

Section 10: Finishing the quilt

The aim of this study was to explore the questions:

- What are the meanings ascribed to being a midwife and the art of midwifery practice by a small group of qualified midwives using creative inquiry?
- What is the impact of creative inquiry on the meaning they ascribe to being a midwife and the art of midwifery?
- What meanings emerged through adopting a creative, bricolage methodology?
- What is the impact on the researcher of this study?

Using an organic method of bricolage the study demonstrates that the concepts of being a midwife and the art of midwifery are complex and multidimensional, related to the individuality of each midwife.

10:1 The essence of a Midwife

The meanings of being a midwife are viewed in the terms of:

- Personal significance
- The type of midwife you are
- The importance of the impact of the role

10:2 The art of practice

The meanings of the art of midwifery were explored generally as:

- Holistic and individualised care
- A belief in normality

10:3 The holistic aspects of midwifery

Viewed through the lenses of holism the meanings of midwifery were ascribed to:

10:3:1 Physical aspects

These were demonstrated through discussion of:

- Personal physical reactions

- Physical working environment
- Physical aspects of caring
- Time

10:3:2 Psychological and Emotional aspects

These were demonstrated through discussion of:

- Positive emotions in midwifery
- Negative emotions in midwifery
- Need for emotional support
- Meeting emotional needs of women

10:3:3 Spiritual aspects

These were demonstrated through discussion of:

- The midwifery role as spiritual
- Spiritual care
- Instinct/intuition
- Spiritual nature of birth

10:3:4 Social context of midwifery

- Balancing personal relationships
- The importance of relationship with women
- Trust and lies

10:4 Use of creative inquiry

The process of using creative methods as both educational and research tools and within the interpretation has enabled a 'playful' multidimensional approach to this inquiry.

10:4:1 The use of multidimensional 'text quilts'

For these midwives being a midwife is recognised as part of their identity, something most of them felt they were 'called' into. They believe the role itself is

'more than just a job'. However they don't believe this is true for everyone and feel for some midwives this commitment maybe something that is missing.

The effect of using the text quilts gives an alternative multidimensional perspective. The conversations presented in this way provide a visual picture of the different perspectives of the whole. It represents that the individuals provides complex views of issues. Within paragraphs illustrated in the squares there was also complexity with the participants moving from an emotional answer then to physical aspects.

The creation of the text quilt enabled a more playful approach to the inquiry. It was demonstrated that the above concepts could be viewed in different ways and are constantly evolving and changing. Putting the quilts together in different ways showed juxtapositions between them. If these are regarded as individuals meeting up with each other the interactions could be different depending on which side the person shows to the other. It also produces something new between them.

10:4:2 Using creative methods

The use of artistic methods showed that the midwives used colours that are symbolic of the feminine (pink) combined with danger (red). There were symbols that represent love (heart), care (hands) seeing women as central, and based in nature.

The use of photographs and words for collage showed community midwives chose more colourful backgrounds for their work and made pictures that were less 'busy' and more 'calm', with less words. These also had pictures that focused more on 'normality' of pregnancy and birth. Hospital based midwives represented their world with 'busy' pictures that demarcated the 'normal' aspects versus the medicalised aspects; the art and science. Both groups of midwives included pictures of stress or anxiety as representing their role. The photographs triggered the ability to see themselves and place themselves in situations and enabled discussion around professional issues as they talked through the pictures.

10:4:3 Discussing the use of art

The use of creative inquiry enabled the participants to discuss professional issues with potential effects on their practice. They discussed the use of art in relation to:

- The education session
- Views of the session
- Impact of the session

The education session

- enabled reflection on practice
- enabled personal reflection
- had an impact on them in relation to their practice
- the principle of time to do this away from their practice situation setting was beneficial with needing time to reflect on work based issues

Some participants did not find the use of art easy but recognise later they needed to explore their feelings.

Overall the use of creative methods as a tool help to encourage deep reflection on the issues and enables self-reflection in the group setting and individually. There are implications within this study to consider in relation to midwifery in the future. Questions arise whether students should be chosen who have particular personalities to match the needs of the service toward community or hospital based care. Ensuring that education principles include the whole of the holistic domain is essential as well as education around coping with emotional and stressful situations. Notice should be taken of the need for better support for staff in relation to stress and anxiety and the conflict.

Limitations of this study lie in the participants being from one area of the country and with a similar time in practice. Repeating this study with midwives from other areas and time of qualification may give different views of being a midwife or the art of midwifery.

10:5 Reaching some kind of end

On reaching the final steps of this journey I am able to turn and look back and visualise a vast terrain of time and space on which I have travelled. The path has been by no means straight or on flat ground, but

has included dead ends and impassable mountains on the way. Looking forward I recognise this is not an end in itself but another beginning...

I have decided the time has come to finish the quilt and have considered the backing. I have chosen to make a woven back with different colours, representative of those I have used as the framework for this study. In line with the view that the spiritual is central to who we are I will make purple as the warp with the different colours as the weft. These will frame the border as well. In addition I intend to sew a gold spiral thread through all pieces as the quilting from the inside outwards- the thread of the study, or myself, or the link that holds everything together. It could also be my husband and family who have been constant throughout my personal journey. The interpretation for this will belong to those who look at it in the future.

The path has led me for now into an impenetrable forest of mathematical and physics texts that examine terms such as fractals, quantum theory and chaos theory. The reason I have found this place is a discussion with another qualitative researcher who introduced the concepts following discussion about my text-quilts as interpretation. It is comforting to have discovered that others consider the natural world is not made of ordered shapes but of miniscule and infinite patterns (Lesmoir-Gordon et al 2009). Complexity theory is also applied to normal birth processes with a demonstration of requirement to take a holistic view of the interactions between components (Downe and McCourt 2008). Within this area the impact of the person of the midwife should also be included and the complex interactions that are taking place.

For the text quilts I have made I recognise the similarities to the infinite dimensions, of the individuals, that could have been made into smaller squares if I had wished. Each also has a different number of dimensions according to how you visualise them and could create different dimensions as each part is examined. Ultimately they all join together to indicate the whole. Yet the whole is constantly evolving and emerging, affected by the change in those around and the environment in which it is placed.

Reflecting on the history of midwifery of the past thirty years there have been continuing patterns of change, in working practices, education and personal life, to which each of these midwives has had to adapt in order to survive in their role. This change will continue with a new government in the UK as we move into a new phase of National Health Service history with changes in commissioning of maternity services and the future plans for development of Midwifery services (Chief nursing officers 2010). This report sells the messages of women being the centre of care, of needing to increase the public health focus, and midwifery being relational. All of these aspects were discussed in this study. How midwives will adapt again in order to maintain their role through these changes is yet to be seen.

10:6 Finishing the quilt

2nd July 2010

I am on the train back from visiting the exhibition at the Victoria and Albert museum in London Quilts: 1700 - 2010, with all my family. I am struck by the visitors to the exhibition: apart from a few that look like art students, avidly taking notes, my daughters are the youngest there, and only another older man is present apart from my totally supportive husband. There is definitely an older generational and female gender leaning of interest in quilting. My daughters take 'time out' regularly to sit down and wait for me, texting. They are in the 'instant' generation where things that take time, such as quilting, are anathema to them. I feel we are in danger of losing these skills with young women if we don't instill the value back into them. Though there were many historical quilts the girls were most struck by ones that had some social meaning such as the quilt created about abortion, by prisoners and demonstrating our cultural changes in the UK, as well as of course Tracy Emin. Whereas I could connect with the historical need for quilts as comfort and beauty, their connections did not reach so far. I was struck too by the perfection in the quilts, hours of work done by hand, in a world without computers and televisions, often as gifts for others. Other women visitors appeared to be taking this aspect so seriously and criticising those that were

not so technically brilliant. My heart instead responds to the spontaneity and the use of bits of material and life to create something new.

I see my quilt contains hidden messages behind the pictures. This bricolage of voices carries secrets behind the patches of text. There are things revealed but also things unseen, and what meanings are given. On a different day I may have chosen different things to write and create; the participants may have chosen different words to say. Thus the quilt remains messy and incomplete in this study, providing only a snapshot of what could be seen. In qualitative research as in life, there is so much more that is not known.

I also see through the connections that are revealed through the women's work and my life, alongside my stitching and the generations of women who have created before. We are not isolated beings, constrained as body/mind/spirit but are meant to be social beings responding and evolving alongside each other. Within the woman's world midwives have a place in providing this connection to women, their babies and their families at a key transformative time of their lives. What this study has shown is that these midwives see this and recognise their role as important to them and the relational part of their role as significant within communities as well. They are struggling to achieve it in the current organisation of services, but they also recognise they are women who have other lives, have needs and wants as the women in their care. Alongside them I am aware that I face the same challenges.

September 6th 2010

...the front is 'complete' but the backing has proved more complex, and I have realised I can't rush this stage...I lay the front down flat and put the batting on and then start weaving the material over the top. I have chosen plain colours to represent the colours I have used for the interpretation of the text...I use purple for the warp threads, running constantly through the whole...and then

use the different colours in turn. I have torn the strips rather than cut them to show that life is not tidy...the orange...is bright, too bright almost, but it makes a statement, I think, of the need for the social aspects of my life over the past years of the study. The social engagement is also shown through the way the family are part of this process as I have to finish this on the largest floor of the house. [Daughter 4] crawls on the floor with me to help with the weaving.

I aim then to lift it and stitch a gold spiral from the front, using my machine. But best laid plans-first the quilt is now exceptionally heavy and difficult to manoeuvre; second the machine catches in the 'unfixed' ad hoc weaving and I have to stop. I try then to complete the spiral by hand, but the heaviness and lack of frame brings more challenge. It distresses me and my husband suggests I take a break to think about it, that it doesn't need to be rushed. He is right of course and I reflect over night... My eldest helpfully contributes that this teaches me not to cut corners. She too is right, in that, after all this time, it is worth spending time to make it as good as it could be. I think of that in relation to my awaited draft thesis, that I rushed this in, and now there will need to be time taken to stitch it together to complete the whole...

I present the quilt at a conference. I leave forms in the room with it to ask for comments and then present on the comments. The comments indicate how it has spoken to others in different ways:

For me it's incredibly meaningful- on many levels... It's so intimate and private; the hand maid/made-ness is so obvious and celebrated. A long, slow journey made up of small, significant steps

It is meaningful. I imagine that there is a lot of loss and sadness as well as joy in being a midwife. This seems to be more about the positive

As a work of art it doesn't 'say' anything to me but as a piece of social history and evidence of a time-consuming pastime it says a lot

Words may probably/will be used to deconstruct it- but words cannot express it fully

September 8th 2010

I am asked about reliability- if I lost this in a fire would I redo it or change anything? I answer, no I wouldn't, I couldn't, as each square is a reflection of that moment in time...

...but *you* changed your lives. You are the ones who chose to act differently, to respond to your callings, to build community, to welcome others...If you choose to do this- to be true to your own being- you know what? Before long people will be telling you, 'You changed my life.' And you can write about that. Or sing or paint or dance about it. And what joy that will give to me- and the world.' (Richardson 2008:1)

10:7 *Sending the quilt out to the world*

I am challenged by the examiners, 'so what are you going to do with the quilt now it's finished?' At present I want to hold tight to it, happy to have completed the article, wanting to keep it close to my family, as it is part of them as much as me. But I am aware that the quilt and the words of the midwives need to be seen and heard...

As time has progressed there is evidence that the aims of the new coalition government to reduce a large financial deficit has begun to impact on the maternity services. Indications that pre-election promises to increase the number of midwives by 3000 has not been immediately realised and has led to a petition campaign by the Royal College of Midwives (The Press Association 2011). Public support has currently raised the number of signatories to a staggering 19000, a sign that the population recognise the value and worth of this campaign. The State of the Maternity Services report (RCM 2011a) demonstrates how the birth rate in the UK has been increasing alongside the slower increase in number of midwives and student places. At the same time a recent survey of student midwives shows that there is a mismatch with the numbers qualifying and the places available in the

Trusts (RCM 2011b). Evidence of down-grading and not replacing staff has been presented (Anon 2011). What is required is to employ the students who are qualifying and encourage others back into practice. The irony is not lost that national awareness is being raised about the lack of midwives throughout the world and the importance of their role (Rawe 2011). Yet Steve Fouch (2011) eloquently raised this point that not valuing midwifery care in the UK in the same way should be challenged.

It is evident then that the issues raised by the midwives in this study demonstrating their passion and desire to give the best possible care to the women through relationship and time is further being eroded as there is less time being 'allowed' for relationship to be achieved. Strapped-for-cash managers are telling clinically based midwives to stop doing antenatal classes, a source of developing relationship in the antenatal period, and reducing the numbers of visits in the postnatal period (Boffey 2011, Smith 2011). Organisation and management of services is being scaled down for cost saving purposes, but in the long-term may lead to more damage, with women not receiving personal care, with potential of infection rates increasing, as they are not diagnosed quickly if midwives are not visiting. The unknown numbers of women with postnatal depression already indicate that they do not know who to turn to for help (4Children 2011).

In contrast the government's focus on improving the health of the population includes reference to the importance of care in pregnancy and the early days of life. For example:

The health and wellbeing of women before, during and after pregnancy is a critical factor in giving children a healthy start in life and laying the groundwork for good health and wellbeing in later life. (DH 2010:17)

Additional statements refer to the need to recognise care of maternal mental health. The intention of the government's rhetoric is not being met at Trust level. Evidence has shown that the care of women by midwives is cost-effective (Devane et al 2010) yet the current short term cost saving measures may lead to more problems and cost and not less. The midwives in this study therefore have to adapt again, even further away from the ideals that they have described as being significant to their role and why they entered the profession: a profession where they wanted to provide time, relationship and even love to women and their families.

The study showed the importance of the role to the midwives personally. Evidence shows that valuing people in their work environment leads to greater productivity and retention (Harung and Dahl 1995). By implication in contrast people who are not valued in their role will want to do less. It is known from studies on why midwives stay (Sullivan 2011, Kirkham et al 2006) that feeling supported and valued by managers has significance. In the NHS midwives are feeling less valued by Trust managers, feeling let down by the government and at the same time being pilloried by the media for not providing perfect care. Even some women are not grateful for the care they receive.

Current Health service reform plans also provide a threat to midwifery care with commissioning being allocated to GP control. Though midwives are being encouraged to 'get involved' with Commissioning groups, to ensure 'maternity services' are safe, the stress the service is already under will make it difficult for midwives to give the time to fight for involvement. Cathy Warwick, Chief Executive of the Royal College of Midwives questioned in a recent speech how long midwives would be able to continue coping in this environment (Dabrowski 2011). The midwives in my study were already showing signs of stress and emotional strain. It is likely this has been compounded.

Further aspects of political change will have impact on midwives. Plans to change pension provision and raise the age when this will be provided is significant for a profession that is working in a physically demanding environment. Midwives who are no longer having 'down time', are sometimes working twelve or thirteen hours without breaks, and may subsequently be required to work until they are older, may potentially have an effect on safety of care, as well as increase potential of ill health or injury. In addition reports relating to education have been released that may impact on the role of midwives, educators and students. The Midwives in Teaching report (2010) examined the role of the midwife teacher in the current context of education. The study also recognises the older age demographic in education and the pressure on educators to remain clinically credible.

The voices of the midwives in this study related issues around the entire holistic paradigm. It is clear that current external political pressures is impacting on all these aspects, from the erosion of time and increasing physical demands, to the impact on the social relationships midwives and women are able to form, and increasing stress and need to deal with emotional challenge in the working environment. Birth however remains a spiritual, transformational event, where

women require midwives to be alongside them and support them through this process of transition. More questions should be asked about why a first class, world-recognised valued service is being eroded beyond recognition.

The journey of the quilt is therefore not ended as the voices of these midwives somehow need to be heard above the cacophony of sound currently related to the maternity services. If they don't speak now the importance of our role maybe lost forever. The midwives here believe they are of value and importance and believe it is part of their identity. Take this away from them and who will they be?

