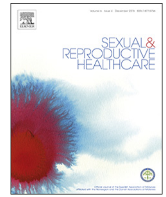
Sexual & Reproductive Healthcare 6 (2015) 226–229

Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.srhcjournal.org



Women's experience of unplanned out-of-hospital birth in Sweden – a phenomenological description

Kerstin Erlandsson [a,*], Helena Lustig [a], Helena Lindgren [b]

[a] School of Education, Health and Social Studies, Dalarna University, Falun, Sweden
[b] Department of Women and Child Health, Karolinska Institutet, Stockholm, Sweden

ARTICLE INFO

Article history:
Received 30 November 2014
Revised 29 May 2015
Accepted 20 June 2015

Keywords:
Unplanned out-of-hospital birth
Phenomenology
Accidental out-of-hospital birth
Natural birth

ABSTRACT

Background: Between 0.5 and 2 percent of women planning to give birth in a hospital environment in Sweden will have an unplanned out-of-hospital birth. Few studies have described mothers' experiences of out-of-hospital births and none on a Swedish population. In an attempt to fill this gap, we have made this pilot study designed to capture mothers' experiences of unplanned out-of-hospital births in Sweden.
Method: Qualitative interviews with eight Swedish women, one to three years after they experienced an unplanned out-of-hospital birth. Data were analysed using the method of phenomenological description.
Results: The meaning of giving unplanned birth outside a hospital environment was "*The lived experience of a pendular movement between the good fortune and pride in managing the situation and the fear of what could have happened when giving unplanned birth outside a hospital environment*." In the analysis two clusters emerged that supported the essence: *Balancing Emotions* and *Handling Unfamiliar Actions.*
Conclusions: This study contributes to an understanding of the natural processes when giving birth. The findings can be useful when communicating the experience of unplanned out-of-hospital birth to parents in antenatal classes. The women could be encouraged to listen and trust their own body signs as a preparation for giving birth in any type of setting. Guidelines for taking care of women with out-of-hospital birth experiences are suggested.

© 2015 Elsevier B.V. All rights reserved.

Introduction

A case–control study from 2002 shows that 0.5–2 percent of women in Scandinavia planning to give birth in a hospital environment will have an unplanned out-of-hospital birth [1]. This study reported that mothers felt uncomfortable with the ambulance staff when they were in the ambulance with their new baby on their way to the hospital. The ambulance staff in turn felt uncomfortable and lacked skills in basic obstetrics and neonatal care [2]. Researchers from a number of western countries have argued that having an unplanned out-of-hospital birth is quite safe, with few complications reported in places where women have had antenatal care to a high extent as, for example, is standard in Sweden [3–8].

In Sweden standard practice is to plan on giving birth in a hospital [9]. Unplanned out-of-hospital birth is expected to happen to women neglecting onset of labour and in case of quick labour, multiparity, or when being at a great distance from a hospital, or having psychological or language difficulties. Women giving birth in an out-of-hospital environment when actually expecting to give birth in a hospital do experience feelings of vulnerability and stress [4,10–12]. Knowing this, it has been argued that in preparing to give birth, women should be encouraged to have trust in their own bodies and to know about preparation for providing an undisturbed birth environment since these are important elements of self-managing pregnancy and births in any circumstances [13–19].

Few studies have described mothers' experiences of unplanned out-of-hospital births [4,10] and none on a Swedish population. Previous research in Sweden on out-of-hospital birth experiences has focused on planned home births [12,15,20–22]. In an attempt to fill this gap, the aim of this study was to capture mothers' experiences of unplanned out-of-hospital birth in Sweden.

Out-of-hospital birth was defined in this study as a birth taking place outside a hospital setting regardless of the place of completion of the third stage of birth.

Materials and methods

Procedure

This interview study was conducted to capture mothers' experiences of out-of-hospital births. The criteria for inclusion were that the birth was: 1) unplanned and took place before reaching the hospital, 2) recorded by a Swedish delivery ward 2009–2012, 3) the participant agreed on a face-to-face interview. This time frame was

* Corresponding author. School of Education, Health and Social Studies, Dalarna University, S-791 88 Falun, Sweden. Tel.: +46701808207.
E-mail address: ker@du.se (K. Erlandsson).

http://dx.doi.org/10.1016/j.srhc.2015.06.002
1877-5756/© 2015 Elsevier B.V. All rights reserved.

considered appropriate for this study as only N = 23 potential participants were identified by records at delivery wards. The ethical guidelines for nursing research in the Nordic countries [23] were aheaded to and the potential participants were informed about the study by letter delivered to their postal address. The letter included information about their right to withdraw from participation at any time. They were asked to contact the research team by e-mail or by phone if they were interested in taking part. The 23 potential participants contacted the research team by e-mail or by phone. They expressed that they appreciated the research initiative as they thought it had a social value. Despite this initiative, fifteen potential participants denied participation because of distance and limited time to meet face-to-face with the researcher. Eight women expressed their interest to meet for a face-to-face interview and agreed to participate. Time and place for interviews were agreed on, and before each interview started, an informed verbal consent was agreed on and a written consent signed. The interviews were conducted in April–May 2012. An approval for the study was obtained from the Dalarna University Ethical Board, Sweden (D.nr. 2012/483/90).

Interviews and participants

In order to secure a sense of comfort, the open face-to-face interviews took place as per woman's desire [24], in their home or at the university in a private room. In total, ten in-depth interviews were conducted. The women were between 22 and 34 years of age, they all gave birth at home and their babies were in good health. The women in the present study were a mixture of primipara and multipara. They had all attended perinatal education sessions. Data were collected by the principal investigator (HL) one to three years after the out-of-hospital birth. The out-of-hospital birth took place because of quick labour in a private car (N = 2), in an ambulance (N = 2) or at home (N = 4). The opening question was "Please tell me what happened when you gave birth to your baby". The mothers told their stories and were then asked follow up questions such as, "Please tell me more what happened". The mothers were encouraged to talk freely to elucidate their experiences of out-of-hospital birth. Each interview lasted for 40 minutes to one hour, was tape-recorded and verbatim transcription was used. In all, 88 pages of transcript notes were produced.

Analysis

Data were analysed using a phenomenological approach, as described by Dahlberg et al. [25], based on Giorgi's phenomenological method [26] to elucidate our understanding of human experiences [25,26]. A phenomenological approach is characterized by an attitude of consciously suspending any assumptions to allow a phenomenon to reveal itself. This was an approach that may be described as a movement between whole–parts–whole [25]. The transcribed text was analysed as a whole by the research team (KE, HL, HL) and the analysis was performed in several stages: a) The text was read through several times with an open mind. b) When moving back and forth through the entire material reflecting over variations of meanings, differences and similarities, text that could be seen as being related to the aim of the study was extracted as meaning units. c) The meaning units were condensed and labelled with a code. d) By continuously comparing the codes, and after further abstraction, clusters emerged. e) In the next step, reflections on variations and similarities between the clusters made the general structure illuminating the essence of the phenomena. The essence was: *The lived experience of a pendular movement between the good fortune and pride in managing the situation and the fear of what could have happened when giving unplanned birth outside a hospital environment*. f) Thereafter the meaning constituents that constituted the general structure were identified. The meaning constituents were: *Balancing Emotions* and *Handling Unfamiliar Actions.* After the analysis was finished, the interviews were re-read to ensure that the voice of the mothers' "lifeworld" was reflected in the phenomenological descriptions [25].

Results

The essence of the phenomenon, the meaning of giving unplanned birth outside hospital environment, was "*The lived experience of a pendular movement between the good fortune and pride in managing the situation and the fear of what could have happened when giving unplanned birth outside a hospital environment*." The women gradually experienced becoming the "mastermind". When balancing emotional fear, they took on a practical approach and focused their own ability to give birth. As time passed each woman took the lead in her own way. As her body was taken over or "invaded" by the birthing process she managed to be in the present moment. Everything else ceased to exist when each mother became able to focus entirely on giving birth, on taking care of the baby.

The elements that were identified to constitute the essence of the phenomenon are as follows.

Balancing emotions

When initially ambiguous bodily signs limited the women's ability to convince their partner or hospital staff that the waves of pressure or a nagging feeling was a signal of the initiation of birth they experienced this as being misinterpreted and questioned. *"I wish I had come in contact with some staff in the hospital listening to me, what I wanted, how painful it was and how I felt"*. (Anne) Gradually, when focusing on the birth, anxiety and fear ceased. Feelings shifted from anxiety and fear to recognizing one's own ability and trust in one's own bodily expressions. The women realized they had to give birth without assistance and outside a hospital setting. Withdrawing into themselves, they followed the waves of pressure in their bodies until the baby was born. Along this path they experienced how time and space altered. They were able to describe every place, move, feeling and posture while giving birth. The threat of, and concern with, a problem with the umbilical cord or with baby posture complication shifted to a feeling of good fortune, relief and pride at the moment when the baby was born, making a sound, showing that they managed to rely on their own ability. *"At the delivery ward they disturb the mother giving birth all the time, now I got the very best experience and I got to rely on my own ability."* (Lizzie)

A sense of frustration was experienced after giving birth when being sent from one hospital to another while guarding and creating ties with their newborn in an uncomfortable ambulance. In postnatal care they experienced swinging between feeling good fortune and pride and being disappointed in the staff's lack of empathy and interest in confirming what they actually had managed to achieve; giving birth in a way not planned, outside the delivery ward of a hospital. The failure of the staff to praise her for successfully giving birth outside a hospital led her to consider the possibly limited value of hospitalization for her and her baby. The women wanted to be taken seriously and listened to by the staff when the women approached them with their concerns.

> *"What I want to tell is that the midwives at the delivery ward already know from the ambulance staff that I should arrive with my newborn and the placenta still to be delivered. When I then arrived I felt disregarded by the staffs running about without caring for me, without seeing me or supporting me. I wanted them to see me, put their hand on my shoulder telling me, now it is time for the placenta to be delivered and we will check if you need some stitches. "* (Jill)

There were differences in how the women experienced their contacts with the hospital staff and ambulance personnel. Some

Download English Version:

https://daneshyari.com/en/article/2635742

Download Persian Version:

https://daneshyari.com/article/2635742

Daneshyari.com