

# Women's views of student midwives' involvement in maternity care

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## Abstract

**Background.** Despite a focus on user involvement in healthcare services and education in the UK, there is little evidence of women's views of education in midwifery practice.

**Aim.** To identify women's perceptions of clinical teaching and learning in midwifery practice, in order to inform the midwifery curriculum.

**Method.** Qualitative structured telephone interviews were conducted with 18 women who had been involved in a larger study that had used non-participant observation visits in hospital and community environments, 12 of whom were primiparae. Thematic content analysis of the data was undertaken, based on a framework used in the larger study.

**Findings.** Women described both physical and emotional support as being offered by student midwives. Some talked about student midwives' tentativeness and reduced confidence levels during episodes of care, but most expressed appreciation for the students' presence.

**Conclusions.** More innovative ways to involve service users in the midwifery curriculum are needed, alongside research to evaluate them. More careful consideration needs to be given for student midwives' involvement in maternity care, with better preparation for both students and women.

**Key words:** Women's views, tokenism, student midwives, pre-registration curriculum, midwifery education

## Introduction

In recent years, there has been a focus on user involvement in healthcare services, research and education in the UK (Department of Health, 2001, 2006) and it is now a legal duty for NHS Trusts to actively involve and consult the public (Department of Health, 2004a).

In a national midwifery education study (Pope et al, 2003), research midwives were employed at five case study sites across England to undertake in-depth interviews with 19 mentors and their allocated student midwives, and to observe mentors and students in practice for approximately six hours per dyad.

As a part of this larger study, interviews were also conducted with 18 women to elicit their views of student midwives' involvement in their maternity care, and it is this aspect of the study that is reported in this paper. Although four years later, the unique approach used and the fact that this remains a relatively unexplored area implies that the data still has relevance.

## Literature review

The databases CINAHL, Medline and British Nursing Index were consulted using the search terms 'service users', 'women's views', 'client participation', 'midwifery curriculum'. A total of 14 papers and one literature review were identified, though none of them specifically aimed to ascertain women's views of student midwives' involvement in their care. Those relevant to women's views of maternity care and the implication of these on midwifery education, service users views of healthcare students, and the involvement of service users in healthcare service provision and education are described here.

Many of the research studies investigating women's experiences and perceptions or views of their care during pregnancy and birth have focused on satisfaction and quality of care or broad expectations and experiences of birth (Whitford and Hillan, 1998; Gibbins and Thomson, 2001; Beake et al, 2006). The Audit Commission (1997) found that women reported more satisfaction with clinical

rather than with the interpersonal or emotional aspects of care, and this suggests that the development of student midwives' interpersonal skills may need to be improved. In an exploratory study to determine key factors relevant to the midwifery curriculum, Fraser (1999) found that attitudes of the staff and interpersonal skills were rated as being as important to women as sound midwifery care, and that the development and assessment of students' interpersonal skills needs to be given priority.

Student midwives spend substantial amounts of time working with the women on their own (Pope et al, 2003), and yet information on women's interactions with students and their mentors remains an under-investigated area (Snow, 2007). Some studies have sought service users' views of student health visitors (Twinn, 1995), trainee GPs (Fuglsang et al, 1996) and medical students (Nicum and Karoo, 1998).

The interface between service users and healthcare professionals is constantly evolving, and women are increasingly involved in activities such as developing standards of clinical practice (Wray and Renbow, 2000). They are also contributing to local services more, asserting their rights through channels such as maternity service liaison committees (Edwards, 2003).

Women have also been invited to contribute to midwifery curriculum development, which was previously the domain of educationalists (Fraser, 1999; Lavender et al, 1999; Ingham, 2001), and the Department of Health (1999) has recommended increased emphasis on the public's involvement in midwifery and nursing education programmes. Masters et al (2002) suggest that the degree to which representatives of service users actually represent the population needs to be considered in order to prevent tokenism, taking into account the views of disadvantaged women (Le Var, 2002). Forrest et al (2004) found that students attending a psycho-social intervention course described service users' experiences as having a profound effect on their practice, helping to change their attitudes toward clients and encouraging a reduction of jargon (Wood and Wilson-Barnett, 1999). One literature review of user involvement in healthcare professionals' education (Repper and Breeze, 2004) revealed that there had been no previous rigorous review of service user involvement in the curriculum, though it did not include views of maternity service users. It found that a 'patronising culture' existed among the healthcare professions, despite the existence of policy documents such as *The expert patient* (Department of Health, 2001) and the National Service Framework (Department of Health, 2004b). An NMC consultation on fitness to practice at point of registration (Ball, 2006) recommended increased involvement of service users in midwifery and nursing education, and discussions continue as to the optimum extent of involvement by service users in assessment of practice for student midwives. Wilby and Deken (2005) reported on a model used in New Zealand to help student midwives form stronger partnerships with the women they care for. To promote a woman-centred philosophy, students followed

up two or three women in depth during the first year of their preparation programme. The students completed a log to help focus discussions with the clinical lecturer. A separate journal was later used to help centre discussions with the women who participated. The model was reported to be popular with all involved – the student midwives enjoyed the guided discovery learning and the women appreciated the style of debriefing and continuity of carer over a sustained period. This model of active involvement of service users has previously been tested with student nurses in mental health placements, and was found to create a more equal relationship between service users and providers (McAndrew and Samociuk, 2003), but there are minimal data recording actual service users' views of healthcare students. Stockhausen (2007) found that in-patients took on the role of 'accidental teachers' to students.

As clinical education provision for student midwives and models of mentoring impact directly on the care of women and their families, it was deemed important to obtain women's perceptions, in order to influence the curriculum and suggest improvements to clinical care.

#### **Aim**

The aim of the study was to identify women's perceptions of clinical teaching and learning in practice, in order to inform the midwifery curriculum.

#### **Method**

The larger study (Pope et al, 2003) used a multi-method approach within a case study design. The structured telephone interviews of women reported on in this paper were chosen to ascertain their views of student midwives' involvement in their care.

#### *Ethical considerations*

Multiple research ethics approval was obtained before commencing the nationwide study. Prior to gaining entry to each case study site, ethics forms were submitted to each local research ethics committee (LREC). The consent forms were examined carefully by the chair of each LREC, and each set different conditions on issues such as the use of NHS Trust headed notepaper. Permissions were obtained from all directors, managers and lead clinicians or GP practice managers in the community. The research midwives required honorary contracts and police checks for each clinical site.

Written information was given to women by the research midwives and verbal consent was also obtained prior to each audiotape-recorded interview. Women were assured that their confidentiality would be respected. All data were kept securely according to the conditions of the Data Protection Act (HM Government, 1998).

#### *Recruitment to the study*

The interviews were conducted with a sample of 18 women, and there was fairly equal distribution of respondents from all five of the larger study's case study sites.

The women were approached to take part in the study during observation visits in hospital and community settings. Timing of data collection was dependent on student midwives' placements and when they worked in tandem with their named mentors. The observation visits took place on antenatal wards, in antenatal clinics, homes, delivery suites and postnatal wards. The sample therefore included women from a range of settings and at varying stages of pregnancy and birth. The majority of women were recruited during their pregnancy. A total of 46 women were approached to participate, and 30 women consented. Two of these women were reported to have had babies with severe abnormalities, and it was judged to be inappropriate to interview them. Many provided mobile telephone numbers that were not in use several weeks after formally consenting, leaving a sample of 18.

All participants gave written consent to participate, and were assured that choosing not to participate would not affect their care. Prior to undertaking the interviews, the research midwife cross-checked with the practising midwife who had participated in the larger study, in order to gain information regarding the wellbeing of both the mother and the baby.

#### *Data collection, process and rationale*

The interviews were conducted by mobile or house telephone and were audiotape recorded. Each lasted approximately 30 minutes, and took place four to six weeks after non-participation observation visits.

Data from non-participant observation notes taken for the larger study were triangulated (Magnusson et al, 2005), in order to inform the telephone interviews with the women. These notes captured how teaching and learning was managed in a range of clinical settings, and contained details relating to specific clinical events at which student midwives were present.

The benefits of performing telephone interviews rather than face-to-face interviews or focus groups are that there are fewer distractions, and they are less invasive for respondents and generally more convenient and cost-effective. Apart from the unanticipated disadvantage that many mobile telephone numbers were no longer in use for the telephone interviews to take place, the research team also needed to be flexible, in order for the timing of interviews to be acceptable to the women. Proctor (1999) found that exploratory focus groups helped elicit women's key issues and helped to identify their own language. Although having prior key words may have created a strong starting point to gain the women's views in this study, in a focus group there is a chance that women might influence each other and therefore skew the research.

A pilot study was essential for development and adjustment of the structured telephone interview, and to ascertain whether the questions were placed in an order that flowed. It was also important that women would not feel uncomfortable with questions. Validity and reliability of interviews was established through triangulation of data

methods in the main study (Magnusson et al, 2005). The interview questions were derived from the literature and had been piloted and adjusted prior to use.

As Garcia et al (1998) found in their national survey of women's views, some details of care, particularly antenatal care are difficult for women to remember if a survey takes place four months after childbirth. For this study, it was decided that conducting interviews four to six weeks following the observation visit would enable the women to adjust to motherhood and still be able to remember key aspects of educational activities occurring in practice.

A possible disadvantage of performing only one interview with each woman was that there was no opportunity to probe issues more deeply after the event. However, short and focused interviews seemed to be most acceptable to the women recruited to this study. The questions posed to each participant may be summarised as:

- 'Do you recall a student midwife being involved in your maternity care?'
- 'How did this affect your birth experience?'
- 'Were you aware of the midwife teaching and guiding the student?'
- 'What sort of things were they doing?'
- 'Do you have any views about the involvement of student midwives in general?'

#### *Data analysis*

The audiotape-recorded interviews were transcribed, and thematic content analysis of the transcripts was undertaken (Patton, 1990). Codes were validated and the themes were discussed and agreed by the research team, based on the framework used to analyse data from the mentor-student pairs in the larger study (Pope et al, 2003). To assure inter-rater reliability, test-coding of data was undertaken by an independent researcher.

#### Findings

The 18 women interviewed were aged between 19 and 38, and 12 were primiparae. Of the 13 who had vaginal deliveries, three had involved ventouse and one Neville-Barnes forceps. Two women at one of the case study sites had home births. Two of the five women who had delivered by caesarean section (CS) had planned to do so.

The interviews proved a useful method for understanding the hidden impact of the mentor-student work and interactions on the service users. The women stated that they were happy to talk about their experiences of pregnancy and childbirth, and at the end of interviews it was common for them to express support for the project and for the education and training of student midwives. As found in other studies, many women remembered a substantial amount of detail regarding the interactions and subtle incidents that occurred during their maternity care.

#### *Identifying the student midwife*

It appears that few students actually introduced themselves as students. Often it was the women that ascertained the students' status from their name badges. Most

students were introduced to the women by the attending midwife. If mentors did not explain the student's role, some women were confused about who was taking the lead role in their care. This was similar to findings in Twinn's study (1995), in which clients were unsure whether to direct their comments to the student health visitor or the community practice teacher.

#### *Perceived styles of supervision*

Women tended to remember the sequence and order of events during antenatal and postnatal examinations:

*'The student did her antenatal care on me and then [the midwife] followed up'* (WH2).

From corresponding observation data, it was evident that all mentor-student pairs performed in individual ways and the women's interpretation also varied:

*'It was as if [the student] knew what she was doing and just reporting back, saying 'I've done that'...'* (WH4).

Multi-tasking on the part of the midwives was also noted. This was described by one woman as being in direct contrast to a more stilted approach apparently used by the student midwife:

*'Whereas [the midwife] was busy chatting away doing things at the same time, with the student it was more along the lines of do one thing, do the next thing. She seemed quite compartmentalised... and even things being 'boxed'... that doesn't worry me – from the point of view that she's concentrating on what she's doing and she's going to do it right'* (WH7).

The women stated that they did not mind student midwives taking longer with clinical examinations if it improved care and learning.

#### *Perceptions of student confidence*

Several women remembered student midwives appearing to be tentative:

*'[The student] knew things but she didn't really have it all put together... It made me feel that she was quite new'* (WH1).

Other women picked up on hesitation by students and signs of fear or anxiety. Another woman noted a student's hesitation when giving a subcutaneous injection following a CS:

*'There was one point where I had so many different injections, I can't remember what the injection was for. But the student was going to give me the injection and she actually said to me 'I've not done this before' – and that took me back a bit and I thought 'Uh oh'...'* (WH9).

Later in her interview, the woman reflected on the confidence level of another student who was involved in her care:

*'A student midwife came up to me the following day with [no other midwife] around and said 'I've got to give you this injection' – but she was so confident, she just did it and never said she'd done it before or anything else, and I felt quite happy about that... I think actually to be fair she'd been a nurse and was training to be a midwife,*

*so that was probably why she was so confident with needles'* (WH9).

In terms of hesitation and familiarity with records such as antenatal booking forms, some women observed that student midwives struggled with fluency:

*'[The student] was very friendly. But it was obviously an awkward place for her to be in... She'll be fine when she's got all the technical things down to a pat'* (WH3).

Other women could recall where student midwives were standing in situations such as antenatal clinics, and could even describe students' facial expressions:

*'When she felt my tummy, [the student] looked a bit worried...'* (WH2).

#### *Support from the student midwife*

Social support was found to be appreciated by the women, particularly if they were having or had just had their first baby:

*'The [student] looking after me, she was brilliant, she really was, because I was a bit nervous... The student midwives were more sympathetic, more caring... they were more enthusiastic. They want to learn, obviously... but I think they've got a different attitude'* (WH12).

Women often talked to other women, sometimes comparing their experiences. This had previously been witnessed during non-participant observation visits in hospital ward situations, and later also emerged in the telephone interviews:

*'As we were all on my ward, we were saying the students were more caring. They hadn't got to do it day in and day out and [it had not] got monotonous'* (WH2).

One new mother had had a long labour, which had involved her being given pethidine for pain relief and syntocinon to aid contractions in labour. She described how the student's presence enhanced her experience. The following day, the student went to visit the woman on the ward, who stated that she felt really cared for. The woman vocalised her disappointment that a student was not present on the postnatal ward, as she had experienced difficulties with breastfeeding:

*'The students are the only ones that want to talk'* (WH14).

As found by Beake et al (2006), emotional support needs to be tailored carefully to each woman's needs. Generally, the women in this study felt that support would be offered if requested, but they reported being sensitive to any perceived brusqueness from the midwives. Conversely, the women used language filled with positive enthusiasm when midwives and students offered extra support or noticed if women were tired or unusually withdrawn in the early postnatal period, for example.

One woman in a rural community setting suggested that the student midwife had enhanced her care by adding to a feeling of being nurtured and supported:

*'I didn't feel that the student hindered my care at all. In fact, if anything the student enhanced it, because I felt as if I had two people looking after me... I felt very supported... very held'* (WH14).

### *Perceived added value of student involvement*

One woman stated that her antenatal visits were so quick that there was no time for any teaching. She went on to conclude her interview by saying that she felt it was vital for student midwives to do their training in real practice: *'Especially if you're nervous about asking questions. You can listen to what the midwife says to the student'* (WH9).

Other women also described how they picked up information vicariously.

Some women expressed a neutral response to having student midwives involved in their maternity care, but the majority gave enthusiastic responses:

*'I think it's the best way for them to learn really. I've got no problem with it at all'* (WH5).

*'I think it's very important... otherwise, how would they learn? In other professions, like an apprentice, they are there when they are working. So I think they should be there'* (WH18).

### **Discussion**

Obtaining women's views through telephone interviews provided an opportunity for women to describe the working relationship between the midwife mentor and student midwife, and the subsequent effect on their perceptions of the physical and emotional care with which they had been provided. As found by Repper and Breeze (2004) and Snow (2007), this area has been neglected despite calls for increased service user involvement in the UK (Department of Health, 2001, 2004a).

The women's accounts illustrate the significance of the student midwife's presence and suggest that students provided invaluable emotional support for some women. This reflects the findings of earlier studies that women need clarity about who is leading each care episode (Twinn, 1995) and that the development of midwives' personal skills needs to be embedded in the pre-registration curriculum (Fraser, 1999).

Women recruited to this study indicated that they were sensitive to any lack of confidence and tentativeness in student midwives, particularly with regard to performing clinical examinations and giving injections. Building the simulation of these skills into the curriculum could help alleviate the 'compartmentalised' care described by one woman (WH7).

The New Zealand model advocated by Wilby and Deken (2005) appears to help highlight individual student learning needs through the use of journals and logs, though following through only two or three women per year might reduce breadth of exposure to clinical cases. Collaborative logs and journals could provide a focus for mentors and practice teachers to link women's experience with students' records of practice learning. This is potentially a progressive model, provided that the student experience is not restricted and that it captures all environments where student midwives are present, such as neonatal units, high dependency units and community care for vulnerable, disadvantaged women. A

model such as this could help promote a more holistic learning experience for the students, in addition to an opportunity to record women's views of practice and education more comprehensively.

Anecdotally, there appear to be a variety of service user representatives timetabled into midwifery pre-registration training. These range from user groups such as the Stillbirth and Neonatal Death Society and Twins and Multiple Birth Association to talks from fathers, women from different ethnic groups, teenagers and women with disabilities (both mental and physical). Problems seem to arise partly from already having a full curriculum and the fact that women are generally users of the maternity services for a short period of time. This makes the issue of representation and user participation even more important (Le Var, 2002), bearing in mind the potential for enhanced learning, empathy, changing attitudes of students (Forrest et al, 2004) and profound influences on practice described by student nurses (Wood and Wilson-Barnett, 1999).

As suggested by Forrest et al (2004), there needs to be a sustained programme to involve service users actively and not on a 'one off' basis. Beake et al (2006) advocate a service reconfiguration that actively includes maternity service users in a more creative fashion.

The mutual benefits to both student midwives and women appear to have been underrated and yet service users can implicitly teach students, creating invaluable learning moments (Stockhausen, 2007). Importantly, a surprising finding of this study was that students were often pivotal to making the difference to women's experiences of maternity care.

### *Study limitations*

Although only a small number of women were interviewed by telephone in this study, the findings demonstrate that further research would be justified, in order to strengthen the midwifery curriculum and contribute positively to woman-centred care.

### **Conclusions**

The women interviewed appeared to value the presence of student midwives, for both physical and emotional support. Their accounts illustrate the significance of student midwives' involvement in episodes of care in a range of environments, including the operating theatre.

The dearth of research that includes women's views of student midwife participation demonstrates that further empirical work is needed in this area. This would help to inform the curriculum and assist in equipping student midwives to provide competent care and relevant advice during their preparation programmes. Further research is also needed to assess and evaluate the involvement of maternity service users across a range of activities such as curriculum shaping and development, contributing to the assessment of students and user reference groups.

The findings of this study indicate that the involvement of student midwives is positively appreciated by women,

Finnerty G, Magnusson C, Pope R. (2007) Women's views of student midwives' involvement in maternity care. *Evidence Based Midwifery* 5(4): 137-42

but they are also aware of and sensitive to students' low levels of confidence. They also suggest that:

- Midwife mentors need to assess appropriate levels of supervision for individual students accurately, both in hospital and community settings
- Women need to be prepared for student midwife involvement so that optimal learning for students occurs in tandem with high-quality care
- Educators have an important role in supporting cohesive

partnerships between midwives, students and women

- New models that promote meaningful involvement of women who have been maternity service users need to be tested and evaluated as part of the 'expert patient' agenda.

These initiatives would need to be supported by managers of the health service, so that students' practice learning is enhanced and women have a safe, positive birth experience, resulting in them feeling nurtured and 'held'.

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