relation to birthing practices reflects what is happening in the wider society. While we can offer no proof, it is our belief that when birth is embraced so affirmingly within community, the spin offs are profound and far reaching.



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