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Full Length Article

Experiences of South African multiparous labouring women using the birthing ball to encourage vaginal births

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ARTICLE INFO

Article history:

Received 18 February 2015

Accepted 30 August 2016

Keywords:

Experiences

Labouring women

Birthing ball

Vaginal delivery

Descent

ABSTRACT

The article explores the experiences of South African multiparous labouring women on their use of the birthing ball during the first stage of labour. The authors used a qualitative research approach using unstructured audiotaped interviews as the data collection method and data were collected over a period of one calendar month. The sample for the study were women who were six hours to six weeks post-delivery, had at least one child already, used the birthing ball, were on no medication, and had delivered a live infant. The sample consisted of twelve purposively selected participants, two of whom were used for the pilot study. The data analysis method was Data Analysis Spiral. The authors made use of an independent coder to assist with coding the data and three major themes were identified. The results revealed that the labouring women experienced the birthing ball as a useful labour tool, as shortening the labour process and as empowering them during labour.

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1. Background to the study

Labour and delivery have long been accepted to be a painful experience. While pain in labour is universal, it is also an individual experience for each woman and therefore perceived differently by each labouring woman (Littleton & Engebretson, 2013:598). The experience of pain in labour is often considered a comforting experience, a bond among women who are in labour and a fundamental truth that confirms the special sense

of achievement (Macdonald & Magill-Cureden, 2011:845). It is the biological role of women and also experiences which affirm the importance of the contribution of women to society. Nevertheless, some women experience pain as a deterrent to vaginal birth and opt for caesarean section deliveries (Boutsikou & Malamitsi-Puchner, 2011:1519). The use of the birthing ball could assist with alleviation of pain and encourage vaginal deliveries. Globally, the rate of caesarean section deliveries is increasing which is a cause of concern to medical doctors and midwives (Gibbons et al., 2010:7).

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Peer review under responsibility of Johannesburg University.

<http://dx.doi.org/10.1016/j.hsag.2016.08.004>

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The World Health Organization (WHO) states that no region in the world is justified in having a caesarean section rate greater than 10–15%, determined as the number of caesarean section deliveries over the total number of live births (Gunnervik, Sydsjo, Sydsjo, Selling, & Josefsson, 2008:438). Despite this requirement, caesarean section delivery rates have increased dramatically (Gunnervik et al., 2008:438; Lee & Kirkman, 2008:449). In more developed countries, the rate ranges between 6.2% and 36% with an average of 21.1% per total live births, while in less developed countries a variation is recorded between 3.5% and 29.2% with an average of 14.3% (Betran et al., 2007:100). Such high percentages of caesarean section deliveries are of concern.

In South Africa, the increase in caesarean section deliveries has been noted in both public and private health care. The rate in the private sector has increased to up to 70% per total number of live births per year (James, Wibbelink, & Muthige, 2012:406; Keeton, 2010:13). As a result, giving birth surgically in South Africa is often perceived by the public as ‘normal’ and ‘safer’ than vaginal delivery (Schlosberg & Templer, 2010:37). Literature indicates that the use of the birthing ball can have a positive effect on the labouring woman and indeed the choice of delivery (Mirzakhani, Hejazinia, Golmakani, Sardar, & Shakeri, 2015). However, there is generally little mention or use of the birthing ball in most South African delivery units especially in the Eastern Cape Province.

2. Problem statement

In the public sector within a specific metropolitan municipality in the Eastern Cape Province doctors perform up to 12 caesarean section deliveries per day and an average of 20 per week. Such statistics are a cause for concern and the use of the birthing ball may act as a counterweight to the trend of rising caesarean section deliveries. The birthing ball is a specialised type of inflatable physical therapy ball that was introduced to South Africa twelve years ago (Perez, 2000:12). The gentle movement of the labouring women on the birthing ball is thought to promote optimal physiological positioning of the pelvis which reduces pain during contractions and the “tightening up” process while in labour (Perez, 2000:21). The use of the birthing ball allows the woman to use positions that encourage activity and pelvic mobility and to shift their weight for comfort. The birthing ball further promotes a desirable upright posture and allows for the relief of pressure and decreased muscle strain (Littleton & Engebretson, 2013:595) and this presumably reduces labour pain. The birthing ball encourages descent of the foetal head into the pelvic brim which is suitable for labour and vaginal birth becomes easier. The outcome of all these movements is a less painful labour of limited duration, which enables the woman to take greater control of her labour.

To share all this information with the labouring woman would be useful; however such communication could also be difficult. The present authors believe that the impact of the birthing ball on labour could be explained through the direct words of the women who have made use of it.

3. The potential value of the study

The value of the study is two-fold, in that it could benefit the labouring woman and the midwife. The labouring woman who is exposed to the information shared by the participants in this study may be encouraged to make use of the birthing ball during labour, avoid a caesarean section and have a vaginal birth. Thus the labouring woman will make an informed decision, take control of her labour and override the unnecessary option of surgery.

Midwives, on the other hand, acquire in-depth knowledge of the physiological process of labour while using the birthing ball and, in so doing, enhance their approach to the support of labouring women. Midwives are provided with the opportunity to practice the skill of vaginal delivery as well as experiencing the feeling of satisfaction for successfully supervising labour towards a vaginal delivery.

4. Objective

The objective of the study was to explore and describe the experiences of South African multiparous labouring women using the birthing ball in order to encourage the choice of vaginal births.

5. Research design and methods

The research methodology for this study was qualitative and involved in-depth interviews.

5.1. Research methods

Traditional methods in qualitative research were applied in this study.

5.1.1. Site and entry to the site

The site for conducting the study was a metropolitan municipality in the Eastern Cape Province. The participants were interviewed either in their homes or in private wards in whichever hospital they delivered. Participants came from a range of socio-economic backgrounds, therefore striking a balance in terms of private and state hospital settings. The ethnicity of the participants ranged from African, White and Coloured and they were all able to converse in English. Entry to the hospital and access to the birth registers followed once the necessary permission from the relevant authorities was obtained.

5.1.2. Population and sampling

The population for this study consisted of women who had delivered vaginally and had used the birthing ball. The women were contacted telephonically if they were discharged already and asked for an appointment to talk about the needed participation. Appointments were made with those who were still in hospital to visit them at home and it was only at home where it was explained about the request for them to be a participant. Hence, none of the gate keepers would know

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