



# A theoretical model of parents' experiences of threat of preterm birth in Sweden

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## Abstract

**Objective:** to gain a deeper understanding of both parents' experiences during the mother's stay in hospital for threat of an early delivery and eventual preterm birth.

**Design:** explanatory design with separate interviews for mothers and fathers using the grounded theory method.

**Setting:** University Hospital in southern Sweden.

**Participants:** 17 mothers and six fathers, who had experienced a threat of early delivery and eventual preterm birth, while the mother was in hospital.

**Findings:** the core category 'inter-adapting' and the following three categories and six subcategories emerged: interacting (communicating with the professional caregivers; keeping the family together through a stressful situation; seeking empowerment during labour and birth); reorganising (arranging for a new family situation); and caring (accepting the restrictions for the health of the fetus; reaching out to the baby and taking part in the care).

**Key conclusions:** during the mothers' stay in hospital, the most stressful issues experienced were the parents' concern for the baby and the separation from the family. Parents are able to manage the situation by mutually adapting to each other, family members, significant others and caregivers. A new concept 'inter-adapting' therefore emerged.

**Implications for practice:** for perinatal care, feelings of separation can be reduced and family bonds strengthened through integrating the different wards involved.

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## Introduction

Preterm birth is one of the main problems occurring in the perinatal period. The risk of mortality and morbidity for the baby in the short and long term can be stressful for the parents (Bocking, 1998; Jackson et al., 2003). Treatment for preterm labour is often antepartum bed-rest at home or at hospital. Mothers who are admitted to hospital

during their pregnancy experience significant stressors during this time (Katz, 2001). Expectant fathers experience high levels of worry and distress after the diagnosis of their partner's risk for preterm birth and consequent activity restrictions (Maloni et al., 2001; May, 2001).

According to the World Health Organization (1999), preterm birth is when a child is born earlier than 37 gestational weeks. In Sweden, the

incidence for preterm birth is 5–6% of all births per year (Hagberg and Wennerholm, 2000), which is lower than the USA, where the incidence was around 12% in 2001 (Moore, 2003). Today, in Sweden, 95% of babies born in gestational weeks 28 or later survive; 80% survive at gestational week 26 and 50% survive at gestational weeks 24–25 (The Swedish National Board of Health and Welfare, 2004).

Prematurity is a complex, multi-faceted problem (Mackey et al., 2000; Gennaro and Hennassy, 2003), and findings about risk factors are conflicting (Moore, 2003). Studies of mothers' experiences of preterm birth have shown that they relate the prematurity to stressful life events (Coster-Schultz and Mackey, 1998; Wiess et al., 2002). Psychological consequences of preterm labour and birth (Holditch-Davis et al., 2003), and post-traumatic stress symptoms, have been seen in mothers who have had a preterm birth or whose babies received neonatal care. Stress, uncertainty and anxiety are felt by both mothers and fathers of preterm babies. Mothers and fathers who have had a preterm baby also have reduced interaction with the baby compared with parents of babies born at full term. In these situations, the parents need support and encouragement to reduce the negative effects of the lack of interaction with their baby (Sullivan, 1999; Davis et al., 2003). Few studies have been published on the experiences of mothers and fathers during the mother's stay in hospital for a threatened early delivery and eventual preterm birth. To be able to understand the parents, and how they handle their situation, it is important to elucidate their experiences. Therefore, the aim of this study was to gain a deeper understanding of the experiences of both parents during the mother's stay in hospital for the threat of an early delivery and eventual preterm birth.

## Methods

### *Design and setting*

We used a qualitative approach and an explanatory design using the grounded theory method (Glaser, 1978, 1998). The study was carried out at the University Hospital in southern Sweden.

### *Participants*

Inclusion criteria for the study were a singleton pregnancy, with a threatened spontaneous preterm birth starting with contractions, preterm rupture of

the membranes or bleeding. Both parents had to be able to understand and speak Swedish. The terms 'mothers and fathers' are used, throughout the paper, for expectant mothers and fathers. Seventeen out of 20 mothers and six out of 11 fathers were interviewed separately ( $n = 23$ ). They were chosen with open, selective and theoretical sampling by the researcher. Four mothers were interviewed both before and after birth, which gave a total of 27 interviews. The socio-demographic and obstetric data were collected during the analysis to gain variance in the material.

### *Ethical considerations*

Permission for the study was obtained from the Head of the Department of Obstetrics and Gynaecology at the hospital and the Research Ethics Committee, Lund University (LU-511-02). Written and oral information was given to the participants. Written consent was obtained before the interviews. The study was carried out in accordance with the principles of the Declaration of Helsinki (World Medical Association Declaration of Helsinki, 2002).

### *The interviews*

Interviews lasted between 45 and 90 mins and were carried out at the hospital, in the participant's home or at the Department of Health Sciences. The participants were asked to talk freely about their experiences of preterm labour, birth, or both. The mothers were interviewed during pregnancy and, in some cases also postpartum; the fathers were all interviewed postpartum. The first author, who has no connections with the department at the hospital, conducted the interviews. The interviews were tape-recorded and transcribed verbatim.

### *Grounded theory data collection and analysis*

The interviews were carried out and analysed according to grounded theory with a constant comparative method (Glaser, 1978, 1998). We analysed the codes separately and together to compare the various categories during the process. In January 2002, two mothers, who had experienced a preterm birth were interviewed postpartum at the hospital. Codes emerged about the whole experience of preterm labour and birth, respectively, especially concern about the baby and the stress experienced during their time in hospital. In spring and autumn 2002, 15 mothers were interviewed during their pregnancies at the

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