Humanising midwifery care

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Abstract

Since the recent publication of the Francis Report (2013), providing care that is kind and compassionate is high on the agenda of all NHS services including maternity. This article introduces the humanising values framework that explores aspects of what it is to be human and offers practical examples of how it can be incorporated into midwifery care.

Key Words: humanising values framework; individualised care; personalised care

Introduction

Woman centred care aims to put women at the heart of their care and midwives are integral to making this happen. It is supported by a number of policy initiatives (DoH 1993; DoH 2007, DoH 2020). Recently there has been a lot of media attention reporting inadequate standards of care in NHS and other health care organisations (Francis 2013, CQC 2013). Although the main focus of these reports was on medical and nursing care, midwives cannot be complacent and think that a lack of care, compassion and poor communication does not happen in maternity services. Indeed, the recent Care Quality Commission Report (2013) questions whether midwives provide authentic woman-centred care. For example women reported being spoken to in ways that were disrespectful and felt they were not being listened to. In short, key things that are important to all of us as human beings were being ignored.

Galvin and Todres (2013) argue that missing from health care today is often the human element. This article introduces the humanising values framework (HVF) developed by Todres et al (2009) that explores aspects of what it is to be human in the context of care. This framework can be used to assist in ensuring that care is personalised and meets the needs of individual women in order to help improve their maternity experience.

The humanising values framework

The HVF is not a model for care but rather a way of thinking and therefore acting. Excellent practice happens when there is an authentic relationship between woman and midwife. Fundamental to this is a mutual recognition and respect for one another's humanity. The HVF highlights the significance of human values within relationships via eight philosophically informed dimensions of humanisation (table 1). Consideration of each of these dimensions can help us think about how care is humanised and indeed dehumanised. Taking an empathetic approach and trying to perceive care as experienced by the woman is likely to emphasise the humanising aspects of care. This is a good start-point but it is important to acknowledge that not everyone has the same desires and priorities; woman-centred care is about finding this out. From the perspective of midwifery care, the HVF could be useful when considering not only what midwives do but crucially how it is done. Each dimension will now be described.

Insiderness vs objectification

To be human is to experience life in relation to how you are feeling, your emotions and your moods and are personal to each individual. Childbirth is a roller coaster of emotions so it is important for the midwife to understand what the woman is experiencing rather than seeing her as an object with problems, risks and pathology. For example, risk may be the emphasis

of care for a woman who is diabetic and her emotions and feeling about her pregnancy may become lost, being referred to as the ‘diabetic woman’ whose care is based on probability and statistics rather than her individual needs as a person.

Agency vs passivity

As humans we generally do not see ourselves as passive agents but as people who are active in making choices and being accountable for those decisions. Since 1993, attempts have been made to embed informed choice based on personal need into maternity services (DoH 1993). However, the CQC (2013) has identified many women are still not being well informed particularly with antenatal and postnatal care. Agency is fundamental to the principle of personalised maternity care, where informed choice should lead any interactions or interventions. Removing choice and control can lead to poor self-esteem and respect (Todres et al 2009).

Uniqueness vs homodenisation

Humans are all unique individuals and reducing people to a list of characteristics such as age, gender and ethnicity does not recognise this. De-emphasising the uniqueness of a person by singling out characteristics such as the ‘elderly primigravida’ or ‘pregnant teenager’ results in encouraging care based on stereotypes. This approach hinders the understanding of women in their individual life context, along with their partner and family by hiding characteristics that are unique to them. It is important to get to know women as individuals in order to recognise and understand their unique qualities and uncover what is important to them rather than fitting them in to particular categories linked to care protocols.

Togetherness vs isolation

People do not to exist in isolation but as part of a community of family and friends. During pregnancy this community may extend to the midwife particularly when care is offered in a continuity of carer model. These models can help reduce isolation as previous social conversations are remembered and can be built on to form a trusting relationship (Williams and Irurita 2004), supporting women at a vulnerable time in their life.

Sense-making vs loss of meaning

The understanding of events and experiences are an important aspect of being human. When care is routinely focussed without taking into account individual experiences or events, advice might seem meaningless and ignored. For example, eating a healthy, balanced diet may have a low priority to women who are in financial difficulty and are living in bed and breakfast accommodation. Finding reasons behind their eating behaviour and making sense of their experience can assist in providing alternative ways of helping.

Personal journey vs loss of personal journey

People understand themselves in terms of past, present and potential future events. Childbirth is only a small part of this life journey, but is significant for the women who are experiencing it and who may be fearful of what the future holds. Women are often in unfamiliar situations, which can seem routine and normal for the midwife. Lack of acknowledging the individual hopes and fears of women may be forgotten with the familiarity midwives have of being confronted with childbirth experiences everyday.

Sense of place vs dislocation

Familiar surroundings and objects offer comfort and security. Being removed from these surroundings can be upsetting. The effect of place can interfere with dignity, privacy and a sense of wellbeing. Many maternity services offer a home-from-home birth environment, but other aspects may need to be addressed such as visiting times, meal times and choice of food for example.

Embodiment vs reductionism

To be 'with woman', is to understand her physical, social, psychological and spiritual needs. An excessive emphasis on task orientated care can detract from recognising the woman as a whole person and her individual journey through childbirth. For example, perineal pain following birth is a real experience for many women but its severity and disabling effect is often ignored by midwives who offer routine analgesia without a more detailed understanding of the individual impact the pain may have for women (Way 2012).

Conclusion

Denying the importance of humanity can lead to dehumanised care, resulting in care being delivered as a set of tasks rather than personalised to the individual woman. Using a humanising approach may better enable midwives to appreciate in more depth the woman's personal experiences and the impact this may have on her journey through childbirth. Understanding and responding to what it means to be human by exploring the humanising dimensions provides a useful foundation from which to start this journey (Scammell & Tait, 2014).

Table 1 The dimensions of humanisation (Todres et al 2009)

Forms of humanisation	Forms of dehumanisation
Insiderness:	Objectification:
Agency:	Passivity:
Uniqueness:	Homogenisation:
Togetherness:	Isolation:
Sense making:	Loss of meaning:
Personal journey:	Loss of personal journey:
Sense of place:	Dislocation:
Embodiment:	Reductionism:

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