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Women's experiences of cervical ripening as inpatients on an antenatal ward

Sheila J.S. Brown [1,*], Christine M. Furber

The School of Nursing, Midwifery and Social Work, The University of Manchester, Jean McFarlane Building, University Place, Oxford Road, Manchester M13 9PL, UK

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ABSTRACT

Objective: To gain an insight into women's lived experiences of inpatient cervical ripening, in the context of usual care, whilst they were admitted as inpatients on an antenatal ward.
Methods: A qualitative design was used guided by an interpretative phenomenological approach. Seven women who had experienced inpatient cervical ripening on an antenatal ward in Wales (UK) agreed to participate in the study. Data were gathered from semi-structured interviews and analysed thematically.
Results: Four overarching themes were identified relating to participants' support from significant others, their understanding of the procedure, perception of their own physiological sensations, and their sense of freedom within the ward environment.
Conclusions: Strict adherence to ward rules and procedures appeared to undermine women's experiences of cervical ripening as inpatients on an antenatal ward. Facilitating the continued presence of family members, improving the provision of information, listening to women and enhancing their perception of freedom within the ward environment are strategies that may have a positive influence on women's experiences of inpatient cervical ripening. This study has provided an insight into women's experiences of usual care, during the cervical ripening procedure, as inpatients on an antenatal ward.
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Introduction

Prolonged pregnancy is the most common indication for labour induction in the UK, affecting 5–10% of pregnancies [1]. Based on the calculation of due date from a first trimester ultrasound scan, UK national guidance is for labour to be induced between 41 and 42 weeks of pregnancy [1]. In the absence of pregnancy complications, most women facing prolonged pregnancy will experience a shift in their care provision from midwifery to being led by an obstetrician. In the UK, the early cervical ripening phase of labour induction is most often offered in the hospital setting [1,2], whereas in other places, such as in Canada, cervical ripening is offered in the home setting [3,4]. However, debate exists regarding the safety of outpatient versus inpatient cervical ripening [1,3,5].

In order to explore the current body of knowledge regarding labour induction and cervical ripening, relevant literature was accessed from online electronic databases. Searches were limited to articles published in the English language that explored labour induction or cervical ripening for prolonged pregnancy focusing on or including views or experiences of cervical ripening and/or the induction process. Clinical trials have focused on clinical outcomes, and/or the nature of the procedure, which have been the main focus of the debate over the setting for cervical ripening, with only a few of these studies reporting on maternal satisfaction as a secondary outcome [3,5,6]. Previous studies exploring women's experiences of cervical ripening have been in relation to clinical trials, thus the care participants received was not usual care, but rather care guided by a research protocol [7–10]. Furthermore, previous studies have been undertaken regarding women's views and experiences of the entire process of labour induction in the context of usual care [11–15], but none to date have focused on women's experiences of cervical ripening as inpatients.

A systematic review by Kelly et al. [5] concluded that women were more satisfied with outpatient labour induction; however, they also stated that only 1 of the 3 studies included in their review [3] evaluated women's satisfaction of cervical ripening. A prospective cohort study by Awartani et al. [6] and a randomised controlled trial (RCT) by Biem et al. [3] primarily focused on the safety of outpatient versus inpatient cervical ripening. Both studies also included an evaluation of maternal satisfaction, reporting increased satisfaction in the outpatient groups. Rauf et al. [10] reported on women's experiences of outpatient cervical ripening with remote fetal monitoring,

* Corresponding author. The School of Nursing, Midwifery and Social Work, The University of Manchester, Jean McFarlane Building, University Place, Oxford Road, Manchester M13 9PL, UK. Tel.: +44 1248 383 142.
E-mail address: s.j.s.brown@bangor.ac.uk (S.J.S. Brown).
[1] Present address: School of Healthcare Sciences, Bangor University, Fron Heulog, Bangor, Gwynedd LL57 2EF, UK.

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whilst O'Brien et al. [7] further explored participants' experiences from the study by Rauf et al. [10] using a qualitative approach. Similarly, using a survey technique and a qualitative approach respectively, Turnbull et al. [9] and Oster et al. [8] explored the satisfaction and experiences of participants who took part in an ongoing RCT exploring inpatient versus outpatient cervical ripening [9]. Findings from these studies were that women reported less pain and anxiety, comfort from significant others and a shorter stay in hospital with outpatient cervical ripening [3,5–10].

As the care received by participants taking part in these studies would have been provided under the guidance of a research protocol, those recruited were likely to have been made aware of the purpose of the main experimental study. It has been previously documented that participant involvement in an experimental study may influence behaviour and response, driven by individual participant's wishes to please the researcher [16,17]. Consequently, views and experiences could have been influenced by participants' involvement in the main trial. However, given that outpatient induction of labour is not common practice in some countries [1,9] it is unsurprising that enquiries into women's satisfaction and experiences of outpatient cervical ripening have been in relation to clinical trials.

A further five articles reviewed presented stand-alone studies focusing on women's views or experience of the whole process of labour induction within the hospital setting [11–15]. Three of these 5 studies employed a survey approach (using self completed questionnaires) [11,14,15]. Typically, questionnaires do not allow the researcher to clarify or encourage participants to expand on their responses, thus limiting the depth of data generated [16]. Murtagh and Folan [13] employed a qualitative approach that allowed participants to explicate their experience of labour induction. Although not clearly stated, it appears that the study by Gatward et al. [12] was also qualitative in nature as the authors claimed they used an interpretative research approach, therefore offering depth to the data and analysis [16].

These 5 studies explored women's views and experiences of labour induction in the context of usual care, rather than the care offered in relation to a research trial. Participants in 4 of these studies reported dissatisfaction with labour induction [11–13,15], whereas Nuutila et al. [14] reported that 69% of women reported satisfaction claiming that labour induction "seldom" resulted in discontent amongst participants. This indicates that 31% of women were not satisfied with their experience of labour induction, which concurs with findings from Ezeanochie et al. [11], Gatward et al. [12], Murtagh and Folan [13] and Shetty et al. [15].

There appears to be a dearth of literature focusing specifically on women's experiences of cervical ripening as inpatients, where the source of that experience is usual care. This paper reports on the findings of a qualitative research study where the aim was to explore women's lived experiences of usual care, as a result of undergoing cervical ripening, whilst they were admitted on an antenatal ward.

Methods

Qualitative research approaches are appropriate to explore women's experience of maternity care [16]. A qualitative approach was utilised, and data were analysed using interpretative phenomenological principles [18]. Data were collected using in-depth interviews 4–6 weeks after the birth. The setting was North Wales, UK.

Inclusion and exclusion criteria

Inclusion and exclusion criteria limited participation to women who had a singleton pregnancy, absence of pregnancy complications, those experiencing prolonged pregnancy and those who had experienced cervical ripening as inpatients. Participation was also limited to women who were able to give informed consent. Interviews were offered in the English language only, therefore women who did not read or speak English were also excluded. Women who had pregnancy risk factors and/or who had been induced for a reason other than prolonged pregnancy were excluded.

Access and recruitment

Community midwives were asked to approach women to provide them with a study information pack, when labour induction was routinely being discussed during the antenatal period. The study information pack included the inclusion/exclusion criteria. The study was also advertised using posters on the maternity unit and flyers in postnatal packs. Women interested in participating were asked to complete a "consent to contact" form; this information was returned to SB in a self-addressed envelope. To allow time for consideration of participation, SB contacted potential participants after 24 hours of receiving their consent to be contacted [19]. At this point the study was discussed further and an appointment was made for an interview at a venue of the woman's choice, 4–6 weeks after the birth. All participants chose to be interviewed at home.

Sample

A total of 9 women, interested in participating in the study, contacted the researcher (SB). Unfortunately 2 women did not meet the inclusion criteria due to pregnancy complications. The remaining 7 women agreed to participate. All participants received care on the same antenatal ward; the ward policy stipulated that partners and significant others were not permitted to stay on the ward outside of visiting hours. This policy was adhered to across other hospitals within the same health board.

Data collection

In-depth, one to one, semi-structured interviews were conducted in participants' homes at 4–6 weeks after delivery; interviews were digitally recorded and transcribed verbatim by SB. Interviews lasted between 15 and 40 minutes. The focus of the research enquiry was enhanced by a pre-prepared interview guide [18] used in a flexible manner to allow enquiry into emergent topics previously not considered [16]. Interviews were initiated with an open question such as, "I would like to hear about your experiences of labour induction; in particular about the time you spent on the antenatal ward. Tell me about your experience on the antenatal ward?" The use of open ended questions encouraged participants to talk, rather than simply answer questions [18,19].

Field notes were completed by SB following each research interview in order to capture thoughts and perceptions regarding her influence as a researcher. A research diary of the study progress was also maintained. These additional sources of data contributed to the quality of the research findings, thus enhancing rigour [16].

Data analysis

Data analysis was thematic in nature and guided by an interpretative phenomenological approach, described by Smith et al. [18], "Interpretative Phenomenological Analysis" (IPA). This qualitative research approach includes: reading and re-reading transcripts, identification of emergent themes, and looking for patterns in the themes identified [18].

The process was iterative, rather than linear offering a flexible approach to data analysis as the study findings emerged. As

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