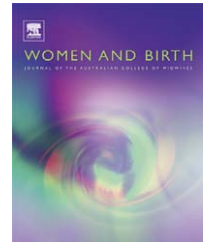




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A qualitative analysis of the content of telephone calls made by women to a dedicated 'Next Birth After Caesarean' antenatal clinic

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Emotional care;
Informed choice;
Decisional conflict

Abstract

Background: The 'Next Birth After Caesarean' (NBAC) clinic is a dedicated service for women who have had a previous caesarean section. The midwifery-led clinic commenced at a tertiary hospital in Western Australia in 2008. As part of this service, access to a midwife via telephone is available.

Aim: This paper aims to provide maternity health care providers with an increased understanding of, and insight into, the different information needs of this specific group of maternity care consumers.

Methods: A qualitative descriptive approach was used to analyse the content of 170 telephone calls made by women to the NBAC clinic over a period of 16 months (July 2008–November 2009).

Results: Six distinct categories of calls were elicited from the analysis process with the majority of calls related to women seeking information and support about the option of vaginal birth after caesarean (VBAC). These were labeled: 'Wanting and seeking a VBAC'; 'Is VBAC a possibility?'; 'Seeking clarification and cross-checking information in the face of opposition'; 'Existing NBAC clients checking in/checking out'; 'Feeling distressed and disappointed; wanting to talk' and 'Professional inquiry about NBAC service'.

Discussion: It is acknowledged that women require access to non-biased information to be able to make informed decisions about birth after caesarean. However there remains limited evidence on the precise informational needs of these women. It appears from our findings that this particular

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group of maternity service consumers requires opportunities to discuss their particular needs within the context of their individual childbearing experiences.

Conclusion: Preliminary evidence is provided that a telephone service led by midwives may be one effective strategy to meet women's informational needs and address decisional conflict in relation to options for birth after a caesarean section.

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Introduction

Australia, like many resource-rich countries, has an increasing primary and repeat caesarean section rate.¹ In the state of Western Australia (WA) the elective repeat caesarean section (CS) rate has steadily risen over the past decade and is at an all time high.² Conversely the number of women choosing to labour in a subsequent pregnancy and actually achieving a vaginal birth after caesarean (VBAC) is extremely low. This is despite evidence recommending VBAC is not only best practice but achievable for the majority of women.^{3,4}

A number of reasons underlie the relatively low VBAC rate. Research demonstrates that women who have had a CS do not always receive information about their subsequent birth options that is factually correct or comprehensive in nature.^{5,6} Conflicting advice about options for birth, limited choice of supportive birth environments and the lack of psychological and emotional support offered to women have also been identified as influencing women's decision-making about mode of birth in a subsequent pregnancy after a previous caesarean.^{5,7–9} In addition, evidence suggests that the practice patterns and professional discourses of both hospitals and clinicians often promote repeat caesarean birth.^{5,10–13} The existence of consumer-driven support organisations such as Birthrites Healing After Caesarean Incorporated (hereafter referred to as Birthrites) attests to the fact that women become highly anxious during a subsequent pregnancy as they struggle to make sense of the variations in maternity professionals' practices and opinions. In a report provided to the WA government, Birthrites strongly recommended that service providers needed to address the decisional conflict women suffer, and made several recommendations.¹⁴ These included the implementation of strategies that facilitate women's access to supportive health care professionals and evidence-based information.

In an attempt to address these issues, WA's only tertiary maternity centre introduced a new service specifically for women who have experienced one previous CS. Known as the Next Birth After Caesarean (NBAC) service, the midwifery-led initiative was designed to nurture women's emotional well being after CS, to provide consistent evidence-based information and to promote safe and successful vaginal birth in a subsequent pregnancy.

The NBAC service weaves together a number of specific strategies or care components, provided at two critical intervention points: the postnatal period immediately after a woman's first CS and the antenatal period of a woman's subsequent pregnancy after a first CS (described in **Box 1**). One of the interventions is to provide women with access to a

midwife via the NBAC clinic's telephone. Callers can also reach the number via the main hospital number—keywords such as 'VBAC'; 'Caesarean section' and 'Next Birth After Caesarean Clinic' are linked to the NBAC telephone number so that switchboard clerks can transfer calls appropriately. Other ports of referral are from the NBAC clinic's brochures; the hospital's 'Following Caesarean Birth' information booklet; community groups and resource centres; internet VBAC chat forums and word of mouth.

This paper provides a description of the 170 telephone calls received at the NBAC clinic between the opening of the clinic on 4th July 2008 and 12th November 2009. In so doing, the paper aims to provide maternity health care providers with an increased understanding of, and insight into, the different information needs of this specific group of maternity care consumers.

Method

This study was conducted using a qualitative descriptive approach. Qualitative research has its focus on the social world and the subjective experience of human beings.¹⁵ Within this paradigm descriptive approaches are useful when there is limited information on a topic.¹⁶ The focus is on providing a rich description of the phenomena of interest, or the 'what is', within a nature context.^{17(p. 124)}

Box 1. Summary of the Next Birth After Caesarean Service

Postnatal:

Opportunity to talk about her experiences.

Evidenced-based information package.

Access to a midwife via telephone.

Follow up telephone call to any woman midwife assesses to be displaying emotional distress.

Antenatal:

Early antenatal booking appointment (14–16 weeks).

Woman encouraged to talk about her last birth experience with a focus on helping her to freely express her feelings, thoughts and concerns.

Continuity of midwifery care during the antenatal period.

Antenatal education session: 'Planning a positive CS' or 'VBAC preparation'.

Access to midwife via telephone.

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