



*Women's Descriptions
of Labor Onset and
Progression Before
Hospital Admission*



JOYCE K. EDMONDS
GABRIELLA ZABBO

THE SAFE REDUCTION OF CESAREAN BIRTHS in the United States is a national public health priority as a result of safety, quality, and cost concerns. Although cesarean birth rates in the United States have stabilized during the past 3 years, one in three women (32.2%) continues to give birth by cesarean (Hamilton, Martin, Osterman, Curtin, & Matthews, 2015), and wide regional and hospital-level variation exists (Clark, Belfort, Hankins, Meyers, & Houser, 2007; Kozhimannil, Law, & Virnig, 2013). Overuse of the procedure for non-medically indicated reasons contributes to increased risk for perinatal morbidity and significantly greater health care costs compared with vaginal birth (MacDorman, Menacker, & Declercq, 2008; Truven Health Analytics, 2013; Zhang et al., 2010). Although there is no agreement on a single optimal level of cesarean birth, a general consensus has emerged that rates greater than 10% to 19% suggest overuse and are not associated with improved maternal or neonatal outcomes (Hanley, Janssen, & Greyson, 2010; Molina et al., 2015).

Abstract: We conducted a cross-sectional, descriptive, qualitative study, set in a postpartum unit, of 21 nulliparous women who spontaneously went into term labor at home. Our aim was to characterize symptoms of labor onset and progression to active labor before hospital admission for childbirth. The most frequent symptoms reported at labor onset were contractions, pain, ruptured membranes, cramping, and feelings of nervousness and excitement. Women reported that as labor progressed to the active phase, their pain increased, length and strength of contractions increased, and labor symptoms became more difficult to tolerate. Women's descriptions of symptoms of labor onset can aid the development of criteria to help women identify active labor and support decisions about timing of hospital admission for childbirth. <http://dx.doi.org/10.1016/j.nwh.2017.06.003>

Keywords: active labor | cesarean | hospital admission | labor onset | labor progression

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