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Review Article

Woman-centered care: Women's experiences and perceptions of induction of labor for uncomplicated post-term pregnancy: A systematic review of qualitative evidence

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Introduction

The increase in medical interventions has resulted in woman-centered care becoming a core component of policy development in some countries like Australia and the United Kingdom (Australian Health Ministers Conference, 2011; National Maternity Review, 2016; Brady et al., 2017) and internationally (International Confederation of Midwives, 2014). Induction of labor (IOL), for example, has become routinized even for normal pregnancy depressing the woman's ability to exercise choice. Woman-centered care, therefore, seeks to provide each individual woman with the appropriate information in a manner that promotes participation and enhances informed decision-making (International Confederation of Midwives, 2014). It also puts emphasis on each individual woman's particular need and specific situation (Leap, 2009). However, are women experiencing woman-centered care when going through IOL for uncomplicated post-term pregnancy?

According to the National Institute for Health and Clinical Excellence (NICE) guideline, post-term pregnancy is when pregnancy exceeds 42 completed weeks of gestation according to gestational age established by an ultrasound scan in the first trimester or no later than 16weeks (National Institute for Health and Clinical Excellence, 2008). It is associated with adverse maternal, fetal and neonatal outcomes, which include intrauterine fetal death, increased neonatal death (Heimstad et al., 2008; Stock et al., 2012) and a 20% risk of Caesarean Section (CS) (Ehrenthal et al., (2010).

To reduce the risks discussed, NICE recommends induction of labor (National Institute for Health and Clinical Excellence, 2008). IOL for post-term pregnancy is associated with fewer intrauterine and perinatal deaths and no significant increase in CS (Gulmezoglu et al., 2006; Hermus et al., 2009). In-spite of these benefits, there are disagreements in the definition of post-term pregnancy internationally and Wennerholm et al., (2009) assert that IOL cannot be recommended for nulliparous women due to lack of evidence to draw an evidenced-based conclusion. Besides for a high risk pregnancy, IOL at term is favored but the recommended gestational age for uncomplicated pregnancies remains controversial (Sanchez-Ramos et al., 2003). This notwithstanding, the rate of IOL has continued to rise over the past decade (Fitzpatrick et al., 2011; Bonsack et al., 2014) with a rate of 25% in developed countries (Shetty et al., 2005) and in some settings in developing countries (World Health Organization, 2011).

IOL is associated with a high risk of instrumental delivery, though it does not increase the risk of CS (Heimstad et al., 2007; Stock et al., 2012). However, Wood et al., (2014) discovered that IOL for women with intact cervix was associated with reduced risk of CS. This notwithstanding, the implications of IOL cannot be underestimated. IOL causes increased pain, as such the need for analgesia and anesthetics, hyperstimulation and reduced maternal satisfaction with the birth experience (Shetty et al., 2005; Fok et al., 2006; National Institute for Health and Clinical Excellence, 2008; World Health Organization, 2011).

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The outcomes of IOL often leads to women's dissatisfaction with the care provided (Bryanton et al., 2008) leading to a lack of woman-centered care (Baker et al., 2005). Every woman has a unique experience of the process of childbirth (Downe, 2008) and this should be taken into account in the provision of maternal healthcare. The woman-centered approach therefore, prioritizes women's ability to partake in discussions and make informed choices (National Collaborating Centre for Women's Children's Health, 2011). Informed choice utilizes best evidence in combination with individual healthcare needs, values, beliefs and preferences (Biesecker et al., 2013).

However, engaging women in the decision-making process has become the major issue in the drive towards woman-centered care (Barry and Edgman-Levitan, 2012). As such adequate research should be carried out to know what services women need so that the care given will be holistic. Thus, evidence that is obtained from the assessment of women's experience becomes necessary in order to achieve this care even in situations where medicalization is extremely necessary. Therefore, this review aimed to explore women's experiences and perceptions of IOL for uncomplicated post-term pregnancy in a bid to provide a woman-centered approach to the care of women with uncomplicated post-term pregnancy.

Methods

Review design

The reviewers undertook a qualitative systematic review. The Joanna Briggs Institute (JBI) approach to the synthesis of qualitative evidence was used in analyzing the thematic data. JBI employs the Meta aggregation approach to the synthesis of qualitative evidence (Joanna Briggs Institute, 2014). This is sensitive to the primary author's findings and does not seek to reinterpret those findings. In this approach, the primary author's findings are aggregated into categories; the key concepts that arise from the aggregation of two or more similar findings. These categories are then further grouped into a synthesized finding which is the overarching group of statements that can be used to produce recommendations (Joanna Briggs Institute, 2014).

Inclusion and exclusion criteria

Studies were included if they elicited the perceptions and experiences of women going through IOL for uncomplicated pregnancy beyond 40weeks gestation in a hospital setting. We included studies that had assessed women's experiences of IOL in general if most of their participants had uncomplicated post-term pregnancies. Studies were excluded if women were going through IOL for other reasons besides uncomplicated post-term pregnancy and IOL occurred in settings outside of health facilitates.

Types of studies

This review considered studies that had used qualitative designs such as phenomenology, grounded theory, ethnography and feminist research. The qualitative component of mixed method research was considered for inclusion, however, none was identified. Due to time and financial constraints, studies that were published only in English were included leading to an unavoidable language bias. This meant that, one study (Anon, 1977), that was available only in Africaanse was excluded.

Search strategy

The guidelines from JBI was used for the search conducted in the databases (JBI, 2014). The aim of the search strategy was to find published and unpublished data. A three-step approach was used. A limited search of CINAHL, Medline and JBI and analysis of the titles and abstracts for keywords and index terms used to describe the articles retrieved were carried out. Then all the included databases (ASSIA, JBI library, Embase, MEDLINE, CINAHL, Web of science, PsycINFO and Cochrane library) were searched using the identified keywords and search terms. Finally, a hand search of the reference lists of identified articles was conducted for additional studies that may have been missed during the systematic search. The search for unpublished data included: Literature review online, Google scholar and ProQuest.

Result of the search

The result of the search conducted in the included databases has been presented in the Prisma flow diagram in Fig. 1.

Assessment of methodological quality

The studies were assessed by the reviewers for methodological quality prior to inclusion. The two reviewers used the JBI Qualitative Assessment and Review Instrument (JBI-QARI), made up of ten questions, to strictly and independently appraise the methodological quality of each of the included studies. The reviewers, upon discussions decided that, studies needed to rate 'Yes' for questions 2, 3, 4, 5, 8 and 9 to be considered of good quality (see supplementary paper II). No studies were excluded at this stage. This assessment was carried out by the two reviewers independently and disagreements were resolved through discussions before studies were included in the review.

Data extraction and meta-synthesis

The standardized data extraction tool from JBI was used to extract data from the included studies. Findings extracted consisted of the inclusion and exclusion criteria specified. The primary reviewer extracted the findings and discussed with the second reviewer.

A total of 46 findings were extracted and appraised for their credibility by the two reviewers. The findings were limited to themes used by the researchers from the result section only, for all the included studies except (Westfall and Benoit, 2004) who did not have such themes as their results were categories under views in the third trimester and postpartum period. For this paper findings were extracted through reading the views of women in the post-partum period. Each finding, which was a verbatim extract of the author(s)'s analytic interpretation, was accompanied by a demonstration of the participant's voice (direct quotation) obtained from the same text that informed the finding.

Findings were aggregated by assembling them according to their quality. Statements were generated that were representative of the aggregated findings. Categorizations were created according to their similarity in meaning. In-depth synthesized findings that will be used as a basis for evidence-based practice were produced through meta-synthesis of the categories that were created.

Results

Characteristics of included studies

Five studies met the criteria for assessment of methodological quality and were included in the review. The characteristics of these studies are presented in Table 2.

Findings extracted from included studies

Forty six findings were extracted (supplementary paper III), 39 were considered unequivocal (U) (i.e. findings accompanied by an illustration that is beyond reasonable doubt and therefore not open to challenge) whereas 7 were credible (C) (findings accompanied by an illustration lacking clear association with it and therefore open to challenge) (Joanna Briggs Institute, 2014). These were grouped into eight categories according to their similarity in meaning (wording and concept). The categories are as follows: