Article

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'Watchful attendance' during labour and birth

Ank de Jonge [a,*], Hannah Dahlen [b], Soo Downe [c]

[a] Amsterdam UMC, Vrije Universiteit Amsterdam, Midwifery Science, AVAG, Amsterdam Public Health, the Netherlands
[b] Western Sydney University, School of Nursing and Midwifery, Western Sydney, Australia
[c] Research in Childbirth and Health (ReaCH Group), School of Health, College of Health and Wellbeing, University of Central Lancashire, Preston, United Kingdom

Care of women during childbirth is often described by the activities professionals carry out, and not by the support they give. Typically, routine documentation of care during labour almost anywhere in the world will provide information about medical interventions such as induction of labour, pain medication and instrumental delivery. The more detailed labour notes may include a description of vaginal examinations, CTG patterns, etcetera. However, often no information is given on some of the most essential elements that are central to midwifery care during labour.

'Taking time' has long been known to be one of the most important aspects of midwifery care. In a book entitled 'Childbirth, Midwifery and Concepts of Time' [1] several authors describe how modern maternity care systems impose time constraints which do not allow for individual variations in progress for women in spontaneous labour. In the recent WHO guideline on intrapartum care, the lack of evidence for these time constraints has been acknowledged, and interventions for slow progress in the absence of any other indications are not recommended [2]. This is an important move towards more individualised, woman-centred care during labour and is a recognition of the fact that every labour has its own rhythm and time. The original definition of woman centred care was informed by feminist principles, was relationship based and aimed to shift control from health professionals and institutions back to the woman herself [3].

To enable women to give birth in their own time, requires *being with* the individual woman rather than only *doing things* to her [4]. Although 'with woman' is the old English meaning of midwife, the practice of many midwives is driven by the dominance of clock time, where the focus is on disciplining women's bodies to ensure they fit within standard population based rules for progress to fit within organisational norms and controls. In contrast to this bureaucratic imperative, being with-woman centres around building equal relationships based on trust and empathy, and recognition of the infinite variation we see in individual women and their babies [4]. If they have time to create these relationships (ideally antenatally), midwives can then be emotionally present for each woman, and therefore better attune to her evolving situation and needs, and to those of her baby, with consequences for the full spectrum of safety and wellbeing (physical, emotional, psychological, cultural, social and spiritual).

Outwardly, skilled midwives who are 'with woman' may not seem to be doing much [4,5]. They sit quietly, speak gentle encouraging words ('midwife muttering'), prepare some drinks or give a massage. They undertake regular clinical checks, but these are integrated into the whole dynamic of care, rather than being the central and only concern. A midwife who is able to be 'with woman' uses all her senses to observe a woman's wellbeing and labour progress by seeing how she moves and interacts, noticing the sounds she makes, flush on her cheeks and focus of her eyes as an additional means of assessing the nature and strength of her contractions. She will observe the movement of the fetus as it articulates dynamically with the maternal pelvis and soft tissues and is mirrored in spontaneous maternal movement, and the neurohormonal progress of a woman's labour as evidenced by her breathing, the dilation of her pupils, and the tone of her skin. At the same time as observing and assessing all of these parameters, the midwife instils a feeling of trust and safety in a woman who then feels confident to go with the flow of her labour, knowing that the midwife will assist her with supportive techniques, or advise technical or medical input if this becomes necessary, or desired by the woman. This is all enhanced significantly when embedded in a continuity of care relationship, as a woman will often find it easier to trust a midwife she knows and, vice versa, a midwife may understand the woman's needs better [4].

However important this care may be, it is largely invisible. It has no name, is not recorded and therefore is not monitored or accounted for. As a result, the content of this care is variable and dependent on the skills and motivation of individual midwives. To make sure that all women receive this care during labour, it is important to give it a name and to describe it.

We propose a new term for this intense and skilful activity. Our notion of 'watchful attendance' is framed to capture both the constant

* Corresponding author.
E-mail address: ank.dejonge@amsterdamumc.nl (A. de Jonge).

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state of alertness required by the midwife to use all her senses in watching, but in close proximity to the woman, rather than by simply 'observing' or, more technically, 'monitoring'. Attendance is framed to capture both 'tending' to and 'attending' on, as well paying 'attention' to what matters to the individual woman psychologically, emotionally, and clinically. It denotes being very present and connected to the unfolding event. The term expresses a combination of continuous support, clinical assessment, and responsiveness.

If the term watchful attendance is adopted, it can be defined, evaluated, used in practice and taught to students. The time spent by midwives on watchful attendance can be recorded, counted and assessed for outcomes in effectiveness studies. Women's experiences with watchful attendance can be evaluated in surveys and interview studies. Participant observation may provide more insight into the mechanisms that underpin the effectiveness of elements of watchful attendance. Subsequently, the definition of watchful attendance can be refined and translated into indicators for quality intrapartum care.

Once this care is visible and shown to be effective, it may begin to have equal status with clinical aspects of care. Not having time for watchful attendance should be as unacceptable as not being able to provide epidural anaesthesia at a woman's request. However, the Covid-19 pandemic has shown that it is easier to prioritise elements of care that can be measured and counted. Hence, medical interventions were often prioritised over supportive care that strengthens a woman's own capabilities to give birth [6]. In particular, companionship in labour and relationship based care in continuity of care schemes were restricted. By giving supportive, midwifery care during labour the name 'watchful attendance' and explicating the elements of this care, the importance of it will become more apparent to women, professionals, policy makers and the public at large. This is an important step towards building a sustainable, woman centred maternity care system during the pandemic and beyond.

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