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The Relationship of Age, Ethnicity, Parity, and Awareness of the Midwife's Role in Selection of Pregnancy Care Provider in Childbearing Age Women

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Introduction

There are an increasing number of babies delivered in birth centers, which provide a more homelike care setting with a greater utilization of midwives and emphasizing wellness (Stempniak, 2016). A study reported currently, only about 15 percent of US births occur in birth centers versus 85 percent in the traditional setting (Stempniak, 2016). A traditional setting refers to birth in a hospital rather than a birthing center or at home.

Birth centers are designed for healthy, low-risk mothers and healthy babies. At birthing centers women are empowered and given control during their labor and delivery. Women can have various supportive people present. There are a variety of tools to aid with labor such as the shower, Jacuzzi, birth balls, birthing rocker, birthing stool, or use of any other birthing position that is comfortable for the mother. Birthing centers inside hospitals may also offer women the choice of a pregnancy care provider. Mothers can choose either a physician or a midwife. The rise of birthing centers is parallel to the rise in the demand for midwives. It is essential for the continuous growth of midwives to examine the maternal selection process of pregnancy care providers (PCP).

Objective

The purpose of the descriptive survey study was examining age, ethnicity, parity, and the awareness of the midwife's role influence on a woman's selection of pregnancy care provider. This information can provide midwives with a framework to understand the patient's selection of physician versus midwife. The data can highlight concepts midwives can utilize to increase the number of women selecting midwives for their pregnancy care. Additionally, these demographics could lead to the unveiling of groups of people lacking awareness of the midwife role.

Methods

Research Design

The research design was a quantitative descriptive survey study. The survey was coded with numbers to analyze any relationships present with age, ethnicity, parity, awareness of the midwife role, and choice of PCP.

Sampling and Setting

Convenience sample was 100 childbearing age women in the greater Chicago, Illinois area. The sample included women recruited by word of mouth and face to face meetings. Inclusion criteria included age range 18 to 35, female, and all ethnicities. Exclusion criteria included males, females younger than 18 and older than 35, and menopausal and post-menopausal women.
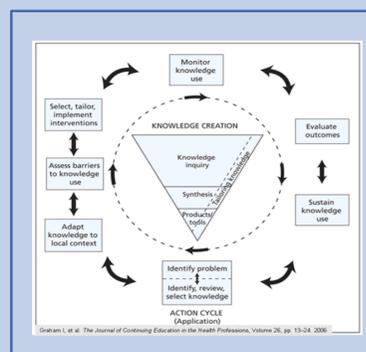
Instruments

Participants received a pen and paper survey including four fill-in demographic questions, ten "yes or no" questions related to obstetric history, eight "yes or no" questions related to awareness of the midwife's role, and one "yes or no" question related to their choice of PCP. Demographic questions included age, ethnicity, and number of children. Obstetric history questions included type of delivery, pregnancy complications, and choice of PCP.
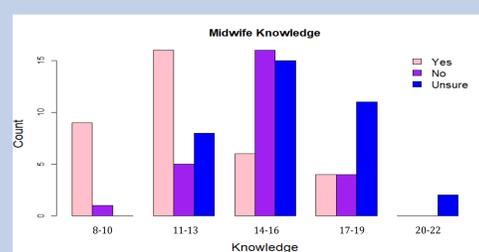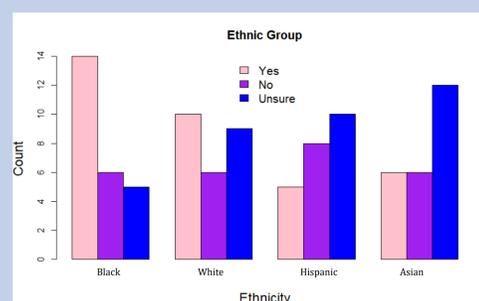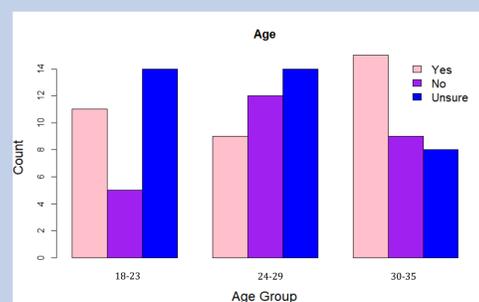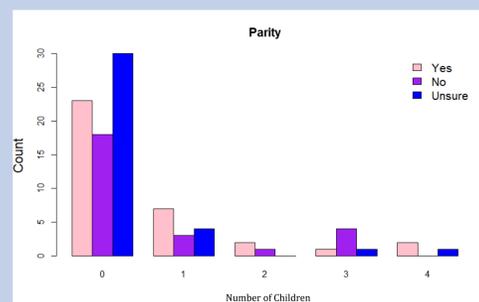
Data Collection Procedure

After obtaining IRB approval, paper surveys were disseminated to volunteered participants. Attached to the survey was a detailed description of the study and information regarding informed consent of the participant. The survey took approximately 5 minutes to complete. All data collection was conducted within Chicago, at convenience with willing participants.

Framework

Graham I, et al. The Journal of Continuing Education in the Health Professions, Volume 26, pp. 13-24. 2006

Graphs

Results

Parity

71 women have zero children (73.20%), 14 women have one child (14.43%), three women have two children (3.09%), six women have three children (6.19%), and three women have 4 children (3.09%). The Pearson's Chi-squared test between parity and the selection of a midwife as a PCP resulted in a p- value of 0.1946. The p-value is greater than 0.05; therefore, there is no statistically significant relationship between parity and the selection of a midwife as a PCP.

Age

30 women are in the first age group 18-23 (30.93%), 35 women are in the second age group 24-29 (36.08%), and 32 women are in the last age group 30-35 (32.99%). The Pearson's Chi-squared test between age and the selection of a midwife as a PCP resulted in a p- value of 0.1946. The p-value is greater than 0.05; therefore, there is no statistically significant relationship between age and the selection of a midwife as a PCP.

Ethnicity

25 women selected black as their ethnicity (25.77%), 25 women selected White (25.77%), 23 women selected Hispanic (23.71%), and 24 women selected Asian (24.74%). The Pearson's Chi-squared test between ethnicity and the selection of a midwife as a PCP resulted in a p- value of 0.1729. The p-value is greater than 0.05; therefore, there is no statistically significant relationship between ethnicity and the selection of a midwife as a PCP.

Knowledge

Overall, 36 women replied yes for the selection of a midwife as a PCP (36.08%), 26 replied no (26.80), and 36 replied unsure (37.11%). The points were arranged in six categories: eight to ten, 11 to 13, 14 to 16, 17 to 19, 20 to 22, and 23 to 24. Ten women scored in the first category (10.31%), 29 women scored in the second category (29.90%), 37 women scored in the third category (38.14%), 19 women scored in the fourth category (19.59%), two women scored in the fifth category (2.06%), and zero women scored in the fifth category. The Pearson's Chi-squared test between knowledge and the selection of a midwife as a PCP resulted in a p- value of 0.00008. The p-value is lesser than 0.05; therefore, there is a statistically significant relationship between knowledge and the selection of a midwife as a PCP.

Conclusion

This study aimed to examine factors influencing the selection of a midwife as a PCP. Based on previous research, parity, age, ethnicity, and knowledge were selected as factors to examine their relationship to selection of midwifes as PCP. The KTA framework was used for this study. The current study is the knowledge phase of this framework. The survey's results will build the blueprint resulting action needed to improve the knowledge of a midwife.

Based on the data, parity, age, and ethnicity do not have a statistical relationship with the selection of a midwife as a PCP. On the contrast, knowledge did depict a statistical relationship with the selection of a midwife. Therefore, demographics such as parity, age, and ethnicity do not correlate with the selection of PCP. The selection of a midwife as a PCP correlated with increase knowledge of the role of a midwife. As the women's knowledge decreased, the likely hood of them selecting yes for a midwife PCP declined. This decline highlights the need for midwifery knowledge across board. For women to make informed decisions about PCPs, they require more information about their options.

Graham I, Logan J, Harrison M, Straus S, Tetroe J, Caswell W, Robinson N. (2006). Lost in knowledge translation: time for a map?. J Contin Educ Health Prof. 26(1), 13-24. doi:10.1002/chp.47
Stempniak, M. (2016). Hospitals Increasingly Add Birth Centers to Labor and Delivery Offerings. Retrieved from: http://www.hhnmag.com/articles/6735-hospitals-increasingly-add-birth-centers-to-labor-and-delivery-offerings