

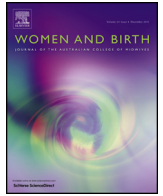


ELSEVIER

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.elsevier.com/locate/wombi



ORIGINAL RESEARCH – QUALITATIVE

Fetal movements: What are we telling women?

Jane Warland^{a,*}, Pauline Glover^b

^a University of South Australia, School of Nursing and Midwifery, City East Campus, Centenary Building, North Terrace, Adelaide, SA 5000, Australia

^b The Flinders University Adelaide, School of Nursing and Midwifery, GPO Box 2100, Adelaide, SA 5001, Australia

ARTICLE INFO

Article history:

Received 18 February 2016

Received in revised form 2 June 2016

Accepted 2 June 2016

Keywords:

Reduced fetal movements

Midwives knowledge

Women's knowledge

Management of reduced fetal movement

Kick counting

ABSTRACT

Problem: Information that women receive about the importance of monitoring fetal movements and what to do if there are changes is inconsistent and may not be evidence based.

Background: This paper reports a summary of the kind of messages a group of South Australian midwives ($n = 72$) currently give pregnant women.

Methods: Comment data from two questions in a larger survey asking (1) what information midwives routinely provide to women about fetal movements and (2) their practice regarding advice they give to women reporting reduced fetal movements. Data were analysed using summative content analysis.

Findings: Four main recurring words and phrases were identified. With respect to information midwives give all women about monitoring fetal movements, recurring words were “10”, “normal”, “kick charts” and “when to contact” their care-provider. Recurrent words and phrases arising from answers to the second question about advice midwives give to women reporting reduced fetal movement were “ask questions,” “suggest fluids,” “monitor at home and call back” or “come in for assessment”.

Discussion: These findings suggest that a group of South Australian midwives are providing pregnant women with inconsistent information, often in conflict with best practice evidence.

Conclusion: As giving correct, evidence based information about what to do in the event of an episode of reduced fetal movement may be a matter of life or death for the unborn baby it is important that midwives use existing guidelines in order to deliver consistent information which is based on current evidence to women in their care.

© 2016 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.

Statement of Significance:

Problem

Maternal perception of reduced fetal movement is a major contributor to adverse birth outcomes. However, information that women receive about the importance of monitoring fetal movements and what to do if there are changes is inconsistent and often not evidence based.

What is Already Known

Women gain information about what to expect regarding fetal movement and what to do in the event of a reduction in fetal movement from their midwife, other maternity care providers or the Internet.

What this Paper Adds

This paper adds evidence that the midwife participants in this study did not generally use existing evidence based guidelines when giving women information about fetal movement. This resulted in them using varying information and advice, as well as taking variable action in the event that a woman reports an episode of reduced fetal movement.

* Corresponding author. Tel.: +61 08 8302 1161.

E-mail addresses: jane.warland@unisa.edu.au (J. Warland), Pauline.glover@flinders.edu.au (P. Glover).

<http://dx.doi.org/10.1016/j.wombi.2016.06.001>

1871-5192/© 2016 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.

1. Introduction

Fetal movements are a sign to the woman that her baby is alive and in 'contact' with her.¹ There is little doubt that if an episode of reduced fetal movements (RFM) occurs during pregnancy that this is associated with adverse pregnancy outcomes, especially stillbirth.^{2–6} What is much less clear in the literature is what a 'reduction' actually is, for example, "normal" number of fetal movements in 1 h can vary from 4 to 100.⁷ However, maternal perception of fetal movements can be variable⁸ and depends on many factors including, placental position, decreased amniotic fluid, fetal sleep state, maternal smoking status, parity and body habitus.^{9,10} There is no specific number as to what represents a "normal" number of movements and the time in which those movements occur¹¹ and maternity care-providers should be aware of this when giving information.

Pregnant women receive health care information from many health professionals, however, three studies^{12–14} have reported that women preferred to receive this information from a midwife. Women may also supplement this with information sourced on the Internet.^{10,15–18} However, information regarding fetal movement available on the internet is of variable quality, readability and accountability.¹⁹ It is therefore very important that maternity care-providers offer pregnant women consistent, accurate and accountable information about fetal movements. Little is known regarding how pregnant women learn about fetal movement¹⁴ and in particular what information and advice is typically offered by maternity care providers. This paper will report findings from a study of South Australian midwives about the kind of messages they say they currently give women regarding fetal movements, as well as an indication of how they said they would manage a woman who contacts them reporting RFM.

2. Participants, ethics, methods

A sample of South Australian midwives ($n = 72$) were surveyed about their knowledge of risk factors for stillbirth immediately prior to an educational workshop on that topic. The 21 question survey was developed by the authors, with five of the questions asking about fetal movement. Three of these five questions were quantitative Likert scale questions which we have previously reported.²¹ This paper focuses on the free text comment data gained from two questions in that survey.

Question one consisted of the second half of a two phased question in which participants were asked if they routinely gave information to all women regarding fetal movements. Following giving a yes/no response participants were invited to "Outline what information you routinely give to pregnant women about fetal movements?"

The second question was: Please briefly outline what you would do if a pregnant woman rang you concerned about decreased fetal movement?

3. Data analysis

The data were comment data, gathered as part of a larger quantitative survey where participants were asked to "outline" what they would do, without the ability to ask further questions or for further explanation. The data were therefore not particularly rich, however during quantitative data analysis the authors agreed that there was merit in separate further analysis of these comments due to the important role midwives play in educating pregnant women and preventing stillbirth. We analysed the data using 'summative content analysis' outlined by Hsieh and Shannon.²⁰ Firstly both authors independently searched the data for recurrence of certain words. Recurring words were identified

and quantified in order to identify the most common responses. Then both authors agreed on the common words and chose exemplars of each of the most common responses in order provide a descriptive analysis of the data.

4. Ethical approval

Ethical approval for the study was granted by a University Human Research Ethics Committee. Protocol no. 0000030425 approved on the 12/12/12.

5. Findings

Demographic data and initial quantitative findings have been previously reported,²¹ but are repeated here for context. More than one third of the participants were older than 36.1% ($n = 50$), one third had undertaken a hospital based (certificate) training, another third held a university undergraduate degree in midwifery with the remaining third holding a combined degree in nursing and midwifery or university post graduate degree. Most 77.8% ($n = 56$) were currently employed in a public hospital and 48.6% ($n = 35$), had been working for at least 11 years. Nearly all 96% ($n = 69$) held a clinical role. Those in non-clinical roles were researchers or educators.

Participants were asked three questions (previously reported) about their knowledge and practices regarding fetal movements. Findings from our earlier report indicated that 86% ($n = 62$) stated that they routinely gave all women information about fetal movements. A little over 53% ($n = 38$) of the participants knew that the statement "it is normal for a fetus to move less close to term" was false, and 35% ($n = 25$) strongly agreed that "being aware of fetal movement can help reassure the woman that the fetus is well".

6. Midwives information giving about fetal movement (FM)

Participants were asked if they routinely gave information about fetal movements. If they answered "yes" they were asked to provide a written comment response regarding the type of information that they gave to women. Sixty three participants answered "yes" however, only 72% ($n = 52$) of the participants provided further information about what kind of information they provided. There were four main recurring words from these responses: namely "10," "normal," "kick charts," and "when to contact." Table 1 provides details of frequency of responses as well as illustrative quotes for each of these common words and phrases:

We also asked participants to provide us with their written response to this question: "a woman rings you reporting decreased fetal movements, briefly outline what you would do?" Ninety six percent ($n = 69$) of the participants provided an answer to this question and their responses fell into 4 main recurring words and phrases: namely "ask questions", "suggest fluids or food" "monitor at home and call back" and "come in for testing." These are tabulated with exemplars in Table 2.

7. Discussion

7.1. Information given

The use of the number 10 seems to be endemic when information regarding fetal movement is given. However, of concern is the level of inconsistency regarding the amount of time needed for the 10 movements to occur. In our study, 42% ($n = 22$) of the participants who responded to this question used the number 10 in their answer but wrote that this was anything from 10 in 10 min, to 10 in 24 h. Other studies have also reported a similar variation in what is considered normal and RFM, with a group of

Download English Version:

<https://daneshyari.com/en/article/5566010>

Download Persian Version:

<https://daneshyari.com/article/5566010>

[Daneshyari.com](https://daneshyari.com)