



Contents lists available at ScienceDirect

Women and Birth

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



ORIGINAL RESEARCH – QUANTITATIVE

Women's experience of childbirth – A five year follow-up of the randomised controlled trial “Ready for Child Trial”

Rikke Damkjær Maimburg^{a,b,c,*}, Michael Væth^d, Hannah Dahlen^e

^a Department of Clinical Medicine, Aarhus University, Aarhus, Denmark

^b Department of Obstetrics and Gynaecology, Aarhus University Hospital, Aarhus, Denmark

^c Centre of Research in Rehabilitation (CORIR), Aarhus University Hospital, Aarhus, Denmark

^d Section for Biostatistics, Department of Public Health, Aarhus University, Aarhus, Denmark

^e School of Nursing and Midwifery, Western Sydney University, Sydney, Australia

ARTICLE INFO

Article history:

Received 18 September 2015

Received in revised form 17 January 2016

Accepted 21 February 2016

Keywords:

Experience

Antenatal preparation

Birth

Epidural

RCT

ABSTRACT

Background: Few studies have assessed the long term perspective of women's childbirth experience as well as studying women's individual birth experience over time.

Aim: To compare the long term perspective of the birth experience in nulliparous women attending a structured antenatal programme to that of women allocated to standard care. Moreover, to study changes in the woman's perception of birth and explore the birth characteristics in women reporting a less positive birth experience after five years compared to their reported experience shortly after birth.

Methods: A five-year follow-up study of a randomised controlled trial; “The Ready for Child” trial. Information used in the current study was collected from 905 nulliparous women's questionnaires.

Results: More women reported less positive birth experiences in the long term compared to shortly after birth. Women receiving the structured antenatal programme reported a more positive birth experience in the long term compared to women in the original reference group. Birth characteristics of women reporting a less positive birth experience in the long term, irrespective of group allocation, were significantly more likely to experience an epidural, cardiotocography monitoring, and less likely to use water as pain relief and have a spontaneous vaginal birth.

Conclusion and implications: Women's overall birth experience is important as it has a long term influence on the future health of the woman and her family. Reporting a good birth experience in the long term is more likely when attending a structured antenatal programme and if medical intervention is avoided during birth.

© 2016 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

1. Introduction

Childbirth is a significant event in a woman's life with the emotional and physical impact potentially having both short and long term consequences.¹ How a woman experiences childbirth has been found to influence not only the woman's own health but also the well-being of her child and family^{2,3}; moreover, it may impact future reproduction^{4,5} and choices regarding mode of birth in future births.⁶ A long term follow-up study of women's experience of childbirth has found a positive association between

positive childbirth experience and women's self-confidence and self-esteem in later life.¹

However, measuring the childbirth experience is complex and how and when to obtain the most valid measure of the woman's birth experience is still being explored.^{7,8} It has been suggested that measuring birth experience soon after birth will lead to a more positive perception of the birth experience due to the relief of having a healthy baby rather than providing a valid measure of the actual birth process.^{5,8} Long term follow-up studies with an early and late assessment of childbirth experiences to understand how these experiences develop over time are warranted.

In a previously conducted randomised trial “Ready for Child”⁹ ($n = 1193$) studying the effect of a childbirth programme on coping with the birth process, newborn care, and early parenthood, we found that women attending antenatal classes experienced a lower level of worry in late pregnancy.¹⁰ The women also had a improved

* Corresponding author at: Department of Clinical Medicine, Aarhus University, Palle Juul-Jensens Boulevard 99, 8200 Aarhus N, Denmark. Tel.: +45 78453400.
E-mail address: rmai@clin.au.dk (R.D. Maimburg).

<http://dx.doi.org/10.1016/j.wombi.2016.02.003>

1871-5192/© 2016 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

ability to cope in the early stages of labour as 45% more women attending the antenatal classes arrived in active labour at the maternity unit and there were also a 16% reduction in use of epidural analgesia.⁹ However, despite improvements achieved in the birth process after attending antenatal classes, “The Ready for Child” trial was not able to identify a reported improvement in the women’s birth experience using a five-point Likert scale six weeks postpartum.⁹ This may reflect the fact that the birth experience is rated more positively if obtained shortly after birth.⁵ Further information about the original trial is described in the main publication.⁹

In this present follow-up study of a previously randomised trial “The Ready for Child” trial we aimed to ascertain women’s experience of their first birth five years after birth. Further, birth characteristics of women with more negative childbirth experience in the long term are presented based on information collected five years after birth and compared to those collected six weeks postpartum.

2. Methods

This study was designed as a five-year follow-up of the women participating in the former “Ready for Child” trial. The present

follow-up study of the participants in the “Ready for Child” trial was conducted by collecting additional data from the participants through questionnaires (Fig. 1b). An invitation letter was sent to the women during the month her first child was celebrating his/her five-year birthday. The invitation letter included information about the follow-up study and where the women could access the online questionnaire. Two reminders were forwarded in the subsequent two weeks if the women did not fill in the questionnaire. No invitation letter was sent to women who were no longer alive, emigrated or had an unknown address. The sample size for this current study was determined by the women’s response rate. A post hoc sample size calculation is not appropriate.¹¹ The study was approved by the Danish Data Protection Agency (2011-41-6618).

2.1. Statistical analysis

We compared baseline characteristics of the participants at the five-year follow-up between the original intervention and reference groups (Table 1) on maternal age, general health status, mental health status, living together with the child’s father, whether a second child had been born, and educational level.

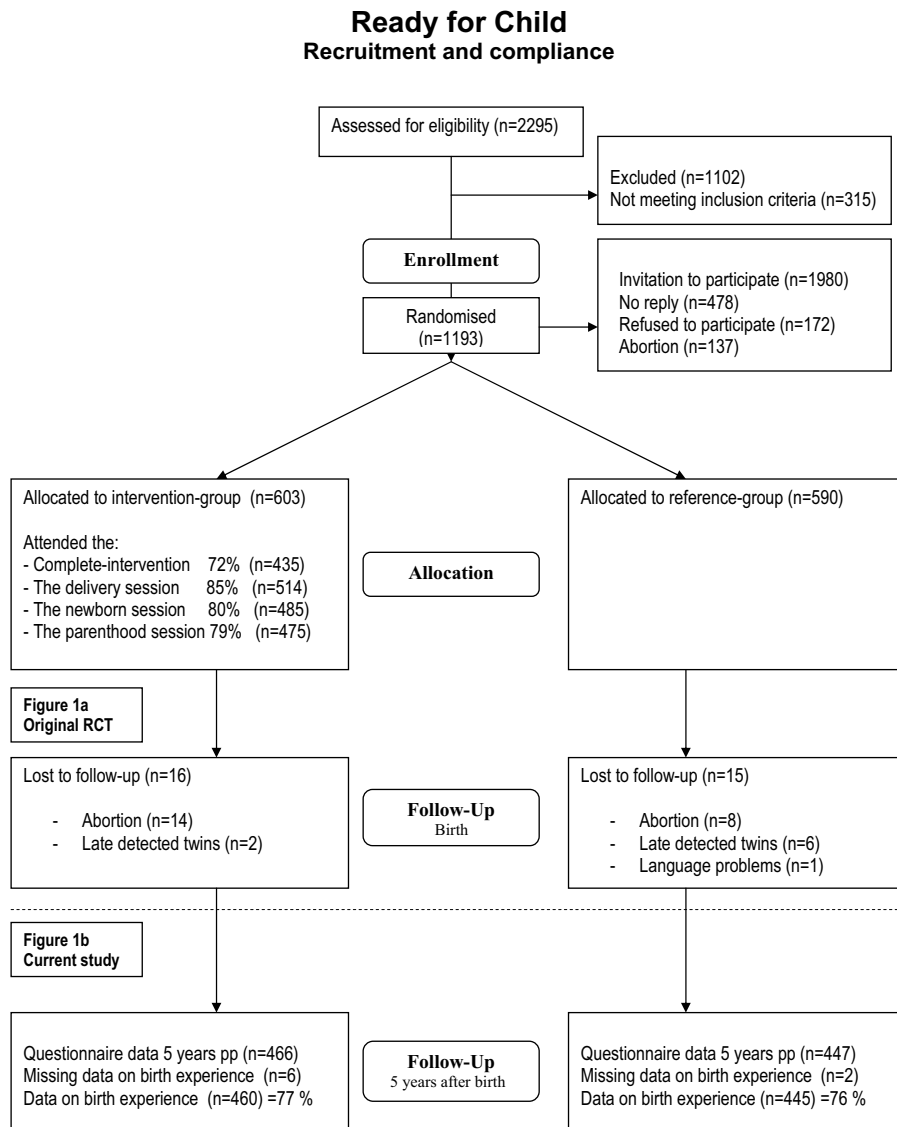


Fig. 1. Description and recruitment of the study population.

Download English Version:

<https://daneshyari.com/en/article/5566086>

Download Persian Version:

<https://daneshyari.com/article/5566086>

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