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Salutogenically focused outcomes in systematic reviews of intrapartum interventions: A systematic review of systematic reviews



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ARTICLE INFO

Article history:

Received 17 April 2013

Received in revised form

31 October 2013

Accepted 4 November 2013

Keywords:

Salutogenesis

Salutogenically-focused outcomes

Systematic review

Intrapartum interventions

ABSTRACT

Introduction: research on intrapartum interventions in maternity care has focused traditionally on the identification of risk factors' and on the reduction of adverse outcomes with less attention given to the measurement of factors that contribute to well-being and positive health outcomes. We conducted a systematic review of reviews to determine the type and number of salutogenically-focused reported outcomes in current maternity care intrapartum intervention-based research. For the conduct of this review, we interpreted salutogenic outcomes as those relating to optimum and/or positive maternal and neonatal health and well-being.

Objectives: to identify salutogenically-focused outcomes reported in systematic reviews of randomised trials of intrapartum interventions.

Review methods: we searched Issue 9 (September) 2011 of the Cochrane Database of Systematic Reviews for all reviews of intrapartum interventions published by the Cochrane Pregnancy and Childbirth Group using the group filter "hm-preg". Systematic reviews of randomised trials of intrapartum interventions were eligible for inclusion. We excluded protocols for systematic reviews and systematic reviews that had been withdrawn. Outcome data were extracted independently from each included review by at least two review authors. Unique lists of salutogenically and non-salutogenically focused outcomes were established.

Results: 16 salutogenically-focused outcome categories were identified in 102 included reviews. Maternal satisfaction and breast feeding were reported most frequently. 49 non-salutogenically-focused outcome categories were identified in the 102 included reviews. Measures of neonatal morbidity were reported most frequently.

Conclusion: there is an absence of salutogenically-focused outcomes reported in intrapartum intervention-based research. We recommend the development of a core outcome data set of salutogenically-focused outcomes for intrapartum research.

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Introduction

The concept of salutogenesis was first introduced by Aaron Antonovsky while he was studying the psychological impact of surviving concentration camps (Antonovsky, 1987). Antonovsky explored how some people who had experienced extremely stressful life events remained resilient and positive about their lives. Antonovsky asked 'what creates health?' and began to form a new theoretical framework for health, which he coined 'salutogenesis'. A key component of salutogenesis is that of a 'sense of coherence', which postulates that an individual who can view the world as manageable (i.e. easily find resources for coping), comprehensible (perceived clarity, order and structure) and meaningful (has purpose) is more likely to view their life as coherent. In this sense, no matter how extreme an individual's experience might be, they will have the ability to cope positively with adverse events. Salutogenesis was the first theory of its kind to explore health systematically in terms of movement along the health continuum, thereby eliminating a distinct dichotomy of being in a state of health or being in a state of disease.

Antonovsky's question of 'what creates health' is relevant to pregnancy and childbirth, which has long been considered on two parallel views: one views pregnancy and childbirth as a normal physiological event in line with health and salutogenesis whereas the second views pregnancy and childbirth as a pathology, which only becomes normal in retrospect. Research in maternity care has focused traditionally on the reduction of adverse outcomes with little consideration for what is optimum, for whom and in what context. In this sense, much research in maternity care has focused on the prevention of adversity rather than on the promotion of health. The problem with only focusing on adversity is linked with a critique of the so-called 'risk society' (Beck, 1992) in which a super-valuing of risk leads to a paradoxical decrease in well-being. The consequences of risk aversion in maternity care, contrary to evidence suggesting that risk in maternity care is ambiguous and ill-defined (Smith et al., 2012), are that interventions designed to manage high-risk pregnancy and labour have become over-extended to routine use in all childbearing women. The acceleration of this way of managing birth has resulted in increased intervention in childbirth; for example, rates of caesarean birth are over 80% in some maternity units in Europe and as high as 38% in one EU country (EURO-PERISTAT, 2008). Such an interventionist approach suggests that there is little understanding of what contributes to/enhances the health and the well-being of women and what constitutes salutogenically focused outcomes in maternity care. As a first step, we evaluate current maternity care intrapartum intervention-based research to determine the type and number of salutogenically-focused reported outcomes and to do so by means of a systematic review of reviews. This systematic review of reviews constitutes one element of an initiative aimed at developing a minimum core data set of salutogenically-focused outcomes for reporting in maternity care research. The conduct and reporting of this review adheres to, in as far as is possible, the PRISMA checklist of reporting of systematic reviews (Moher et al., 2009).

Aim of review

To identify salutogenically-focused outcomes reported in systematic reviews of intrapartum interventions.

For the purposes of this review, we used a broad definition of the term 'salutogenesis' as it relates to optimum (and/or positive) maternal and neonatal health and well-being. Guiding our definition were certain attributes from the 'salutogenesis umbrella' (Fig. 1), including, for example, coping, locus of control, sense of coherence and attachment. We defined a salutogenically-focused outcome as an outcome reflecting positive health and well-being rather than illness or adverse event prevention or avoidance.

Methods

Criteria for considering reviews for inclusion

Systematic reviews of randomised trials of intrapartum interventions were eligible for inclusion. An intrapartum intervention was defined as any intervention that occurred from the latent phase of labour (i.e. a period of time when there are painful uterine contractions, and there is some cervical change, including cervical effacement and dilatation up to 4 cm; National Institute of Health and Clinical Excellence, 2007) up to, and including, the time of birth of the placenta and membranes. We excluded protocols for systematic reviews and systematic reviews that had been withdrawn.

Search methods for identification of reviews

We searched Issue 9 (September) 2011 of the Cochrane Database of Systematic Reviews for all reviews published by the Cochrane Pregnancy and Childbirth Group using the group filter 'hm-preg' (a tag used to identify reviews registered with the Cochrane Pregnancy and Childbirth Group where 'hm' stands for 'home' code and 'preg' is the Group's suffix) and restricting retrieved citations to completed reviews only (i.e. excluding protocols for reviews). Citations were exported to Endnote. Each citation was reviewed independently by at least two members of the team against the inclusion criteria in two stages as follows: (1) title and abstract screening and (2) full text screening of citations judged relevant or potentially relevant for inclusion from stage 1.

Data collection and management

Data were extracted from each included review independently by at least two review authors using a purposively developed data extraction form. Any disagreements were resolved through within pair discussions or deferral to the team for discussion and consensus (a consensus meeting was held with all team members in attendance to agree on the final list of salutogenically-focused outcome categories). Unique lists of salutogenically-focused and non-salutogenically-focused outcome categories were identified.

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