[Title] ASPIRE: Reflections on midwifery led research

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Summary

The research team at South Warwickshire NHS Foundation Trust (SWFT) worked with the University of Central Lancashire (UCLan) on the ASPIRE COVID-19 study. We conducted 55 stakeholder interviews to gain insight into the trust's response to the pandemic. Working on the project presented many opportunities and challenges for us including qualitative interviewing, using digital technology and engaging representative populations. ASPIRE COVID-19 gave us a unique opportunity to be part of a rare qualitative, midwifery-led research project which we fully embraced. We hope that this is the start of a new era of research which encourages midwife-led projects and qualitative studies.

Background

ASPIRE COVID-19-CENTRE is an in-depth case study of eight NHS trusts from across the country, of which SWFT is one. Its main aim is to examine each trust's response to the pandemic in terms of changes to service provision, as well as the views and experiences of patients and staff throughout the pandemic through semi structured qualitative interviews.

SWFT has a medium sized maternity unit with around 3,000 births per year. We have a small but well-established reproductive health and childbirth research team which was first established in 2012. The team currently consists of 2 part time midwives and one part time research assistant. Over recent years our maternity services have been recognised for providing high quality care and won the 2020 Royal College of Midwives 'Service of the year' award. As a result of this, we were the first trust that ASPIRE COVID-19 CENTRE approached to be part of the project.

Prior to ASPIRE COVID-19, our experience as Research Midwives had been fairly typical. We are involved in a variety of NIHR portfolio projects including large multi-centred RCTs, registry studies and some smaller mixed methodology studies. As a smaller unit we have focused more on registry studies and prospective cohort studies compared to some of the larger maternity units participating in ASPIRE COVID-19 who tend to be more focused on large scale, obstetric led RCTs. Perhaps as a result of this focus, we have noticed a welcome shift towards the acceptance of midwives as principal investigators (PI) and I have had the opportunity to be PI on several research projects. Aspire COVID-19 offered us a unique opportunity to expand our portfolio into midwife-led research and learn new skills in qualitative research techniques. It was the first fully decentralised research project that we have participated in and this presented us with many challenges such as the use of new technologies. However, the research team at UCLan were supportive and ensured we had the relevant skills needed to deliver the project and maximise our learning opportunities.

Qualitative interviewing skills and challenges

My colleague Sandra and I had never conducted qualitative interviewing before in our roles as research midwives. I had learnt the theory of qualitative research and qualitative interviewing during the research modules of both my university degrees (BSc Psychology, The University of Warwick, BSc Midwifery, Coventry University), but had never put the theory into practice. One of the main challenges we encountered as novice interviewers was ensuring that the interview wasn't just a

recorded two-way conversation. The art of good qualitative interviewing lies in the ability of the interviewer to elicit as much relevant information as possible from the participant, without influencing their responses by sharing their own thoughts. We found this to be much easier said than done. In a two-way conversation you interact and interject with your converser, particularly when they are discussing an emotive topic that they may be struggling to make sense of themselves. However, during a qualitative interview, this could be considered as leading the participant to your own conclusions. The art of keeping quiet is something we, and possibly many other midwives, find particularly difficult. As a profession we tend to be social chameleons, always striving to put others at ease by showing we understand them, it is one of those intangible skills that the very best midwives possess. In contrast, as an interviewer, whilst you must make the participant feel comfortable, the real skill is to sit back and allow the interviewees own thoughts to flow and, if they stumble, to allow them time to find their own words rather than stepping in to support them with your own.

The other aspect of qualitative interviewing we found to be challenging was keeping the service users on topic during their interviews. It is natural for some women to want to discuss their birth to help them process what happened to them during this life changing event. However, in the context of a research project it was important to guide the participant to discuss experiences relevant to the study rather than just to provide a birth story monologue. Most service users described generally positive experiences, however for some participants their experiences were not as positive. In this situation as both researchers and midwives it was important to find a balance between listening and providing a witness to the woman's experiences, and if necessary escalating any concerns and signposting women to help as appropriate, while trying to keep the interview relevant to the research study.

A unique insight

One of the unexpected privileges of conducting qualitative interviews was the chance to hear a large variety of perspectives on the experiences of our colleagues during the peak of the pandemic. This increased our understanding of the pressures faced by different areas within maternity services, but also the innovative ways staff managed to navigate the restrictions to ensure that patients received the best possible care, even if this was by unconventional means. Many staff also reported to us that they found the interview process very cathartic, as it was the first time many of them had had the opportunity to stop and reflect since the pandemic had begun.

Technology skills and challenges

ASPIRE COVID-19 is the first fully decentralised trial we have participated in. This meant we had the challenge of conducting virtual interviews and recording them digitally for analysis. Whilst we have become more accustomed to Microsoft Teams during the pandemic, the process of setting up, conducting and storing the interviews was not straightforward. Every part of the setup, interview and completion process for each interview had to follow a strict protocol to ensure everything was recorded and stored in the right place, and in line with the trial's data protection guidelines. If one part of this process was missed or completed incorrectly, it could potentially mean the interview couldn't be accessed or could be in breach of data protection. My colleague Sandra and I practiced relentlessly with each other, ensuring we got every step right. During the first few nerve-wracking interviews we completed, we did encounter a few technical problems which we managed to quickly resolve with each other's support. After the first few interviews our confidence in the technology grew and by the end of the project we were both very proud of the new skills we had learnt.

Achieving diversity

Diversity was a dimension we needed to achieve in all three interview categories: service users, health professionals and heads of service. This was to ensure the views of those we interviewed were as representative as possible of their wider populations. For our service users we wanted to ensure we represented the diversity of women and birth experiences within our trust in this period. Despite our population not being particularly ethnically diverse, it was important to try and interview women that represented the ethnic diversity we do have in our area. Our primary source of recruitment for service users was through social media, however we found that this predominantly attracted women of a white ethnic background. We therefore devised some strategies to reach out to a more diverse audience, these included, attending the 6 week BCG clinic and using our other COVID-19 study databases to approach women of underrepresented ethnic backgrounds. These strategies were successful and we had representation from 5 different ethnic groups within our service user population.

We also wanted to ensure we covered other areas of diversity such as mode of birth, birthplace, parity and age. We achieved this by screening those who self-referred to us via social media, to ensure we had a good spread within these categories. For some subgroups such as home births, it was hard to find participants through the usual self-referral channels, so we used our connections with other midwives to identify women who may be suitable and approached them directly where appropriate.

Diversity within the health professionals and heads of service categories was also important in relation to the breadth of roles we included. We started with a brainstorming session to think about every health professional or head of service role that directly relates to maternity, and used social media and a targeted approach to achieve this diversity and we were delighted with the breadth of roles we were able to include.

Conclusion

ASPIRE COVID-19 was a truly unique research project to be a part of. It presented an opportunity to gain many new skills including qualitative interviewing and the use of Microsoft Teams. It has been such a privilege to be part of this large-scale midwife led project and I am really hopeful that its success will galvanise midwifery led research moving forward. Midwives are capable autonomous practitioners who are well positioned to conduct impactful research which ultimately improves care. As a result of this study we are actively seeking more qualitative and midwife led research and would encourage other trusts with a similar opportunity to do the same.

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