

Continuity of Care Experience Research: Summary for Participants

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Continuity of Care Experiences are a component of the midwifery professional experiences in the current ANMAC Midwife Accreditation Standards (2014). All Australian midwifery programs require that students engage with a minimum of 10 women – engagement involves attending four antenatal visits, two postnatal visits and, for the majority of women, the labour and birth.

Following ethics approval, in April 2019 we conducted a national survey that explored the views and experiences of midwifery students and academics of continuity of (CoCEs) in midwifery programs in Australia.

Who participated?

Responses were received from 61 academics and 405 students representing all course pathways (Bachelor of Midwifery (37%), Bachelor of Midwifery/Bachelor of Nursing double degree (50%), and Postgraduate Diploma/Masters (14%). All states were represented with the exception of ACT and Tasmania. Most student respondents were from Victoria (69%), followed by Queensland (14%) and most academic responses were from Queensland (39%), followed by Victoria (33%).

What did we find?

Positives of CoCEs in midwifery education

Students and academics overwhelmingly agreed that continuity of care is important to women. Both groups of participants supported the inclusion of CoCEs in the midwifery curriculum as they offer unique learning experiences that may not be experienced in traditional hospital placements. Sharing therapeutic relationships with women, developing communication skills, understanding advocacy, and, what it is to 'be' a midwife were considered to be benefits.

Challenges

Although both groups (students and academics) were in strong support of CoCEs, major challenges were experienced related to recruiting women, workload and impact on attendance of other course requirements alongside CoCEs.

Two thirds of students expressed that:

- recruitment of women for CoCEs was stressful and challenging,
- that they did not receive enough support in the recruitment process from the University or the hospital.

More than three quarters of students reported that the workload associated with CoCEs made it difficult to attend the theoretical requirements (82%) and clinical requirements (76%) of their course. Forty percent of students reported missing lectures, workshops or labs to attend CoCEs. Almost half of the students also reported that they were often or fairly often in a support role only during CoCEs and were not able to provide clinical care.

Attendance at the majority of births was often challenging for students due to the on-call nature of labour and birth, and either circumstances beyond the students' control or due to personal circumstances such as caring responsibilities and/or employment. Over 60% (242 students) reported that they had missed one or more births (totaling 525 'missed births') due to reasons such as:

- the woman not calling the student
- the woman electing not to have the student present

- hospital refusing permission for the student to attend the birth
- attendance at compulsory university activities e.g. exams or placement
- attending paid employment
- or missing the birth due to a quick labour

Personal Impact:

Participation in CoCEs had a personal impact on the lives of students. Almost half of students indicated that CoCEs had impacted on their caring responsibilities such as childcare and caring for other family members and almost three quarters reporting an impact on their paid employment, many unable to maintain work or losing jobs because of the CoCE requirements. Impact on income and costs of participation (childcare, parking and travel expenses) was reported by the majority of students (88%) to have a moderate to extreme financial impact on them personally.

Students also made comments about personal safety, which included long hours and lack of sleep, driving following extensive overnight shifts, feeling unsafe walking to their car or public transport late at night and meeting 'strangers' online or in person. A number of students reported concerns about stress and their wellbeing that they contributed to the CoCE such as having competing priorities, financial, relationship and family pressures and or generally feeling overwhelmed.

Summary

The data from this survey provides information on views and experience of midwifery students and academics and is the first study that reports data from a large national sample of students and academics from all course pathways.

While the value of the CoCE was recognised by the participants, students reported feeling unsupported in recruiting and undertaking women for CoCEs, and that they were frequently unable to participate in the care of their CoCE women across the continuum. Attendance at births (which is required in at least six of the 10 CoCEs) is often outside of the control of the students, with women's preferences, organisational limitations and university requirements impacting on students' ability to attend this component of the CoCE.

This study has identified significant impact of CoCEs on students' personal and family lives that have been previously unreported. These impacts extend to employment, caring commitments, personal safety, and stress, and participating in CoCEs came at a cost to students associated with expenditure associated with their attendance, and the impact that their attendance had on paid employment.

Recommendations

Consideration should be given to ways that the benefits of CoCEs can be maintained while reducing the personal impact on students. The value of the experience lies in the formation of the relationship with women and the ability to observe and provide continuity of care, rather than achieving clinical requirements, which we found students were often excluded from in the CoCE context. There needs to be a reconsideration of the CoCE requirements in midwifery programs that recognises the challenges of the number of CoCEs within programs, and elements of the CoCE, such as attendance at the birth, that is often outside the control of the student.

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