Available online at www.sciencedirect.com
ScienceDirect
International Journal of Nursing Studies 44 (2007) 1391–1399
INTERNATIONAL JOURNAL OF NURSING STUDIES
www.elsevier.com/locate/ijnurstu

Women's and providers' experiences of breech presentation in Jamaica: A qualitative study

Sandra A. Founds*

Department of Health Promotion and Development, University of Pittsburgh School of Nursing, Pittsburgh, Pennsylvania 15261, USA

Received 20 May 2005; received in revised form 11 July 2006; accepted 13 July 2006

Abstract

Background: Most research on breech relates to medical management of the malpresentation. Little is known about women's or providers' experiences of breech, an obstetrical complication.
Objectives: This study aims to increase the understanding of women's and providers' experiences of breech presentation and to understand the effects of context on these experiences.
Methods: A qualitative descriptive research was conducted in a rural health district of Jamaica. Nine postpartum women who birthed singleton live born breech infants in the past year and five experienced obstetric care providers consented to participate. Content analysis was conducted with data from one-time interviews, observations, and hand searches of maternity ward delivery logs. Member checking was conducted with successive participants and Jamaican health care providers.
Results: Findings included realizing the baby was breech, interpreting what breech meant, reacting to breech presentation, and identifying the impact of breech. Rates of breech births were less than 1%.
Conclusions: Symbolic interaction can guide nursing and midwifery education, practice and research of breech presentation. Nurses and midwives can identify and teach women and their significant others about breech and its risks.

Keywords: Breech; Jamaica; Malpresentation; Providers' experience; Qualitative descriptive women's experience

What is already known about the topic?

- Previous research of breech malpresentation and its management focused on medical interventions.

What this paper adds

- Women's and providers' experiences of breech presentation in Jamaica provide a basis for improved clinical practice and research of breech pregnancy care.
- Symbolic interactionism emerged from the findings as a framework to guide nurses' and midwives' practice in helping women to construct meaning and to cope safely with breech.

1. Introduction

Breech presentation with the infant's buttocks down in the maternal pelvis causes concern to nurses, midwives, and physicians who care for pregnant women in every country because breech is considered a malpresentation

*Home address: 2631 Glenchester Road, Wexford, PA 15090, USA. Tel.: +1 413 281 0092; fax: +1 412 624 8521.
E-mail address: safounds@comcast.net.

0020-7489/$ - see front matter
doi:10.1016/j.ijnurstu.2006.07.018

that increases maternal–infant morbidity and mortality (Cunningham et al., 2001; Oxorn, 1986). Cord prolapse below the presenting fetal buttocks antenatally or during labor can lead to fetal hypoxia and asphyxia (Erkkola, 1996; Oxorn, 1986). The after coming fetal head may be trapped in an incompletely dilated cervix, resulting in obstructed labor that can lead to maternal and infant mortality (Ullery, 1967).

Obstetric care providers have searched for interventions to avoid these risks. The Term Breech Trial, a large multicenter RCT conducted in 26 countries, found more severe morbidity and mortality for infants whose mothers were randomized to planned vaginal breech birth than those randomized to planned cesarean delivery (Hannah et al., 2000). Since that trial was published, external cephalic version (ECV; manually turning the infant to head down presentation through the mother's abdomen) and planned cesarean delivery have become preferred management strategies for breech presentation in some countries (American College of Obstetricians and Gynecologists, 2001; Rietberg et al., 2005; Phipps et al., 2003). These interventions, however, pose further risks to women and infants (Coco and Silverman, 1998; Hofmeyr and Kulier, 2005). Few lower-risk interventions for breech management have been supported by research. The acupuncture technique of moxibustion significantly increased antenatal cephalic version in Chinese primiparas (Cardini and Weixin, 1998), but may not be accessible to all women pregnant with breech presentation.

1.1. Experiences of breech

While most research has focused on medical management of breech as an obstetrical complication, little is known about women's or providers' experiences of breech. Structured interviews conducted in a Japanese clinic elicited responses to a questionnaire about pregnant women's attitudes toward ECV and breech delivery (Leung et al., 2000). Recently, Fok et al. (2005) investigated Chinese women's experience of pain during ECV. Physicians' reasons for nonparticipation in a trial of preterm breech delivery included concerns about time commitment and workload of consent procedures, adequacy of consent by non-English speaking clients, providers' skills with breech deliveries, liability, and research design issues (Penn and Steer, 1990).

These previous studies focused on experiences of or attitudes toward breech management options rather than subjective experiences of pregnancy complicated by breech malpresentation. Learning about women's and providers' experiences of breech may provide better understanding for clinical care and research. The current study was conducted in Jamaica to explore the effect of context on experiences of breech. Women and providers may view the complication differently in a setting where fewer resources are available for routine ECV or cesarean delivery for malpresentation (Erskine, 2001).

The findings presented in this paper were part of a larger study conducted to investigate how experiences of breech presentation might affect participation in research on a lower-risk intervention for breech. The research aims included increasing understanding of women's and providers' experiences of breech presentation and examining the context of these experiences in rural Jamaica.

2. Methods

2.1. Design

Qualitative descriptive research design provides straightforward information about an event or a service with less emphasis on interpretation or abstraction than other types of qualitative methods (Lincoln and Guba, 1985; Sandelowski, 2000). This qualitative descriptive study included semi-structured interviews, observations, and birth log reviews. I recorded my observations of participants, their friends and families, participants' environments, and community, clinic and hospital settings where interviews occurred. I hand-searched 3 years of hospital maternity ward birth logs for rates of breech deliveries.

2.2. Setting/entrée

The study occurred in one of the most rural of the 14 Jamaican parishes. Approximately 91,000 people inhabit 286.8 mountainous, shore-lined square miles (Ministry of Health Jamaica, 2002) where fishing and agriculture are the major economic bases for one of the lowest income parishes of the island. In 2001, 67.65% of the school-aged population in the poorest quintile was enrolled in school (Ministry of Health Jamaica Annual Report, 2001). Winding, ill-repaired roads make slow-going travel. Health personnel often travel by taxi as far as the road will allow, then walk unpaved roads and steep rocky paths to reach rural clients. Some community dwellers live without plumbing, carrying clean water to the house from local standpipes and using pit latrines in their yards.

Four health districts comprise one health department in this Jamaican parish. A single campus houses the hospital, public health administration, and housing for medical personnel. The Senior Public Health Nurse administers 17 health centers staffed by 11 public health nurses, 37 community health aids, and four peer educators. One public hospital with 88–118 beds needs 10 doctors, but runs with 4, and 1 or 2 nurses run the 30-bed wards. The Senior Medical Officer of the hospital struggles "with budget cuts from nothing to cut from"