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Rigby, K., Wyatt, C., Earnshaw, J. and Feeley, Claire

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ASPIRE: Reflections on midwifery led research by Research Midwives

Authors: *Katrina Rigby, Senior Research Midwife, Women's and Children's Research Team Leader and NWC CRN Research Midwife Champion, Cheryl Wyatt Research Midwife, Julie Earnshaw Research Midwife and Dr Claire Feeley, UCLAN Lead.*

Summary

The Research Midwives at Lancashire Teaching Hospitals NHS Foundation Trust, in collaboration with the University of Central Lancashire (UCLan), conducted a series of 55 staff and service user interviews for the ASPIRE COVID-19 Study. We fully engaged with this opportunity to lead on this valuable qualitative study. We experienced great learning opportunities to develop interview techniques, along with challenges of using technology in new ways, to complete the interviews remotely. As the first UK site to open, we developed our knowledge and skills quickly, and found new ways of working to inform our future work, and share with Research Midwife colleagues.

Background

The ASPIRE-COVID-19-Centre Study opened its first UK site at Lancashire Teaching Hospitals in November 2020, with a team of three Research Midwives based at Royal Preston Hospital. The component that we focussed on was to explore how Trust maternity services have been organised during COVID-19. This was achieved through interviews with staff and service users at our Trust, between November 2020 and April 2021. As the recruitment period was at the height of the second wave of the Covid-19 pandemic.

The team has grown from a single part time Research Midwife in 2009 involved with two studies, to our current team with an ever expanding portfolio of studies and trials including RCT's, questionnaires, data collection and observational studies. Many of the research studies and trials we have been involved with, have focused on preterm birth, stillbirth, multiple pregnancies, epilepsy in pregnancy, obstetric cholestasis, smoking cessation and recently around the effects of Covid-19 on pregnant women and their babies. Our work is varied and often unpredictable, with invites to participate in new projects arriving frequently. Our team has built a strong reputation for delivering high quality research. We are approached by many organisations to conduct their research. The nature of previous work has meant we have formed valuable working relations with several influential researchers.

Opportunities/benefits

This study gave our team the unique opportunity for further Principle Investigator (PI) experience with Katrina leading as Research Midwife PI. It is very often a Consultant

Obstetrician that has the role of PI, particularly for any interventional studies or RCT's. The opportunity was relished to lead and take responsibility for a midwifery-led study, and work as qualitative researchers. We enjoyed working as joined up team with our local University, UCLan.

Working through the covid pandemic has made us all aware of the difficulties and hardships that our maternity service users have faced, and the challenges for staff to provide safe and effective care in unprecedented times. We had the unique privilege of listening to the views and experiences of women, their families and staff from a range of perspectives. We've been overwhelmed by the openness, honesty and breadth of emotion shared by the people we spoke to. It was wonderful to hear some positive experiences that were shared despite the challenges, and we were delighted with the response and willingness of participants to come forward and share their stories.

The ASPIRE interviews had to be conducted in a different way due to the restrictions of the pandemic. This meant using Microsoft Teams in place of meeting face to face. The main benefit of doing this, aside from keeping everyone safe, was that participants could meet us from the comfort of their own homes. This made it much easier for new parents to complete an interview, and they appeared more relaxed and spoke at ease.

We are currently moving into more digital ways of working, and this study accelerated that process for us by introducing the electronic investigator site file, and shared space for communication. The use of new technology certainly had its challenges to begin with. However, once we became comfortable, this was a really effective way of working with the UCLan team. The importance of good communication and record keeping was soon highlighted, as we shared a spreadsheet that contained the information on who we had scheduled to interview, and when they were completed. This live document in combination with regular whole team and site team meetings, allowed us to coordinate the interviews successfully.

Supporting recruitment for the study also involved using technology, and we heavily relied on social media for the first time to invite participants to take part. We had early, regular contact with our Communications team, who would regularly post the study information and contact details on the Trust public facing website, Facebook and Twitter. We also linked in with our CEO from the start to aid study promotion and engagement as a participant herself! The response was overwhelming, as many women came forward to participate. So much so we had to take down the social media posts early to avoid disappointment for the women we couldn't accommodate. It was great to have the social media presence, especially Twitter, which promoted the Trust as research-active and involved in high-quality research

We quickly found that as we wanted diverse representation from a variety of ethnic and social backgrounds, a generic invite attracted mainly White British families. We learned that a more targeted approach was needed. Therefore, digital communications were updated to invite those from black and brown groups. We also realised that although women were very interested, some were discouraged by the use of Microsoft Teams and a recorded interview, with many not responding after receiving the participant information sheet. However, once reassured that cameras could be turned off if they wished, and that the interview recordings would be deleted

once transcribed, this made participants feel more comfortable and happy to take part.

Challenges and/or advice to other research midwives

The Challenges we experienced and how to avoid

- Influx of white, British women from Trust website advertisement but little response after receiving study information. Better to be specific in communication about aiming for black and brown groups.
- Clear email messages to participants stating response within two weeks regarding study interest, however, the interview could be within the next three months. This helped with participation uptake.
- Block-out longer time than the interview takes for post-interview requirements.
- Reassuring potential participants they don't need to be filmed as the camera can be kept off. This helped with study uptake.
- Prepare to conduct interview in a private and undisturbed space - challenging due to COVID-19 and social distancing pressures on space.
- Camera angle issues. Better to ensure the interviewers face is fully on screen.
- We were aware of body language and not looking at the question sheet too much to gauge what and when to ask next.
- Mindful how we were perceived as a representative of the Trust.
- Concentration on what's being said so as not to repeat a question that's already been discussed. Hard copies helped and crossing off as covered.
- Scope within semi-structured interview schedule to ask questions differently.
- It's okay to continue the interview beyond an hour if the participant is happy to do so.
- Through experience we learned when not to speak.
- Being confident in posing questions and probing.
- Helpful to devise own checklist for tasks to be completed after each interview.
- Improved recording if participant isn't on a smartphone.

Advice for Research Midwives

- An excel spreadsheet as a starting point for our dream team of Heads of Service, Staff and Service Users was our focal point. We regularly updated this to aid communication.
- Share experiences with colleagues regarding preparations and interviews.
- Book interview in Microsoft 'Teams' site 'General', so consent and interview recordings are stored in the correct space.
- A good time seemed to be 10.00am and 2.00pm for all involved.
- Book private room as no face mask needed and interview in progress sign on door. Where this is not possible, turn camera away so colleagues not visible.
- Give yourself time to set-up and log-on and prep interview schedule sheets with highlighter, have consent form ready and demographic log.
- Get into habit of building rapport before turning consent recording on.
- Try and conduct interviews in quick succession to build confidence. Helps become quicker and slicker and moving between questions becomes easier, probing and bringing back.
- The more interviews you conduct the more relaxed you become as you know what questions come next.
- Email UCLan team regarding recordings to download.

Conclusion

Being at the forefront of study involvement has been an overall enjoyable and rewarding experience. Regular communication within the Research Midwife team and UCLan was the vital key to the study's success at our Trust. We have all learned from new experiences, and it's great to be able to share our learning journey and celebrate successes with others. Review of Trust documents and analysis of routinely collected data continues.