

4<sup>th</sup> World Congress on

# MIDWIFERY AND WOMEN'S HEALTH

July 20-22, 2017 Melbourne, Australia

## Women's views of patient-centred care interventions: A multiple case study approach

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Providing patient-centred care (PCC) is one of the six goals described by the Institute of Medicine (2001) to deliver quality of care. Several interventions have targeted organisational and system levels, but it remains unclear how to design and implement interventions for patients. What is needed to improve the quality of care in maternity services is an evaluation of interventions that support PCC including healthcare providers (HCPs) and women's perceptions. This study aimed to evaluate the extent to which: The Scottish Woman-Held Maternity Record in Scotland and the Prenatal Consultation with a Midwife Counsellor in Switzerland support PCC. This presentation will specifically focus on women's perceptions of these interventions. As Scotland and Switzerland present major differences, a multiple case study approach with two cases was chosen. A mix method approach was favoured with policy review (n=20), medical record review (n=500), longitudinal interviews with women (antenatal and postnatal; n=58), and interviews with HCPs (n=32). Descriptive and framework analysis were used. Some of the key findings were: Scottish women addressed the need to have emotional continuity of care with their lead midwife, especially when complications arise. In complicated cases, continuity of care with the lead midwife was not specified in national policies. In Switzerland, women are looking to have some handheld information, especially about maternity pathways of care; the Non-Swiss women were less likely to seek an appointment with the midwife counsellor than other women, which raises the question of access to care for vulnerable women. Therefore, this study raised the importance to have individualised and timely information on options that would enable women to make decisions. Importantly, provision of care to socially-deprived women needed to be considered. This could be supported by having a clearer definition of the midwife role, and to fulfil the need elicited by women to have a continuity of emotional care with the lead midwife.

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