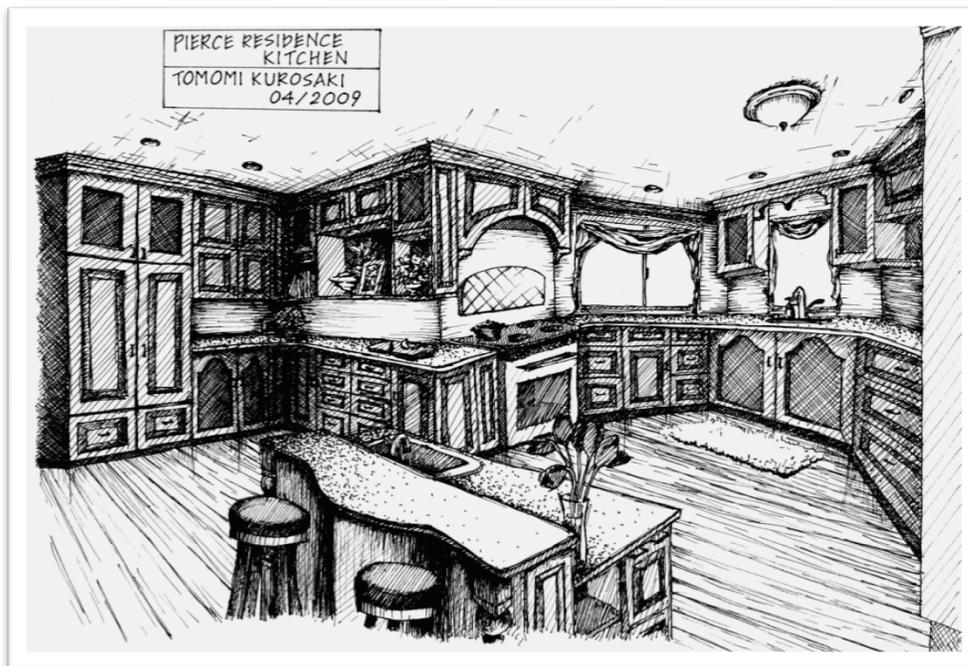
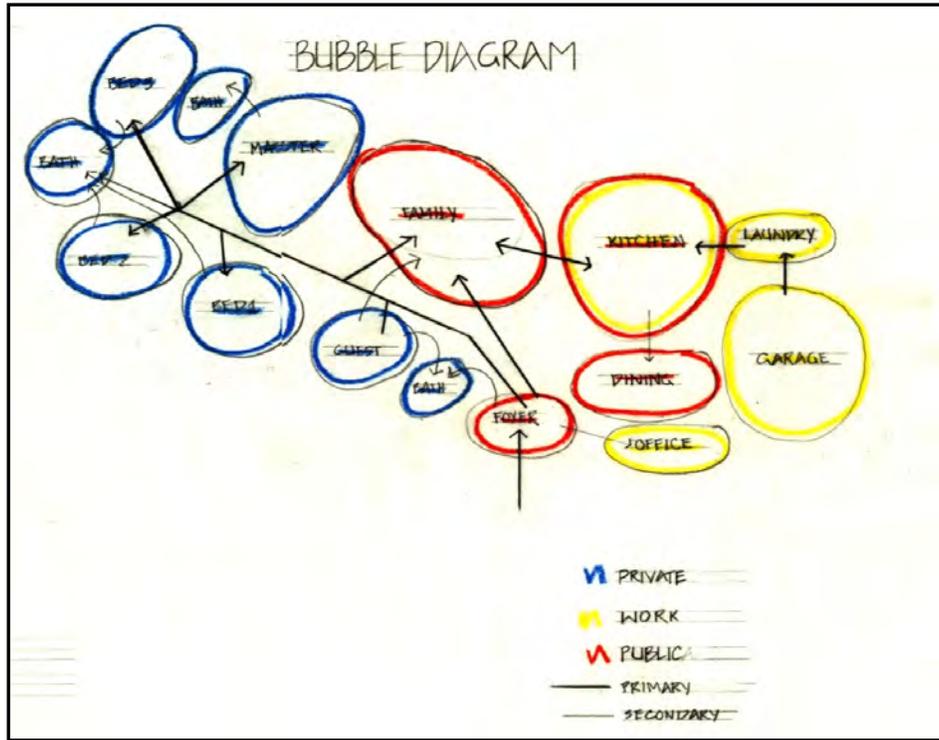
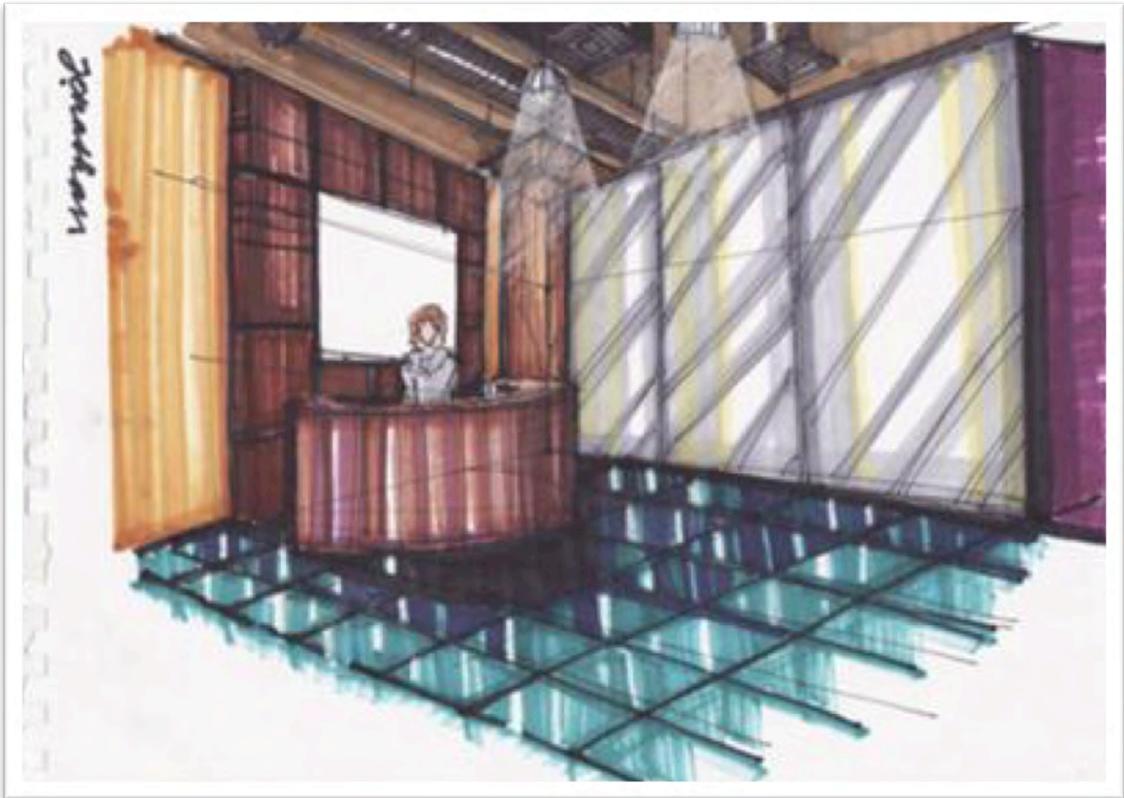




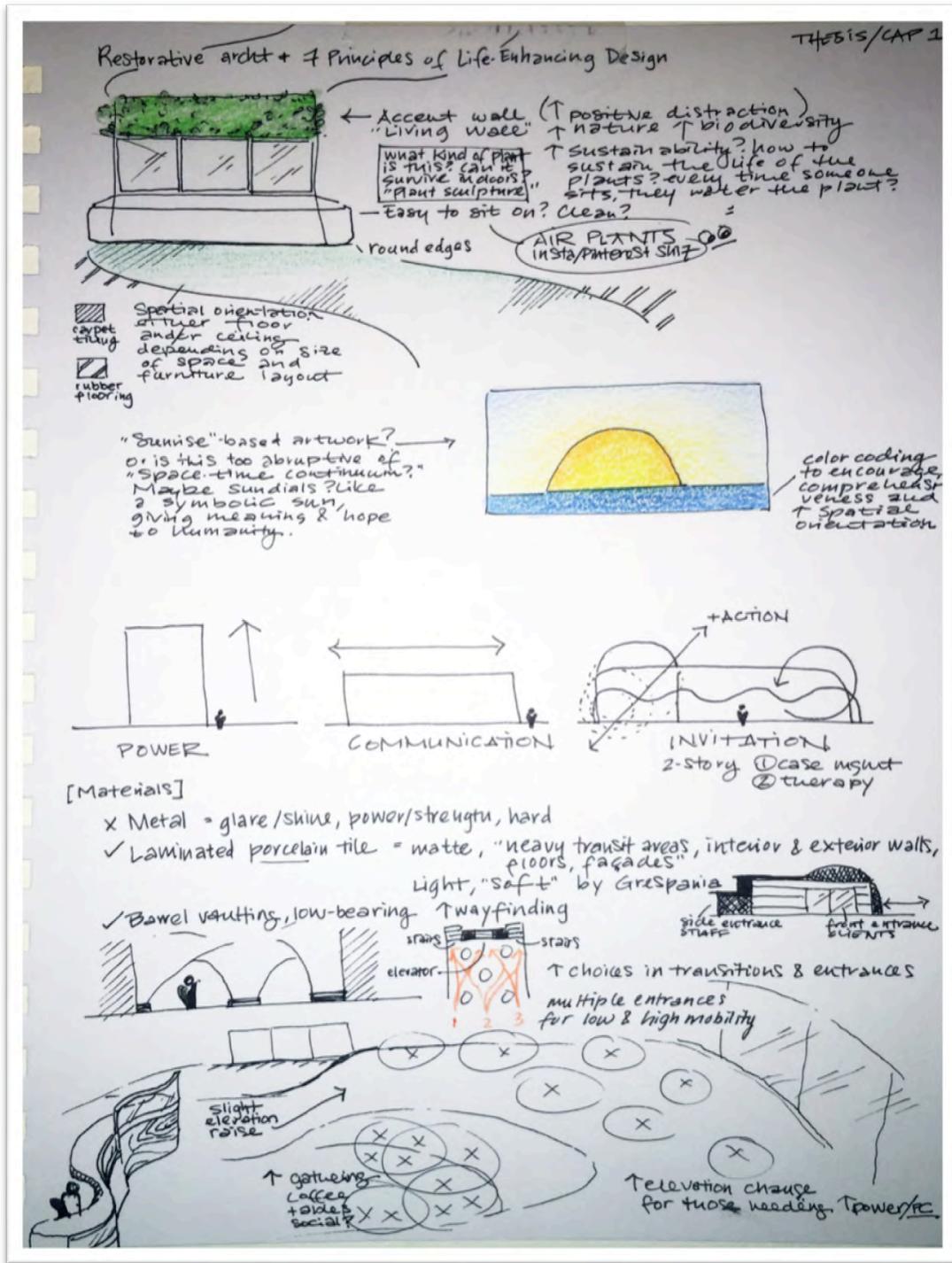
J. Davis Harte  
Portfolio – Student Work

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Student conceptualization of thesis

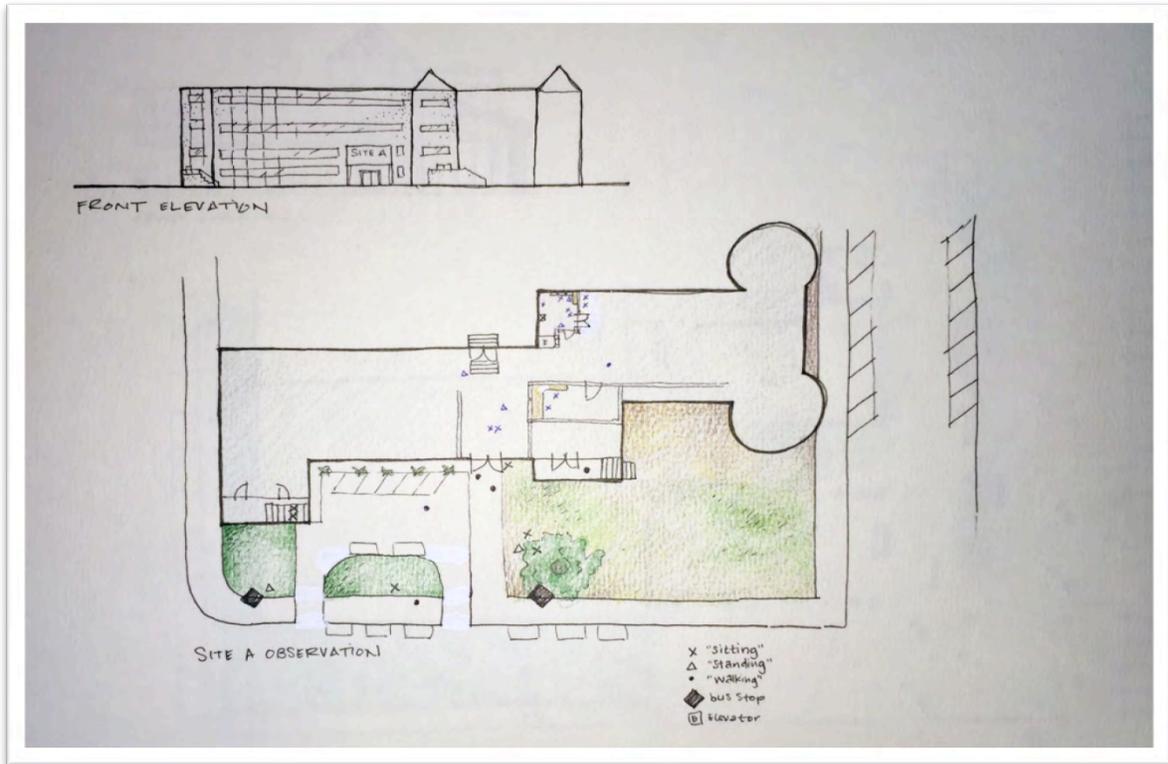


Figure A1. Site A – Front elevation and floor plan with behavioral mapping.



Figure D4. Preliminary sketch of interior lobby.



*Figure D5. Model of information kiosk in the interior lobby.*



*Figure E7. Second floor lobby, view from receptionist.*

# HOGAR CAMPESTRE ANAPOIMA

Design program: a new facility based on evidence-based design and on site qualitative descriptive method data analysis

Karina Rodriguez Winkler  
Master of design studies Degree for Human Health  
Boston Architectural College  
2016

## Introduction

This work analyzes the current environmental conditions of the Hogar Campestre Anapoima, a geriatric home located in Colombia, in order to present the design recommendations for the new facility planned for construction in the adjacent lot. The research analysis focuses on evaluating how the physiological, psychological and sociological aspects of the elderly users relate to the built environment, in order to present design insights that can be implemented in both, in the current location and applied in the new facility. The qualitative descriptive method allows for a multi-method, multi-site, approach with a focus on observation, in-depth interviews of staff, and analysis of the institutional data acquired. Williams' model of social performance levels in elderly people (1986) was adapted into a new model that permits coding and correlates with the health conditions of the elderly users, with environmental gerontology evidence based design recommendations.

## Demographics

Total population: 2,612,240 (DAE, 2005)

45.4%  
54.6%

89.8% of the older population lived in private homes

1.2% lived in Special Places for Accommodation

80% did not receive pension

Region: 14.1%  
Provincial cities: 14.41%  
Secondary cities: 17.2%  
Towns and rural areas: 54%

## Hogar Campestre Anapoima

Located one and a half hours from Bogotá in the town Anapoima. 2329 feet over the sea level. Temperature varies between 75°F and 85°F.

The center has a capacity for 27 elders, with 18 in residence at the time of the program. Every room is independent (Image 1). Includes its own bathroom (Image 2), clean fan, TV connection, and emergency calling device next to the bed and in the bathroom (Image 3). On-site there is a nursing station (Image 4), swimming pool and jacuzzi (Picture 5), gym, dining area, TV room/dining room, office, chapel (Picture 6), kitchen, and laundry room. The facilities are equipped with ramps that allow access to all areas of the center (Picture 7), with gardens, a water fountain and sitting areas throughout the property.



## Objectives

### General objectives

Analyze the current environmental conditions and the way these relate with the physiological, psychological and sociological needs of all the users, and present design solutions that can be applied into the current facility and to the design of the new adjacent area.

### Specific objectives

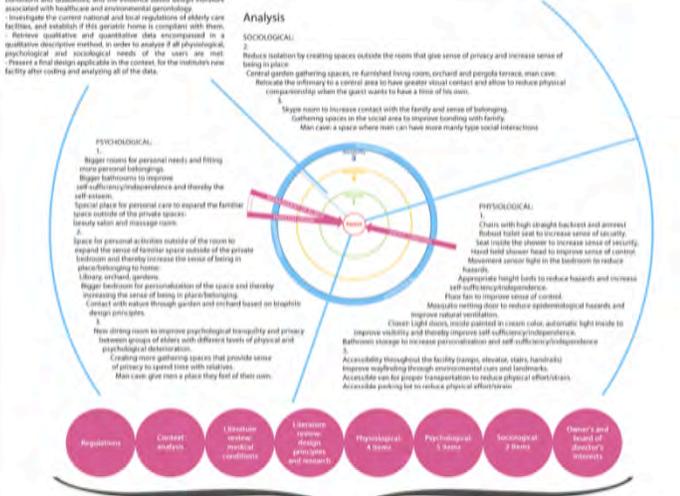
- Identify existing research literature regarding older health conditions and disabilities, and the evidence based design literature associated with healthcare and environmental gerontology.
- Investigate the current national and local regulations of elderly care facilities, and establish if this geriatric home is compliant with them.
- Generate qualitative and quantitative data incorporated into a qualitative descriptive method, in order to analyze if all physiological, psychological and sociological needs of the users are met.
- Present a final design applicable in the context, for the residents' new facility after coding and analyzing all of the data.

## Method

This project is a single case study that used a qualitative descriptive method. It is a mixed method study, designed through a post-positivist research model, with both qualitative and quantitative data collected. This contributes to a multidisciplinary understanding of the current built environment conditions and the way these relate with the different needs of the users. The data collection techniques were in-depth interviews, observation, and data extracted through the center.

## Findings

In-depth interviews reflected eleven items assigned to three categories: physiological, psychological, sociological. Observation analysis of the structural aspects, facilities, and accessories coded through the eleven items retrieved through the interviews, and the literature review. Data received from the geriatric center access to the diagnosis of all the current geriatric assistance need statistics about the activities of daily living addressed by Williams (1986) on the model of social performance levels for elderly people.



## Conclusion

The in-depth interviews technique contributed to developing a framework around the current problematic and conditions of the Hogar Campestre Anapoima, analyzing structural and psychological factors into the report. The observations helped to identify the current environmental conditions, necessities and the climatological context of the place, while at the same time transporting the information gathered from the interviews. Finally, the data retrieved from the center helped clarify the physiological variables that make part of every day life in the center, and how these help forge the dynamic of assistance and companionship between the elders and the nursing staff.

This environmental interventions contribute from different fronts to improve the physiological, psychological and sociological relations with the surroundings by implementing the levels of personal self-sufficiency, independence and reducing the need of assistance in activities of daily living, improving the sense of being in place of the current and upcoming guests through the creation of social private spaces that support the variety of activities that can be made and the personalization of the spaces, and promote a better sense of community and socialization within the Hogar Campestre Anapoima.

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Williams, J. (1986). Social performance levels for elderly people. *Journal of Aging and Health*, 18(1), 1-15.

Williams, J. (1986). Social performance levels for elderly people. *Journal of Aging and Health*, 18(1), 1-15.



*Illustration 16: First floor view of the dining room and central garden. The dining room is designed to have direct view to nature, which is according to biophilic design principles a positive feature for psychological health and wellbeing. It is also a feature that is associated with faster recovery in health care environments.*



*Illustration 2: Upper view of the new facility. Illustrates the rooms of the first and second floor; the central garden with its gathering spaces; the access ramp to the second floor; and the orchard and person's antherina area*

## Renderings Capstone Thesis Project

TABLE 3 — LIST OF ARTICLES INCLUDED FOR FIELD-RELEVANCE

Authors	Year	Title of Work
Cardinal Health	n.d.	<i>Helping Clinicians Get Out of the Supply Room and Back to Their Patients: How Medical West Hospital transformed its supply chain</i>
Catrambone, C., Johnson, M. E., Mion, L. C., & Minnick, A. F.	2009	The Design of Adult Acute Care Units in U.S. Hospitals
Chaudhry, H. & Mahmood, A.	2007	The effect of environmental design on reducing nursing and medication errors in acute care settings
Gorgich, E. A. C., Barfroshan, S., Ghoreishi, G., & Yaghoobi, M.	2016	Investigating the Causes of Medication Errors and Strategies to Prevention of Them from Nurses and Nursing Student Viewpoint
Hall, W. P.	2016	<i>A comparison of the strengths and weaknesses of the various approaches to replenishing storage areas</i>
Hendrich, A., Chow, M. P., Bafna, S., Choudhary, R., Heo, Y., & Skierczynski, B. A.	2009	Unit-related factors that affect nursing time with patients: spatial analysis of the time and motion study
Hendrich, A., Chow, M. P., Skierczynski, B. A., & Lu, Z.	2008	A 36-Hospital Time and Motion Study: How Do Medical-Surgical Nurses Spend Their Time?
Parker, F. M., Eisen, S., & Bell, J.	2012	Comparing centralized vs. decentralized nursing unit design as a determinant of stress and job satisfaction
Tucker, A. L., Heisler, W. S., & Janisse, L. D.	2014	Designed for Workarounds: A Qualitative Study of the Causes of Operational Failures in Hospitals
Ulrich, R., Quan, X., Zimring, C., Joseph, A., & Choudhary, R.	2004	The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity
Westbrook, J. I., Duffield, C., Li, L., & Creswick, N. J.	2011	How much time do nurses have for patients? a longitudinal study quantifying hospital nurses' patterns of task time distribution and interactions with health professionals
Westbrook, J. I., Woods, A., Rob, M. I., Dunsmuir, W. T. M., & Day, R. O.	2010	Association of interruptions with an increased risk and severity of medication administration errors

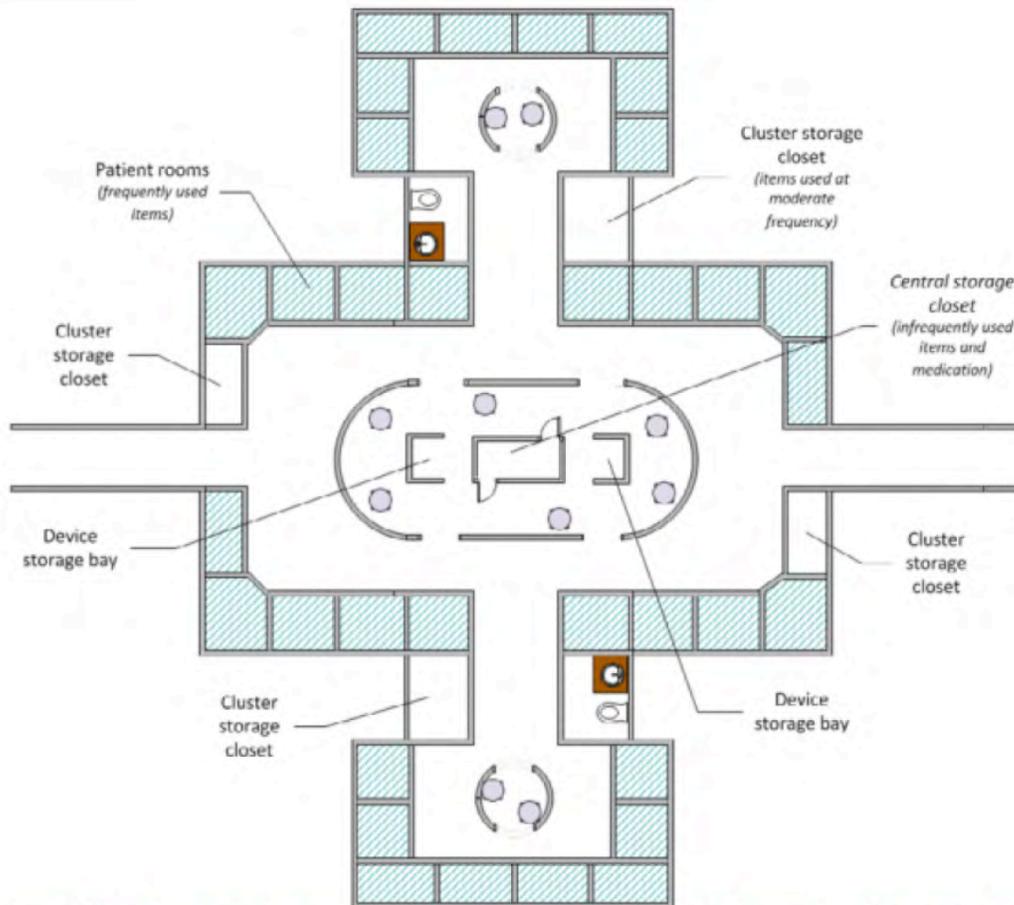


Figure 9 — Multiple, centralized nursing station clusters, with decentralized in the unit, reduce distances for nursing staff to reach storage locations while upholding communication. Storage is allocated by frequency of use, as a longer trip at an infrequent intervals and frequent smaller trips are less burdensome on staff than frequent long trips.

## J. Davis Harte Examples of Scholarship

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### Methodological insights from a study using video-ethnography to conduct interdisciplinary research in the study of birth unit design

J DAVIS HARTE, NICKY LEAP, JENNIFER FENWICK\*, CAROLINE S E HOMER AND MARALYN FOUREUR  
University of Technology Sydney, Ultimo, NSW, Australia; \*Griffith University, Meadowbrook, QLD, Australia

**ABSTRACT:** *Little is known about how the physical design of a birthing unit can influence the experiences of labour and birth for women, their supporters and midwives. We proposed that an interdisciplinary approach (disciplines of midwifery, architecture, design, communication and public health) was likely to be the most effective way to better understand the complexities and interactions of design, behaviour, communication and experiences. In this methodological paper we aim to provide a roadmap that other researchers may find helpful when considering the use of video as a data collection technique, especially in the study of the powerful and intimate setting of childbirth. The paper also outlines our process for engaging both researchers and participants in reviewing video footage with the aim to contribute multiple perspectives to the analysis process.*

**KEYWORDS:** birth unit design, interdisciplinary research, video-ethnography, video-reflexive interviewing, women's experiences of labour and birth, midwifery, intimate settings

Building design and interior space have a range of effects on human behaviour and experience. Our environment can influence how we behave, our health and wellbeing, our perception of pain and how we move our bodies (Ulrich et al., 2008). The design of the place in which women give birth (the birth space) may also influence the behaviour of women, their supporter/s and care providers (Foureur, 2008; Foureur et al., 2010). Freedom of movement and the ability to manage and work with pain and keep stress levels low are all critical aspects of facilitating normal labour and birth (Walsh, 2007). Little is known, however, about how the physical design of a birthing unit can influence a woman's experience of labour and birth (Hodnett, Downe, Walsh, & Weston, 2012).

In this paper, we describe the methodological process and some of the specific design aspects of a research project that used video-ethnography to explore and understand the complexities and interactions of design, behaviour, communication and experiences. In doing so, we aim to provide a roadmap that other researchers may use when considering the use of video as a data collection technique, especially in the study of the powerful and intimate setting of childbirth. The paper also outlines our process for engaging both researchers and participants

in reviewing video footage and contributing multiple perspectives to the analysis process. In sharing our research approach we explore the challenges of working with a team of researchers from different knowledge traditions, with different questions to ask of the one dataset. The importance of a shared conceptual framework across multiple relationships will be highlighted. In the pursuit of brevity the scope of the article is limited to methodological understandings.

#### BACKGROUND

Considering the increase in research to investigate the relationships between the design of healthcare facilities and experiences of users during the last 40 years (Ulrich, Zimring, Joseph, Quan, & Choudhary, 2004; Ulrich et al., 2008), there is strikingly little research available to inform the design of birth units. Recently an evaluation tool was developed to help assess the optimality of birth unit spaces, which has been shown to be content reliable (Sheehy, Foureur, Catling-Paull, & Homer, 2011). Other studies have revealed women's preference for hominess – a comfortably informal, inviting, cosy and home-like space (Dictionary.com, Unabridged, n.d.) – within hospital birth rooms. Hominess can be designed into the space by providing elements that increase the perception of control, as well as to increase the sense of privacy for the



# Using video in childbirth research: Ethical approval challenges

Nursing Ethics

1–13

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**J Davis Harte, Caroline SE Homer, Athena Sheehan, Nicky Leap and Maralyn Foureur**

University of Technology, Sydney, Australia

## Abstract

**Background:** Conducting video-research in birth settings raises challenges for ethics review boards to view birthing women and research-midwives as capable, autonomous decision-makers.

**Aim:** This study aimed to gain an understanding of how the ethical approval process was experienced and to chronicle the perceived risks and benefits.

**Research design:** The Birth Unit Design project was a 2012 Australian ethnographic study that used video recording to investigate the physical design features in the hospital birthing space that might influence both verbal and non-verbal communication and the experiences of childbearing women, midwives and supporters.

**Participants and research context:** Six women, 11 midwives and 11 childbirth supporters were filmed during the women's labours in hospital birth units and interviewed 6 weeks later.

**Ethical considerations:** The study was approved by an Australian Health Research Ethics Committee after a protracted process of negotiation.

**Findings:** The ethics committee was influenced by a traditional view of research as based on scientific experiments resulting in a poor understanding of video-ethnographic research, a paradigmatic view of the politics and practicalities of modern childbirth processes, a desire to protect institutions from litigation, and what we perceived as a paternalistic approach towards protecting participants, one that was at odds with our aim to facilitate situations in which women could make flexible, autonomous decisions about how they might engage with the research process.

**Discussion:** The perceived need for protection was overly burdensome and against the wishes of the participants themselves; ultimately, this limited the capacity of the study to improve care for women and babies.

**Conclusion:** Recommendations are offered for those involved in ethical approval processes for qualitative research in childbirth settings. The complexity of issues within childbirth settings, as in most modern healthcare settings, should be analysed using a variety of research approaches, beyond efficacy-style randomised controlled trials, to expand and improve practice-based results.

## Keywords

Australian ethical process, birth unit design, childbirth, ethical approval challenges, midwifery, video-ethnography, women's experiences of labour and birth

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# Childbirth Supporters' Experiences in a Built Hospital Birth Environment: Exploring Inhibiting and Facilitating Factors in Negotiating the Supporter Role

Health Environments Research  
& Design Journal  
2016, Vol. 9(3) 135-161  
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DOI: 10.1177/1937586715622006  
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Susan C. Stewart, BSc, BArch, PhD<sup>3</sup>, and  
Maralyn Foureur, RM, BA, Grad Dip Clin Epi, PhD<sup>1</sup>

## Abstract

**Objective:** To explore inhibiting and facilitating design factors influencing childbirth supporters' experiences. **Background:** Birthing women benefit from the continuous, cooperative presence of supporters. However, little research has investigated how birth room design facilitates or inhibits supporters' role navigation. **Methods:** We conducted an exploratory video ethnographic single case study of childbirth supporters' experiences, within an Australian hospital birth environment. Video, field notes, and video-cued reflexive interviews with the woman, her midwives, and supporters were thematically analyzed using ethnographic/symbolic interactionist perspectives to frame supporters' understandings. **Results:** Findings suggest supporters' experiences are complex, made more complicated by sparse understanding or accommodation of their needs in the built environment. Supporters' presence and roles are not facilitated by the physical space; they experience "an unbelonging paradox" of being needed, yet uncertain and "in the way" during "tenuous nest-building" activities. **Conclusions:** Suggested design guidelines to facilitate supporters' well-being and their roles in designed hospital birth spaces are provided.

## Keywords

hospital design, evidence-based design, video ethnography, birth unit design, childbirth supporters, maternity units

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RESEARCH EXPLORES THE CONCEPT OF RELAXING BIRTHING CENTERS

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Design for Human Health intensive; photo courtesy of Davis Harte

BAC instructor J. Davis Harte, who teaches the research methods and thesis studios in the Design for Human Health program, recently presented at the Environmental Design Research Association (EDRA) conference. The research behind her presentation, which focused on birthing centers, required a strong evidence-based approach based on qualitative methods—using video recordings of events or interviews. This type of methodology, among many others, is exactly what Davis brings to her students at the BAC.

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# The Childbirth Supporter Study: video-ethnography of the built birth environment

J. Davis Harte<sup>a</sup>, Maralyn Foureur<sup>a</sup>, Athena Sheehan<sup>a</sup> & Susan Stewart<sup>b</sup>

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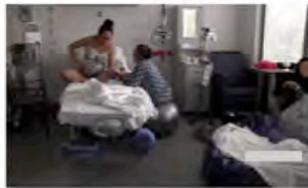
## INTRODUCTION

- The physical environment of healthcare influences the perceptions and experiences of patients and staff<sup>1</sup>.
- Little is known about how birth unit design facilitates the role of the woman's birth supporter/s<sup>2</sup>. Birth design has not kept pace with changing birth practices<sup>3</sup>.
- Women seek to be accompanied by one or more supporters and evidence reveals supporters are beneficial to labouring women<sup>4</sup>.
- Our research investigates how the birth space impacts on the conduct of a woman's birth supporters.



## QUESTION

How does the current design of birth spaces in resource rich countries, accommodate and facilitate the role of the woman's birth supporter?



• Study supported by an ARC Discovery Project Grant: DP116141108.  
• Acknowledgments and gratitude to the participants of the study who have granted copyright permission for the use of these images.

## METHOD

A video-ethnographic approach was used with midwife-researchers filming a consenting woman during labour and recording extensive field notes. The woman controlled what could be filmed and what could be shown to others. The video footage was viewed during open-ended interviews with all (women, supporters, carers, researchers) in a reflexive process<sup>5</sup> that aimed to reveal all perspectives in a co-productive method.



*"When I looked at it [IV pole], it actually scared me ... I think I'm going to walk back and reverse into it or knock it ... I felt like I always have things within my peripheral vision ... I didn't feel safe." supporter*

<sup>5</sup>Reflexivity is a circular research approach that involves being engaged in the data while systematically alternating between the various interpretive layers in an aware and enquiring manner so as to realize on-going awareness of the participants' experiences, the placement of the phenomenon within the larger sociological contexts and the researchers' involvement<sup>6</sup>.

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## ANALYSIS

One woman and 4 supporters were filmed during a 12-hour labor at a NSW public maternity unit. Video-cued interviews occurred 6-weeks post-partum. Observational field notes accompany the data. "By hand" data analysis included 3 levels of thematic analysis (as informed by Saldaña<sup>7</sup>), video stills, and the use of "AEIOU" template (as informed by Wasson<sup>8</sup>) to interlace ethnographic understanding of the participants' own meanings of how the built space influenced their experiences during labor.

## THEMATIC FINDINGS

Typical birth unit environments do not appropriately accommodate supporters, who – as a result – experience an "unbelonging paradox" about their support role. They feel uncertain of appropriate behaviours or where they should position themselves within the space. The layout and medical equipment inhibits their "role navigation" and the overall built birth environment does not provide opportunities for "supporting the supporter". As a consequence supporters' potentially valuable role is limited.

## DESIGN IMPERATIVES

The design of birth units should best accommodate the needs of women's supporters. This may facilitate optimal birth experiences for women and increase the opportunities for safe satisfying birth<sup>7</sup>. Midwives and the designers of birth units may benefit from understanding the birth environment's influences<sup>8</sup> on behaviours of the woman's chosen birth supporter/s<sup>8</sup>.

Over 30 design recommendations are provided in the HERD publication listed in the references.<sup>9</sup>



# RESEARCH

What's happening in the world of midwifery research?  
Two lead authors summarise their work.

## PAPER ONE

It is accepted that the physical environment of healthcare influences the perceptions and experiences of patients and staff. Research has explored how birth unit design influences the experiences of women and midwives during childbirth.

However, although there is evidence that cooperative supporters are beneficial to labouring women, and that women desire such support, little attention has been paid to the impact of physical design on the experiences of a woman's chosen childbirth supporter. In this paper, we describe how the physical environment influences the behaviour, experiences and role navigation of birth supporters. The aim of the 'childbirth supporter study' is to gain an understanding of how physical birth environment design accommodates women's supporters and facilitates their support roles.

Ethics approval was obtained for a video-based ethnographic study in which six consenting women and their 11 supporters were filmed during labour at two Australian hospitals (in February/March 2012). One woman, her four supporters and three midwives provided the foundation for the study described in this paper. Video footage and video-

## Childbirth supporters' experiences in a hospital birth environment

cued interviews with all participants, and observational field notes provided data for analysis. Three-phase analysis cycle for both text and video included: descriptive, interpretive and selective coding (after Saldaña). The 'AEIOU' framework (after Wasson) was utilised to further analyse the video.

The physical environments of typical birth units do not appropriately meet the needs of supporters, who may feel unsure of their role, behaviour or positioning, thus limiting the potential benefits of their role. Key themes in the study are: 'unbelonging paradox', 'role navigation' and 'supporting the supporter'. Findings are supported by illustrative video footage stills and verbatim quotes. Viewing supporters as both individuals and part of a team dyad is the basis for the design recommendations. Examples of recommendations are: spaces for both privacy and togetherness; informational



Harte JD, Sheehan A, Stewart SC, Foureur MJ. (2016) Childbirth supporters' experiences in a built hospital birth environment: exploring inhibiting and facilitating factors. *HERD: Health Environments Research & Design Journal* 9(3): 135-61.

support zones; transition space; positive distracters; easy-access food, drink and toilet facilities; and the ability to personalise and adjust the space to increase the perception of agency.

Knowing how the design of birth units can best accommodate the needs of women's supporters may facilitate optimal birth experiences for women and increase opportunities for safe, satisfying birth. Designers and healthcare managers may benefit from understanding the birth environment's influence on supporters' behaviours. 

**J Davis Harte** is a faculty member at Boston Architectural College Design for Human Health, **Athena Sheehan** is associate professor at the Western Sydney University, **Susan C Stewart** is senior lecturer in design at the University of Technology Sydney (UTS) and **Maralyn Foureur** is professor at UTS

## Practice standards for the newborn and infant physical examination: a national survey

### PAPER TWO



Rogers C, Jay A, Yearley C, Beeton K. (2015) National survey of current practice standards for the newborn and infant physical examination. *British Journal of Midwifery* 23(12): 862-73.

The newborn and infant physical examination (NIPE) is performed on newborns prior to discharge from hospital and again on infants aged six to eight weeks. Traditionally undertaken by doctors, the newborn examination is now included within the midwife's sphere of practice, but is not yet part of pre-registration midwifery training in most UK universities.

Standards for the NIPE are set by Public Health England (PHE).

A nationwide survey was undertaken to determine compliance with PHE standards for the NIPE and to identify which professionals were performing this examination (Rogers et al, 2015). An online questionnaire was sent to all UK HoMs, with a return rate of 64.3%.

Of those NHS trusts that responded to the survey, 95% employed one or more midwives trained to perform the NIPE. However, only 13.7% of the midwifery workforce was NIPE-trained, despite the findings of an earlier study that midwives as NIPE practitioners are cost-effective and highly valued by parents (Townsend et al, 2004).

Midwives were far more likely to undertake the NIPE in a midwifery-led unit than in a consultant-led unit; but even in the latter, more than 50% of NIPEs were undertaken by midwives in some trusts. There was a consensus that the best time for the NIPE to be performed was within the first 72 hours of birth, and all but one trust achieved this. Nearly 80% of respondents rated the NIPE 'good' or 'excellent' as a screening method.

There was wide variation between trusts in the use of ultrasound screening for developmental dysplasia of the hips and in the use of pulse oximetry in screening for cardiac abnormalities, highlighting a need for clear guidance and standards. This also applied to the quality and consistency of advice and information given to parents.

Despite evidence for the cost-effectiveness and acceptability of midwives undertaking the NIPE, at present a high proportion of examinations are being carried out by a very small number of midwives. The low figure is a cause for concern. 

**Annabel Jay** is senior lecturer in midwifery at the University of Hertfordshire

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# Health and Well-being for Interior Architecture

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With Afterward by: Ray Pentecost

