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Original Research - Quantitative

Women's views about the timing of birth

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ABSTRACT

Background: Estimated date of birth (EDB) is used to guide the care provided to women during pregnancy and birth, although its imprecision is recognised. Alternatives to the EDB have been suggested for use with women however their attitudes to timing of birth information have not been examined.

Aims: To explore women's expectations of giving birth on or near their EDB, and their attitudes to alternative estimates for timing of birth.

Methods: A survey of pregnant women attending four public hospitals in Sydney, Australia, between July and December 2012.

Results: Among 769 surveyed women, 42% expected to birth before their due date, 16% after the due date, 15% within a day or so of the due date, and 27% had no expectations. Nulliparous women were more likely to expect to give birth before their due date. Women in the earlier stages of pregnancy were more likely to have no expectations or to expect to birth before the EDB while women in later pregnancy were more likely to expect birth after their due date. For timing of birth information, only 30% of women preferred an EDB; the remainder favoured other options.

Conclusions: Most women understood the EDB is imprecise. The majority of women expressed a preference for timing of birth information in a format other than an EDB. In support of woman-centred care, clinicians should consider discussing other options for estimated timing of birth information with the women in their care.

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Statement of significance:

Problem or issue

A woman's estimated date of birth (EDB) is used to guide clinical decisions during pregnancy and birth, but its imprecision may lead to unrealistic expectations or confusion.

What is already known

Only 5% of all women give birth on the EDB.

What this paper adds

Evidence that most women understand the EDB is an approximation only, and most women prefer timing of birth information in a format other than a specific date. Discussions with each woman about her birth preferences should include timing of birth information options.

1. Introduction

The estimated date of birth (EDB) is a single date that indicates a pregnant woman's likely timing of childbirth. The EDB is vital for both clinicians and expectant mothers because the date informs the planning and, where appropriate, timing of obstetric interventions including inductions and planned caesarean sections. It also helps women to prepare emotionally and socially for childbirth and recovery postpartum.¹

The EDB is determined primarily by two means: last menstrual period (LMP); and ultrasound assessment of fetal size parameters. The reliability of using the LMP for estimations of birth is limited by women's ability to accurately recall the date, the regularity of

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women's menstrual cycles, and the assumption that ovulation occurs midcycle for all women.² Ultrasound dating of pregnancy also has limitations arising from differences in operator skill, image quality, women's body shape and fetal position.³ Furthermore, it assumes that all fetuses are the same size at early gestations, and that any differences in size are due to differences in the duration of pregnancy or potential fetal compromise. Accuracy of the EDB using either technique is also influenced by factors such as normal variations in the length of gestation⁴ as well as women's age, parity and ethnicity.^{5,6}

Clinicians understand both dating methods are imprecise;⁷ only 5% of neonates are born on the EDB,⁷ 33% are born within one week of the EDB and 66% are born one week either side of this date.⁸ Some have questioned whether the specificity of the EDB is helpful or necessary.⁹ Alternative ways for communicating timing of birth information to women other than the EDB have been proposed. Whitehouse suggested that providing women with a delivered-by-date at 42 weeks after the LMP would decrease maternal anxiety and encourage women to see birth at any week of term pregnancy as normal.¹⁰ Others have suggested use of the EDB be eliminated, especially in early pregnancy, and instead at 32 weeks women be given an individualised 'assigned week of delivery' depending on their clinical circumstances.⁹ To the best of our knowledge, no studies have been conducted that have explored women's views about the EDB or their preferences for alternatives.

In recent years, there have been increasing calls for maternity care to be more woman-centred.^{11–14} In Australia, this has been defined as providing maternity care that focuses on a woman's unique needs, expectations and aspirations; recognises her rights in choice, control and continuity of care; and addresses her social, emotional, physical, psychological, spiritual and cultural needs and expectations.¹⁵ The types of clinicians involved in providing such care for Australian women can vary and generally can include general practitioners, and public or private obstetricians and/or midwives. Feedback from women can help inform how best to meet their information and care needs. The aims of this study therefore were to explore women's views about the timing of birth, specifically, their expectations of giving birth on or near their EDB, and their attitudes to alternative estimates for timing of birth.

2. Methods

Pregnant women attending antenatal clinics at four public hospitals in Sydney, Australia, between July and December 2012, completed a short anonymous survey while waiting for their appointment. The survey comprised 26 items that captured demographic and pregnancy details, as well knowledge about, and attitude towards various aspects of pregnancy and birth. The survey was pilot-tested with 10 pregnant women and 30 women of childbearing age to ensure readability and clarity. Minimal wording changes were made. The final survey took approximately 5 min to complete. Further details of the survey and recruitment strategy are described elsewhere.¹⁶

Two survey items are the focus of this paper. To explore women's expectations about the timing of birth relative to their EDB, they were asked: "Personally, when do you think you will give birth?" The options were: "within a day or so of my due date", "sometime before my due date", "sometime after my due date", and "I have no expectations".

To gauge women's preferences for timing of birth information, they were asked: "Although pregnant women are given a due date, most women do not birth on the exact day for many reasons. Of the options below, which one do you most prefer?" The following options were provided (the percentages shown were based on published estimates⁸):

- I would prefer to be given an exact due date, knowing that I had a 5% chance of giving birth on that day.
- I would prefer to be given an estimated week of birth, knowing that I had a 35% chance of giving birth sometime in that week.
- I would prefer to be given an estimated fortnight of birth, knowing that I had a 65% chance of giving birth during that two-week period.
- I would prefer to be given the latest date by which I will almost certainly give birth (99% chance).
- Other (please specify).

The analysis for this study included percent tabulations and contingency tables to describe the study sample characteristics. We anticipated that multiparous women's views about expected timing of birth may be influenced by previous birth experiences. Therefore, nulliparous and multiparous women's responses about expected timing of birth were analysed separately and compared using Chi-square tests.

Multivariate logistic regression was used to examine the association between women's responses to the two survey items and the following potential explanatory factors (also collected in the survey): maternal age, country of birth, level of education, current working status, gestation at time of survey, multiple pregnancy, parity, and expecting a caesarean section. A *p*-value of 0.05 was considered statistically significant. All analyses were performed using SAS, version 9.3 (SAS Institute, Cary NC, USA). Ethical approval was obtained from the Northern Sydney Local Health District Human Research Ethics Committee prior to study commencement (LNR/12/HAWKE/151).

3. Results

Of the 850 women who were invited to participate, 784 completed the survey (response rate 92%). The majority of surveyed women were over 30 years of age, held a university degree or higher (62%), and were in the third trimester of pregnancy (Table 1).

Among the 769 women who responded to the question about expected timing of birth, 42% expected they would birth sometime before their due date, 16% sometime after their due date, 15% within a day or so of their due date, and 27% had no expectations (Table 2). The expectations of nulliparous women were significantly different from those of multiparous women ($\chi^2 = 15.4$, *p* = 0.002): nulliparous women were much more likely to expect to give birth before their due date (Table 2).

The following explanatory factors were significantly associated with women's expectations about their timing of birth: gestation at time of survey (*p* < 0.001), multiple pregnancy (*p* = 0.005), parity (*p* = 0.002), and expecting a caesarean section (*p* < 0.001) (Table 3).

Table 1
Characteristics of survey respondents (N = 784).^a

Characteristic	
Maternal age (mean (SD), years)	32 (±5)
<25 years	37 (5%)
25–34 years	481 (62%)
≥35 years	253 (33%)
Country of birth other than Australia	298 (39%)
Tertiary education	475 (62%)
Employed in paid work	472 (62%)
Gestational age at time of survey (mean (SD), weeks)	30 (±8)
Multiple pregnancy	59 (8%)
Nulliparous	379 (48%)
Gestational age at previous birth (multipara, n = 404, mean (SD))	39 (±3)

Abbreviations: SD, standard deviation.

^a Missing data on some variables, maximum N = 17.

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