

Midwifery Students’: Developing an understanding of being ‘with woman’, A Qualitative Study

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Abstract

Objectives: To explore and describe what student midwives, enrolled in one Western Australian (WA) university, had witnessed, learned and experienced regarding the concept of being ‘with woman’.

Design: A qualitative descriptive design was chosen.

Setting: A university in Perth, Western Australia.

Participants: Nineteen student midwives from an undergraduate and a post graduate midwifery course.

Methods: Data were collected from audio-recorded interviews. Thematic analysis of interview transcripts was used to identify commonalities of perceptions and experiences of being ‘with woman’ for students. Data saturation guided when recruitment ceased and final sample size was achieved.

Findings: Student interviews revealed that when considering the concept of being ‘with woman’ students were able to give descriptors of what they interpreted the meaning of being

‘with woman’ to be. They also described factors that impacted their learning of how to be ‘with woman’. Included in their descriptors were that being ‘with woman’ enables informed choice, it creates a connection, it means the woman is at the centre of care and that it can occur in all contexts. The factors that impacted their learning of how to be ‘with woman’ were the importance of positive midwife role models, that providing continuity of care models accelerate learning, that the student role and workload can impact their perceived ability to be with woman and that they are aware it takes time to learn how to be ‘with woman’.

Conclusion and Implications: The art and skills of being ‘with woman’ are central to midwifery practice; students in this study were able to demonstrate understanding of the concept and also highlight factors that influence their learning of how to be ‘with woman’. Findings can inform how the phenomenon of being ‘with woman’ can be intentionally introduced into midwifery programs, with particular emphasis on positive midwifery role models, realistic student workload and recognition of the value of the Continuity of Care Experience.

Keywords: Continuity, Midwife, student midwife, ‘with woman’

What is already known about the topic

- Being ‘with woman’ is fundamental to midwifery care
- Midwives understand that being ‘with woman’ is multifaceted and includes woman-centred care

What this paper adds

- Student understanding of being ‘with woman’
- Student awareness that midwife mentors and continuity of care experiences provide the best examples of how to be ‘with woman’
- Information that will help midwifery academics build curricula to enhance student knowledge of being ‘with woman’

Background

Language used for the person attending a woman in childbirth, varies across the world, from sage-femme (French), meaning ‘wise woman’ (GoogleTranslate); hebamme (German), meaning midwife-wet-nurse (Wiktionary, 2019), comadre (Spanish), meaning ‘co-mother, godmother, friend’ (Wiktionary, 2019), through to midwife (English), meaning ‘with woman’ (Collins, 2014). The literal meaning within each language is rarely considered, as the word itself has become the role. In 2002, Hunter’s review of the published literature found that women valued the concept of midwives being ‘with woman’, defining it as “the provision of

emotional, physical, spiritual and psychologic presence/support by a midwife as desired by the laboring woman.” (Hunter, 2002). More recently the concept of being ‘with woman’ was explored comprehensively through an integrative review, which revealed that current understanding is derived from research exploring women’s experiences of midwifery care; and professional commentary from midwifery leaders (Bradfield, Duggan, Hauck, & Kelly, 2018a). Subsequent phenomenological research found that midwives’ experiences of being ‘with woman’ varied according to model of care, with midwives providing continuity of care offering different concepts to those in a maternity setting where care is fragmented (Bradfield, Hauck, Kelly, & Duggan, 2019a; Bradfield, Kelly, Hauck, & Duggan, 2018b).

Australian midwifery students experience a variety of models of care through clinical placement in public and private sector maternity units, group practice, and specialist services, as well as following at least ten women over the childbirth continuum; the continuity of care experience (CCE). The impact of model of care and place of work on midwives’ interpretations of being ‘with woman’ is now beginning to be understood (Bradfield, Hauck, et al., 2019a; Bradfield, Kelly, et al., 2018b; Bradfield, Hauck, et al., 2019c); however, there is little evidence to describe the student perspective.

In a quantitative cross-sectional American study of 125 midwifery students, Jordan and Farley examined perceptions of ‘therapeutic presence’ by online questionnaire (2008). Therapeutic presence was described as including three elements: emotional support; direct care and comfort measures; and providing information, all of which have been identified by Western Australian (WA) midwives as key components of being ‘with woman’ (Bradfield, Hauck, et al., 2019a). The students in Jordan and Farley’s study were influenced by their preceptors’ role-modelling, but the students required self-belief and opportunity in order to transfer knowledge into clinical practice. Students also found their confidence to provide therapeutic presence increased in relation to their perceived value to the women (Jordan & Farley, 2008).

Whilst Jordan and Farley’s study (10) provides valuable quantitative information regarding American student midwives’ perceptions of therapeutic presence, a gap in the literature was identified regarding in-depth student insight and knowledge of being ‘with woman’.

Students are in the enviable position of working closely alongside many midwives and have the advantage of witnessing midwives' varied practice of being 'with woman'. This WA study of student perceptions, based on their experience of witnessing midwives across the wide spectrum of workplace and models of care, adds depth and richness to the current body of knowledge. Although there are studies concerning qualified midwives' self-reflection (Bradfield, Hauck, Kelly, Duggan, 2019b; Bradfield, Kelly, Hauck, Duggan, 2018c), there are no studies regarding student understanding of being 'with woman'. Australian midwifery academics acknowledge that learning the art and science of midwifery is demanding for students and the central component of being 'with woman' requires additional awareness and insight (Browne, 2003). Given the scarcity of evidence, the current basis of education provided to students around this professional characteristic relies on their clinical experiences, theoretical knowledge and input from midwifery educators. There is no evidence regarding the effectiveness of these educational approaches from midwifery students' perspectives or whether they are able to translate their knowledge into clinical practice. This WA study moves towards addressing the gap in knowledge by exploring students' understanding based upon their theoretical knowledge, witnessing preceptor midwifery practice, and sharing their own experiences of 'being with woman' during their clinical practice placement and CCE.

Methods

The study aim was to reveal what WA student midwives enrolled in undergraduate and postgraduate programs of one WA university witnessed, learned and experienced regarding the concept of being 'with woman'. An exploratory descriptive qualitative study design was appropriate as little was known about the phenomenon and the aim was to allow the richness, breadth and depth of experiences to surface (Buxton, 2011; Howick, 2014; Whitehead, 2007). Ethical approval was obtained from the university human research ethics committee (HRE2017-0267). There were no conflicts of interest.

The setting of this study was WA, which offers women a variety of maternity options including public and private hospitals, continuity of midwifery choices, such as birth centre and homebirth services and private practising midwives. In WA the majority of women choose public maternity care which is provided by midwives, general practitioners and obstetricians. In private maternity care women choose a private obstetrician, who provides antenatal care from a private clinic; hospital midwives provide care in labour and for the

duration of the postnatal hospital stay, under the management of the obstetrician. Care by a private obstetrician results in overall higher rates of induction of labour, augmentation and instrumental or caesarean birth (Jennings, 2018).

The midwifery students were recruited from a university in WA, which offers two courses leading to registration as a midwife; Bachelor of Science (Midwifery) and Graduate Diploma Midwifery (for registered nurses). The undergraduate BSc. students are supernumerary and provided with a variety of clinical placements throughout the metropolitan area. Graduate Diploma students are contracted paid employees, not supernumerary and form part of the workforce; they remain in one hospital, public or private, metropolitan or rural, for the entire course (apart from most rural students who have a two-week placement at a tertiary maternity unit). Students from both courses are also required to follow through at least ten women as the continuity of care experience (CCE) providing antenatal, labour and postnatal care from a variety of settings, enabling students to witness and participate in many different models of care.

Recruitment of students was by announcement through the university online learning management system, with an invitation to be interviewed about their perspectives of being 'with woman'. Postgraduate students were in their final semester of an 18 month program and undergraduate students were in their final year of a three year degree. No academic staff were directly involved in the recruitment process to ensure there was no coercion on the students to participate. Students were offered the opportunity to include their participation in the study against course requirements of additional professional experiences as demonstrating research engagement. Nineteen students were interviewed, either face to face or by telephone according to preference, by a midwife experienced in qualitative research and not an academic at the university, in order to reduce bias. Prior to interview, participants were given information about the study, provided with the opportunity to clarify questions and each gave consent to participate.

The aim of the interviews was to offer confidential space to individual students to allow them to reveal what they had witnessed, learned and experienced which had informed their understanding of what it meant to be 'with woman'. A characteristic of exploratory qualitative research is the close relationship formed between interviewer and participant, which allows participants to reveal their experiences and perceptions (Whitehead, 2011). Semi-structured interviews were guided with open ended questions (Table 1). Recruitment

ceased when data saturation was achieved which was determined when there was a repetition of concepts and no new information being offered (Annells, 2007).

Table 1. Interview questions

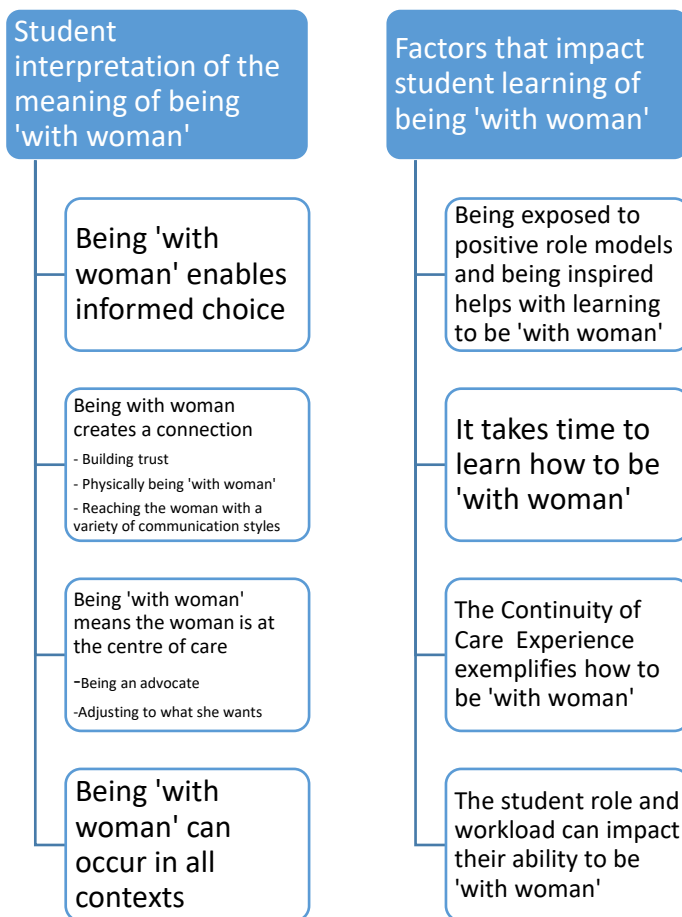
<ol style="list-style-type: none">1. In your own words, how would you explain 'being with woman' to a beginning midwifery student?2. Can you describe a scenario where you felt you were able to 'be with woman' at any time during your midwifery education?3. Can you describe a scenario where you wanted to 'be with woman' but for whatever reason it didn't occur as you hoped?4. Can you describe a scenario where you witnessed a midwife while on clinical placement demonstrate 'being with woman' during your midwifery education?5. Is there anything else you wish to share around the concept of 'being with woman'?
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All interviews were recorded with permission and transcribed verbatim. The nineteen transcripts were anonymised and analysed separately by study investigators with each transcript being analysed by at least two researchers. Thematic analysis was used to explore the interview data and the process of identifying common concepts and patterns began (Burns, 2003), a common style of qualitative analysis, known as fracturing, grouping and gluing (Annells, 2007). Investigators used manual coding either open or line-by-line or via NVivo v11 software, according to preference, to reduce the data into concepts or nodes. Investigators then met to discuss concepts/nodes and cluster them into themes and subthemes (Schneider, Whitehead, Elliot, Lobiondo-Wood, & Haber, 2013). Further consideration and discussion by investigators led to the final formation of themes and subthemes which are supported by quotes from participants (Annells, 2007) (See Figure 1.).

Findings

Nineteen student midwives shared their perceptions of being 'with woman'. The students were recruited from the final stages of two midwifery courses, undergraduate and postgraduate, within one university in WA. Quotes supporting themes and subthemes are presented using a confidential coding system (P1 to P18).

Figure 1. Categories, themes and subthemes



Students carefully considered what their own beliefs were about what it meant to them to be 'with woman; which provided the first overarching theme of **'Student interpretation of the meaning of being 'with woman''** (Figure 1), from which four themes and five subthemes surfaced: Firstly, 'Being 'with woman' enables Informed Choice' and secondly 'Being 'with woman' creates a connection' with subthemes 'Building trust', 'Physically being with woman' and 'Reaching the woman with a variety of communication styles'. The third theme: 'Being 'with woman' means the woman is at the centre of care' has two subthemes, 'Being an advocate' and 'Adjusting to what she wants'. The fourth theme is 'Being 'with woman' can occur in all contexts'.

The second group of four themes arose from students considering what factors impacted their learning experiences of how they learned to be 'with woman' which provided the overarching second theme: **'Factors that impact student learning of being 'with woman'?** (Figure 1). The themes are: 'Being exposed to positive role models and being inspired helps with learning to be 'with woman'; 'It takes time to learn how to be 'with woman'; 'The Continuity of Care Experience exemplifies how to be 'with woman' and fourth theme; 'The student role and workload can impact their ability to be 'with woman'.'

How do students interpret the meaning of being ‘with woman’?

The first overarching category gave students the opportunity to consider their personal individual meaning of being ‘with woman’ and they were asked to give examples to illustrate their perceptions.

Being ‘with woman’ enables informed choice

Students realised that facilitating informed choice for women was an important part of being ‘with woman’ and acknowledged it required passion and provided empowerment, explained by P1: *... so that they're fully aware of everything that is happening in their own pregnancy and birth and that they're able to make those decisions and be in control and empowered to do that.* Being an impassioned midwife was seen by P10 as being the enabler of informed choice: *... the midwife is so passionate about her midwifery it inspires her to learn more and be the best possible resource for the women.* Giving value to the woman’s views was considered key: *It's about trying to get to know that woman and know what is important to her (P15).* Students were aware that providing informed choice was not always easy to achieve, there were often constraints: *That's something that I find really important in maternity care is helping women to make informed choices, and it's really hard to do when you've only got such a short time with them (P9).* Ensuring the woman understands her right to question care was respected by P18: *Making sure that she knows that she is aware that she, she has the right to make the decision and ensuring that she has informed choice to make all of those decisions.*

Being ‘with woman’ creates a connection

Providing support and gaining the woman’s confidence was an essential step towards creating a connection, described by P10: *Because they feel a lot more supported they're a lot more trusting in their care providers, they don't feel scared to ask questions and ask if they can take charge in their care which is what we want, because ultimately women should be the leaders of their care.* Similarly P3 saw this as allying with the woman, getting on her side: *I suppose like aligning yourself with her rather than aligning up (against her).* In addition, seeing the midwife build the woman’s confidence with positive language was considered beneficial: *she gives them encouragement ... the language that she uses is really positive and really supportive (P11).*

Building trust

Students described the importance of creating a connection and how building that bond contributed to a feeling of trust, reported by P8: *It's the relationship, it transcends any kind of language barrier because it's, it's like a gaining of trust and... if a woman knows or sees that you have her best intentions at the heart of your practice then you have that trust.* Trust was also seen to work both ways, with the woman expecting a level of trust in return: *She knows herself what's best for her and for her family, might not be what you feel is best for her but you've got to trust the process and trust her* (P5).

Physically being 'with woman'

Physical presence of being next to the woman was paramount in order to make the connection and meet her needs, stated by P11: *I think... being with woman physically, so you're next to her. You're a physical presence for her during her labour.* Being close to the woman also meant being on her level, as described by P12: *A lot of kind of getting down, she was on a birth ball so kind of getting down to her level,* and P4: *And I was able to get down on the floor with her.* Physical closeness was defined as 'being present', as P13 elaborated: *Just actually be there, being present, listening and understanding and giving, speaking, keeping them at the centre.*

Reaching the woman with a variety of communication styles

Verbal communication was not the only way to be 'with woman', students were able to connect with women through non-verbal means: *Being that calming and comforting presence* (P17), and from P4: *Just appropriate care and touch... just gentle and quiet.* An interpretation from P18 was that the connection can be attributed to being present *at a period in the woman's life that is forever, I guess, life changing.*

Listening and watching for verbal and non-verbal cues enabled students to interpret the woman's physical and emotional wellbeing, as voiced by P5: *I watch the woman, I always watch her because you can see, by how she behaves, how she talks, how she, how she changes, how her face changes.* Students found the concept of reading the woman difficult to express, as P16 stated: *Yeah it's hard to articulate sometimes, I feel like it's more a visual thing... it's like the untangible (sic) thing.* There was a sense of awe from P9 about midwives' characteristic instinct: *Midwives that just seem to have this innate ability to just know.*

Being 'with woman' means the woman is at the centre of care

The third theme, 'Being 'with woman' means the woman is at the centre of care' arose from understanding and then implementing the woman's choice: *no matter what our personal beliefs might be... it's always important to listen to her and her needs and her wants and make sure that she feels like it's her pregnancy and her birth (P1)*, also described by P9 as *making the woman feel safe and empowered to make her own decision*'. During the empowering experience of childbirth, if the midwife succeeds in keeping women at the centre then according to P3, *women should feel like champions*.

Being an advocate

Advocacy was considered to help empower women, with one student stating: *how much it meant to the woman to at least have her voice heard (P8)*. Students described advocacy as a form of empathy; stepping into the woman's shoes: *So it's really important to step away from what you think the woman should do and really listen to her and ... having unwavering support and advocating for her and making sure that everyone else that looks after her is aware of her wishes (P7)*. Insight was demonstrated by students when they also acknowledged that advocacy sometimes includes a path of negotiation: *doing my best to facilitate the woman's wishes in the clinical area and sometimes that means advocating for compromise when things can't always be achieved (P10)*.

Adjusting to what she wants

Being flexible was necessary to accommodate women's hopes and plans, as explained by P12: *It's like finding out what the needs of that woman are and adapting your care to suit them... it's recognising each woman as individual*. Remembering to leave one's own preferences behind was highlighted by P11: *You have to recognise your own values and making sure that you're not putting them onto her*, and also P15: *Yeah it might be a choice we don't agree with but that's what being 'with woman' is about I think*. Accomplishing the end result of being able to adapt to the woman's chosen birth path involved communication, as described by P8: *I really think that it involves that dialogue of asking the woman what her needs are or what her expectations are*.

Being 'with woman' can occur in all contexts

The theme of 'Being 'with woman' can occur in all contexts', was expressed as there being no fences around the concept of being 'with woman'; it can take place anywhere, anyhow. One student described how she was able to give full focus to a woman in theatre, undergoing

a caesarean section and felt she had achieved the art of being 'with woman': *I held her hand and...making sure that they were topping up the epidural... and then they had skin to skin and then helped with the first breastfeed in recovery... being there and supportive and offering options (P2)*. A similar observation by P18 was a situation in which the woman was transferred from a low risk to an obstetric referral centre: *The doctors were explaining to her... a little bit more clinical in their explanations, whereas I was able to break it down for her in calmer environment, where she didn't feel rushed to make a decision and she was able to process that with her husband.*

Factors that impact student learning of being 'with woman'

The second overarching category, 'Factors that impact student learning of being 'with woman' from the influences that affected student conceptualisation of what 'with woman' means and consisted of four themes: 'Being exposed to positive role models and being inspired helps with learning to be 'with woman' 'It takes time to learn how to be 'with woman' ', 'The Continuity of Care Experience exemplifies how to be 'with woman'' and 'The student role and workload can impact their ability to be 'with woman''.

Being exposed to positive role models and being inspired helps with learning to be 'with woman'

Watching midwives' practice influenced students' understanding of being 'with woman'; students translated midwives' actions and behaviours into their own ideal future behaviours, as described by P12: *I kind of learnt how to be with woman by watching what other midwives were doing and there were some that were just, had such a kind, gentle approach to the women they were looking after that I was like, yeah, that's the way I want to do this.*

Inspiration from preceptor midwives was fundamental to the student development of being 'with woman'. Working alongside such motivating midwives provided clarity for students, as voiced by P16: *I didn't really understand woman centred care until I witnessed it.* A description of 'with woman' practice was described by P5 when caring for a woman whose baby was stillborn: *In fact I don't think I've ever seen a midwife handle a situation so well and be so calm and have, know every right word to say at the right time and when not to say and to be discrete and considerate and just everything you could want to be in that situation.*

It takes time to learn how to be 'with woman'

Looking back students realised that learning to be ‘with woman’ was *an evolving process* (P6). Students learned the art of being ‘with woman’ over time from watching inspirational midwives and also from learning from their own experiences, as pointed out by P12: *It’s something that’s developed... and through experience it’s something that’s definitely improved and something I’m much better at doing now.* Direct translation of a midwife’s actions into her own student behaviour was described by P13: *She was just present. She got down to her level, she watched and she was just there. And I think that it’s that experience helped me, give me confidence to get down or kneel down with a woman... and just be present.*

Limited experience and confidence impacted on students’ ability to be ‘with woman’ with P12 stating: *Before when I kind of didn’t have any confidence and didn’t really know what was going on I suppose there wasn’t so much trust with my women then but that was more because I, like I couldn’t give it ‘cause I didn’t really know what I was doing.* Reduced confidence in the ability to quickly build relationships was seen as an obstacle to P3: *I walk in and... you get that overwhelming sense that you can’t be ‘with woman’ because you haven’t known her for 2 weeks or 4 weeks or 2 months, you’ve only known her for 10 minutes. I think that’s hopefully a skill that you pick up a bit more later down the line.* Having confidence to act as advocate was also seen as a barrier to being ‘with woman’, as pointed out by P5: *I could see on her face... we were both student midwives and we both knew it was wrong but neither of us had the courage to say no, you know. It’s different, it’s easy to say it when you’re in a classroom but it’s different when you’re actually in the moment.*

The Continuity of Care Experience exemplifies how to be ‘with woman’

The value of continuity of care and its enhancement of the ability to be ‘with woman’ was voiced by many students, mainly due to building a rapport and understanding the woman’s wishes, summarised by P10: *I think once again the most pivotal example from midwifery students is the continuity of care examples purely because that gives us a chance to... feel we’re quite connected to them (women), we’re very close with them, we have a really good understanding of what they’re like and feel like we can really be an advocate for them.*

Nearly all students interviewed gave similar examples regarding CCEs, such as P17: *the CCE experience that we do... that’s probably where I certainly feel the most that you’re able to be ‘with woman’ because you’ve you know gone through the journey with the woman and so at the time when she’s probably most vulnerable you are able to provide that support for her. ;*

and P8: *I definitely think that continuity experiences play a big role... one of the best ways you can understand the relationship because it's about understanding the woman's needs, seeing her again and again.* Another student (P7) was able to describe what it meant to her to be able to provide continuity of care: *I knew that she was really listening to only my voice, we'd built up a relationship ... It didn't go the way she wanted... She said to me that it was just like drowning out everything else and it was just my voice in her ear and that cool, that just calm reassuring voice.*

The student role and workload can impact their ability to be 'with woman'

The student role sometimes meant students were directed away from being 'with woman': *I think because of the student status, (I was required) to do tasks that took me away from the woman (P6).* Another issue was one of needing to learn skills; this often got in the way of being able to be at the woman's side: *But I've had to concentrate on, you know just simple things like drawing up drugs or you know delivering the placenta. I think that's just 'cause I'm still new at the job (P15).* Emergency situations sometimes side-lined students and made them feel pushed out, even though they were aware that it was because skilled staff required access to the woman:

There was such a rush around, everyone trying to get ready for theatre, the doctors explaining to her what was going to happen but because everything was importantly done in such a hurry I'd sort of been sort of pushed aside and just told sort of wait over in the corner (P18).

Workload and prioritising work meant there was not always time to devote to being by the woman, as highlighted by P17: *It is time restraint that you don't have the time just to sit with the woman and have a chat and connect with her so that you kind of build that respect and trust.* Being unable to stay beyond rostered hours was also a problem; students felt they were abandoning women because they had legally worked over their hours or it was late and they had an early shift in the morning: *so even though I did spend quite a long time supporting her during her labour unfortunately... I wasn't allowed to stay any longer so I physically couldn't be with her (P16).*

Discussion

This WA qualitative study explored what student midwives, enrolled in one Western Australian (WA) university, witnessed, learned and experienced regarding the concept of

being 'with woman', providing insight into the quality of current theoretical and practical education on student understanding and transfer of knowledge to the clinical area. Qualitative exploration of what students understood about being 'with woman' revealed two main categories: 'Student interpretation of the meaning of being 'with woman' and 'Factors that impact student learning of being 'with woman'. The themes under each of the main overarching categories were: 'Being 'with woman' enables Informed Choice'; 'Being 'with woman' creates a connection'; 'Being 'with woman' means the woman is at the centre of care' and 'Being 'with woman' can occur in all contexts'. The second group of four themes, under the overarching category were 'Being exposed to positive role models and being inspired helps with learning to be 'with woman'; 'It takes time to learn how to be 'with woman'; 'The Continuity of Care Experience exemplifies how to be 'with woman' and 'The student role and workload can impact their ability to be 'with woman''.

Consideration of these data provided key concepts for discussion including positive role-modelling, awareness of the impact of clinical hierarchy and the value of the continuity of care experiences over a variety of care models.

Student midwives are guided through their entry to registration courses by lecturers, clinical facilitators, clinical preceptors and mentors; midwives who value the concept of being 'with woman'. Whilst the subject '*How to be 'with woman''* does not appear on midwifery syllabi, students are expected to gain the required knowledge and attributes. This WA study demonstrated that knowledge had been transferred through a variety of learning experiences. Students were able to articulate what it meant to be 'with woman' and name identifying qualities. A recent Australian study (Carolan 2013) explored student perceptions of what they felt made a 'good midwife'. Similar characteristics were named, such as being skilled, caring, compassionate, going above and beyond, having passion and enthusiasm (Carolan, 2013). This WA study added information regarding how learning about these qualities takes place and what impacts learning. The importance of good mentorship was threaded through the student responses indicating the importance of investment in mentor preparation to ensure every clinical encounter is worthwhile for the midwifery student.

One component of Australian midwifery courses, reiterated many times throughout the student interviews in this WA study, was the value of the CCE. It is a requirement of all Australian midwifery students to complete at least ten CCEs throughout the course, following

ten women over the continuum of the maternity care journey (ANMAC, 2014). It is well understood that midwife-led continuity of care models afford midwives the satisfaction of building a rapport to enable provision of ‘gold standard’ maternity care (Fenwick, Sidebotham, Gamble, & Creedy, 2018; Homer, 2016; Tracy et al., 2013). However, recently in an Australian study by Bradfield et al., midwives who work in a fractured model of care suggested that rapport building is possible when meeting women for the first time in labour (Bradfield, Kelly, Hauck, Duggan, 2018c), although the added pressures of constantly speed-building relationships, together with other issues described by midwives, such as incompatible ideologies, can contribute to disappointment, conflict and burnout (Bradfield, Kelly, et al., 2018c; Hunter, 2004; Hunter, Berg, Lundgren, Ólafsdóttir, & Kirkham, 2008). Students interviewed in this WA study confirmed that their CCEs exemplified how to be ‘with woman’ by being given the opportunity to build trustful relationships. Nearly all of the students in the study acknowledged that their best examples of being ‘with woman’ were with the CCE women, confirming a valuable mandated component of Australian midwifery courses.

In this WA study, students commented that being ‘with woman’ required building rapport, included in the theme, ‘Being ‘with woman’ creates a connection’, demonstrating student awareness of the fundamental need to build trust with the woman through good communication skills and also physically being by her side. Physical presence was also an element Dutch students and Norwegian midwives attributed to being a ‘good midwife’ (Aune, Amundsen, & Skaget Aas, 2014; Feijen-de Jong, Kool, Peters, & Jansen, 2017), also described by Fahy as leading to improved outcomes (Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2011). A universal standard of one-to-one midwifery care on labour wards would ensure constant physical presence, which although not always possible due to time constraints and conflicting duties (Aune et al., 2014), should continue to be pursued by health departments worldwide.

One of the themes in this WA study, ‘Keeping the woman at the centre of care’ is accepted as being paramount in providing midwifery care with resulting high levels of maternal satisfaction (Fahy, 2012; Green, 2012; Green, Renfrew, & Curtis, 2000; Perriman, Davis, & Ferguson, 2018; Yanti, 2015). The students in this WA study highlighted ‘advocacy’ and ‘being able to adjust to what the woman wants’ as important features of being ‘with woman’. However, teaching these concepts in a theoretical classroom setting might prove limiting,

hence the important of authentic learning experiences for midwifery students within the clinical setting. A successful method reported in a Dutch study, explained how students learn advocacy by seeing positive examples in practice, combined with opportunity to discuss and reflect in face to face classroom sessions (Thompson, Nieuwenhuijze, Low, & De Vries, 2019), a concept to consider for inclusion in midwifery curricula.

Being taught by and working with positive role models inspired students in this WA study, who were able to learn by watching behaviours which they transferred to their own practice. This finding was also found in Jordan and Farley's American study on therapeutic presence (Jordan & Farley, 2008). However transference to American students' own practice was dependent on confidence (Jordan & Farley, 2008). In this WA study, students reported that the art and skills of being 'with woman' develop over time and that their limited confidence was also a barrier. A supportive learning environment was found to enable learning in Ireland, where midwifery students found a positive culture helped build confidence and consolidate skills (Bradshaw, Murphy Tighe, & Doody, 2018); similarly American students were influenced by preceptor modelling but required self-belief and opportunity in order to transfer the knowledge into clinical practice themselves (Jordan & Farley, 2008). Positive role models greatly influenced student midwife learning in this WA study and highlighted the reliance on the midwifery workforce to provide high quality preceptorship. Unsupportive working environments are known to negatively impact student learning (Bradshaw et al., 2018) and midwifery workload can reduce the time and commitment to providing teaching support, also adding to a negative work environment from a student perspective (Finnerty & Collington, 2013). The negative impact of increasing midwifery responsibilities was highlighted by Finnerty and Collington who called on universities to provide dedicated support for preceptor midwives (Finnerty & Collington, 2013). This WA study highlights the importance of formal preparation of midwife preceptors in order to maximise positive student learning.

The student role presented a barrier to providing 'with woman' care as the focus of learning was often on basic midwifery clinical skills or being at the periphery rather than central to the woman's care. Begley describes how ward hierarchy can impact student learning, with students often feeling like outsiders (Begley, 2001); a feeling commented on by students in this WA study. The impact of workload was also described as being a hindrance, with students finding it difficult to dedicate time to making the connection when completing tasks

took priority, an issue well known to midwives worldwide (Cramer & Hunter, 2018; Henriksen & Lukasse, 2016; Krémer et al., 2016; Mukisa et al., 2019; Stoll & Gallagher, 2018). This WA study demonstrates that students are impacted by poor clinical placement and supervisor provision and demonstrates the requirement for high quality practicum allocations for students where time for student teaching is taken into account.

In this study, WA students reiterated the value of the CCE when learning how to be ‘with woman’; they were able to demonstrate understanding of how the philosophy of being ‘with woman’ works. Similarly, Indonesian midwifery students, through CCE, were also able to understand the values and beliefs of woman-centred care through developing effective relationships (Yanti, 2015). The overall benefits of CCE, such as being immersed in holistic care for women, are well known (Browne, Haora, Taylor, & Davis, 2014) and students were able to harness the value of this and appreciate how it enabled them to understand being ‘with woman’. Working in continuity models which more closely align with midwifery philosophy has been shown to contribute to professional sustainability and enhanced emotional wellbeing in midwives (Bradfield, Hauck et al., 2019a; Fenwick et al., 2018). This WA study has demonstrated the value of Australian midwifery courses, which through the CCE requirement, enable students to see the advantages of working within Midwifery Group Practices, which are currently multiplying Australia-wide, following the recommendations of the National Maternity Services Plan (Hames, 2010).

Limitations

This study was conducted at one WA University and findings are specific to the education and preceptorship provided to students enrolled in undergraduate and postgraduate courses within this setting. Transferability cannot be assumed across different courses nationally or internationally, however, we have made international comparisons in the discussion and suggest that student educational and clinical experiences may be similar in many contexts. Rich description of this WA setting was offered to allow the reader to assess the potential transferability of our findings to other contexts.

Conclusion

Findings from this study demonstrate that midwives play an important role in the clinical area as role models, by influencing student behaviours according to what they have witnessed and

how their growth in confidence has been facilitated. Student status and workload is known to impact their ability to be ‘with woman’; engaging students fully in each aspect of midwifery practice may reduce lost learning experiences. The continuity of care experience that forms part of Australian programs of study, leading to registration as a midwife, can provide opportunities for experiences to enhance students’ understanding of how to be ‘with woman’.

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