Bachelor's thesis

Midwifery

2019

Julia Viitamäki

EUROPEAN MIDWIFERY STUDENTS' EXPERIENCES ABOUT TREATING VULNERABLE PREGNANT WOMEN

TURKU AMK
TURKU UNIVERSITY OF APPLIED SCIENCES

BACHELOR'S THESIS | ABSTRACT

TURKU UNIVERSITY OF APPLIED SCIENCES

Midwifery

2019 | 23 pages, 6 pages in appendices

Julia Viitamäki

EUROPEAN MIDWIFERY STUDENTS' EXPERIENCES ABOUT TREATING VULNERABLE PREGNANT WOMEN

Aim of this thesis was to find out what kind of experiences European midwifery students' have had when treating vulnerable pregnant women, how would they define vulnerable pregnant women and also what kind of knowledge and support they had when encountering these women.

This qualitative thesis was done part of European project 'Vulnerable pregnant women throughout Europe: Exchanging knowledge and best practices from midwifery practices throughout Europe to improve quality of midwifery care'. Students who participated this project answered voluntary to open ended questions that was send to their e-mail. Four (N=4) of them answered. Students' answers were analyzed by data-driven content analysis.

In the research results midwifery students' definition sub themes formed from physical, psychological, social problems, bad support and coping skills, negative health problems and negative pregnancy outcomes. Students' experiences formed from better healthcare services and support to vulnerable pregnant women during and after pregnancy, experienced caregivers and emotional, psychological and practical support to vulnerable women. Sub themes in knowledge and support research question formed from practical training, work experience, co-workers, school teachers and bad guiding and support in practical training.

Based on research results midwifery students' had same idea who are vulnerable pregnant women. Also these women need better support from the healtcare and students need guiding and support when meeting these women from school and in clinical training. Further development of supervision of midwifery students' practical training and how to help women that are vulnerable before, during or after pregnancy is needed.

KEYWORDS:

vulnerable, pregnancy, social, psychological, coping skills, midwifery, students

OPINNÄYTETYÖ AMK | TIIVISTELMÄ

TURUN AMMATTIKORKEAKOULU

Kätilö

2019 | 23 sivua, 6 liitesivua

Julia Viitamäki

EUROOPPALAISTEN KÄTILÖOPISKELIJOIDEN KOKEMUKSIA HAAVOITTUVIEN RASKAANA OLEVIEN HOITAMISESTA

Opinnäytetyön tarkoituksena oli selvittää eurooppalaisten kätilöopiskelijoiden kokemuksia haavoittuvien raskaana olevien hoitamisesta, miten he määrittelevät haavoittuvan raskaana olevan ja millaista tietoa ja tukea he saivat kun he kohtasivat näitä naisia.

Kvalitatiivinen opinnäytetyö tehtiin osana eurooppalaista projektia ‘Vulnerable pregnant women throughout Europe: Exchanging knowledge and best practices from midwifery practices throughout Europe to improve quality of midwifery care’. Opiskelijat jotka osallistuivat tähän projektiin vastasivat vapaaehtoisesti avoimiin kysymyksiin jotka lähetettiin heille sähköpostilla. Neljä (N=4) heistä vastasi kysymyksiin. Opiskelijoiden vastaukset analysoitiin aineistolähtöisellä sisällönanalyysillä.

Tutkimustuloksissa kätilöopiskelijoiden määritelmän yläluokaksi muodostui fyysiset, psyykkiset, sosiaaliset ongelmat, huono tuki ja elämänhallinta, negatiiviset vaikutukset terveyteen ja raskauteen. Opiskelijoiden kokemukseksi muodostuivat paremmat terveyspalvelut ja tuki haavoittuville raskaana oleville raskauden aikana ja sen jälkeen, tarve kokeneelle hoitohenkilökunnalle ja henkinen, psyykkinen ja käytännöllinen tuki haavoittuville raskaana oleville. Yläluokaksi tieto ja tuki tutkimuskysymykseen muodostui käytännön harjoittelu, työkokemus, työ kolleegat, koulun opettajat ja huono ohjaus ja tuki käytännön harjoittelussa.

Tutkimustulosten perusteella kätilöopiskelijoilla oli sama käsitys keitä haavoittuvat raskaana olevat ovat. Myöskin nämä naiset tarvitsevat parempaa tukea terveydenhuollossa ja opiskelijat tarvitsevat ohjausta ja tukea koulusta ja käytännön harjoittelusta kun tapaavat näitä naisia. Jatkotutkimusaiheeksi nousee kätilöopiskelijoiden ohjaus käytännön harjoittelussa sekä kuinka auttaa haavoittuvia naisia ennen raskautta, sen aikana ja jälkeen.

ASIASANAT:

haavoittuva, haavoittuvuus, sosiaalinen, psyykkinen, elämänhallinta, kätilö, opiskelija

CONTENT

APPENDICES

1 INTRODUCTION

Pregnancy is highly emotional period in every woman's life. It gradually changes appearance of expectant mothers, but also changes psychologic and social state of women. These changes can be potential triggers to vulnerability. (Bjelica et al. 2018.)

Aim of the thesis was to find out what kind of experiences European midwifery students have had when treating vulnerable pregnant women, what kind of support they got before meeting these women and how would they define vulnerable pregnant woman. Midwifery students (N=4) answered to the inquiry by email. Thesis was done by qualitative research methods. Questions were open ended questions and answers were analyzed by content analysis.

Many studies uses words vulnerable and pregnancy, but definitions differs in all of them because there is no mutual definition (Gregory and Kinge 2011, Galle et al. 2015). There is little prior studies what is vulnerable pregnant woman and generally midwifery students experiences from practical training and treating pregnant women.

Midwifery education vary between European countries but European Union's directives controls education and what students should achieve during education. One major part of midwifery education is practical training where professional midwives supervises, guides and teaches students. (EU Council Directive 80/155/EEC.) Good atmosphere and supporting helps students learn better in training and motives them to their future profession (Ford et al. 2016).

This thesis was done as part of two year Dutch project Vulnerable pregnant women throughout Europe: Exchanging knowledge and best practices from midwifery practices throughout Europe to improve quality of midwifery care. There is no international definition for 'vulnerable pregnancies', so aim of this project is to find mutual definition to word 'vulnerable pregnant women' and exchange best practices concerning care of vulnerable pregnancies with other European countries in order to improve knowledge and skills of midwives. Projects's purpose is also improve quality of midwifery care and improve midwifery curricula that midwives and midwifery students would have the skills and knowledge to help them better. (NOW 2018.) In this project European participation countries has contact person from educational institution, practicing midwife and midwifery student working in this project. There is also researchers and several advisors

involved in this project. (Project proposal 2018, unpublished.) Project started in April 2018 and will continue until end of March 2020 (NWO 2018).

2 MIDWIFERY EDUCATION IN EUROPE

Women's oldest training profession in Europe is the midwife's profession (Paananen 2017). Today in Europe midwifery education last from 2 and up to a 6 years and it can be bachelor and/or master degree programs (Emons & Luiten 2001). European Union started process of standardize midwifery professional education, but there are still big differences between European countries. Over the past years many countries have recognized the need of higher educated midwives rather than vocational training midwives. (WHO Europe 2019.)

In 2005 European Union made legislation about midwifery education in EU. Those directives are legal and goals that every EU country must achieve. Training of midwives should consist of three years of theoretical and practical studies or 18 months when person is already a professional nurse and has worked as nurse for 2 years prior. Every country has to ensure that institutions provide theory and practice throughout midwifery studies. (Euroopan unionin virallinen lehti 2005.)

European Union's 2005 directives has set out a goal that midwifery education shall provide certainty that midwife has acquired certain knowledge and skills:

I. adequate knowledge of the sciences on which the activities of midwives are based, particularly obstetrics and gynaecology
II. adequate knowledge of the ethics of the profession and the professional legislation
III. detailed knowledge of biological functions, anatomy and physiology in the field of obstetrics and of the newly born, and also a knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behavior
IV. adequate clinical experience gained in approved institutions under the supervision of staff qualified in midwifery and obstetrics
V. adequate understanding of the training of health personnel and experience of working with such. (Euroopan unionin virallinen lehti 2005).

Every European country must ensure that midwives are able to gain access to and practice activities such as family planning and parenthood preparation, follow up development of normal pregnancies, assisting the woman during labour and monitoring

the condition of the fetus and conducting spontaneous deliveries. Midwives should be able to do required episiotomies and in urgent cases breech deliveries. Monitoring and recognizing the warning signs of abnormality in the mothers or infants and do necessitate referral to a doctor or consult doctor. (EU Council Directive 80/155/EEC.)

With new-borns midwives should gain access to examining and caring for the new-born infant, taking all initiatives which are necessary in case of need and caring out resuscitation and caring for and monitoring the progress of the mother in the postpartum period and giving all advice to the mother on infant care to enable her to ensure best progress of the new-born infant. (EU Council Directive 80/155/EEC.)

To qualify as a midwife there must be at leats two years or 3 600 hours of full-time training in hospital or other approved healt care institution (EU Council Directive 80/155/EEC).

Training programme for midwives shall consist of two parts:

A) Theoretical and technical instruction

a. General subjects
b. Subjects specific to the activities of midwives

B) Practical and clinical training; under appropriate supervision:

a. Advising of pregnant women, involving at least 100 pre-natal examination
b. Surpervision and care of at least 40 pregnant women
c. Handle at least 40 deliveries
d. Active participation with breech deliveries
e. Performance of episiotomy and initiation into suturing
f. Supervision and care of 40 women at risk in pregnancy, or labor or post-natal care
g. Supervision and care of at least 100 post-natal women and 100 healthy new-born infants
h. Observation and care of new-born requiring special care
i. Care of women with pathology conditions in gynaecology and obstetrics area
j. Initiation into care in the field of medicine and surgery

Midwives clinical training shall be supervised in-service training in hospital and as part of training they shall be taught the responsibilities involving the activities of midwives. (EU Council Directive 80/155/EEC.)

2.1 Nursing students' support in practical training

Nursing student's education curriculum consist of theoretical part and clinical training, where students work side by side with professional nurses or midwives who supervise them in hospital or other healt care institution (EU Council Directive 80/155/EEC). Clinical training in Finland is implemented on agreement basis, in accordance with the objectives and content of education, and high standards of training are required (OPM 2006). There are minimum ECTS credits (European Credit Transfer and Accumulation System) set to every nursing profession education (European Commision 2019).

Nurses and midwives role in supporting a students' learning is most important factor in the guided clinical training and main part of training (Kukkola 2008, STM 2004). Clinical training is active and goal-oriented activity, which happens in between nurse and student's context and interactive training relation (Kukkola 2008). Nursing and midwifery education's clinical training enhance learning and professional growth and students can use the learned theory in practice working with real patients and families. That is the main point of clinical training. (Romppainen 2012.) In supervised clinical training, student understands own necessary knowledge and skills that are needed in working as a professional. Good atmosphere helps students learn better in training. (Ford et al. 2016.)

Midwives professional growth consist of ethical growing, decision making, health promotion, guidance, education, co-operation, research and development work as well as management (Vesterinen et al. 2014). Without the guidance the students will be left alone with their questions and learning in training, and the students do not get enough learning situations with real patients and health problems (Kukkola 2008).

3 VULNERABLE PREGNANCY

Pregnancy is complex bio-psycho-social event, where normal pregnancy changes in body are accompanied by the changes of psychological personality and altered interactions with social environment (Bjelica & Kapor-Stanulovic 2004). Normal pregnancy is defined to last 10 months or 40 pregnancy weeks. In this time woman goes through many changes. Pregnant women's physical and psychological state changes during the pregnancy and normal symptoms of pregnancy may not be pleasant. Pregnancy affects almost every organ, it changes woman's hormone functioning and self-image as well as shapes relationships specially to spouse, sexual life and sexuality. During pregnancy woman grows into the motherhood and prepares into a new stage of life with spouse or by herself. (Paananen et al. 2017.)

Pregnancy is always emotional event in every parents live, and especially the first one (Bjelica et al. 2018) and it can sensitize both mother and father, which can trigger strong emotions in them (Paananen et al. 2017). To the parents, expecting a baby may seem something precious and unique (Paananen et al. 2017). Feeling of pregnancy can differ whether the pregnancy was unplanned and if it occurs without social support (Guardino & Schetter 2013). First pregnancy can be highly emotional and psychologically powerful experience and according to Bjelica et al. (2018) women are faced not only with an entirely new stage of life, but also a step into a period which is crucial for their intense development as mothers.

Every pregnancy is accompanied by emotional, psychological, and cognitive changes. Usually every expectant mother experiences psychological ambivalence, frequent mood changes from tiredness to happiness, emotional disturbances and/or mixed anxiety and depressive disorder. (Bjelica et al. 2018.) Furthermore pregnancy causes many specific fears due to pregnancy and wellbeing of fetus, which will make woman particularly vulnerable, and will require adequate treatment, depending on the cognitive and adaptive capacities of her personality (Bjelica et al. 2018, Tuulio-Henriksson 2014). Main psychopathological risk factor during pregnancy is stress. Stress during pregnancy may lead to different complications that have far-reaching consequences for both somatic and psychic functioning of the newborn. (Bjelica et al. 2018.) Large proportion of children born today are exposed to high levels of maternal stress during gestation

(Guardino & Schetter 2013). Fatique and sleeplessness in pregnancy may expose to postnatal depression (Paananen et al 2017).

Pregnant women who face complex social problems usually do not attend antenatal care and they are more likely to suffer from depression, anxiety and stress during pregnancy. Vulnerable women, usually those that abuse substances, are more likely to cancel or fail to attend medical appointments. (NICE 2010.) Vulnerable pregnant women have an increased risk of maternal mortality without proper antenatal care by professional health care providers (Gregory & Kinge 2011) and it also affects foetal and infant morbidity and mortality (Frehn 2013). Adequate antenatal care improves maternal healt status and parenting behaviours after the child is born (Frehn 2013).

Prenatal substance use has increased while cigarette smoking has remained the same. Smoking and co-using other drugs is concerned to be potential risk, particularly cannabis is highly during pregnancy. (Coleman-Cowger et al. 2018.) Substance abuse in pregnancy in general is associated with adverse pregnancy outcomes such as premature baby, placenta abruption, low birth weight, fetal and neonatal deaths (Chan et al. 2005). Substance abusing pregnant women are categories as risk pregnancies but also they are highly vulnerable. Challenge in their treatment are not usually from reluctance or negligence towards unborn baby but they have noticeable amount of risk and adverse factors in their lives (Helenius 2011). Substance abusing pregnant women have many aspects of vulnerability in their lives such as psychological problems, financial problems, socioeconomic situation, low schooling and family destabilization such as domestic violence (Borges et al. 2018). These women need proper effective health care and support during and after pregnancy (Helenius 2011).

Pregnancy needs many adjustment in woman's life and especially if you are vulnerable pregnant woman. Familial, financial, physiological and other areas which may provoke emotional distress for women and they need good coping skills to manage all this stress. (Guardino & Schetter 2013.) Coping is defined *"Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person"* (Folkman & Lazarus 1984). In pregnancy finding right coping skills helps minimize negative emotional, cognitive, behavioral, and physiological responses to stressors. Those who cope by taking actions to resolve problems may have fewer harmful effects of stress such as seeking support and social security. (Guardino & Schetter 2013.)

When pregnant woman has good coping skills, she believes that she is able to influence her own life by decisions she makes and is responsible for her own life (Keltikangas-Järvinen 2008). Poor coping skills or avoidant coping strategies are associated with adverse pregnancy outcomes like low birth weight and delivery complications (Guardino & Schetter 2013).

3.1 Definition of vulnerable pregnant women

Project's mutual definition of vulnerable pregnant women was decided in the first live meeting in Belgium, Antwerpen 1-3.10.2018 with consensus of practicing midwives, midwifery teachers and students and researchers from Europe:

A vulnerable pregnant woman is a woman who is threatened by physical, psychological, cognitive and/or social risk factors in combination with lack of adequate support and/or adequate coping skills.

- The vulnerability can be existing prior to pregnancy or can emerge during pregnancy childbirth and/or the postnatal period
- Being pregnant, giving birth, being a mother and the transition to motherhood can be a trigger for vulnerability
- Vulnerability may influence the whole family
- Vulnerability can emerge or be influenced by the cumulation of risk factors
- The different factors that define vulnerability result in 1) barriers in the access to health care and 2) poorer maternal and neonatal health status and wellbeing

Vulnerability itself can be difficult to detect in practice as symptoms overlap with 'normal' symptoms in pregnancy and it can be difficult to noticed during regular pregnancy check-ups (Elsom et al. 2011). Aspects that are usually thought to be related with vulnerability are substance abuse, low income and financial problems, poor psychological health and psychopathology, lack of social support, psychosocial problems and adequate coping skills (consensus meeting 2018, unpublished). One vulnerable pregnant group is refugees. They usually suffers from poverty, low socioeconomic status, poor mental health and lack of social support. Studies show that first-generation migrants has increased risk of developing mental illness and it can continue to second generation of migrants. (Fabreau et al. 2017.)

4 AIM OF THE STUDY AND RESEARCH PROBLEMS

Aim of the thesis was to find out what kind of experiences European midwifery students have when treating vulnerable pregnant women and what kind of support they got before meeting these women.

Research questions:

1. How does European midwifery students define ‘Vulnerable pregnant woman’?
2. What kind of experiences European midwifery students have had when meeting vulnerable pregnant women?
3. What kind of knowledge and support did midwifery students get before these encounters?

5 RESEARCH METHOD

This thesis was done part of project Vulnerable pregnant women throughout Europe: Exchanging knowledge and best practices from midwifery practices throughout Europe to improve quality of midwifery care. Thesis subject was decided together with Turku University of Applied Science midwifery degree programme leader and midwifery senior lecturer who are involved in the project; and also with thesis supervisor.

In the first live meeting in October 2018 in Belgium, Antwerpen, there was five midwifery students that all sign written consent form (Appendix 1) and they got verbal explanation about the aim of thesis and research questions. Participation to the thesis was voluntary. Research material was collected by e-mail after the live meeting and four of them answered (N=4). Questions were open ended questions and students answered based on their experiences, understandings and feelings. Answers where collected October and November 2018 and 2-3 reminder e-mails had to send to some students.

Materials (Appendix 2) were analyzed by content analysis December 2018 and March 2019. Content analysis is qualitative research technique and materials are being looked at specifying, seeking similarities and differences and at the end summarizing these findings. Content analysis is verbal description of the text content. In qualitative content analysis research materials are lead to fragmentation, conceptualized and then reorganized into a new entity. (Saaranen-Kauppinen & Puusniekka 2006.) In the content analysis answers were sorted by questions and looked answers to research questions. Also looked similarities and differences from students' answers. Answers were sorted by primary, sub and final themes. Open ended questions where chosen based on framework's theoretical literature review and research problems. Students answers were analyzed anonymously and their name or other identifying information were not published in thesis.

Materials to framework was collected September 2018 to January 2019 in professional literature, textbooks, current studies and academic journals from different databases. Databases were Cinahl Complete, PubMed, Elsevier: Science Direct and Google Scholar and materials was sought by keywords including such as *vulnerable pregnancy, vulnerability in pregnancy, social problems, psychological problems* and *coping skills*. Research material was also sought with same finnish keywords.

6 RESEARCH RESULTS

7.1 European midwifery students' definition to 'Vulnerable pregnant woman'

All the midwifery students were participated in the projects live meeting in Belgium and they had understanding about who is vulnerable pregnant woman and they knew the project's defintion. In this research question sub themes formed from physical, psychological, social problems, bad support and coping skills, negative health problems and negative pregnancy outcomes. All the midwifery students' listed physical and psychical problems part of woman's vulnerability. Also two of them listed social problems and one of them said lack of coping skills and inadequate support.

"..women whose health can be at risk as she has lack of coping skills and/or has inadequate support while having threatening conditions." (Student 1)

"..for me it is every woman in risk of psychical or physical." (Student 4)

One student said agreeing with the projects definition.

"In general I agree with the mutual definition.." (Student 2)

7.2 European midwifery students' experiences when meeting vulnerable pregnant women

Three of the students had experiences working with vulnerable pregnant women in their clinical training as midwife. Every student had different experiences working with vulnerable pregnant women. One major thing that came out was vulnerable pregnant women need lot of support in different live areas and asking right questions may reveal their vulnerability. Also there are different types of vulnerability like living situations, learning disabilities, abuse or health problems that affects future quality of life. In this research question sub themes formed from better healthcare services and support to vulnerable pregnant women during and after pregnancy, need of experienced caregivers and emotional, psychological and practical support to vulnerable women.

"In my short experiences caring for women in the first 3 to 5 days of postpartum… the most was difficulty of communication they faced. A lot of immigrant women did not have good enough grasp on the Dutch language… I also encountered women whom I

suspected could be victims of abuse by their partners or other people in their familial environment… Another 'type' of woman was that stands out to me is the woman that has a learning disability or a diminished mental capacity." (Student 2)

"… vulnerable women have often very delicate situations and you have to use skills not to lose their trust and to make them come again to be helped by you. For this reason my experiences meeting vulnerable pregnant women were extremely interesting and challenging…" (Student 1)

"I've noticed they were vulnerable when they came for the first visit and I asked them all the intake-questions… I first noticed that woman was vulnerable during a postpartum home visit… During the check-up it came clear that her pain wasn't the (biggest) problem. She had a lot of stress due to problems in her living situation. This had stayed unnoticed for her caregivers" (Student 3)

One of the student did not have any experiences meeting these vulnerable women face to face.

"No experiences, only books and the experience which I have because of working…" (Student 4)

7.3 Midwifery students knowledge and support before meeting vulnerable pregnant women

All of the students had some kind of knowledge about vulnerability before meeting these pregnant women from school or in practical training. Sub themes in knowledge and support research questions formed from practical training, work experience, co-workers, school teachers and bad guiding and support in practical training. Most of them said that they got support from the midwife that they where working with that time. Students got knowledge and information also from research, lessons, literature and school project.

"I am getting my knowledge from nurses and midwives in hospital were I work" (Student 4)

"From the midwife whom I was working with at the moment… or during group intervision with other midwifery students and teachers at school. Before these encounters I got my

knowledge about vulnerable pregnant women from the research centre at our school, lessons (but not enough!) and also literature." (Student 3)

"I got support from my midwive tutors during my clinical practice and before from teachers that talked about vulnerability during lessons. Some clinical practice with vulnerable women is also planned…" (Student 1)

One of them said that afterwards she had feeling that she needed more personal experiences and other one that she did not get good support. Two of the students said that they got poor support and guidance in training from the supervising midwives.

"Honestly speaking I did not feel I got adequate support by the midwives who were training me, not necessarily from a didactical point of view but because they themselves did not have sufficient and protocolary knowledge ready to put to use. I am sorry to say that I did not get a consistent support during these encounters. … there was not an urgency to teach or share them to and with me as a student." (Student 2)

"I felt I have means to assist them (as they are provided by my curriculum), but more personal experiences are needed." (Student 1)

7 ETHICALITY AND RELIABILITY EVALUATION

Research ethics and reliability determines model for good and responsible research. Responsible conduct of research means that reasearcher follows ethically sustainable ways to get data and information, research methods and evaluation. Research integrity emphasises the honesty and integrity and research should include these. Also the results must be published publicly and are there for all to read. (Tutkimuseettinen neuvottelukunta 2012).

The European midwifery students answers were published anonymously and their name or other identifying information are not published in thesis. Answers were printed on papers and kept safely in folder. Papers were numbered and after thesis was done the e-mails were deleted. It is important to noticed that these students do not speak English as their native language and that they might not understand the questions. All of the students where at the projects first live meeting in Antwerpen and they got questions in advance before questions where send by e-mail. The response was good because four (N=4) students from five answered back.

All the questions and answers were in English and there was possibility that questions were understood poorly or answers were interpreted incorrectly. Thesis was written in English to minimize translation mistake and there are direct quotes to record students answers precisely to increase reliability. Students individual English language skills and answers quality may vary widely. There was no time to test questions with other students in advance to make sure questions were understandable and what the questions were asking. Midwifery students answers was disposed after the thesis was done and approved. Also some students had to rush by e-mail to answer questions and that might have affect how well they answered them. Two of the students did not answer in couple weeks of the first e-mail and 2-3 reminder e-mails had to send and this took time to wait the answers. Analysing answers you have to take into account these aspects.

Based on the research results it was possible to answer these research question, but sample size (n=4) was too small to generalize results or even analyze properly.

8 DISCUSSION

Aim of the thesis was to find out what kind of experiences European midwifery students have had when meeting vulnerable pregnant women and what kind of knowledge and support they had before meeting these women. Answers give direction what kind of different experiences midwifery students face in clinical training when treating vulnerable pregnant women and what kind of support and knowledge they have and where did it came from.

All the students' had the same idea and how would they define vulnerable pregnant women, but that is because all of them where part of meeting where the definition was decided in consensus with other participants. They are women that have problems with physical and psychological health and other problems like social combined with poor coping skills and they can't resolve those issues. This causes problems with pregnancy outcome and later in life.

Midwifery students' experiences when meeting vulnerable pregnant women where different with every students, but one major thing that came out with couple of students answers was vulnerable pregnant women need lot of support than normal expecting mother in different live areas also later in the future and asking right questions may reveal their vulnerability. One student said that meeting these women where extremely interesting and challenging and couple student worry their furture and felt sad because the woman did not get complete care while she was pregnant.

The experiences of treating vulnerable pregnant women may be very different and individual experiences by clinical training in European countries may vary a lot and also what year student you are. Some students may experience encounters with vulnerable pregnant women heavily, if these women uses drugs or are victims of domestic violence and others do not have any problems meeting these women.

Knowledge and support that midwifery students' had before meeting these women came from practical training, working experiences, co-workers and school teachers. Many of the students said that they had bad guiding and support in practical training when meeting these vulnerable pregnant women. More knowledge students got from research, lessons, literature and different types of school projects. Students exclusion from the work team, not supporting them and not making effective communication with students

will negatively affect students' learning in practical training. Also if supervisor do not give appropriate feedback to students' it affects negatively to students' learning. (Arkan et al. 2018.)

It was difficult to find information and studies from vulnerable pregnant women and midwifery students' experiences from practical training when treating these women. This project decided mutual definition to word 'vulnerable pregnant women' so future studies can use it and reseachers and professional helping them should have understanding who are vulnerable pregnant women. Project also tries to exchange best practices concerning care of vulnerable pregnancies in order to improve knowledge and skills of midwives. Also improve quality of midwifery care and improve midwifery curricula that midwives and midwifery students would have the skills and knowledge to help them better. (NOW 2018.)

This thesis brought out that midwifery students' need better support in practical training when meeting vulnerable pregnant women and supervising midwife should guide and involve students more when treating these women. Guidance, regular and functional relation between student and supervising midwife promotes learning in many ways. The lack of guiding and supporting is harm to learning especially in problematic treatment situations. Students who has challenges with their own self-confidence and are afraid of poor performance and negative evaluation are likely to have trouble meeting expectations in clinical training (Courtney-Pratt et al 2015). Own concrete experiences from treating and taking care and surviving from the experiences teaches students to maintain and develop their own skills. Ethically controversial treatment situations students will learn to look at and to develop their own activities. Emotionally demanding treatment experiences triggers the students' feelings and attitudes reflection and it helps students learn to change their own values and attitudes. Awareness of the opportunities and limits of own activities provides resources and promotes professional growth. Students learn to reflect on their own feelings, thoughts, experiences and knowledge in order to understand and clarify their care situations and also themselves. Prior to clinical practice students should be coached to clinical training and control to deal with the unexpected and surprising nursing situations that may occur. (Romppanen 2011.)

Analysing open question answers was difficult and answers were different with every student. In one question some students did not answers directly to the question that was asked. Thesis was hard to write in English and it took a lot of time and dedication to

research vocabulary. Typically to qualitative method these results are not generalizable, because thesis sample is too small to generalize results.

Further research is needed from vulnerable pregnant women and midwifery students' experiences overall in practical training but also when treating vulnerable pregnant women. Research result can be utilised in further development of supervision of midwifery students' practical training and how to help women that are vulnerable before, during or after pregnancy.

REFERENCES

Araújo, A.J.S., Almeida, M.S., Borges, S.A.C., Oliveira, J.F., Pereira, M.N. & Porto, P.N. 2018. “Factors associated with the use of alcohol and drugs by pregnant women”. Revista da Rede de Enfermagem do Nordeste. vol. 19.

Arkan, B., Ordin, Y. & Yılmaz, D. 2018. “Undergraduate nursing students' experience related to their clinical learning environment and factors affecting to their clinical learning process”. Nurse Education in Practice, Volume 29.

Bjelica, A., Cetkovic, N., Trninic-Pjevic, A. & Mladenovic-Segedi, L. 2018. “The phenomenon of pregnancy — a psychological view”. Ginekologia Polska. vol. 89, no. 2.

Bjelica, A. & Kapor-Stanulović, N. 2004. “Pregnancy as a psychological event”. Medicinski pregled. vol 57, 3-4.

Chan, A., Heard, A. & Kennare, R. 2005. Substance use during pregnancy: risk factors and obstetric and perinatal outcomes in South Australia. The Australian and New Zealand Journal of Obstetrics and Gynaecology. vol. 45, no. 3.

Coleman-Cowger, V., Mark, K. & Oga, E. 2018. “Cigarette smoking status and substance use in pregnancy”. Maternal and Child Health Journal. October 2018. vol. 22, no. 10.

Courtney-Pratt, H., Harbrow, G., Levett-Jones, T., Pitt, V. & Rossiter, R. 2015. “What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience?” Nurse Education in Practice. Volume 15, Issue 4.

Elsom, E., McCauley, K., Muir-Cochrane, E. & Lyneham, J. 2011. “Midwives and assessment of perinatal mental health”. Blackwell Publishing. Journal of Psychiatric and Mental health Nursing. vol 18, issue 9.

Emons, J.K & Luiten, M.I.J. 2001. ”Midwifery in Europe: An inventory in fifteen EU-member states”.

EU Council Directive 80/155/EEC. January 1980 concerning the coordination of provisions laid down by Law, Regulation or Administrative Action relating to the taking up and pursuit of the activities of midwives. Referred 15.12.2018. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:31980L0155&from=EN.

Euroopan unionin virallinen lehti 2005. Lainsäädäntö. Jakso 6. Kätilöt. 40 artikla. 48. vuosikerta. https://eur-lex.europa.eu/legal-content/FI/TXT/PDF/?uri=OJ:L:2005:255:FULL&from=NL. Viitattu 15.12.2018.

European Commision 2019. Education and training. Referred 27.1.2019. https://ec.europa.eu/education/resources-and-tools/european-credit-transfer-and-accumulation-system-ects_en

Fabreau, G., Malebranche, M., Metcalfe, A. & Nerenberg, K. 2017. “Addressing vulnerability of pregnant refugees”. Bulletin of the World Health Organization, 95.

Folkman, S & Lazarus, R.S. 1984. “Stress, Appraisal and Coping”. Springer Publishing Company.

Ford, K., Courtney-Pratt, H., Marlow, A., Cooper, J., Williams, D. & Mason, R. 2016. “Quality clinical placements: The perspectives of undergraduate nursing students and their supervising nurses”. Nurse Education Today. vol 37.

Frehn J. 2013. “Enhancing Access to Prenatal Care within the California Health Exchange”. UCLA Center Study Policy Briefs. 2013;1:12.

Galle, A., Keygnaert, I., Parys, A. & Roelens, K. 2015. “Expectations and satisfaction with antenatal care among pregnant women with a focus on vulnerable groups: a descriptive study in Ghent”. BMC Women's Health 2015 15:112.

Gregory, I. & Kinge, S. 2011. “Maternity focus: Postnatal transition to the community.” British Journal of Healthcare Assistants. June 2011 Vol 05, No 06.

Guardino, C. & Schetter, C. 2013. “Coping during pregnancy: a systematic review and recommendations”. Health Psychol Rev. 2014 Jan 1; 8(1)

Helenius, H., Kalland, M., Pajulo, M., Punamäki R.L., Pyykkönen, N. & Sinkkonen, J. 2011. ”Substance abusing mothers in residential treatment with their babies: postnatal psychiatric symptomalogy and its association with mother-child relationship and later need for child protection actions”. Nordic journal od psychiatry. vol. 65, no 1.

Keltinkangas-Järvinen, L. 2008. Tempperamentti, stressi ja elämänhallinta. 2. painos. WSOY.

Kukkola, E. 2008. Sairaanhoitajan opiskelijaohjaustaidot sekä ohjaajakoulutuksen tarve ja hyöty hoitotyön ohjatun harjoittelun oppimisympäristössä. Pro gradu – tutkielma. Hoitotiede. Hoitotieteen laitos. Turku: Turun yliopisto. Viitattu 26.01.2019. http://www.utupub.fi/bitstream/handle/10024/38564/gradu2008kukkola.pdf?sequence=1&isAllowed=y.

National Institute for Health and Care Excellence (NICE). 2019. “Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors”. September 2010.

NWO 2018. The Netherlands Organisation for Scientific Research. Vulnerable pregnant women throughout Europe: Exchanging knowledge and best practices from midwifery practices throughout Europe to improve quality of midwifery care, summary. Referred 6.11.2018. https://www.nwo.nl/en/research-and-results/research-projects/i/77/30977.html

OPM. 2006. Ammattikorkeakoulusta terveydenhuoltoon. Koulutuksesta valmistuvien ammatillinen osaaminen, keskeiset opinnot ja vähimmäisopintopisteet. Opetusministeriön työryhmämuistioita ja selvityksiä 2006:24. Helsinki. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/80112/tr24.p

Paananen, U.K., Pietiläinen, S., Raussi-Lehto, E., Äimälä, A., Rusanen, S. & Laajasalo, S. 2017. Kätilötyö: raskaus, synnytys ja lapsivuodeaika. 6.-7. painos. Edita, Helsinki.

Romppanen, M. 2011. Hoitotyön opiskelijoiden merkitykselliset hoitamisen kokemukset ja niistä oppiminen kliinisessä oppimisympäristössä. Terveystieteiden tiedekunta. Kuopio: Itä-Suomen yliopisto. Viitattu 26.01.2019. http://epublications.uef.fi/pub/urn_isbn_978-952-61-0570-3/urn_isbn_978-952-61-0570-3.pdf.

Tutkimuseettinen neuvottelukunta 2012. Hyvä tieteellinen käytäntö ja sen loukkausepäilyjen käsitteleminen Suomessa. Helsinki. Viitattu 15.12.2018. https://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf.

Tuulio-Henriksson 2014. ”Kognitiiviset toiminnot vaikeissa psykoottisissa häiriöissä”. Duodecim-lehti 2014; 130.

Saaranen-Kauppinen, A. & Puusniekka, A. 2006. KvaliMOTV – Menetelmäopetuksen tietovaranto. Tampere: Yhteiskuntatieteellinen tietoarkisto. http://www.fsd.uta.fi/menetelmaopetus/. Viitattu 15.12.2018.

STM. 2004. Terveydenalan koulutuksen työssä oppiminen ja ohjattu harjoittelu. Suositus sosiaali- ja terveydenhuollon toimintayksiköille (toim. Heinonen, N.). Sosiaali- ja terveysministeriön monisteita 2003:22. Helsinki.

Vesterinen, A., Komulainen, K., Hiller-Ikonen, A., Latva-Korpela, I. & Colliander, T. 2014. ”Hoitotyön opiskelijoiden ammatillinen osaaminen opintojen eri vaiheissa”. Tutkiva Hoitotyö 2/2014.

WHO Europe 2019. Health topics > Health systems > Nursing and midwifery. Viitattu 26.01.2019. https://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf.

Consent form

BACHELOR'S THESIS:

EUROPEAN MIDWIFE STUDENTS' EXPERIENCES ABOUT TREATING VULNERABLE PREGNANT WOMEN

Hey!

My name is Julia Viitamäki and I am third-year midwife student from Finland and I study in Turku University of Applied Sciences. I am doing my bachelor's thesis on European midwife students' experiences about treating vulnerable pregnant women. I am hoping to get information from you and your experiences about treating vulnerable pregnant women and families.

If you're interested I would like to know:

1. How do you define vulnerable pregnant women?
2. What kind of experiences you have had when you have met vulnerable pregnant women?
3. From who did you get support when you met these vulnerable pregnant women?
4. What kind of knowledge or support did you get before these encounters?

Your answers will be confidential and only my thesis supervisor and I will read those. I am using your answers on my bachelor's thesis and it will be anonymous and when I have analyzed all answers I will delete those. I will use content analysis and might use direct quotes in my thesis from your answers. I will appreciate if you have time to answer my questions.

Signature:_____ Date: _____

Name:_____

E-mail:_____

I will e-mail my questions to you in a couple of days.

Thank you!

Sincerely,

Julia Viitamäki

Turku University of Applies Sciences

E-mail: julia.viitamaki@edu.turkuamk.fi

Material analysis: Definitions

Original expression	Primary themes	Sub themes	Final theme
"…have a (higher) risk of negative health and pregnancy outcomes for themselves as well as for their child… such as: illness, poor or bad living circumstances, substitutional abuse, social problems, etc."	• Physical problems • Social problems • Psychical problems • Negative health problems • Negative pregnancy outcomes	• Physical, psychological, social problems • Bad support and coping skills • Negative health problems • Negative pregnancy outcomes	• Midwifery students' definition of vulnerable pregnant women

"… are women who because of their social-economical, biological, psychological and/or familial state of being exposed to a high prevalence of risk factors that might threaten the outcomes of the pregnancy and/or quality of life before, during and after pregnancy."
"In general I agree with the mutual definition.."
	• Social-economical problems
	• Biological problems
	• Family problems
	• Psychological problems
	• Risk factors threats
	  ○ Outcome of pregnancy
	  ○ Quality of life during and after pregnancy
	• Agreeing with definition		

"… is a woman whose health can be at risk as she has lack of coping skills and/or has inadequate support while having threatening conditions. Vulnerability is present not only during pregnancy but also during delivery and the post-natal period and can affect the whole family and the newborn."	• Bad coping skills • Inadequate support • Threatening conditions • Affects during and after pregnancy to the women, family and newborn		
"…for me it is every women in risk psychical or physical."	• Psychical risks • Physical risks		

Material analysis: Students' experiences

Original expression	Primary themes	Sub theme	Final theme
"When I met vulnerable pregnant women I immediately realized that they needed more support than usual, for this reason it was also needed a greater effort from practitioners."	• Support • More effort	• Better healthcare services and support to vulnerable pregnant women during and after pregnancy • Experienced caregivers • Emotional, psychological and practical support to vulnerable women	• Midwifery students experiences when meeting vulnerable pregnant women
"I also understood that experience is really needed in these cases…"	• Nursing experience		
"My experiences meeting vulnerable pregnant women were extremely interesting and challenging…"	• Interesting • Challenging		
"I've noticed they were vulnerable when they came for the first visit and I asked them all the intake-questions."	• Home visit • Asking right questions		
"Talking about her situation was what she needed the most, but she didn't talked when she wasn't asked about it."	• Asking right questions		
"Some things may stay unnoticed during check-ups… like poor or bad living circumstances."	• Living situations can stay hidden		
"I have experienced that I first noticed a woman was vulnerable during a postpartum home visit."	• Postpartum home visit		
" In a situation like that it's sad not knowing the complete situation during the pregnancy to give complete care…"	• Feeling sad • Not giving complete care		
"…I encountered the most was the difficult of communication they faced… I felt that relevant information i.e about the care for their newborn was not transferred effectively."	• Language barrier		

"I suspected they could be victims of abuse by their partners or other people in their familial environment."	• Victims of abuse		
"…I worry that the woman doesn't get enough psychological, emotional and simply practical support."	• Psychological support • Emotional support • Practical support		
"Another 'type' of woman that stands out to me is the woman that has a learning disability or a diminished mental capacity."	• Coping skills		
"I worry about their future quality of life and possible higher prevalence of complications and disease."	• Future health problems • Future quality of life		

Material analysis: Knowledge and support

Original expression	Primary themes	Sub themes	Final theme
		• Practical training • Work experience • Co-workers • School teachers	• Midwifery students' knowledge and support when meeting vulnerable pregnant women
"I got paramedic knowledge and now I am getting knowledge from nurses and midwives in hospital where I work."	• Knowledge from previous work • Knowledge from co-workers		
"From the midwife whom I was working with at the moment…"	• Knowledge from supervising midwife		
"I got support from my midwives tutors during my clinical practice and before from teachers that talked about it vulnerability during lessons."	• Support from supervising midwife • Support and knowledge from school teachers		
"No experiences, only books and the experiences which I have because of working for some years with handicap kids and their mother."	• Working with families • Literature		
"Honestly speaking I did not feel I got adequate support by the midwives who were training me…"	• Poor support	• Bad guiding and support in practical training	
"…I did not get a consistent support during these encounters."	• No consistent support		
"When these encounters happened, I had to start the conversation with the healthcare providers myself."	• No proper guidance		
"Every midwife had their own approach and did not always involve me, as I am just a student…"	• Left out of the participation		

"There was not an urgency to teach or share them to and with me as a student."	• Information was not shared		
"Before these encounters I got my knowledge about vulnerable pregnant women from the research center at our school, lessons (but not enough!) and also literature I read."	• Knowledge from research • Knowledge from lessons • Knowledge from literature	• Research • Lessons • Literature • School projects	
"It's [project] a really educational experience to stand next to the woman instead of in the role as a professional. It helps to understand the life of vulnerable pregnant women and how complex their situations can be."	• Knowledge from school project		
"A great time [teaching] is spent on pregnancy, birth, postpartum and newborn normality so that we are able to recognize immediately situations that differ from normality."	• Knowledge from lessons		
"Some clinical practice with vulnerable women is also planned."	• Knowledge from school's clinical practice		