Abstract

The South African government implemented a compulsory one year community service strategy to address the shortage of human resources in the health sector since 1998. Medical practitioners (1999), dentists (2000) and pharmacists (2001) and other seven professional groups followed in 2003 and in July 2004.

The nursing profession followed after the Health Minister’s announcement, the processing of Nursing Bill by Parliament and recommended by the South African Nursing Council’s press release. Minimal research was done on experiences of the newly qualified registered nurse and midwife during the compulsory community service years.

The aim of this study was to describe the newly qualified registered nurses and midwives lived experiences of compulsory community service in public maternity care in Gauteng in order to formulate guidelines for community service practice. A qualitative phenomenological research design with interviews and naïve sketches were conducted.

All newly qualified midwives who graduated from a university in Johannesburg and who had completed the system of compulsory community services in a maternity unit were purposively sampled and participated in the study. Interviews and naïve sketches were transcribed verbatim, and organized into themes and sub-themes.

A method of open coding was used and the data analyzed according to Tesch’s data analysis method. Lincoln and Guba’s 1985 criteria for trustworthiness were applied to the study. Newly qualified midwives faced complex, ambiguous situations during the compulsory.


Abstract

Despite changes in politics, policies and emerging technologies, many women have little autonomy over the birthing process. Over the last decade, a gradual shift towards independent midwifery care services has emerged and needs to be researched.

The aim of this study was to describe the opportunities and challenges that independent practising midwives face, and to present guidelines for inter-disciplinary collaboration. A qualitative approach was used and midwives, who work in solo (independent) practice, were identified on the internet and via Facebook and invited to participate. Interviews and narrative reports were used for data gathering.

Although passionate about their jobs, the most challenging aspect for the midwives, was inter- and multidisciplinary collaboration. Despite the view of the midwife as the primary caregiver for normal births, it is evident that private health care services have not yet recognised the value of and need for independent midwifery services for women with uncomplicated pregnancies.

D Du Plessis, E Seekoe: The experiences and challenges of midwives working for midwives
African Journal for Physical, Health Education, Recreation and Dance
Vol. 19, No 1 (2013) 60-68

Abstract

A collaborative practice of maternity obstetric unit midwives and private midwives was established in Johannesburg in 2006/2007 as a response to women's requests for natural childbirth. The values and cultural practices of the private midwife differ from those of the maternity obstetric unit midwife which leads to conflict. The therapeutic relationship between midwife and clients becomes adversely affected if the midwife is in conflict with the primary caregiver.

Minimal research was found on the inter-professional relationship between midwives within the context of private midwifery care. The goal of this study was to explore and describe the experiences of midwives working for private midwives in an obstetric unit, during labour, birth and the post partum period in Gauteng. A purposive sampling technique was used and midwives who worked for a private midwife obstetric unit in Johannesburg, who met the inclusion criteria, were invited to participate in the study.

A qualitative phenomenological approach was used. Phenomenological interviews were conducted with midwives working for midwives. Audio-recordings were transcribed verbatim; organized into themes and sub-themes and checked by an independent researcher using Tesch’s steps of analysis. Lincoln and Guba’s criteria for trustworthiness were applied to the study. These interviews were followed by a focus group interview with eight participating midwives.
Abstract

Aim

This paper focuses on implications for nurse managers to support midwives in delivering nursing care to immigrant mothers in some government hospitals in Gauteng, South Africa.

Background

Immigration and poverty in Africa has led to midwives providing nursing care to immigrant mothers in a culturally sensitive environment. This necessitates an environment in which nurse managers should support midwives in caring for these mothers as unique individuals.

Method

An exploratory, descriptive phenomenological design was followed. The target population included nine immigrant mothers living in the inner centre of Johannesburg who, for the first time, attended, had antenatal clinics, laboured and gave birth at a Government Hospital in the Gauteng province of South Africa. After purposive sampling, phenomenological interviews were conducted until data saturation occurred.

Results

The findings indicate that nurse managers should ensure that midwifery care of immigrant mothers comply with the ethical–legal context of the South African constitution. Actions should be taken in combating issues related to impaired maternal–midwife relationship, lack of cultural sensitivity and psychological distress.

Conclusion

The delivery of maternity care to immigrant mothers is below the standard expected in the South African context.

Implications for nursing management

The nurse manager should support midwives to ensure an environment to care for immigrant mothers in maternity wards.