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A reflection on psychosocial care as a component of routine holistic antenatal care

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Introduction: While not neglecting physical safety, antenatal care should be emotionally, socially, culturally and religiously acceptable to the woman. Holistic health is multidimensional health care, characterized by an assessment of all determinants of health. A holistic philosophy, as applied to antenatal care, involves a focus on the pregnant woman as a whole being. It emphasizes the connection of body, mind, spirit, emotions and social position. In order for midwives to provide holistic care to pregnant women, the women's psychosocial, social, spiritual and physical needs should be taken into consideration. Furthermore, the midwife should acknowledge that pregnancy and birth does not affect the woman as an individual but also her family.

Aim: The purpose of the study was to explore the academic and theoretical content of psychosocial care in the context of midwifery curriculum, midwifery education and midwifery practice with the aim of closing a gap between routine physical care offered to women, to enhance holistic antenatal care.

Methods: Document analysis was conducted to critically evaluate the content designed to midwifery students regarding holistic principles of health care at the curriculum and teaching stages. Qualitative data were obtained through focus group discussions with midwives and pregnant women and in-depth interviews with midwifery experts to establish their perceptions on psychosocial antenatal care. Data analysis included summary statistics and Cronbach's alpha coefficients of internal consistency. Thematic analysis of qualitative data occurred concurrently with data collection.

Results: Holistic care is regulated at the SANC level in a broad perspective; a gap exists between midwifery regulation, curriculum, learning guides and the theoretical and clinical facilitation of students, impacting negatively on the clinical implementation of psychosocial care.

Recommendations: The findings represent a call to midwifery education to close this gap by incorporating psychosocial care into the content that is taught (as recommended by SANC), to enable midwives at the clinical level to empower women by providing holistic care in order for women to overcome barriers to safe motherhood. Recommendations for midwifery regulation, curriculum, research and practice were provided.

Biography

Johanna M Mathibe-Neke has completed her PhD in 2012 from WITS University and Master of Science in Medicine, Bioethics and Health Law from WITS University in 2015. She further holds a BACur Degree in Nursing Education and Community Health, a BACur Honours in Nursing Education, a Diploma in Midwifery and a Diploma in General Nursing. She is grant recipient for Women in Research (2017-2019). She is managing a project on psychosocial antenatal care with a focus on holistic care, in Gauteng Province, South Africa through funding granted by the University of South Africa. She is Chair of the Scientific Committee of the Department of Health Studies since 2016, administrating the process of research proposal review and ethical clearance. She is serving on following Departmental Committees: World Health Organization Charter, The Department of Health Studies Higher Degree Ethics Committee, Masters and Doctoral Committee, Research and Innovation Committee. She is a Reviewer of the Africa Journal of Nursing and Midwifery, International Journal of Nursing and Midwifery and International Journal of Africa Nursing since 2012, 2013 and 2016 respectively. She has published 12 articles and currently submitted four manuscripts which are still under review and presented 25 research papers at National and International conferences. She currently supervises 8 Master's and 11 Doctoral students, having supervised 9 Master's and 2 Doctoral students from 2012 to date. Her Research expertise includes Women's Health, Midwifery, Health Sciences Education, Ethics and Health Law.

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