



## Women's experiences of exercising informed choices as expressed through their sense of self and relationships with others in Ireland: A participatory action research study

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### ABSTRACT

**Objective:** To explore women's experiences of the concept of informed choice during pregnancy and childbirth.

**Methods:** A three-phase action research approach. In the second phase of the study (reported in this paper), 15 women were interviewed to establish their experiences of informed choice.

**Setting:** Dublin, Ireland in a large maternity hospital.

**Findings:** We found that multiple factors influence how women experience informed choice including; their sense of self and the quality of their relationships with maternity care professionals. Women's experiences as expressed through their sense of self reveal that informed choice, is not only defined by but contingent on the quality of women's relationships with their caregiver and their ability to engage in a process of shared decision-making with them.

**Key conclusions:** Informed choice is experienced as a relational construct women's relationships with maternity care professionals can influence their perceptions of their sense of self following childbirth. Supportive relationships are key to supporting the concept of informed choice.

### Introduction and background

A review of the literature reveals that informed choice, as a concept in childbirth, is discussed and published extensively in the literature, but the volume of good quality research exploring the construct is slight in comparison. Predominately, the body of evidence that exists is quantitative and explores women's perceptions about the information they received during pregnancy, (Grimes et al., 2014; Van der Heuvel et al., 2009; Kirkham, 2004; O' Cathain et al., 2002). The concept of the self has been predominant in psychological theory; perhaps as suggested by Baker-Miller et al. (2004) this is because it has been one of the central ideas in western thinking. According to Gilligan et al. (1982) and Baker-Miller (1986) women's sense of self is developed 'in relationship'. The evidence suggests women's sense of self is enhanced in association with their positive sense of self-transformation or personal growth (Parratt et al., 2010; Parratt et al., 2003; Vernon et al., 2006). A woman with an improved sense of self is more willing to engage in change and better

equipped to actualise her preferred choices (Parratt et al., 2010). This has particular ramifications when considering how women experience or interpret the events and interactions of their childbirth. Although the experience of childbirth is subjective and cannot be generalised, it is recognised that certain factors can promote a positive or negative sense of self for women during their birth experience.

The features of childbirth that have a positive effect on a woman's sense of herself are those related to her feelings of control over and satisfaction with the experience (Berg and Dahlberg, 1998; Campero et al., 1998; England et al., 1998; Lundgren et al., 1998; Berg et al., 1996; Simkin, 1992; Simkin et al., 1991). An Australian study examining women's sense of self during natural birth by Parratt et al. (2010) reports similar factors, suggesting women experience a positive sense of self from receiving positive affirmations, effective communication with care-givers and experiencing mutually trusting relationships. According to Parratt et al. (2010) when women do not have to concern themselves with factors of their birth experience that are external or extrinsic to

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themselves such as the behaviour of maternity care professionals and how they interact with them, they can focus entirely on important intrinsic features such as self-belief and confidence.

Features of childbirth that have been attributed to cause negative outcomes include, feelings of powerlessness arising from lack of autonomy and lack of participation in decision-making (Soet et al., 2003; Melender et al., 2002; Green et al., 1990). The findings from international literature also reveal that highly medicalised models of care and some features of midwifery care can also diminish women's sense of self. This occurs when midwives contribute to or undertake what (Parratt et al., 2010) terms 'habitual practises', when midwives perform interventions without providing clear indications or explanations to the women receiving them. This highlights a connection between women's sense of self and their sense control over their environment (Parratt et al., 2002; Hall et al., 1998; VandeVusse et al., 1999; Halldorsdottir and Karlsdottir, 1996; Green et al., 1990; Hodnett et al., 1989). Gatrell (2005) reports similar findings, suggesting women who reported they had to 'submit' to various medical procedures against their wishes felt robbed of their self-esteem and self-confidence. Furthermore, Gatrell (2005) suggests that when women are deprived of choice and information during their pregnancy and childbirth experiences there can be long-term negative effects on their sense of self. Similar findings were reported in a recent study in Ireland by Byrne et al. (2017), women who felt undermined and excluded from decision-making during childbirth suggested this had a negative impact on their sense of self.

## Aim

This research study had three aims: firstly, to generate greater awareness of how women define informed choice during childbirth based on their experiences (reported previously O'Brien et al., 2017); second, to explore the impact of exercising choice on women's sense of self following childbirth. Third to identify the supports women consider necessary to assist women to make informed choices during pregnancy and childbirth. This paper focuses on the second aim: the exploration of women's sense of self as expressed through their experiences of exercising informed choices.

## Methods

In the Irish context, healthcare policy-makers and practitioners have been questioned for omitting women from the debates surrounding their needs and choices for maternity care (Mander and Murphy-Lawless, 2013; Kennedy, 2012; Devane et al., 2007). The study a three-phase Action Research (AR) was planned and developed in an attempt to redress this imbalance. In the first and second phase one-to-one interviews were conducted to explore women's understandings and experiences of the concept of informed choice. The third phase, adopted a co-operative Inquiry (CI) approach, a form of Participatory Action Research (PAR). Co-operative Inquiry (CI) focuses on: creating spaces for communication, the co-generation of knowledge through democratic participation, and identifying practical solutions to practical problems from the everyday lives of people (Heron et al., 2008). The PAR approach facilitated the process of inquiry and in addition to supporting the development an information pack, the approach eased the shift in focus to the issues women wanted to 'action', namely a shift from informational supports to the relational supports needed to embed the concept of informed choice during childbirth in Ireland.

Fifteen women who attended either midwifery-led or consultant led care and who had given birth to live healthy babies were approached and all were willing to participate. The interviews were undertaken by DOB during 2010–2011 over a six-month period. The co-operative inquiry meetings took place over a thirteen-month period between 2012 and 2013. Fathers were not involved in the first two phases of the study as the aim was to establish women's understandings and experiences of

**Table 1**  
Details of participants who participated in the interviews.

Characteristics	n (%)
<i>Parity</i>	
Para 1	10 (66.6%)
Para 2	5 (33.3%)
<i>Age</i>	
20–25	1 (6.6%)
30–35	5 (33.3%)
36–39 40–45	5 (33.3%)
Mean (SD)	4 (26.6%)
Range	34.9 (5.925731) 23–42
<i>Country of origin</i>	
Ireland	1 (6.6%)
Canada	2 (13.3%)
Poland	1 (6.6%)
Africa	11 (73.3%)
<i>Type of delivery</i>	
Normal delivery	1 (6.6%)
Caesarean Section	9** (60%)
Forceps delivery	6 (40%)
<i>Model of care</i>	
Midwifery-led care	1 (6.6%)
Consultant-led care	11 (73.3%)
<i>Place of birth</i>	
Hospital	11 (73.3%)
Home	4 (26.6%)
<i>Infant feeding</i>	
Breastfeeding	
Artificial feeding	
<i>Education</i>	
Third level	
Second Level	

\*One participant had an attempted instrumental delivery prior to an emergency caesarean section.

\*\*Two participants had attended consultant-led care during their first pregnancy.

informed choice however they were invited to contribute to phase three the development of the information pack.

## Setting

This setting for this study is a national referral hospital which has approximately nine thousand deliveries per year (8851 in 2016, 9187 in 2015, and 9106 in 2014). It has a normal birth rate of 57% as defined by the Royal College of Midwives and the caesarean section rate of 26% is significantly lower than the national rate of 29% (Health Service Executive HSE, 2016). Women attending the hospital can avail of obstetric-led care, midwife-led care and Domino midwifery, (Domino" means 'IN' and 'OUT', and refers to the service led by a team of midwives who provide community antenatal and postnatal care and the choice of homebirth, or hospital-based birth).

## Sample

Fifteen women aged between 23 and 45 volunteered to take part in the study. Fourteen women had a hospital birth and eleven had a normal birth. (See Table 1 below for more details of participants). Participants under 18 years of age and women whose spoken English prevented them achieving written informed consent were excluded. Following University research ethics approval and with the assistance of midwives, women were recruited from postnatal wards, the postnatal baby-clinic, the community midwives postnatal support group and the breastfeeding support clinics. Women interested in participating were given oral and written information about the aims of the study as well as the terms of confidentiality. Written Consent was obtained by DOB.

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