Perceptions and experiences of maternal birthing position and perineal trauma amongst mothers, midwives and obstetricians in the Niger Delta Region, Nigeria: A mixed method study

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Cumulative evidence supports the use of upright positions during labour and childbirth, which has physical benefits for both mothers and babies. Despite strong evidence in support of upright birthing positions, semi-recumbent or lithotomy positions for birth continue to be practised in Nigeria. Furthermore, the use of episiotomy is commonly practised in some regions of Nigeria. Lack of evidence based guidelines and acknowledgement of the recommendation for restrictive use of episiotomy has contributed to the continuation of this surgical intervention being performed without justification. The challenges of implementing evidence-based maternity care are on-going. The complexity of closing the gap between best practice as determined by research evidence and clinical practice is well documented. This presentation will report the findings gathered from a mixed methods study that explored the views and experiences of mothers, midwives and obstetricians in Nigeria. At the outset of this study, midwives and doctors were all trapped in a vicious cycle of entrenched clinical practices. However, during the undertaking of this study, awareness and practices not based on evidence were reflected upon and challenged. A change process that involved critical thinking and some adaptation of practices occurred, such as enabling some women to adapt different positions during labour and birth and then had the effect of fewer episiotomies being performed. There was a clear willingness on the part of the midwives and doctors to change and adapt clinical practices that benefited women based on contemporary evidence. This shift resonates with an Appreciative Inquiry 4-D cycle of behavioural change. A transition from a vicious cycle of ‘practitioner’s centred’ led care to a virtuous cycle of ‘woman centred’ led care was evident.

Biography
Mary Steen is a Professor of Midwifery at the University of South Australia and Visiting Professor at the Universities of Port Harcourt, Nigeria, Sao Paulo, Brazil and Chester, UK. She is interested in a wide remit of midwifery and family health issues that has led her to undertake research studies in developed and developing countries. She has published her work widely and has written numerous articles, chapters and several books. Mary has received several awards for clinical innovation, original research and outstanding services to midwifery.

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