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Sources of information used by women during pregnancy to meet their information needs

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ABSTRACT

Aim of the study: to explore the information sources used by women during pregnancy to meet their information needs regarding pregnancy, birth and the postpartum period.

Design: a cross-sectional postal survey of all eligible women who birthed at the Royal Women's Hospital, Melbourne, Australia between November 2010 and January 2011. Surveys were sent at four months post partum.

Findings: forty-seven per cent (350/752) of eligible women returned the surveys, of whom 62% were primiparous. 'Discussion with a midwife' was the source of information used by the greatest number of women during pregnancy (246/350, 70%). Less than half of the women used the internet to access information (154/350, 44%), and group information sessions were the least preferred information format (8/330, 2.4%). Women from non-English speaking backgrounds (NESB) were less likely to use written and online resources. One-third of the women had unmet learning needs, particularly in relation to breast feeding and postnatal recovery. Overall, women rated books as the most useful source of information (57/332, 17.2%). The model of pregnancy care influenced the source women rated as most useful. Women who received most of their pregnancy care from a midwife described discussion with a midwife as their most useful source of information (42/150, 28%). In contrast, of the group who received most of their care from a doctor in antenatal clinic, the largest proportion reported that the internet was their most useful source of information (10/57, 28%).

Conclusion and recommendations: discussion with midwives is an important source of information for women. The internet did not play a significant role in information seeking for more than half of the women in the study. Existing sources of information may not meet the needs of women from NESB, either because women do not access the multilingual resources currently available or because resources may only be provided in English or a few other common languages.

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Introduction

Having a baby is a major life event, and for many women, particularly those having a first baby, it is a time when they seek information to help them during the transition to parenthood (Shieh et al., 2010). Many important learning needs may arise as prospective parents prepare for and adjust to their new role. Currently, women

may have access to significant volumes of information about pregnancy, birth and parenting from a number of sources, including the internet, family and friends, popular media such as newspapers and television, and written material from professional and commercial entities, childbirth education classes and discussions with health professionals.

The ability of a woman to have her information needs met is impacted by the access she has to different sources of information, and her ability to comprehend that information. Access to large volumes of information does not necessarily equate with understanding and comprehension (Carolan, 2007), and regardless of literacy skills, most people need help understanding health care

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information (Gazmararian et al., 2005). A woman's level of health literacy influences her information seeking strategies and subsequent health knowledge and behaviour (Shieh et al., 2009).

Women are encouraged to be active participants in decision-making during pregnancy and early parenting (Department of Health Victoria, 2009). To support this goal and to meet their individual needs for information, women need access to quality health information that reflects current evidence. Leaflets and brochures are frequently given to women as part of a pack of information during pregnancy and the postnatal period; however, there is little evidence to guide their use as a resource for women. It has been reported that when leaflets are distributed amongst other written information without discussion or checking for understanding, women are less likely to read them (Stapleton et al., 2002). This suggests their use is primarily to support discussion with a health professional, rather than as a 'stand alone' resource.

A review of consumer information given to new mothers in public hospitals providing postnatal care in Victoria, Australia, found that the quality of documents varied considerably (Savage, 2008). The study examined more than 900 consumer information documents that were provided to women by public and private hospitals in Victoria and reported that women could potentially receive up to 58 pages of consumer information during the postnatal period alone. Quality issues were identified, including brochures being undated or out of date, references inadequately cited, or no references provided, and poor quality formatting and printing (Savage, 2008).

Although the twentieth century saw an increase in the availability of written health information, over the past two decades the internet has emerged as an increasingly important information source (Weaver et al., 2010). The extent to which the use of the internet has influenced women's health seeking behaviour is unclear. The literature related to the use of the internet by women to retrieve pregnancy and childbirth information is not extensive (Larsson, 2005; Lowe et al., 2009; Lagan et al., 2010; Lagan, 2011). The methods used have been mainly descriptive surveys (Larsson, 2005; Lagan et al., 2010), and comparisons are limited due to differences in methodology and the variables studied. The concept of a 'digital divide' between those who have access to the internet and those who do not (based on sociodemographic factors) has been described (Dickerson, 2006; Miller and West, 2009); however, the concept has not been universally supported, with reports of no apparent social bias influencing the use of online parenting websites according to socio-economic demographics (Sarkadi and Bremberg, 2005).

Whilst there has been some research on the use of traditional information sources by pregnant women (Singh et al., 2002; Risica and Phipps, 2006; Shieh et al., 2009), there has been limited exploration of women's current information-seeking behaviour (Larsson, 2005; Lowe et al., 2009; Lagan et al., 2010; Lagan, 2011). There is a lack of comprehensive information available about the sources of information women use in pregnancy, and about the relative merits of various information sources. Although many 'traditional' sources appear to be used extensively, there is little information on the uptake of internet-based information. We aimed to explore the sources of information used by women to meet their information needs in relation to pregnancy, birth and the postpartum period, and to identify: which sources were used most frequently; which were considered most useful; what other information women wanted; and which format was preferred.

Methods

Study design

A cross-sectional, descriptive design was used to capture a current understanding of women's information-seeking behaviour.

This study used data collected as a component of a larger postal survey titled 'Exploring the care we provide to new mothers' (ECPNM). The ECPNM study was designed to explore the views, experiences and health outcomes of women who gave birth at the Royal Women's Hospital (the Women's) before and after the implementation of changes to postnatal care. Data for this article were collected only at baseline as no changes were made to the provision of information for women as part of the changes.

Ethics approval was obtained from the Royal Women's Hospital Human Research Ethics Committee (Project 10/48) and from the La Trobe University Faculty of Health Sciences Ethics Committee (Reference FHEC10/250).

Participants

The Women's is a public tertiary women's hospital in Melbourne, Australia, which has approximately 7000 births per year (The Royal Women's Hospital, 2011), and we aimed to survey all eligible women who birthed at the Women's from 1st December 2010 until our sample size was reached (details below). Women who had a stillbirth or known neonatal death were excluded. There were no exclusions for language; however, the questionnaire was sent only in English. Surveys were sent when infants of the women in the study were four months of age to look at the medium term effects of changes to postnatal care that were implemented as part of the ECPNM study.

In the Australian maternity care context, approximately two-thirds of women have care in the public maternity system, with the other third accessing private obstetric care, and a very small percentage choosing private midwifery care (Consultative Council on Obstetric and Paediatric Mortality and Morbidity, 2012). In the public system, maternity services may provide various models of maternity care, e.g. midwifery continuity of care models, midwife-led care, obstetric-led care and various constructions of these (National Health and Medical Research Council, Department of Health and Aging, 2010). The Women's offer hospital-based care, community shared care, community clinics and specialist clinics such as young women's clinics. Hospital-based care is provided primarily by midwives at the Women's. Women in this model also have three visits with a doctor in antenatal clinic: at their first pregnancy clinic appointment, at 36 weeks and at 41 weeks (The Royal Women's Hospital, 2013).

Data collection

A self-administered postal survey was designed for the ECPNM study. The survey questions were based on the current literature and included a number of questions that had been used in previous studies of maternity care in Victoria (Forster et al., 2003; McLachlan et al., 2008; Forster et al., 2011).

The questionnaire included closed, categorical and open-ended questions, divided into seven sections: 'Your baby', 'Feeding your baby', 'Your pregnancy and birth', 'Your care in hospital after the birth', 'Your care at home after the birth', 'Your health since being at home after the birth', 'Your feelings and emotions' and 'Questions about you'. The questions described in this paper came from the sections 'Your pregnancy and birth' and 'Questions about you'.

The section 'Your pregnancy and birth' consisted of 15 questions. Six questions addressed the provision of antenatal care, and another six sought to identify the sources of information women used during their pregnancy regarding pregnancy, birth or the postnatal period. Women were asked from which sources they received information to help them get ready for caring for their new baby and themselves, and which of these was the source they found most useful or used most often. A list of the sources of information considered most relevant by the research team was provided. Women could tick more than one response to the

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