The use of evidence resources in midwifery training and practice

Thank you for taking the time to complete this short questionnaire – your views are very important to us. In this questionnaire you will be asked to identify the range of evidence resources you currently use. We will also explore your experience of extracting evidence from current maternity care review summaries available on the Cochrane Library. The information you give us will be confidential and anonymous to protect the identity of participants.

Section 1: Student details

Gender Male ☐ Female ☐

Age _____ years

Are you a midwifery student? Yes ☐ No ☐ If **no**, specify course_____

Current year of study_____

If **yes**, please tick a box below to indicate the level of study you are currently undertaking

Pre-registration student 3 year course ☐ → Current year of study _____

Pre-registration student 18mth course ☐ → Current year of study _____

Post registration course ☐ → How many years have you been registered as a midwife? ____yrs

Postgraduate student ☐ → How many years have you been registered as a midwife? _____yrs

Section 2: Use of evidence

Please read the following definition and then respond to the statements below.

Definition of evidence based practice: the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. Best evidence is reliable, and includes estimates of the effects of practice that come especially from patient-based, scientific clinical trials.

For each statement below please tick the box that best represents your view

	Strongly disagree	Disagree	Agree	Strongly agree
I find it hard to relate research findings to the care of women and their families	☐	☐	☐	☐
I think the importance of evidence based practice is exaggerated	☐	☐	☐	☐
Evidence based practice is tedious and impractical	☐	☐	☐	☐

Which of the following resources do you use to inform your clinical decision making? *Please tick a box for each statement*

	Never	Sometimes	Often	All the time
Textbooks	☐	☐	☐	☐
Other books	☐	☐	☐	☐
Internet/Google	☐	☐	☐	☐
Cochrane Reviews	☐	☐	☐	☐
Systematic reviews (other than Cochrane Reviews)	☐	☐	☐	☐
Pubmed/Medline electronic database	☐	☐	☐	☐
CINAHL electronic database	☐	☐	☐	☐
Cochrane Library electronic database	☐	☐	☐	☐
Research articles	☐	☐	☐	☐
Women's preferences	☐	☐	☐	☐
NICE guidelines	☐	☐	☐	☐
Professional guidelines Eg RCM, RCOG	☐	☐	☐	☐
Local guidelines and policies Eg hospital, ?trust	☐	☐	☐	☐
Manufacturers information	☐	☐	☐	☐
Expert opinion (e.g. teachers, senior colleagues, clinical experts)	☐	☐	☐	☐
Meetings and conferences	☐	☐	☐	☐
Consulting with peers (e.g. colleagues who have similar level of experience/fellow students)	☐	☐	☐	☐
Other, *please specify* _____	☐	☐	☐	☐

_____

Please indicate by circling a number on the scale of 1 to 10 below, which you value more - women's views and experiences or research evidence

Women's views **Research evidence**

1 2 3 4 5 6 7 8 9 10

What do you think are the biggest barriers to using evidence in practice*?*

Please circle a number, on a scale of 1 to 5, to indicate how big a barrier you consider each statement to be for using evidence in practice

	Not a barrier at all				Big barrier
Lack of training in using evidence	1	2	3	4	5
Lack of awareness	1	2	3	4	5
Lack of time	1	2	3	4	5
Lack of access	1	2	3	4	5
Lack of relevant evidence	1	2	3	4	5
Lack of interest and motivation	1	2	3	4	5
Lack of finance	1	2	3	4	5
Conflicting evidence	1	2	3	4	5
Negative attitudes of experts (e.g. teachers, senior colleagues, clinical experts)	1	2	3	4	5
Negative attitudes of peers (e.g. colleagues who have similar level of experience/fellow students)	1	2	3	4	5
Other, *please specify* _____	1	2	3	4	5

Section 3: We would like to ask your opinion of two published Cochrane Reviews related to maternity care

Review 1: Hatem M, Sandall J, Devane D, Soltani H, Gates S. **Midwife-led versus other models of care for childbearing women.***Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD004667.

Have you seen or heard of this review before? Yes ☐ No ☐ Not sure ☐

In general, what is your belief on midwife-led care in comparison to other models of care prior to reading the information on the following pages? *(please tick **one** box that most reflects your belief)*

In general, I believe that midwife-led care is beneficial in comparison to other models of care ☐

In general, I believe that midwife-led care is harmful in comparison to other models of care ☐

In general, I believe that midwife-led care is neither beneficial nor harmful in comparison to other models of care ☐

I don't know ☐

Review 2: Churchill D, Beevers GDG, Meher S, Rhodes C. **Diuretics for preventing pre-eclampsia**. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD004451

Have you seen or heard of this review before? Yes ☐ No ☐ Not sure ☐

In general, what is your belief about using diuretics to prevent pre-eclampsia prior to reading the information on the following pages? *(please tick **one** box that most reflects your belief)*

In general, I believe that using diuretics to prevent pre-eclampsia is beneficial ☐

In general, I believe that using diuretics to prevent pre-eclampsia is harmful ☐

In general, I believe that using diruetics to prevent pre-eclampsia is neither beneficial nor harmful ☐

I don't know ☐

Please ensure Sections 1-3 are complete before turning over the page to complete Section 4

Section 4: Please read the summary of the Cochrane Reviews and respond to the questions that follow

Review 1: Hatem M, Sandall J, Devane D, Soltani H, Gates S. **Midwife-led versus other models of care for childbearing women.***Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub2.

Midwife-led care confers benefits for pregnant women and their babies and is recommended. In many parts of the world, midwives are the primary providers of care for childbearing women. Elsewhere it may be medical doctors or family physicians who have the main responsibility for care, or the responsibility may be shared. The underpinning philosophy of midwife-led care is normality, continuity of care and being cared for by a known and trusted midwife during labour. There is an emphasis on the natural ability of women to experience birth with minimum intervention. Some models of midwife-led care provide a service through a team of midwives sharing a caseload, often called 'team' midwifery. Another model is 'caseload midwifery', where the aim is to offer greater continuity of caregiver throughout the episode of care. Caseload midwifery aims to ensure that the woman receives all her care from one midwife or her/his practice partner. All models of midwife-led care are provided in a multi-disciplinary network of consultation and referral with other care providers. By contrast, medical-led models of care are where an obstetrician or family physician is primarily responsible for care. In shared-care models, responsibility is shared between different healthcare professionals. The review of midwife-led care covered midwives providing care antenatally, during labour and postnatally. This was compared with models of medical-led care and shared care, and identified 11 trials, involving 12,276 women. Midwife-led care was associated with several benefits for mothers and babies, and had no identified adverse effects.

The main benefits were a reduction in the use of regional analgesia, with fewer episiotomies or instrumental births. Midwife-led care also increased the woman's chance of being cared for in labour by a midwife she had got to know, and the chance of feeling in control during labour, having a spontaneous vaginal birth and initiating breastfeeding. However, there was no difference in caesarean birth rates. Women who were randomised to receive midwife-led care were less likely to lose their baby before 24 weeks' gestation, although there were no differences in the risk of losing the baby after 24 weeks, or overall. In addition, babies of women who were randomised to receive midwife-led care were more likely to have a shorter length of hospital stay.

The review concluded that most women should be offered midwife-led models of care, although caution should be exercised in applying this advice to women with substantial medical or obstetric complications.

Tick the response below which, in your opinion, best represents the findings of the review

Tick one box

A. In general, midwife-led care is clearly beneficial in comparison to other models of care ☐

B. In general, midwife-led care is clearly not beneficial in comparison to other models of care ☐

C. In general, midwife-led care appears to be beneficial in comparison to other models of care from limited evidence, but more studies are needed to confirm the findings ☐

D. In general, midwife-led care appears not to be beneficial in comparison to other models of care from limited evidence, but more studies are needed to confirm the findings ☐

E. There is insufficient evidence to comment on whether midwife-led care is, or is not, beneficial in comparison to other models of care ☐

F. I do not understand the results presented ☐

Does the information given in this summary make you want to read the full review?

Yes ☐ No ☐

Review 2: Churchill D, Beevers GDG, Meher S, Rhodes C. **Diuretics for preventing pre-eclampsia**. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD004451. DOI: 10.1002/14651858.CD004451.pub2.

Not enough evidence for the use of diuretics for preventing pre-eclampsia.
Pre-eclampsia is a serious complication of pregnancy occurring in about 10% of women. It is identified by increased blood pressure and protein in the urine. Initially, women may not experience any symptoms. Constriction of blood vessels in the placenta, a feature of the disease, interferes with food and oxygen passing to the baby, thus slowing the baby's growth and sometimes it causes the baby to be born prematurely. Some women are affected by generalised swelling and, rarely, may have fits. Diuretic drugs cause people to excrete more urine and relax the blood vessels thus reducing the blood pressure. Because of these effects, it has been suggested that these drugs might prevent women from getting pre-eclampsia. On this basis, these drugs began to be used in pregnancy; however, it was thought that they might interfere with the normal expansion in the blood volume during pregnancy and thus increase the risk of pre-eclampsia. This review of five randomised controlled trials, involving 1836 women, sought to examine the evidence for diuretics for preventing pre-eclampsia. All trials compared diuretics with either placebo or no treatment. However, only four trials (1391 women) reported on pre-eclampsia. There were no significant differences in the outcomes except that diuretics were associated with more nausea and vomiting.

Tick the response below which, in your opinion, best represents the findings of the review

Tick one box

A. In general, diuretics are clearly beneficial for the prevention of pre-eclampsia ☐

B. In general, diuretics are clearly not beneficial for the prevention of pre-eclampsia ☐

C. In general, diuretics appear to be beneficial for the prevention of pre-eclampsia from limited evidence, but more studies are needed to confirm the findings ☐

D. In general, diuretics appear not to be beneficial for preventing pre-eclampsia from limited evidence, but more studies are needed to confirm the findings ☐

E. There is insufficient evidence to comment on whether diuretics are, or are not, beneficial for preventing pre-eclampsia ☐

F. I do not understand the results presented ☐

Does the information given in this summary make you want to read the full review?

Yes ☐ No ☐

Thank you for taking the time to complete this questionnaire