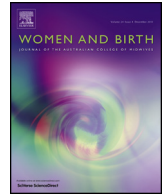




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ORIGINAL RESEARCH – QUALITATIVE

“It’s like a puzzle”: Pregnant women’s perceptions of professional support in midwifery care



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ABSTRACT

Problem: Pregnant women are not always satisfied with the professional support they receive during their midwifery care. More knowledge is needed to understand what professional support pregnant women need for childbirth and parenting.

Background: Childbearing and the transition to becoming a parent is a sensitive period in one’s life during which one should have the opportunity to receive professional support. Professional support does not always correspond to pregnant women’s needs. To understand pregnant women’s needs for professional support within midwifery care, it is crucial to further illuminate women’s experiences of this support.

Aim: To explore pregnant women’s perceptions of professional support in midwifery care.

Methods: A qualitative study using semi-structured interviews. Fifteen women were interviewed during gestational weeks 36–38. Data was analysed using phenomenography.

Findings: The women perceived professional support in midwifery care to be reassuring and emotional, to consist of reliable information, and to be mediated with pedagogical creativity. The professional support facilitated new social contacts, partner involvement and contributed to mental preparedness. The findings of the study were presented in six categories and the category *Professional support contributes to mental preparedness* was influenced by the five other categories.

Conclusion: Pregnant women prepare for childbirth and parenting by using several different types of professional support in midwifery care: a strategy that could be described as piecing together a puzzle. When the women put the puzzle together, each type of professional support works as a valuable piece in the whole puzzle. Through this, professional support could contribute to women’s mental preparedness for childbirth and parenting.

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Summary of relevance:

Problem or issue

Pregnant women are not always satisfied with the professional support they receive during their midwifery care. More knowledge is needed to understand what professional support pregnant women need for childbirth and parenting.

What is already known

Professional support does not always correspond to women’s support needs. Many changes have been implemented to professional support without the support of research evidence to back these changes. It is therefore necessary to further illuminate pregnant women’s experiences of professional support within midwifery care.

What this paper adds

Professional support in midwifery care contributes to pregnant women’s mental preparedness for childbirth and parenting. Women prepare by using different types of professional support; this preparation could be described as piecing together a puzzle.

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1. Introduction

Childbearing and the transition to becoming a parent is a sensitive period in one's life during which one should have the opportunity to receive professional support.¹ Nevertheless, previous research has shown that pregnant women are sometimes dissatisfied with the professional support they are offered,² since the support does not correspond to their actual needs.³

Pregnant women in Sweden may take advantage of professional support during their antenatal care, which is mostly provided by midwives.^{4,6} Midwives are responsible for preventing any unfavourable pregnancy-related outcomes and for preparing parents for labour, birth and parenthood.⁴ Professional support in midwifery care is free of charge in Sweden and is organised within the public primary health-care system. The system offers pregnant women different kinds of professional support, both through antenatal units and (to a varying extent) through hospitals. During pregnancy, women have the opportunity to make six to nine antenatal visits to a midwife.⁷ The national guidelines in Sweden recommend these visits for uncomplicated pregnancies⁸; these visits could be described as health check-ups for detecting any pregnancy-related complications. In addition to providing these health check-ups, midwives also offer antenatal-education classes, mainly to first-time parents.

Numerous studies have found that women require professional support during the childbearing period.^{7,9,10} Pregnant women expect professional support in their transition to motherhood; they want their individual needs to be met, but they also want professionals to involve their partners.¹¹ Satisfaction with professional childbearing support has many positive effects. Previous research has shown that pregnant women's sense of safety and preparedness increases when they receive professional childbearing support¹²; such support also improves women's breastfeeding,¹³ their birth experiences¹⁴ and their relations to (and feelings for) their babies. A positive birth experience can have long-lasting benefits by potentially strengthening the woman's self-confidence and improving the bonding that takes place between the woman and her child¹⁵; such an experience can also affect her mode-of-delivery preference for subsequent child-births.^{16,17} In contrast, women who experience a lack of support before childbearing are at greater risk of negative birth experiences.¹⁷ Such women are more likely to experience fear of childbirth during subsequent pregnancies, which can lead to requests for caesarean sections in future births.^{16–18}

For these reasons, it is clear that professional support in midwifery care is vital. Nevertheless, the way in which professional support is currently offered to pregnant women varies both nationally (within Sweden) and internationally. To understand pregnant women's needs for professional support within midwifery care, it is crucial to further illuminate women's experiences of this support. The aim of this study was thus to explore pregnant women's perceptions of professional support in midwifery care.

2. Methods

2.1. Study design and method description

An explorative design using interviews and a phenomenographic approach was chosen to obtain pregnant women's perceptions of professional support in midwifery care.^{19,20} Phenomenography has its origin in pedagogical (rather than phenomenological) traditions; knowledge and learning are central in such traditions.²¹ The goal of the phenomenographic approach is to describe how people experience and understand specific phenomena in the world around them. It is people's ways of understanding that is studied; researchers make the assumption

that people differ in the ways in which they perceive a given phenomenon. Perceptions could be described by "how things really are" (i.e. the first-order perspective) or "how things are perceived or understood" (i.e. the second-order perspective). Phenomenography describes the latter perspective: how someone perceives (or understands) something.²² The intention with this approach is to find the different aspects of perceptions that exist, rather than trying to find the core of the phenomenon.¹⁹ The use of a phenomenographic approach will be helpful in this study in our exploration of the different aspects of pregnant women's perceptions of professional support in midwifery care.

2.2. Settings and participants

This study took place in a county in south-western Sweden. The county consists of urban, suburban and rural districts, with approximately 280,000 inhabitants. The county hospital labour-ward sees an average of around 2600 births per year. Within the geographical area of the study, the Swedish public primary health-care system offer pregnant women professional support in midwifery care during prenatal assessments at antenatal units. They women are also offered (to a varying extent) traditional antenatal-education classes. Midwives at antenatal units provide these classes four to five times during each pregnancy for groups of six to eight couples. During these classes, parents are provided with information about pregnancy, labour, breastfeeding, parenthood and relationships between partners. When necessary, midwives at antenatal units refer women for extra assessments: to psychologists, to midwives/obstetricians at the hospital's labour-ward units and to specially educated midwives for handling the fear of labour among women. The hospital also offers pregnant women professional support via lectures (the "Inspirational lecture"). These are large-group lectures developed by specially trained midwives at the county hospital. The midwives have undergone this training and have received certification as Prenatal Instructors²³; the training includes discussions of how the parental couple can be strengthened during childbirth situations. Only midwives who have this special education and who work at the labour ward at the hospital can deliver these lectures. During the two-hour-long lecture, expectant parents are provided with information about normal labour and birth, with the intention of preparing parents for childbirth.

The study's inclusion criteria were that (1) women must be first-time mothers with (2) singleton pregnancies; (3) they had to intend to give birth at the county hospital; and (4) they had to be able to understand and speak Swedish. The women were recruited by midwives at antenatal units during a prenatal assessment in gestational week 25. Forty women were asked to participate in the study; 22 accepted this offer. Fifteen women, selected by strategic sampling, were ultimately included in the study. The selection for the present study was done purposefully with maximum-variation sampling in order to ensure variation among the women in terms of age (20–37 years); place of residence (urban, suburban or rural district); high school and/or university education; and professional support they received in midwifery care (only antenatal-education class, only lecture at the hospital, or both). Both heterosexual and same-sex couples were included. The women included were contacted by the first author via telephone. Prior to the commencement of the interviews, the women had been provided with written information about the interviewer's profession (midwife/PhD student).

2.3. Data collection

The interviews took place during gestational weeks 36–38, lasted 39–70 min and were conducted in Swedish via telephone. The

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