

PROJECT DETAILS
Project Title
The Phoenix Project: is it possible to influence choice regarding place of birth?
Project Summary
<p>There is strong evidence that women at low obstetric risk receive less intervention if cared for in a midwife-led unit (MLU) (1). Government policy promotes choice regarding place of birth (2), however not all NHS Trusts have MLUs and therefore this option may require women to cross traditional geographical boundaries and access services with which they are unfamiliar. Research suggests that expectations regarding care are shaped by the existing services and that women are less likely to value attributes of services that are not currently on offer in a familiar context and location (3). This preference for the status quo is a challenge if new options for place of birth are to be promoted.</p> <p>The Grange in Petersfield is a standalone MLU offering a personalised service from a small group of midwives. At present the unit is underutilised, but has the potential to be accessed by women from a wider catchment area. To address this, a collaborative arrangement (the Phoenix project) has been agreed between five NHS Trusts with the intention of increasing choice for women where an MLU may not be available within their own NHS Trust.</p> <p>The research project will draw on aspects of decision making and choice theories to explore the propensity of status quo bias in maternity care. The endowment effect, proposed by Thaler (4), has been explored in maternal health from a retrospective angle (5,6), but there are few studies that have looked at the impact of existing services on future decision making for place of birth (3). In addition there has been little research in this context that takes full account of the cultural turn in consumer choice theory, where choice is considered primarily as a meaning-making activity (7). Re-visiting the potential for status quo bias in maternity care is timely given the renewed interest in choice regarding place of the birth.</p> <p>This mixed-methods project explores the extent and ways in which decisions regarding place of birth are affected by existing services and attitudes about what is important in this context, and how knowledge of the various alternative options can be utilised to increase acceptance of new forms of care. Qualitative methods (interviews, including phenomenological discussions, and themed focus groups) will identify attitudes towards different models of care from the perspective of both women and health care providers in the area. Attributes of care identified as important in the decision regarding place of birth will be used within a discrete choice experiment questionnaire to elicit strength of preference. Comparison of responses from a sample of women from different NHS Trusts will enable us to identify whether preference is influenced by the services currently on offer.</p> <p>This timely project stems from an identified clinical need & addresses a priority area for PHT (8). Outcomes:</p> <ul style="list-style-type: none"> • Increasing out of hospital births - reduces unnecessary intervention, improving outcomes for women and cost savings for the NHS; • Informing academic debate on the process by which new forms of care are adopted or accepted by society; • High profile, peer-reviewed publications <p><i>References:</i> (1) Hollowell J. (on behalf of the Birthplace in England Collaborative Group) Birthplace in England research programme. Final report part 1. NIHR Service Delivery and Organisation Programme. 2011. (2) Department of Health. The Mandate. A mandate from the Government to NHS England: April 2014 to March 2015. London: HMSO, 2013. (3) Hundley V, Ryan M and Graham W. Assessing women's preferences for intrapartum care. <i>Birth</i> 2001, 28 (4): 254-263. (4) Thaler, R. Toward a Positive Theory of Consumer Choice," <i>Journal of Economic Behaviour and Organisation</i>, 1980, 1, 39-60. (5) Porter M and McIntyre S. What is must be best. <i>Soc Sci Med</i>. 1984;19(11):1197-200. (6) Teijlingen van E, Hundley V, Rennie AM, et al. Maternity satisfaction studies and their limitations: 'What is, must still be best' <i>Birth</i> 2003; 30 (2): 75-82. (7) Arnould, Eric J., and Craig J. Thompson. "Consumer culture theory (CCT): Twenty years of research." <i>Journal of consumer research</i> 2005; 31.4; 868-882 (8) Walton G. Nurturing Maternity Service Development. Portsmouth Hospitals NHS Trust 2011.</p>

Academic Impact

The project is part of a programme of work between Portsmouth Hospitals NHS Trust (PHT) and Bournemouth University (BU) that builds research expertise in the clinical area. This is the sixth doctoral midwifery studentship supported by PHT and so the student will benefit from the critical mass of research proficient midwives who are all utilising their research skills to support PHT's 'Nurturing Maternity Service Development'.

The student will also benefit from existing collaborations. Prof Hundley is part of an international group looking at early labour and an established network of researchers looking at decision making in maternity care. In addition, the student will draw on the expertise of the Emerging Consumer Cultures Group led by Dr Scullion.

The study will inform the 'Normalising birth and reducing caesarean section' workstream of PHT's Maternity Service Development. We will hold a workshop to discuss the implications with key stakeholders (academics, consumer groups, midwives, and obstetricians). The findings will also underpin recommendations for health care professionals regarding intrapartum care (e.g. NICE guideline 55).

Given the inter-disciplinary nature of this project, we anticipate a minimum of three academic papers for submission in leading journals such as BMC Pregnancy and Childbirth (IF 2.19), Social Science and Medicine (IF 2.89) and Communication Research (IF 2.49).

Societal Impact

The proposed project was developed in response to an identified clinical need in the NHS and is a priority area for the five NHS Trusts within the Phoenix project (Portsmouth Hospitals NHS Trust, Hampshire Hospitals Trust, Frimley Park, Royal Surrey County Hospital and St Richards Hospital, Chichester). The aim, to increase choice for women where the option of birthing in a midwife-led unit is unavailable locally, reflects a national priority and Government policy to promote choice regarding place of birth. Similar debates about place of birth can be seen in other high income countries, in particular the USA. As such the findings will have relevance for local, national and international audiences.

The involvement of a large number of key stakeholders in this research will facilitate greater impact from the research. Societal impact will be seen in terms of:

- Increased choice for women and their partners regarding place of birth;
- Increased out of hospital births, which will reduce unnecessary intervention;
- Improved outcomes for women – reduction in morbidity associated with assisted birth;
- Reduced intervention will result in costing savings for the NHS;
- Better understanding of current choice practices in this context to inform future maternity policy initiatives.

Training Opportunities

The training programme, overseen by all three supervisors, will have the following objectives:

1. Formal training in qualitative interviewing and focus groups:
 - through BU's Centre for Qualitative Research (CQR). CQR is internationally recognised in the field of qualitative health and social care;
 - from both Dr Way and Dr Scullion who have expertise in qualitative methods;
 - Dr Scullion will provide guidance on conducting lifeworld interviews generating rich details of lived experiences.
2. Formal training in quantitative methods:
 - Prof Hundley will provide guidance in survey methods and the development of the discrete choice experiment;
 - Specialist support will be sought from the Health Economist to be appointed within the Faculty of Management and through existing contacts in the Health Economics Research Unit in the University of Aberdeen;
 - Statistical support will be provided through Bournemouth University Clinical Research Unit (BUCRU).

3. Transferrable skills:

- Networking, communication and change management – developed through the process of establishing an advisory group and working to draw up a strategy in response to study findings. Guidance and support from PhD supervisors will ensure that the student is able to develop in these areas.

Communication and presentation. The student will develop these skills through seminars and conference presentations, and in preparing and submitting peer-reviewed publications.

SUPERVISORY TEAM	
First Supervisor	Professor Vanora Hundley
Additional Supervisors	Dr Sue Way Dr Richard Scullion
Recent publications by supervisors relevant to this project	<p>Manuscripts</p> <p>Milne L, van Teijlingen E, Hundley V, Simkhada P and Ireland J (2015) Staff perspectives of barriers to women accessing birthing services in Nepal: A qualitative study. 15:142. http://www.biomedcentral.com/1471-2393/15/142</p> <p>Marsh W, Colbourne D, Way S, Hundley V (2015) Would a student midwife run postnatal clinic make a valuable addition to midwifery education in the UK? – a systematic review. Nurse Education Today 35: 480–486</p> <p>Jenkins, Rebecca, Mike Molesworth, and Richard Scullion. (2014) "The messy social lives of objects: Inter-personal borrowing and the ambiguity of possession and ownership." Journal of Consumer Behaviour 13.2: 131-139.</p> <p>Scullion, R. Jackson, D. And Molesworth, M. (2013) Performance, Politics and Media: How the 2010 British General Election leadership debates generated ‘talk’ amongst the electorate. Journal of Political Marketing, Special Edition.</p> <p>Hundley V, Avan B, Ahmed H, and Graham WJ for the Birth Kit Working Group (2012) Clean Birth Kits to improve birth practices: development and testing of a country level decision support tool. BMC Pregnancy and Childbirth 12:158 http://www.biomedcentral.com/1471-2393/12/158</p> <p>Scotland G, McNamee P, Cheyne HC, Hundley V, & Barnett C. (2011) Women’s Preferences for aspects of labour and delivery care: results from a discrete choice experiment. Birth 38 (1): 36-46.</p> <p>Dowding D, Cheyne H & Hundley V. (2011) Complex interventions in midwifery care: Reflections on the design and evaluation of an algorithm for the diagnosis of labour. Midwifery 27(5): 654-659</p> <p>Scullion, R. (2010) The emergence of the ‘Accidental Citizen’. Implications for political Marketing. Journal of Political Marketing, Volume 9 Issue 4. p 276 – 293</p> <p>Dermody, J. Lloyd-Hamner, S. and Scullion, R. (2009) Shopping for Civic Values: Exploring the Emergence of Civic Consumer Culture in Contemporary Western Society. In McGill, A. and Shavitt, S. (eds) Advances in Consumer Research, Vol. 36 p319-324</p> <p>Molesworth, M. Nixon, L. And Scullion (2009) Having, Being and Higher Education: the marketisation of the university and the Transformation of the student into consumer. Teaching in Higher Education, Vol 14 No 3</p> <p>Cheyne H, Hundley V, Dowding D et al. (2008) The effects of an algorithm for diagnosis of active labour: a cluster randomised trial. BMJ 337:1396-1400.</p> <p>Cheyne H, Terry R, Niven C, Dowding D, Hundley V, and McNamee P. (2007) A qualitative investigation of how women’s experiences in early labour influence their decision of when to go to hospital. Br J Midwifery 15 (10): 604-626.</p> <p>Book editor</p> <p>Molesworth, M. Nixon, L. and Scullion, R. (2010) Marketisation of higher Education. Student as Consumer. Routledge.</p> <p>Jackson, D Hodges, C. Molesworth, M. and Scullion, R. eds. Reframing Disability?:</p>

	<p>Media,(dis) empowerment, and Voice in the 2012 Paralympics. Vol. 41. Routledge, 2014.</p> <p>Book chapter</p> <p>Scullion, R. (2013) Making it easy to resist: How being a consumerist choice-maker marginalises our capacity as political agents. Media/Democracy, Cambridge Scholars Publishing</p> <p>Scullion, R. (2008) The impact of the Market on the character of Citizenship, and the consequences of this for political engagement. Chapter in Lilleker & Scullion (eds) (2008) Voters as Consumers. Cambridge Scholars Publishing.</p>
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INFORMAL ENQUIRIES
To discuss this opportunity further, please contact Prof Vanora Hundley, email vhundley@bournemouth.ac.uk
ELIGIBILITY CRITERIA
<p>All candidates must satisfy the University's minimum doctoral entry criteria for studentships of an honours degree at Upper Second Class (2:1) and/or an appropriate Masters degree. An IELTS (Academic) score of 6.5 minimum (or equivalent) is essential for candidates for whom English is not their first language.</p> <p>Additional Eligibility</p> <p>Applicant must be a midwife registered with the UK Nursing and Midwifery Council</p>
HOW TO APPLY
<p>Please complete the BU Research Degree Application 2015 and submit it via email to the Postgraduate Research Administrator for Admissions Suzy Kempinski - pgradmissions@bournemouth.ac.uk by 30 November 2015. Further information on the application process can be found at www.bournemouth.ac.uk/phd-2015</p>