



## Pregnancy with gestational hypertension or preeclampsia: A qualitative exploration of women's experiences



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### ABSTRACT

**Background:** Hypertension complicates 10% of pregnancies and involves specialised care of the woman and her baby, a longer stay in hospital, and an increased risk of physical and mental morbidity. There is limited research reporting the woman's perspective on her experience, how she coped with it psychologically, and whether the care she received influenced her experience.

**Aim:** To gain insight into women's experience of hypertension in pregnancy and to report on what mediating factors may help improve their experience.

**Methods:** A qualitative descriptive study was undertaken. Data were collected through a semi-structured, face to face interview at 10–12 months postpartum. In total, 20 women who had experienced hypertension in their pregnancy were interviewed. Thematic analysis was used to analyse the data.

**Findings:** Four main themes were identified. These were: Reacting to the diagnosis, Challenges of being a mother, Processing and accepting the situation, and Moving on from the experience. The mediating factors that improved the experience were Feeling safe and trusting the care providers, Having continuity of care and carer, and Valuing social support from partner, family and friends.

**Conclusion:** The diagnosis of hypertension in pregnancy has a significant impact on women. This affects their pregnancy and birth experience and their pathway to motherhood. The implications of the findings for midwifery practice include having access to multidisciplinary continuity models of care and facilitating the support for these women.

### Introduction

Hypertensive disorders of pregnancy (HDP) are the most common medical complication of pregnancy, affecting 10% of pregnant women worldwide (Roberts and Gammill, 2005; American College of Obstetricians and Gynecologists, 2013). Hypertension may exist prior to pregnancy or develop during pregnancy. There are two pregnancy-specific hypertensive disorders: gestational hypertension (GH) and preeclampsia (PE). By definition, GH is hypertension that develops after 20 weeks of pregnancy without any organ involvement and is a benign condition that usually has good maternal and fetal outcomes (Tranquilli et al., 2014). In PE, hypertension develops after 20 weeks gestation and is associated with at least one other organ involvement,

most often the kidneys, but also liver, central nervous system, haematological system or the placenta (Tranquilli et al., 2014). Preeclampsia is a more significant disorder associated with increased rates of maternal and perinatal morbidity and mortality (Stegers et al., 2010).

Women who are diagnosed with GH or PE often require specialised care from a multidisciplinary team, antenatal hospital admissions, and a longer postnatal stay that may include time in an acute care setting such as an Intensive Care Unit (ICU). There are reports of the physical and psychological outcomes following pregnancy complicated by hypertension (Anderson, 2007; Bushnell and Chireau, 2011; Williams, 2011; Andersgaard et al., 2012; Giguere et al., 2012) and the long term health risks (Bellamy et al., 2007; McDonald et al.,

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2008), but there is scant research reporting on the woman's experience of HDP from her perspective, how she coped with it, and whether the care she received influenced her experience.

One of the few studies specifically about the woman's experience of HDP explored the needs of women who had been admitted to hospital (Barlow et al., 2008). Interviewed within three days of antenatal admission, this study showed that women sought support from partners and family and valued the support from other women in the hospital ward as they seemed to have an intrinsic understanding of the situation. There was no subsequent follow-up so it is not clear how they coped over time.

In a study from the United Kingdom, women at the postnatal clinic interviewed after a pregnancy complicated by PE, were asked about their understanding of future health risks (Brown et al., 2013). Women were mostly concerned about the next pregnancy, especially the recurrence of the HDP, the health of the baby and a long hospital admission, rather than their own health.

In high income countries, women with HDP are usually well managed with prompt, appropriate and effective interventions (Furuta et al., 2014). Despite this, some experience a life threatening event which may lead to psychological sequelae (Vincent, 2006). This may impact adversely on mother–infant attachment and child development (Sharp et al., 1995) and their overall experience.

It is important to better understand the *perspectives* of women with HDP in order to enhance their quality of care and to improve their pregnancy and birth experience. The aim of this study was to explore women's experiences of a pregnancy complicated by either GH or PE using a qualitative approach, to appreciate the woman's perspective, how she coped with it psychologically, and whether the care she received influenced her experience.

## Methods

A qualitative descriptive study, as described by Sandelowski (2000), was undertaken. Qualitative descriptive methods are a useful form of enquiry when investigating previously unexamined experiences (Sandelowski, 2000; Avis, 2003) and afford a detailed understanding of important and sometimes complex situations (Sandelowski, 2000). This approach enables life experiences to be explored in depth, and therefore gain insight and understanding of this experience from the participants' perspective (Vaismoradi et al., 2013).

### Setting

The study was carried out at *St George Hospital* in Sydney, Australia, which caters for 2,500 births annually. The maternity unit is a regional referral metropolitan service where care can be provided to women and infants of medium to high risk (Centre for Epidemiology and Evidence, 2016).

### Participants

Women who were diagnosed with either GH or PE in their preceding pregnancy were purposefully recruited. Participants had previously consented to a five year follow-up study (Davis et al., 2016) being conducted at the hospital, and attended the hospital at six months postpartum for study measurements. Women initially met the researcher at recruitment in the immediate postpartum period, and again at the six month study visit. At the later visit, women were invited to participate in a face-to-face interview about their pregnancy and birth experience. Women who agreed to participate were contacted again at 10 months postpartum to confirm willingness to consent and organise a convenient place and time for the interview.

In total, 37 women were approached and 35 agreed to be contacted again. Six women were unable to be contacted and three declined consent at the second contact. Data saturation, where no new

information or concepts arose from the interviews, was reached by the twentieth interview so recruitment ended at that point. The remaining six women were contacted and thanked for their offer of participation.

### Data collection

Ethical approval was granted by the Local Health District Human Research Ethics Committee, the hospital Governance Unit and the university.

Semi-structured face-to-face interviews were conducted at 10–12 months postpartum. The timing of the interview was in line with suggestions from both Bennett (1985) and Simkin (1992) who propose that interviewing between months later and up to two years following the birth gives a more accurate perspective of the woman's experience.

Interviews were conducted at a mutually agreeable private place where the woman felt comfortable to share her story; 17 at the woman's home and three in a private office at the hospital. Each interview lasted about 45 minutes. The first five interviews were conducted by two female midwives who had extensive knowledge and clinical experience in caring for women with HDP. One midwife had considerable experience in interviewing women. The last 15 interviews were conducted by one midwife (first author). A series of open-ended questions guided the interview with flexibility in the questioning to respond to the woman. The questions included:

*How did you feel when you were told you had high blood pressure in your pregnancy?*

*How was your care from the midwives and doctors after you found out about your complication?*

*How did you feel after the birth?*

*How was your baby after the birth?*

*What worried you the most about having high blood pressure in your pregnancy?*

*Looking back, how do you feel about your pregnancy now?*

All interviews were digitally recorded. Recordings were de-identified and transcribed verbatim by the main interviewing midwife within three to four days of the interview and later transferred to the software programme NVivo for coding.

### Data analysis

Data analysis began after all interviews had been transcribed. Firstly, data were separated into sections such as pregnancy, birth, infant and postpartum. This process is described by Saldana (2013) as preparing the data, giving a greater familiarity with the contents before more detailed examination begins. The second stage, initial coding, was performed using NVivo. Line by line analysis was then undertaken and nodes, a collection of quotes about a specific area of interest (QSR International, 2014), were created. Transcripts were reread and recoded to ensure that initial coding was accurate and all useful data were included. The final stage of analysis was performed by two researchers and themes were derived from the data codes. This thematic analysis was applied in order to describe different concepts in relation to the research question (Braun and Clarke, 2006). Sub-themes were grouped into main themes.

Direct quotes are provided to illustrate the themes. Numbers at the end of each quote have replaced names to protect the woman's identity and to show how different women had similar experiences.

## Findings

The women interviewed were aged between 20 and 40 years, 15 were first time mothers and the gestation at which they gave birth varied from 30 to 41 weeks (Table 1).

There were four main themes identified from the data: *Reacting to*

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