

Reactive, Pragmatic, & Reflective Decision-Making in Maternity Care during the SARS-CoV-2 Pandemic.

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Introduction:

The SARS-CoV-2, novel coronavirus or 'COVID-19' pandemic has posed an unprecedented threat to public health. Pregnant and postpartum women were identified as having particular vulnerability to severe symptomatology of SARS-CoV-2 infection. To reduce the rate of infection, maternity services significantly reconfigured their care provision, to ensure those most vulnerable had least exposure.

Objective:

We examined the perceptions and experiences of decision making about service reconfiguration by maternity care staff who provided maternity care services during the pandemic in one NHS Trust in South London.

Design & Setting:

A qualitative interview study in the maternity services of a South London NHS Trust.

Sample:

A critical case purposeful sample of maternity HCPs (N=29).

Data Collection:

Semi-structured interviews between August & November 2021; conducted via Zoom.

Analysis:

Grounded Theory appropriate to cross-disciplinary health research.

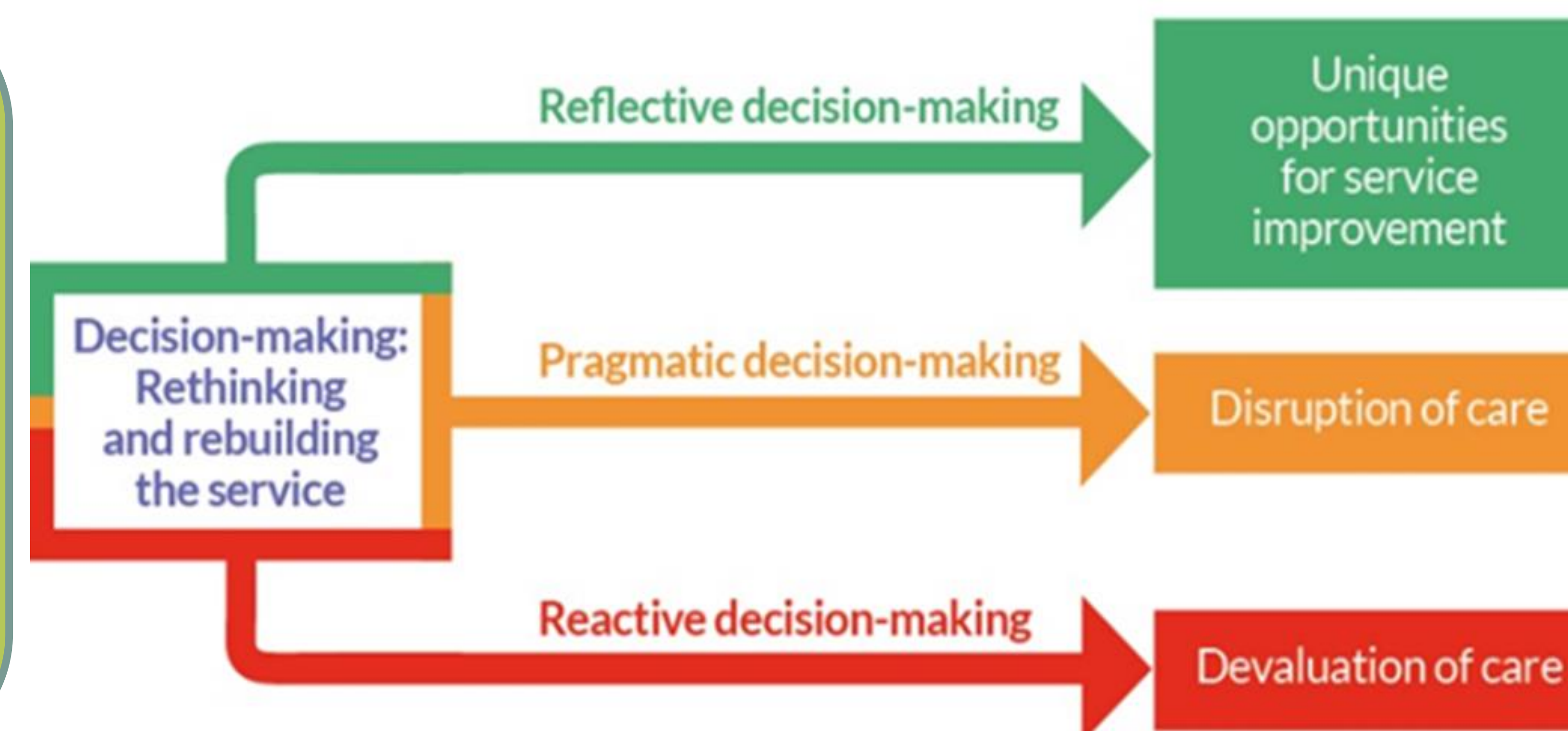
PPIE:

We received feedback from lay and expert stakeholders, on six occasions.

Results:

Analysis rendered three emergent themes regarding decision-making during reconfigured maternity service provision, organised into pathways:

- 1) 'Reflective decision-making'
- 2) 'Pragmatic decision-making'
- 3) 'Reactive decision-making'.



Interpretation of Theory:

Pragmatic decision-making was found to disrupt care, reactive-decision-making was perceived to devalue it. Reflective decision-making, however, was seen to benefit services, with regards to quality, sustainability, and innovation.

Conclusions:

The Chinese term for 'crisis' is said to be composed of the characters for 'danger' and 'opportunity'. The pandemic has posed irrefutable danger; however, HCPs identified clear opportunities for positive change, ranging from staff empowerment, flexible ways of working individually and in teams, personalised care delivery, and change-making in general.

Implications for Policy & Practice:

- Issuance of guidance for service reconfiguration should account for the implementation time before re-issuance of updated guidance.
- Maternity HCPs should not be subject to redeployment in health crises.
- Health impact assessments can be used to minimise the negative impacts on those most vulnerable and those who find services difficult to access.

Reflective decision-making →
Unique opportunities for service improvement

"It was pretty cool to see on the whole the way the hospital adapted and responded. You could see that a lot of planning, a lot of thought had gone into it, and it was quite cool to see. I mean, obviously there's always going to be areas it could do better, but I mean how often do you have a global pandemic? Hopefully not very often."

HCP-005: Midwifery Frontline Clinician

Pragmatic decision-making →
Disruption of care

"...not everyone is virtually savvy or there is some digital inequality or digital divide that often hasn't been thought through..... for some mothers actually the virtual clinic may seem quite intrusive because where they live may not... They may not necessarily open it up to the clinical staff and suddenly they are exposed to that and I think it could make some of them uncomfortable."

HCP-020: Obstetric Senior Clinician

Reactive decision-making →
Devaluation of care

"There was lots of group forming and storming, which developed from the logistical nightmare of all of us trying to use different platforms and accessing shared files. Shared files this and shared files that... It became quite stressful. Personally, I felt a huge amount of guilt because I could see what was happening to my colleagues at work, but I didn't have any more hours to work."

HCP-015: Midwifery Clinical Manager

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