



Viewing the unborn child – pregnant women's expectations, attitudes and experiences regarding fetal ultrasound examination



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ABSTRACT

Objective: To gain a deeper understanding of pregnant women's expectations, attitudes and experiences regarding ultrasound examination during pregnancy.

Methods: In-depth interviews were conducted with eight pregnant Norwegian women prior to their 18-week scan. The data were analyzed through systematic text condensation.

Results: The analysis generated three main themes: (1) *I want to know if everything is fine*, (2) *Viewing the unborn child*, (3) *Holistic care*. The women had a strong wish for ultrasound scanning and medical knowledge about their "baby" was their first priority interest. Visualizing the "baby" represented a strong emotional dimension for the parents-to-be and initiated the bonding process and the planning of a new life. The women wanted to be empowered and approached in a holistic way, where dialogic communication was needed.

Conclusion: The women wanted medical knowledge about the fetal health. They considered the examination a visual experience together with their partner. The scan provided a personification of and an attachment to the fetus. This experience was the first step in the planning of a new life. The women had ambivalent feelings related to the ultrasound examination and they highlighted the importance of holistic care, where the sharing of information happens on an individual basis.

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Introduction

Ultrasound examination during pregnancy is a frequently debated topic in Norway, which has led to two Consensus conferences. The first one, in 1986, discussed what at the time was seen as "overuse" of ultrasound scans during pregnancy, without resulting in any conclusions. In order to systemize and organize the use of it, one ultrasound examination became available to pregnant women across the country [1]. The second conference, held in 1995, discussed the ethical aspects of using ultrasound. Knowledge of the conditions in the womb could be lifesaving for some fetuses, while other conditions might lead to abortion. This conference resulted in a continuation of ultrasound scan at 18 weeks of gestation, which still is the only official offer available to pregnant women in Norway today [2].

Prenatal care is part of the primary health services and has a long tradition in Norway. The responsibility lies with the municipalities, while the specialist health services are responsible for care during birth and the early postnatal period. The ultrasound examination at 18 weeks is organized as consultation number two in the official prenatal care programme [3]. The scan takes place at the hospital and is carried out by midwives with professional competence on ultrasound. The ultrasound scan is mainly offered for medical reasons; fetal number, gestational age, location of the placenta and fetal anatomy [4]. As almost every pregnant woman in Norway undergoes this scan, it becomes an important part of prenatal care.

The importance of informing the woman and her partner specifically about the purpose of the ultrasound examination, its possibilities and limitations has been emphasized [5,6]. The choice of prenatal screening should be conditioned by the access to correct, comprehensible and sufficient information and it is important that women are encouraged to choose according to their own values and wishes. The possibility of making a choice is affected by economic, political and ethical considerations. Apart from these factors, knowledge, combined with a reflective attitude, is the foundation of all informed choices [7]. Ebert et al. [8] claim that socially disadvantaged women do not feel confident to engage in discussions relating to choice. Situations such as inadequate contextualized

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information, perceived risks in not obeying routine procedures, as well as the actions and reactions of midwives may result in silent compliance. It may be interpreted as a way for the women to take responsibility for their baby's well-being by delegating health care decision-making to professionals. According to Nicol [9], an informed choice related to ultrasound examination may be impossible to achieve because of the established routines in maternity care. Women also experience social pressure to undergo the examination in order to get a photo of the baby as part of a maternity package. They perceive the ultrasound scan as part of the antenatal care, and thus decide that receiving the offer is “the correct course of action”.

Studies show that women feel anxious that something might be wrong with the fetus prior to the ultrasound scan [6,10]. However, normal developments during the ultrasound examination tend to reduce anxiety among pregnant women [10,11]. In her study, DiPietro [12] highlights that viewing a fetus on ultrasound involves a short-term maternal psychological benefit, including reduction in anxiety following a reassuring scanning process.

Several studies show that the ultrasound examination is highly desired by women, because it confirms a new life and a new family. Being able to see “the baby” on the screen creates overwhelming emotions and an attachment to the fetus [6,13,14]. Molander et al. [14] emphasize that pregnant women consider their first ultrasound scan as a way of approaching different goals during pregnancy. The goals are about meeting and connecting with the “baby”, and represent an important step toward parenthood.

Objective

The aim of this study is to gain knowledge and a deeper understanding of pregnant women's expectations, attitudes and experiences regarding ultrasound examination during pregnancy.

Methods

Data collection

A qualitative approach was chosen for data collection, and the data presented are from in-depth interviews prior to the ultrasound examination at 18 weeks of gestation. The informants were picked from a random sample taken from the hospital's scanning list. The informants were healthy women with normal pregnancies of different ages and social statuses, and included both primiparous and multiparous women. They had to master the Norwegian language. 12 women were contacted by telephone and invited to participate in the study. Eight Norwegian women, with different backgrounds, aged 20–37, volunteered to participate. The educational level of the participants ranged from primary school to university education. Four women were primiparous and four were multiparous. The participants received written and oral information about the aim of the study, and were given assurances that all data would be treated confidentially. The informants provided a written informed consent to participate in the study. The project was approved by the Regional Research Ethics Committee (Ref. No. 2011/2046). All interviews were conducted at the hospital and lasted 45–60 minutes. Two of the eight interviews were

conducted on the same day as the ultrasound scanning while the others took place two to three days before the scan. An interview guide was prepared in advance. The questions were derived from a literature review on the topic as well as from professional knowledge and experience. The interview guide was based on four main topics:

- (1) Informed choice
- (2) Aim of the ultrasound scan
- (3) Emotional state of mind
- (4) Visualization

The data collected were rich in content as all informants talked freely about the topics and offered thorough descriptions of their experiences. After 8 interviews, data saturation was achieved.

Data analysis

The interviews were tape-recorded and transcribed verbatim. The transcribed interviews were carefully analyzed through systematic text condensation. This method, developed by Malterud [15], is a modified version of Giorgi's [16] phenomenological analysis. The purpose of the phenomenological analysis is to gain knowledge about the informants' experiences within a particular field. The researcher tries to identify the essence or the themes emerging from the data. The method of analysis followed a four-step process [17]. First, all the interviews were read in order to obtain an overall impression; the broad picture being more important than the details. The researchers looked for themes that reflected the women's thoughts about ultrasound scanning and an effort was made to bracket hypotheses, preconceptions and the theoretical framework of reference. In the second step, meaning units representing the different aspects of the ultrasound scan were identified and coded. In the third step, the content of each of the coded groups was condensed, abstracted and summarized. The last step of the analysis involved re-contextualization. The women's expectations, attitudes and experiences regarding ultrasound scanning were summarized in re-contextualized versions that provided the basis for new descriptions or concepts. Table 1 shows one example of the analyzing process.

Results

Three themes emerged during the review of the material: “I want to know if everything is fine”, “Viewing the unborn child” and “Holistic care”. Quotations from the informants are used to support the findings.

I want to know if everything is fine

This theme describes the women's satisfaction with receiving an offer of ultrasound examination during prenatal care. They identified this scan as the most important form of consultation they received during pregnancy. Together with their partner, they looked forward to getting information about the pregnancy and their new baby. The women preferred to get this as early as possible during pregnancy in order to avoid the possibility of receiving bad news

Table 1
One example of the analyzing process.

Theme	Sub-theme	From code to meaning	Code	Quotation
Viewing the unborn child	Parenthood and attachment	The visual experience strengthened the relationship and connection to the baby	Experience	“Experiencing another human living inside you, and simultaneously being able to see it – that is impressive!”

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