



The experience of giving birth with epidural analgesia



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ABSTRACT

Problem and background: There is a lack of literature about what constitutes good midwifery care for women who have epidural analgesia during labour. It is known that an increasing number of women receive epidural analgesia for labour pain. We also know that while women rate the painkilling effect of the epidural analgesia as high, in general, their satisfaction with labour is unchanged or even lower when epidural analgesia is used.

Question: How do women experience being in labour with epidural analgesia, and what kind of midwifery care do they, consequently, need?

Methods: A field study and semi-structured interviews were conducted on a phenomenological basis. Nine nulliparous women were observed from initiation of epidural analgesia until birth of their baby. They were interviewed the day after the birth and again 2 months later. The involved midwives were interviewed 2–3 h after the birth.

Findings: Initiation of epidural analgesia can have considerable implications for women's experience of labour. Two different types of emotional reactions towards epidural analgesia are distinguished, one of which is particularly marked by a subtle sense of worry and ambivalence.

Another important finding refers to the labouring woman's relationship with the midwife, which represents an essential influencing factor on the woman's experience of labour. Within this relationship, some rather unnoticed matters of communication and recognition appear to be of decisive significance.

Conclusion: After initiation of epidural analgesia the requirements of midwifery care seem to go beyond how women verbalise and define their own needs. The midwife should be attentive to the labouring woman's type of emotional reaction to epidural analgesia and her possible intricate worries.

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1. Introduction

Epidural analgesia is a very effective and popular treatment for labour pain. 61% of the women who in 2008 had a singleton vaginal birth within 27 of the states in USA received epidural or spinal analgesia.¹ Approximately one third of labouring women in South Australia in 2009 had the treatment² and 31% of first time low risk mothers in Denmark in 2010 had an epidural for analgesia.³ These numbers indicate that research in this area is of importance to many women and midwives. Until recently, the research has focused on obstetrical issues and the painkilling effect⁴ or whether to use it or not.⁵ Importantly, a study by Kanan et al.⁶ reported that though most women were content with the painkilling effect, 88% of the women having an epidural reported lower satisfaction with

the birth experience in general. This indicates that there might be a potential for improving the care for the epiduralised woman. Searching the literature we found a lack of research about what constitutes good or best practice of midwifery care of the epiduralised woman. We searched the databases *PubMed* and *Cinahl* and found only one article concerning women's experiences of painkilling with epidural analgesia: A qualitative investigation of women's experience of labouring and epidurals, which concluded that the pain management by epidural analgesia does not guarantee women's satisfaction with the childbirth process.⁷ Part of the reason for that could be indicated by Payant et al.⁸ who pointed out that nurse midwives' interventions to provide continuous labour support are lower for women receiving epidural analgesia. In addition, a study by Hodnett et al.⁹ suggested that the attitude of health care providers can be a crucial factor in determining women's satisfaction with the birth experience.

Recognizing these findings, the overall purpose of our study was to explore women's experience of having epidural analgesia, and to make recommendations, on that basis, for the improvement

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of midwifery in accord with principles of woman-centred care. As defined by Childbirth Australia¹⁰ woman-centred care is “designed to promote satisfaction with the maternity-care experience and improve wellbeing for women, babies, their families and health-care professionals”.

The overall purpose of the study was implemented with the conceptual and methodological foci of our phenomenological approach. Thus, the striving to explicate conceptually the labouring women's own bodily experience and emotional expressions is founded on Merleau-Ponty's body-phenomenology,^{11,12} and the applied methodology draws on the research field's own professionalism,^{13,14} which is midwifery. Our investigation was directed by the following specific research questions: How do women look back upon their decision to make use of epidural analgesia? How do they look back upon the initiation of epidural analgesia? How do women experience the period from when epidural analgesia is initiated until the child is born? As these research questions indicate, our study is dedicated to clarify the labouring women's experiences and expectations in order to support the principles of woman-centred care.

2. Participants and methods

We conducted a phenomenological field study using field observations and semi-structured interviews at the obstetrics department of a university hospital in Denmark. At first, a pilot study consisting of participating observations was carried out for 2 weeks.

Ethical approval for the study was granted by the relevant authorities at the University Hospital. All of the midwives at the obstetric department received written information about the purpose and practicalities of our study. The inclusion criteria for the women were: nulliparous women who received epidural analgesia for pain management in an intended vaginal birth, uncomplicated pregnancies and spontaneous onset of labour. After initiation of epidural analgesia, the women were asked by their midwife to participate in the study. The midwives at the department contacted the field researcher when a labouring woman, after receiving oral information, gave her consent to participate in the study. As the researcher arrived, the woman gained oral and written information before giving her written consent to participate. The participants were informed that the researcher was a midwife working with midwifery education and interested in getting to know more about experiences of birth giving with epidural analgesia.

Nine labouring women and eight midwives were included – one midwife assisted twice. We do not know the number of women who declined. The field researcher was on call through 17 defined periods and contacted in nine of these.

During the observations, the researcher was placed in a corner of the birth room. Field notes were taken during the observation. The observation period ranged from 2 to 6 h before birth – until 2 to 3 h after the birth. The nine labouring women were interviewed the day after birth and again 2–3 months later. The participating midwives were interviewed 2–3 h after birth. Each interview lasted 60–90 min.

3. Method of analysis

The analyses were carried out with a primary reference to the methodological framework laid out by Enoth,¹⁵ which summarises the particularities of five well-known approaches to qualitative empirical studies and highlights their mutual differences. Though the assertion that Enoth emphasizes is closely associated with the very idea of research design – and, indeed in line with established textbooks such as those of Flick¹⁶ and

Blaikie¹⁷ – it is sometimes neglected in the complexity of qualitative studies: Because empirical research analysis requires a *relevant* data material, the data collection has to be arranged with anticipation of the kind of analysis for which it is going to serve. Our research design comprised three different methods of analysis. In accord with Enoth's methodological contention, each method was applied predominantly to a single kind of collected data for which it was particularly suitable.

One of the methods that Enoth describes focuses on Weber's well-known concept of ‘ideal type’.^{18,19} According to Weber, sociological concepts can only be adequate in the form of analytical constructs that he called “ideal types”. These constructs give theoretical clarity to distinctive empirical factors without depicting them in all details, and represent significant empirical matters that are not simply products of deductive reasoning. Ideal types are concepts that capture key features of the reality appearing from a sociological perspective. The ideal type method refers to the methodology suggested by Weber himself¹³ and is about finding distinctive types that are indicated by significant examples in the empirical material. The method accentuates recurrent qualities of similarity as well as of difference in the focal factors, so as to typify the data material according to tendencies rather than categories. In contrast to the categorization required for purposes of quantification, this method of qualitative analysis aims at constructing the conceptual tool with which to perceive pervasive orientations and propensities in a data material of many fine-grained similarities and differences. In our study the method was employed mainly on the basis of the interviews with the women.

Another analytical procedure that Enoth outlines is the essence method, which is closely related to phenomenological method.^{11,20} It serves to catch the most important aspects of a phenomenon, i.e. those aspects that appear as its defining characteristics. In this methodological context “essence” does not refer to any substance or latent potential. It is a strictly descriptive term that indicates what is remaining and continuous through the variations and varieties of the data material, and thus, what appears to be some stable and ordinary aspects of it. In our study the essence method was primarily applied to the interviews with the midwives, but the analysis draws extensively on the observations and the interviews with the women as well. Importantly, the essence method and the ideal type method must both be distinguished from the grounded theory method that aims at an opening mapping of the empirical field. While the latter is particularly suitable for studies to discover broad varieties of a rather unknown domain, the two methods that we applied fit better for a professionally informed and problem oriented research purpose.

Thirdly, qualitative data can be studied as a dynamic process, a procedure that Enoth calls “the process method”. Through the process method, a course of events can be described in order to picture how it is experienced dynamically by the participants. Processes are aptly perceived and described through identification of distinctive phases that characterise a certain course of development. Very often, social life appears as structures of evolving dramas and plots, which call for process understanding in research narratives as well as in the stories and anecdotes of everyday life.^{16,19} In all cases, the process perspective is to some extent constructed upon reflection, and it serves to get an interpretive understanding of the complex unfolding and changes of real life situations.

It should be noticed that describing the different phases of a process is quite different from explaining the forces that drive the process. An empirical study research goal of the second mentioned kind needs the research design and analysis that Enoth calls “the dialectic method”. It requires a focus on the very change between the stages, rather than the accurate differences between them, in

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