

CHAPTER 5

DEVELOPMENT AND DESCRIPTION OF A MODEL FOR INCORPORATING “INDIGENOUS” POSTNATAL CARE PRACTICES INTO MIDWIFERY HEALTHCARE SYSTEM

5.1 INTRODUCTION

Chapter Four presented the empirical perspective of the study, based on analysis and interpretation of the perceptions and experiences of postnatal patients, family members, traditional birth attendants, registered midwives, midwifery lecturers and the maternal and child healthcare coordinators, regarding the incorporation of “indigenous” postnatal care practices into a midwifery healthcare system. The findings supported or refuted relevant literature and 11 themes identified were related to the findings of concept analysis by Walker and Avant (2005:28). The similarities, matches and interactions between the themes, concept analysis findings and six aspects of Dickoff et al (1968:422) form the basis for development and description of a model for incorporating “indigenous” postnatal care practices into a midwifery healthcare system, presented in this chapter.

5.2 MODEL DEVELOPMENT

The model was developed in three phases.

- **Phase one**

Concept analysis as defined by Walker and Avant (2005:28) was used to clarify the concept ‘incorporation’ as it relates to “indigenous” postnatal care practices in a midwifery healthcare system. The findings revealed the antecedents that should occur before the incorporation, and its consequences or outcomes. Understanding the meaning of incorporation facilitated the process of data collection in phase two. The meaning of incorporation guided the research on the type of questions to be asked during the focus groups and in-depth individual interviews.

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- **Phase two**

The purpose for phase two was to explore and describe the perceptions and experiences of postnatal patients, family members, traditional birth attendants, registered midwives, midwifery lecturers and the maternal and child healthcare coordinators regarding the incorporation of “indigenous” postnatal care practices into a midwifery healthcare system. A qualitative, exploratory, descriptive and contextual approach was followed.

- **Phase three**

Phase three consists of the development and description of a model for incorporating “indigenous” postnatal care practices into a midwifery healthcare system, based on the findings for phases one and two as conceptualised following the six aspects of activity by Dickoff et al (1968:422):

Agency: Who or what performs the activity?

Patiency: Who or what is the recipient of the activity?

Context: In what context is the activity performed?

Procedure: What is the guiding procedure, technique or protocol of the activity?

Dynamics: What is the energy source for the activity?

Terminus: What is the endpoint of the activity?

Figure 5.1 (below) displays the three phases of the study which served as a guide during development and description of a model for incorporating “indigenous” postnatal care practices into midwifery healthcare system.

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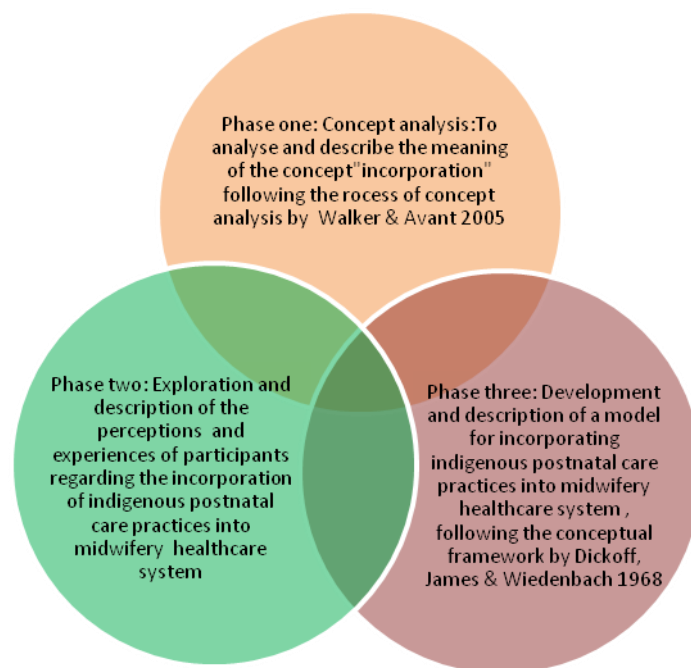


Figure 5.1: Guide to development and description of a model for incorporating “indigenous” postnatal care practices into midwifery healthcare system

5.2.1 Dickoff, James and Wiedenbach’s six aspects of activity

The first aspect, **Agency**; an **agent**, is described by Dickoff et al. (1968:425) as a person who performs an activity towards realisation of a goal. In this study, the agents are registered midwives, midwifery lecturers, family members traditional birth attendants and the maternal and child healthcare coordinators, as they are involved in provision, planning, organisation, management, monitoring and evaluation of postnatal care.

Patiency, as the second aspect, relates to those who receive from the activity of an agent. In this study the recipients are postnatal patients as they receive care from the registered midwives, family members, traditional birth attendants, midwifery lecturers and the maternal and child healthcare coordinators during the postnatal period.

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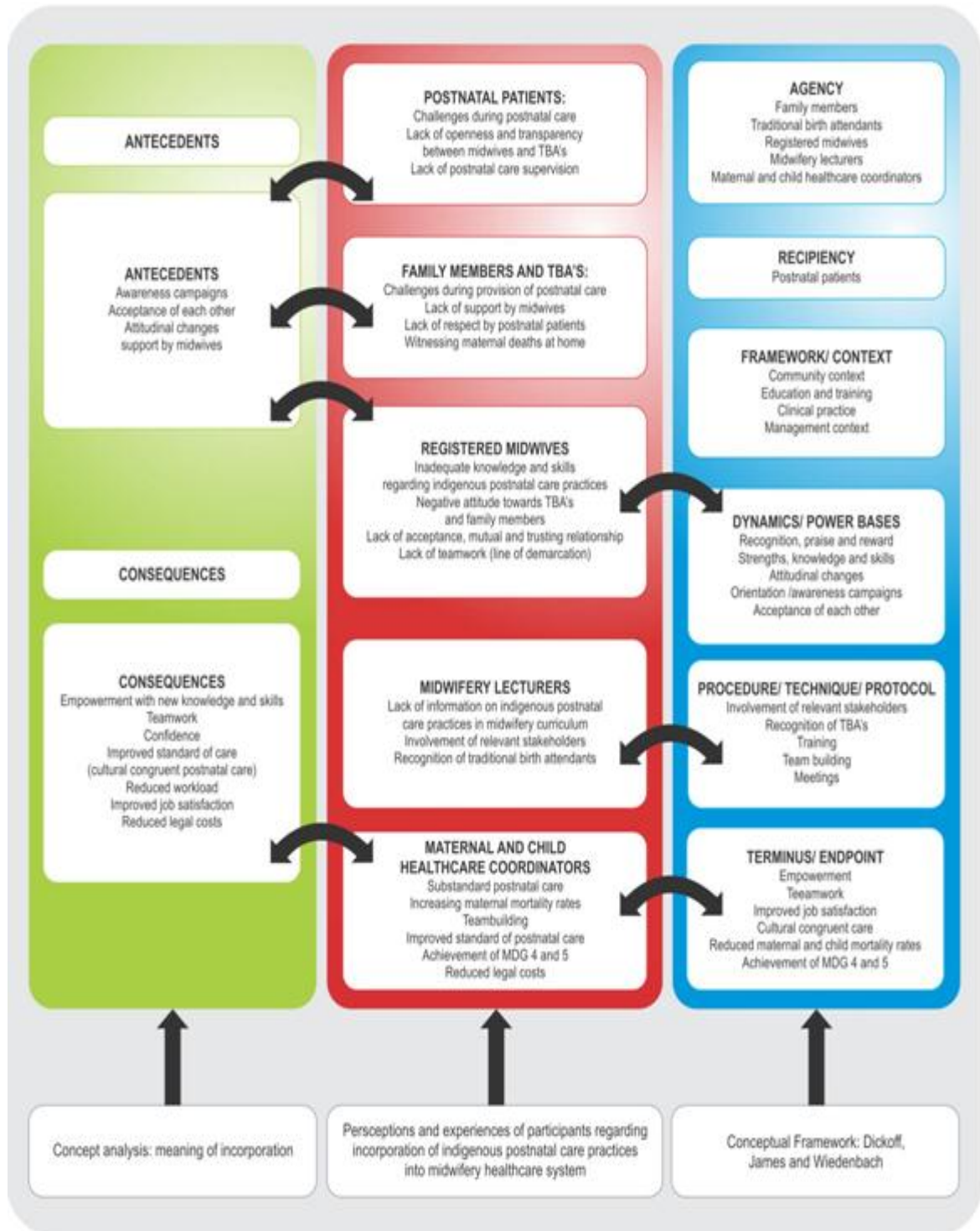


Figure 5.2: Relationships; merging and interaction of the findings for phases one to three.

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Figure 5.3: Agency and reciprocity of postnatal care

An activity is produced within the third aspect, the **context**, by the agent and received by the patient. In this study, the incorporation of “indigenous” postnatal care practices may be performed in different contexts, namely: community, hospital/clinic, midwifery training and midwifery management.

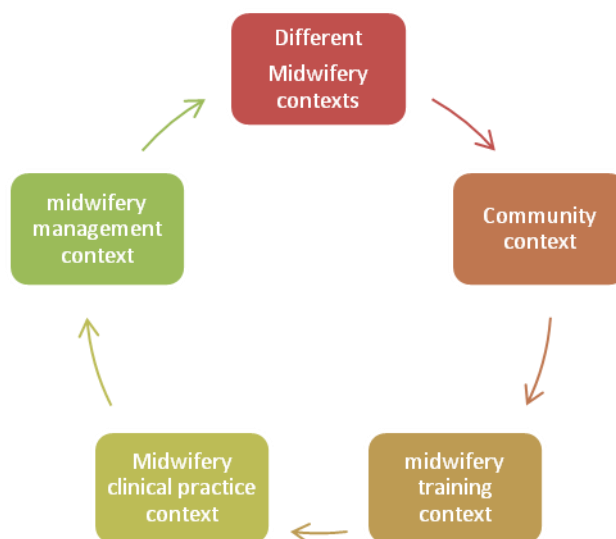


Figure 5.4: Framework/context of incorporation of “indigenous” postnatal care practices

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Dickoff, James and Wiedenbach (1968:431) described the fourth aspect, **dynamics**, as chemical, physical, biological or psychological power sources that can drive the activity towards the attainment of a goal. The dynamics for this study are displayed in figure 5.5 as follows:

- Recognition, praise and reward of positive performance towards the goal to ensure satisfaction to the agents and relevant stakeholders.
- Person's strength, knowledge and skills to perform the activity.
- Attitudinal changes towards acceptance of each other in a team.
- Orientation through awareness campaigns.
- Acceptance of each other.



Figure 5.5: Dynamics

The fifth aspect, the **guiding procedure, technique, or protocol** of the activity involves several steps, the first of which should be to involve the infrastructure (stakeholders) responsible for reviewing Midwifery curriculum. The infrastructure (stakeholders) will include: South African Nursing Council, Nursing Education Association, Department of Health, community leaders and women, educational institutions and managers in clinical practice. A plan should be drafted on the process to be followed during the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system. The following factors will be included in the plan: recognition of family members and traditional birth attendants: awareness campaigns, training, team building, and meetings between the family members, traditional birth attendants and registered midwives to discuss their concerns, challenges and recommendations.

The procedure will encourage community participation and involvement in the care of postnatal patients to ensure protection and safety of patients during the postnatal period. Figure 5.6 (below) display the procedures and protocols that are followed during development of a model



Figure 5.6: Procedure to be followed during incorporation of “indigenous” postnatal care into midwifery healthcare system

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The final aspect of Dickoff, James and Wiedenbach, the *terminus*, is the end point or purpose of the activity. In this study, it is the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system, and involves teamwork between the registered midwives and the family members and traditional birth attendants, empowerment of midwives, confidence of family members and traditional birth attendants, culturally congruent care, reduced workload, improved job satisfaction, reduced legal liabilities and achievement of Millennium Development Goals 4 and 5. Figure 5.7 (below) displays the terminus or endpoint of the activity.

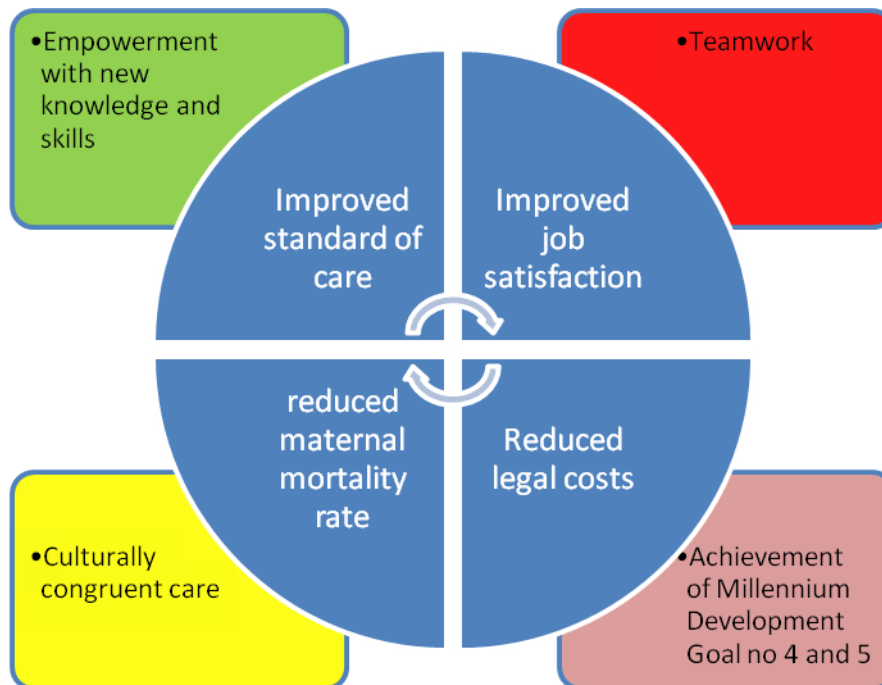


Figure 5.7: Display the terminus or the consequences of incorporation

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5.2.2 Schematic representation of the model

A model is defined by Walker and Avant (2005:28) as “any device used to represent something other than itself; it has been a graphic representation of a theory”. They further stated that a model can be drawn mathematically, as an equation, or schematically using symbols and arrows, as in Figure 5.8 (below).

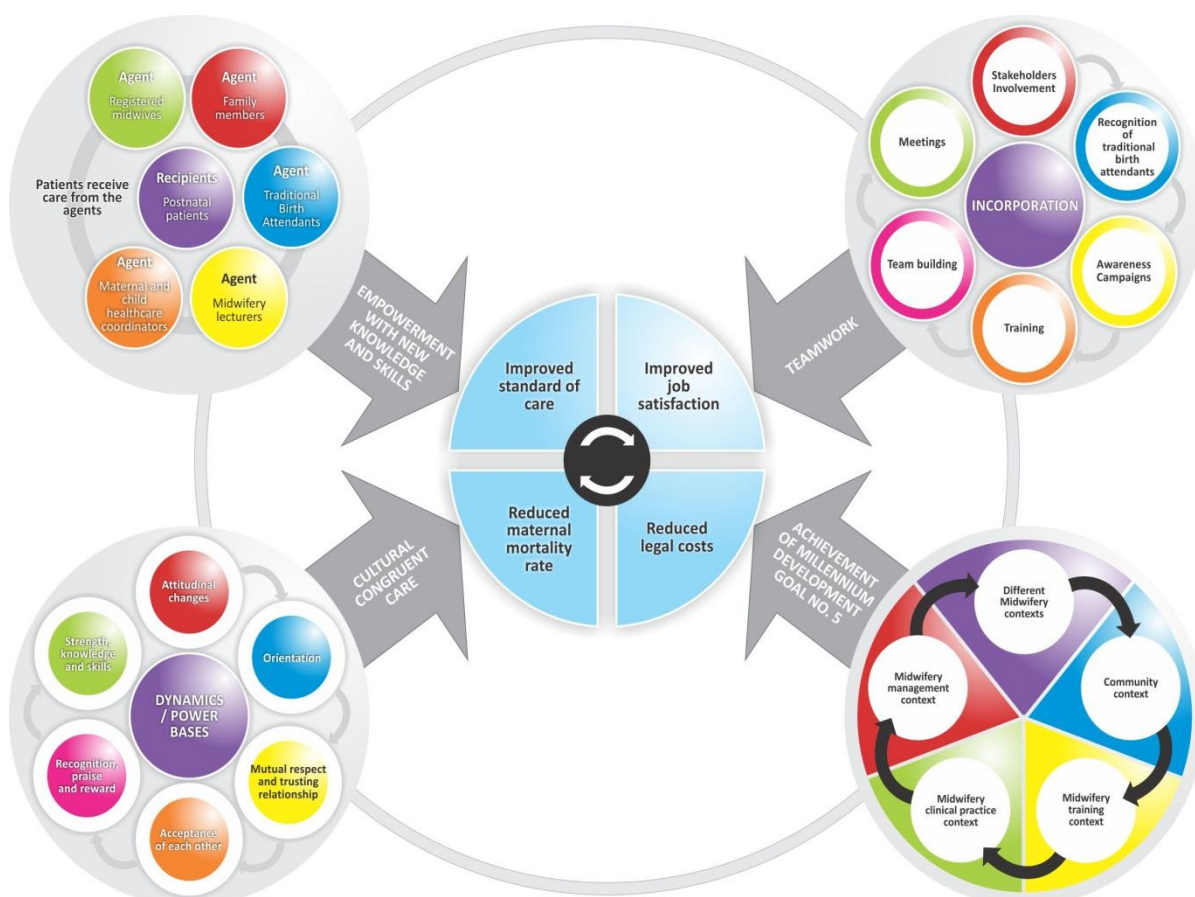


Figure 5.8: Model for incorporating “indigenous” postnatal care practices into midwifery healthcare system

5.3 MODEL DESCRIPTION

The purpose of the model is to incorporate the “indigenous” postnatal care practices into the midwifery healthcare system and improve standards through the

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provision of culturally congruent postnatal care, with development based on the themes identified during concept analysis in phase two. The components of the model are as follows:

- The infrastructures for regulating midwifery education and training
- The context in which the activity is taking place
- The agents responsible for performing the activity,
- The recipients of the activity
- The procedures to be followed during the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system
- The dynamics/power bases
- The consequences of incorporation.

Several agents are responsible for performing the activity: (i) the family members and traditional birth attendants provide postnatal care at home; (ii) registered midwives provide care at the hospital and clinics; (iii) lecturers in Midwifery educate and train student midwives; and (iv) the maternal and child healthcare coordinators coordinate postnatal care activities (South African Nursing Council R2488 10c). The recipients of postnatal care from the agents are the postnatal patients.

The stakeholders who should be consulted and involved in planning the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system include the South African Nursing Council, Nursing Education Association the Department of Health, education institutions, community leaders and women. They comprise one of the important power bases that need to be involved at the beginning of the incorporation process and are expected to participate throughout for successful realisation of the goals. The procedures to be followed during the process of incorporation are recognition of family members and traditional birth attendants by the registered midwives as team members in midwifery care and by the Department of Health as the members of the multidisciplinary team directly involved in the provision of postnatal care.

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Awareness campaigns are needed to orientate the following:

- Different stakeholders regarding the consequences of lack of incorporation of “indigenous” postnatal care practices into the midwifery healthcare system
- Registered midwives regarding the “indigenous” postnatal care practices that are employed by family members and traditional birth attendants during postnatal care
- Family members and traditional birth attendants regarding the professional postnatal care practices employed by registered midwives during postnatal care
- Training of registered midwives regarding the provision of culturally congruent care, traditional birth attendants, family members and community-based care providers on the provision of postnatal care
- Team building between the registered midwives and the traditional birth attendants to enhance and maintain team work during the provision of postnatal care
- Meeting between the registered midwives, family members and traditional birth attendants to discuss achievement and challenges experienced during the provision of postnatal care and to discuss the recommendations on how to overcome these challenges (Wilson et al., 2011:3)

The identified agents and stakeholders are functioning in different midwifery contexts, namely: family members and traditional birth attendants are functioning within the community context, because they are responsible for the provision of postnatal care at home after the discharge of patients from the hospitals or clinics. Registered midwives are functioning within the clinical practice context, because they are responsible for providing postnatal care at the hospital or clinics. Midwifery lecturers are functioning within the educational context because they are responsible for education and training of student midwives. Maternal and child healthcare coordinators are functioning within the midwifery management context because they are responsible for planning, organising, management,

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implementation, monitoring, evaluation and coordination of postnatal care activities (Dippenaar 2012:8)

The dynamics or power bases needed for the agents and relevant stakeholders to accomplish the goal of the activity are being goal directed or motivated, and having the capabilities, strength, knowledge and skills to perform the activity. There should be recognition, praise and rewards in order to encourage and motivate the agents during the provision of postnatal care, orientation in the form of awareness campaigns, attitudinal changes, mutual respect and trusting relationships.

The terminus, or consequences of incorporation, include empowerment of patients, family members, traditional birth attendants and registered midwives with new knowledge and skills, teamwork, improved job satisfaction, improved standard of care, culturally congruent care, reduced maternal and child mortality rate, reduced legal costs and achievement of the Millennium Development Goals 4 and 5 (Weiss 2006:117).

5.3.1 The components of the model

The components of the model are described here in greater detail.

5.3.1.1 Infrastructures for regulating midwifery education and training

A number of bodies make up the infrastructure for regulating midwifery education and training.

- **South African Nursing Council (SANC)**

The South African Nursing Council (SANC) was identified as one of the regulatory bodies required to participate in incorporation of “indigenous” postnatal care practice because it assists in the promotion of health standards of the country. The study findings confirmed that there is substandard postnatal care due to lack of teamwork, with patients placed under the care of family members and traditional birth attendants without the support of registered midwives. This situation places

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the patient's life at risk of complications and/or even death. The South African Nursing Council should be made aware of this situation so that it advises the Minister of Health on strategies to improve the standard of care during the postnatal period. The South African Nursing Council is responsible for controlling and exercising authority over all matters relating to midwifery education, training and practice. To ensure successful incorporation of "indigenous" postnatal care practices into the midwifery healthcare system the South African Nursing Council should be involved throughout the incorporation process (SANC R2488 1996:6)

- **Nursing Education Association (NEA)**

The Nursing Education Association (NEA) was identified as one of the regulatory bodies that should be involved because they are responsible for empowering nurses and nurse educators with knowledge and skills required for improving the standard of care during service delivery. South African nurses work in collaboration with the South African Nursing Council, Department of Health and other relevant stakeholders in reconstructing and revitalising the nursing profession for a long and healthy life for all South Africans.

The involvement of the Nursing Education Association during incorporation of "indigenous" postnatal care practices into the midwifery healthcare system might facilitate the process because it forms part of the reengineering of primary healthcare services by ensuring the registered midwives plays a critical role when working as a team with family members and traditional birth attendants (National Nursing Summit 2011).

- **Department of Health (DoH)**

The Department of Health (DoH) was identified as one of the regulatory bodies to be involved during the incorporation of "indigenous" postnatal care practices into midwifery healthcare system. It is currently working in collaboration with the South African Nursing Council, Nursing Education, Association education institutions, hospitals and other relevant stakeholder to ensure the achievement of Millennium Development Goals 4 and 5 by 2015, through re-engineering primary healthcare

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services. Reduction of the maternal and child mortality rate by 2015 is one of the Millennium Development Goals that should be achieved. Despite different strategies in place to reduce maternal and child mortality, the rates are still increasing every year (Kerber et al 2007:1368).

The involvement of the Department of Health during the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system might create awareness in the department of the challenges faced by postnatal patients, family members, traditional birth attendants and registered midwives during postnatal care. Lack of teamwork and communication places postnatal patients under the care of unskilled family members and traditional birth attendants and so leads to serious postnatal complications and/or even death, hence the high maternal and child mortality rate in South Africa (Kerber et al 2007:1368).

- **Education institutions**

The education institutions were identified as amongst the regulatory bodies to be involved during the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system. The reason for involving them is that they are responsible for education and training of midwives. Currently, midwives are trained from a Western healthcare point of view only, instead of combining this with an “indigenous” one in order to produce culturally competent registered midwives. Involving education institutions during the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system might assist in adding culturally congruent information to the Midwifery curriculum and so empower registered midwives with diverse knowledge and skills (Mathibe-Neke, 2009:36

- **Community leaders and women**

Community leaders and women emerged as an important part of the infrastructure that should be involved during the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system. The reason is that postnatal care is rendered at home within the community context by the family members who are often assisted by the traditional health practitioners (Ngunyulu & Mulaudzi

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2009:50). The community leaders, including chiefs, indunas, councillors, are the key stakeholders responsible for providing assistance, moral support and encouragement to family members and traditional birth attendants during the provision of postnatal care. During data collection the community leaders also assisted the researcher in identifying family members and traditional birth attendants that are responsible for taking care of women and new-born babies immediately after discharge from the hospital and clinics.

Women are actively involved in health promotion activities related to the health of their families members and the community. Culturally, in order to qualify to become a traditional birth attendant one has to be a woman, because of the natural caring attitude they are generally perceived as having. Hence, all the family members and traditional birth attendants who participated in this study were women. Involvement of community leaders and women might be an effective multi-disciplinary and community-based team approach during the incorporation of “indigenous” postnatal care practices into the midwifery healthcare system. It might enhance and maintain mutual respect and trusting relationships between the registered midwives, family members, traditional birth attendants, women and the community leaders. This was supported by one of the declarations in relation to reengineering of primary healthcare services declared during a National Nursing Summit held in Sandton from 5 to 7 April 2011, which stated that there should be “community ward-based multidisciplinary health teams with nurses playing a critical role” (National Nursing Summit 2011:1)

5.3.1.2 Framework and contexts for the incorporation

Various contexts constitute the framework for incorporation.

- **Community context**

A community is a group of people living together in the same geographical area, sharing the same interests, such as religion (*Oxford South African School Dictionary* 2010:120). Community members are characterised by mutual and

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trusting relationships, group cohesion, sharing of common interests and challenges, and mutual supporting in a crisis. It is an important and reliable context within which incorporation of “indigenous” postnatal care practices should take place through the provision of postnatal care by the family members and traditional birth attendants. Due to early discharge of postnatal women from the hospital or clinics, postnatal patients spent the postnatal period in the community under the care of family members and traditional birth attendants (Hodnet 2012:2).

The family members and traditional birth attendants, act as reliable healthcare providers for the patients during the postnatal period, because they are always available and share cultural values, beliefs, norms and practice during postnatal care. They take responsibility for caring for women and new-born infants throughout the postnatal period, despite the absence of support from the registered midwives. The incorporation of “indigenous” postnatal care practices into the midwifery healthcare system might empower the traditional birth attendants and family members with new knowledge and skills regarding the provision of postnatal care at the community level (Hodnet 2012:2).

- **Midwifery clinical practice context**

Clinical practice in midwifery is the context in which antenatal, intra-partum, labour, delivery and the initial postnatal care takes place before discharge from the hospital. Normally, this is the place in which official handing over of postnatal patients and their new-born infants from the registered midwives to the family members and traditional birth attendants should take place on discharge. However, the findings revealed that there is lack of communication between them (Mathibe-Neke 2009:36). Nor do the registered midwives give health advice to the postnatal patients on discharge without the involvement of family members and traditional birth attendants. As a result, postnatal patients receive clashing messages from them at home.

The incorporation of “indigenous” postnatal care practices into the midwifery healthcare system might empower registered midwives with culturally competent knowledge and skills. Culturally sensitive midwives understand cultural values,
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norms, beliefs and practices of postnatal patients and their relatives. It might assist in improvement of communication between family members, traditional birth attendants and registered midwives as it would enhance teamwork between the two groups. The provision of culturally congruent care by the midwives might prevent unnecessary complications which lead to maternal deaths during the postnatal period (Mathibe-Neke 2009:36).

- **Midwifery Education and Training context**

Midwifery education and training was identified as one of the contexts because it is where midwifery curriculum is implemented to train student midwives until they qualify as registered midwives. It includes nursing colleges and universities and other educational institutions involved in midwifery training. The findings confirmed that “indigenous” postnatal care practices are not included in the current midwifery curriculum; therefore midwives are trained from a Western healthcare point of view only. The registered midwives also confirmed that they did not have adequate knowledge or skills regarding the provision of culturally congruent care. Meanwhile, South Africa, as a developing country, requires culturally competent midwives who can provide a combination of Western and “indigenous” healthcare practices in order to meet the cultural needs of patients from diverse cultures.

The incorporation of “indigenous” postnatal care practices into the midwifery healthcare system might assist with the addition of culturally competent information into the Midwifery curriculum, and so empower registered midwives with appropriate knowledge and skills. Midwifery lecturers should be actively involved in the process (Pandi 2005:5).

- **Midwifery management context**

Midwifery management was also identified as a suitable context. In midwifery management the maternal and child healthcare coordinators are responsible for coordinating, assessing, planning, organising, managing, monitoring and evaluating all activities pertaining to pregnancy, labour, delivery and postnatal care. They operate at district, provincial and national levels to ensure the provision

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of quality care aimed at maintain the health and well-being of women and children. During data analysis and interpretation of their perceptions and experiences of the incorporation, it was confirmed that in South Africa there is a high rate of maternal and child mortality. They further indicated that increasing maternal and child mortality is due to sub-standard postnatal care, ineffective referral systems between the hospital or clinics and the community, hospitals and clinics, hospitals and referral hospitals, and inadequate resources. They suggested that there should be incorporation of “indigenous” postnatal care practices into the midwifery healthcare system to ensure the provision of culturally congruent postnatal care, teamwork and communication between the registered midwives and the traditional birth attendants, and to ensure cultural safety of patients during the postnatal care. (WHO, 2010:53).

5.3.1.3 Agents for performing the activity

A number of agents are involved in performing the activity.

- **Family members and traditional birth attendants**

The family members and traditional birth attendants were identified as agents in the study because they are responsible for providing postnatal care to women and their new-born infants immediately after discharge from the hospital or clinics and for the following six weeks. Despite the absence of formal recognition by the Department of Health, as members of the multidisciplinary health team directly involved in provision of patient care, follow-up visits, support from the registered midwives and challenges they experience during the care of postnatal period, the family members and traditional birth attendants continue to provide postnatal care employing “indigenous” postnatal care practices. They expressed their willingness to work as a team with registered midwives by suggesting that there should be incorporation of “indigenous” postnatal care practices into the midwifery healthcare system to enhance and maintain a mutual and trusting working relationship with the registered midwives (Yousuf et al 2010:8).

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- **Registered midwives**

Registered midwives were also identified as important agents in realisation of a goal for incorporating “indigenous” postnatal care practices into the midwifery healthcare system (Dickoff, et al. 1968:422), because they are responsible for providing postnatal care within the clinical practice context. Registered midwives acknowledged that they have inadequate cultural competent knowledge and skills, leading to provision of substandard postnatal care and avoidable postnatal complications, and even deaths. They suggested that there should be incorporation of “indigenous” postnatal care practices into the midwifery healthcare system so that they would gain culturally competent knowledge and skills and so improve the standard of postnatal care through the provision of culturally congruent care (Pandi 2005:5).

- **Midwifery lecturers**

Midwifery lecturers were identified as important agents because they have knowledge and skills regarding midwifery curriculum and are responsible for education and training of student midwives. Currently they confirmed that the “indigenous” postnatal care practices are not incorporated into the Midwifery curriculum, and that student midwives are still trained within the biomedical paradigm only. They recommended incorporation of “indigenous” postnatal care practices into midwifery healthcare system in order to add culturally congruent care information into the Midwifery curriculum (Gallagher et al 2007:2714).

- **Maternal and child healthcare coordinators**

Functioning within the midwifery management context the maternal and child healthcare coordinators are responsible for coordinating postnatal care activities and ensuring the provision of quality patient care by the midwives. Hence, they emerged as important agents in ensuring the success of incorporation. South Africa has a high rate of maternal and child mortality, due in part to provision of substandard postnatal care and ineffective referral system from the hospital to the

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family members and traditional birth attendants via the clinic. They suggested there be incorporation to improve the quality of care during the postnatal period (Tebid et al 2011:967).

5.3.1.4 The recipients of the activity

Postnatal patients are the recipients of postnatal care from the registered midwives, family members and traditional birth attendants. The postnatal patients reported that they were dissatisfied with the care they received during the postnatal period, with no teamwork between the registered midwives, family members and traditional birth attendants. The registered midwives concentrated on hospital or clinic postnatal care, rendered for six hours after delivery before the women are discharge with health advice. After discharge, registered midwives do not continue with care through follow-up visits or provide supervision to ensure the implementation of that advice (Jokhio, Winter & Cheng, 2005:2096).

Because the postnatal patients are placed directly under the care of family members and traditional birth attendants only, without supervision by registered midwives, they suggested that there should be incorporation to enhance teamwork. Forde and Aasland (2012:523) write that it is not possible for registered midwives, family members and traditional birth attendants to work together as a team without openness and transparency.

5.3.1.5 Procedure, protocol to serve as guide during incorporation

The following procedure was suggested to serve as a guide during the incorporation.

- **Involvement of relevant stakeholders**

To ensure successful incorporation, the involvement of relevant stakeholders was suggested as an initial step. The findings confirmed that active participation and involvement is an important strategy, with the infrastructure responsible for

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management of midwifery education and training, namely, the South African Nursing Council, Nursing Education Association, Department of Health, community leaders and education institutions (Schuneman, Fretheim & Oxman 2006:2).

- **Recognition of traditional birth attendants by the government**

In South Africa the family members and traditional birth attendants are not yet recognised as members of the multidisciplinary team directly involved in provision of postnatal care. It was argued that it can be of utmost importance for the government, including the Department of Health recognise and accept the existence of the family members, traditional birth attendants and their effort regarding postnatal care (Kerber et al .,2007:1368).

It is evident that the family members and traditional birth attendants are working in isolation when providing postnatal care, and that the registered midwives are not even aware of the “indigenous” practices employed during postnatal care. This places postnatal patients at risk of complications and even death. Recognition of family members and traditional birth attendants emerged as an important strategy in the incorporation (Kerber et al 2007:1368).

- **Awareness campaigns**

The findings confirmed that registered midwives are not aware of the “indigenous” postnatal care practices employed by the family members and traditional birth attendants during the provision of postnatal care. This is because the registered midwives are trained within the biomedical paradigm only. Conversely, the family members and traditional birth attendants are not aware of the Western healthcare practices that should be employed during postnatal care, because currently there is no communication between them. Awareness campaigns emerged as a prerequisite to incorporation (Haynes, et al 2009:3)

(Haynes et al 2009:3).write that awareness campaigns might assist registered midwives, family members and traditional birth attendants to market and advertise their practices, establish rapport, initiate mutual and trusting relationship and gain

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recognition of each other's practices. For successful incorporation, awareness campaigns should be run as an initial step.

- **Training**

Training was identified as one of the incorporation strategies during data analysis of the perceptions and experiences of registered midwives regarding incorporation. It also emerged as one of the procedures or protocols to be followed during incorporation within the six aspects of activity listed by Dickoff, et al. (1968:422). The following groups of people need to be trained in order to gain new knowledge and skills regarding the provision of postnatal care: registered midwives on culturally congruent care; family members, traditional birth attendants and community-based healthcare providers on Western healthcare practices. Training might improve the standard of postnatal care because it will be provided by culturally competent midwives, skilled family members, traditional birth attendants and community-based healthcare providers (Nagi et al 2005:56).

According to Nagi et al. (2005:56), training of traditional birth attendants and registered midwives on culturally congruent care proved to be an effective strategy in the reduction of maternal and child mortality, because the family members and traditional birth attendants possess knowledge and skills on assessment, early recognition of complications and early referral for medical assistance.

- **Team building**

Team building was identified as one of the incorporation strategies that can gradually motivate the registered midwives, family members and traditional birth attendants to work together as a team. It is evident that teamwork is an effective strategy in ensuring quality patient care, as the team will have common purpose, clear goals, develop team skills, share information, support each other and hold the team accountable for output (Stone & Bailey 2007:259).

- **Meetings**

It was suggested that for incorporation to be successful there should be regular meetings between the registered midwives, family members and traditional birth attendants. A model for incorporating indigenous postnatal care practices into midwifery healthcare system.

attendants Holding meetings on regular basis might assist both groups to establish rapport, get to know each other, develop mutual trust, maintain the initiated relationship, learn from each other, share common problems and discuss the achievements and challenges experienced during the provision of postnatal care (Sahlstedt 2012:93).

5.3.1.6 Dynamics and power bases

Consideration of a number of dynamics and power bases is important for the model of incorporation.

- **Recognition, praise and reward**

Recognition of family members and traditional birth attendants was identified in phase two as an effective strategy and as a power base/dynamic in the process of incorporation (Dickoff, et al. 1968:428). All the agents involved need to be recognised, praised and rewarded, thus motivating them to develop goal-directedness, ownership, active participation and involvement, and realisation of the goal and sustainability of the project (Kruske & Barclay, 2004:4).

- **Strength, knowledge and skills**

In order to successfully incorporate “indigenous” postnatal care practices into the midwifery healthcare system, all the agents involved in the process should be adequately motivated through recognition, praise and reward. They will then gain the strength needed to accomplish the goal. All should be orientated and trained so that they gain the requisite knowledge and skills (Fullerton & Thompson 2005:23).

- **Attitudinal changes**

Attitudinal changes were identified as amongst the antecedents during concept analysis of the concept ‘incorporation’. Some registered midwives display negative attitude towards the postnatal patients, family members and traditional birth

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attendant' "indigenous" practices, and so are failing to provide culturally congruent postnatal care. This was evidenced by ethnocentric practices, scolding, shouting, general rudeness, lack of respect in general, victim blaming approaches, and poor cultural competence (Wray, Weavers, Beake, Rose & Bick 2010:72). For successful incorporation to occur, registered midwives should be ready to change negative attitudes as these result in sub-standard care and place at risk the health of patients.

- **Acceptance of each other**

Mutual acceptance between registered midwives, family members and traditional birth attendants were identified as one of the expected antecedents to incorporation. The findings revealed that the family members and traditional birth attendants were willing to work together as a team with the registered midwives, and that they needed the support of registered midwives during the provision of postnatal care (Shah, Salim & Khan 2010:42).

The registered midwives are currently not accepting the family members and traditional birth attendants as co-workers directly involved in the provision of postnatal care. It was confirmed that for successful incorporation the registered midwives should be ready to accept the family members and traditional birth attendants and initiate mutual and trusting relationship so that they can work together as a team (Sibley & Sipe 2007:476).

5.3.6.7 Terminus or outcomes of incorporation

There are several factors relating to end of the process of incorporation.

- **Empowerment with new knowledge and skills**

Empowerment was identified as a prominent outcome of incorporation in all phases of the study. During concept analysis (Walker & Avant 2005:29) empowerment emerged as the consequence of incorporation, as it did during data analysis and interpretation of the perceptions and experiences of the registered

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midwives (Dickoff et al., 1968:422). Successful incorporation might result in empowerment of family members, traditional birth attendants, registered midwives, Midwifery lecturers, maternal and child healthcare coordinators, with appropriate new knowledge and skills. For postnatal patients it will be an eye-opener, as they will be able to make informed decisions when they experience health problems during the postnatal period. The feelings of fear and insecurity might be reduced as they will receive health advice from the registered midwives, family members, and traditional birth attendants. The standard of postnatal care might be improved because they will be cared for by the trained family members traditional birth attendants who work and traditional birth attendants might also gain knowledge and skills regarding the provision of Western postnatal care, resulting in feelings of confidence due to reduced stigma of labels such as witchcraft, illiteracy and non-religious and support from the registered midwives. There might be mutual respect for, and trusting relationships with the postnatal patients. The feelings of doubt expressed by the family members and traditional birth attendants. might be reduced because the maternal deaths would be reduced through the provision of culturally congruent postnatal care (Kruske & Barclay 2004:3).

Registered midwives might gain cultural competent knowledge and skills, leading to culturally sensitivity, cultural awareness resulting in the provision of cultural congruent postnatal care. Workload might be reduced as they will be working as a team with the traditional birth attendants and the family members, leading to improved job satisfaction and improved standard of care. The improved standard of care by the culturally sensitive midwives might results in prevention of avoidable postnatal care complications resulting in reduced maternal and child mortality rates, reduced legal costs and achievement of the Millennium Development Gaols (MDG,s) number four (4) and five(5) (Kruske & Barclay 2004:3).

Midwifery lecturers might also gain new knowledge and skills regarding the provision of culturally congruent care because the “indigenous” postnatal practices will be incorporated into the Midwifery curriculum. Midwifery training will no longer concentrate on Western healthcare practices only, but will be a combination of

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both. As a result, the newly registered midwives will have appropriate knowledge and skills (Maganda 2012: 23).

- **Teamwork**

Teamwork was identified as a consequence of incorporation, but it is evident that currently in South Africa there is none between the family members, traditional birth attendants and registered midwives; hence there is substandard care during the postnatal period. Samoa and Malaysia are good examples of countries in which registered midwives are working in collaboration and partnership with family members and traditional birth attendants (Kruske & Barclay 2004:9).

- **Improved job satisfaction**

Improved job satisfaction was identified as a consequence of incorporation during concept analysis (Walker & Avant 2005:29), and during data analysis of the perceptions and experiences of the maternal and child healthcare coordinators regarding the incorporation of “indigenous” postnatal care practices into midwifery healthcare system and as a terminus or endpoint in the six aspects of activity by Dickoff, et al. (1968:422).

- **Provision of culturally congruent care**

Improved standard of care (provision of culturally congruent care) was identified as a consequence of incorporation, and might lead to improved standard of care (Makhubele & Qualinga 2006:155). Culturally sensitive midwives would be able to create a therapeutic environment, showing positive attitudes towards patients of different cultures. The maternal and child healthcare coordinators suggested that there should be incorporation of “indigenous” postnatal care practices into the midwifery healthcare system in order to ensure cultural safety during the provision of postnatal care.

- **Reduced maternal and child mortality rates**

Reduced maternal and child mortality rates as a consequence of incorporation might empower registered midwives with culturally competent knowledge and

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skills, resulting in prevention of postnatal complications and reduction of maternal and child mortality rates.

- **Reduced legal costs**

Reduced legal costs were identified as a consequence of incorporation, reducing the legal liabilities facing midwives on a daily basis due to provision of substandard postnatal care. The Department of Health might save money spent currently on paying legal liabilities of registered midwives.

- **Achievement of the Millennium Development Goals 4 and 5**

Achievement of the MDGs 4 and 5 was identified as a consequence of incorporation, through the provision of culturally congruent postnatal care, improving the quality of care during the postnatal period, avoiding postnatal complications and reducing maternal and child mortality rates. Validation and operationalisation of the model will be conducted as a post-doctoral project.

5.4 SUMMARY

Chapter five focused on development and description of a model for incorporating “indigenous” postnatal care practices into midwifery healthcare system. Model development was based on the findings for phase one (concept analysis by Walker & Avant 2008:30), phase two (empirical perspective) and phase three (conceptual framework by Dickoff, et al. 1968:422). The model was described under the following aspects: introduction, purpose, scope, components, and meaning of components and detailed description of the components. Chapter six will concentrate on conclusions, limitations and recommendations for further research.