



“They told me all mothers have worries”, stillborn mother’s experiences of having a ‘gut instinct’ that something is wrong in pregnancy: Findings from an international case–control study

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ARTICLE INFO

Keywords:

Maternal intuition
Gut feeling
Stillbirth
Fetal movements

ABSTRACT

Objective: To describe and explore ‘gut instinct’ that something was wrong in women who identified that they experienced gut instinct during pregnancy.

Method: A case–control study utilising an international web-based questionnaire. Stillborn cases ($n = 146$) and liveborn controls ($n = 234$) answered the gut instinct question within 30 days of the pregnancy ending. Of those, 84 cases and 27 controls also provided qualitative comment data. Descriptive statistics were used for the question, with a fixed option and summative content analysis was used to analyse the comment data.

Findings: In all, 110 (75%) of the stillborn cases answered “yes” to the gut instinct question vs only 28 (12%) of the controls who had a livebirth meaning the risk of stillbirth was 22.5 fold higher in those who experience “gut instinct” than in those who do not experience this feeling. Four themes were identified from the comment data namely: When the gut instinct occurred; How the gut instinct made the woman feel; Dreams and other related phenomena; Reassured by someone or something.

Conclusions: Women who had a stillborn baby reported a “gut instinct” that something was wrong more frequently than mothers of a live born baby. Our findings may be influenced by recall negativity bias, and a prospective study is needed to confirm or refute our findings. The possibility that “maternal intuition” exists during pregnancy and responds to changes in fetal or placental health merits further exploration.

Implications for practice: Maternity care providers should be alert to the woman when she expresses intuitive feelings, as well as asking her to report her concerns and act appropriately to assess and manage fetal wellbeing.

Introduction

Counselling pregnant women is a process of two-way interpersonal communication, one aspect of which involves the maternity care provider (MCP) informing a mother about signs of possible problems that she may encounter during pregnancy, and in turn she informs the MCP about any symptoms she is currently experiencing. When a woman reports physical symptoms such as itching, headache, or epigastric pain, these may identify an obstetric complication (e.g. preeclampsia or ob-

stetric cholestasis) which can be managed according to recognised clinical guidelines. However, sometimes women report symptoms that can seem more nebulous and therefore may be more difficult for clinicians to interpret and manage. One such instance is when the pregnant woman expresses intuitive feelings about her pregnancy.

Intuition is difficult to define because it encompasses the ability to understand something instinctively, without the need for conscious reasoning (Gore and Sadler-Smith, 2011). Intuition is commonly described in terms of the person having a gut instinct, hunch or sixth sense. Mothers can use maternal intuition to protect and advocate for their child

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Social media: (J. Warland), (A.E.P. Heazell)

<https://doi.org/10.1016/j.midw.2018.04.009>

Received 7 November 2017; Received in revised form 7 March 2018; Accepted 3 April 2018

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often in the face of no ‘evidence’ or even ‘evidence’ to the contrary (O’Leary and Warland, 2016) and in some cases this informed insight can even save their child’s life (Davis-Floyd and Fishel Sargent, 1997; McPherson, 2006; Staton Savage, 2006). Indeed, care providers, especially paediatricians, often rely on the mother’s thoughts in order to test how concerned they need to be about a child’s illness, especially if a child is preverbal (Cooke, 2012). However, because intuition is linked to feelings, senses and hunches, it has the potential to be easily discounted and devalued in the current biomedical model of illness. In fact, even if the MCP takes maternal intuition seriously it can be challenging to respond to, as there may be nothing objective to measure and no symptom to be recorded or treated.

Although the notion of maternal intuition occurring in pregnancy has received limited attention, in an international cohort study of 1714 women who had experienced a stillbirth, 65.5% of respondents experienced a “gut instinct” that something was wrong during their pregnancy (Warland et al., 2015). This is in agreement with other studies which found that mothers of stillborn babies can report a “gut instinct” that something is wrong, while still pregnant, well before the death of the baby. For example, 392 of 614 (64%) Swedish mothers indicated in a web-based questionnaire that they had had a premonition that their stillborn baby was unwell (Erlandsson et al., 2012), and two qualitative reports from this group provide further insight into this experience (Malm et al., 2011; Trulsson and Rådestad, 2004). Together, these findings suggest that women may have intuitive feelings about the wellbeing of their baby, which relate to stillbirth. As the incidence of stillbirth after 28 weeks, in most high income countries ranges between 2 and 6 per 1000 births (Flenady et al., 2011), this is an important phenomena which merits further exploration. Here, we report the findings of an international case–control study in which women were asked about their intuitive feelings about their pregnancy.

Subjects and methods

Methods

The objective of this study was to describe and/or explore ‘gut instinct’ that something was wrong in women who identified that they experienced gut instinct during pregnancy. This case–control study was run alongside an international cohort study previously described (Warland et al., 2015). Women either took part in the cohort or case–control component of the study depending on how recent their stillbirth was, if it was within 30 days women participated in the case–control study. Details of the case–control study have also been reported previously (Heazell et al., 2017). In this study cases were women who had delivered a singleton stillborn baby with no evidence of congenital anomaly at or greater than 28 weeks gestation less than 30 days prior to completing the survey. Controls were either still pregnant (greater than 28 weeks) or had recently delivered a living baby less than 30 days before they completed the survey. All participants had to be 18 years or older and fluent in English. Women with multiple pregnancies, neonatal death, or fetal loss/live birth prior to 28 weeks gestation were excluded. The participant flow diagram (Fig. 1) shows the number of cases and controls in the study ($n = 153$ cases, $n = 480$ controls) and those who answered the ‘gut instinct’ question ($n = 146$ cases and $n = 234$ controls) as well as those who provided comment data ($n = 84$ and $n = 27$) on their experiences.

Survey design

Data were collected via an international, anonymous, web-based survey which we have previously reported (Warland et al., 2015). The survey consisted of questions related to established and novel risk factors for stillbirth including sleep position and fetal movements. The questionnaire was developed with women who had experienced a stillbirth;

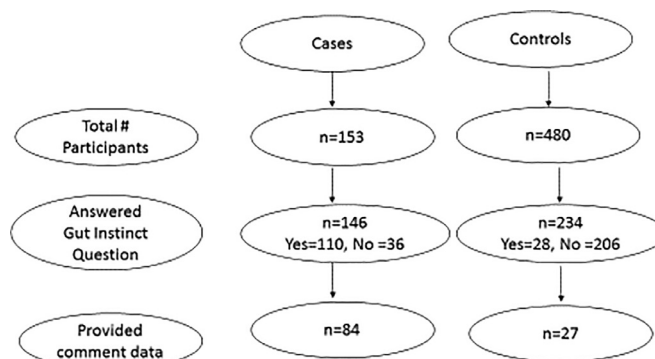


Fig. 1. The participant flow diagram shows the number of cases and controls in the parent study, those who answered the ‘gut instinct’ question and those who provided comment data.

a question about intuition was included because this was raised by several parents at the Stillbirth Summit where the study was conceived (Mitchell, 2015). The questionnaire applied a mixed-methods approach to both quantify the frequency of this symptom and then explore the feeling in more depth. The question specifically asked was: “During this pregnancy did you ever have a “gut instinct” that something was not right?” Participants could choose an answer from the following options: Yes/No/Do not Remember. If participants answered “yes” they were provided with a “free text” comment box response labelled “If yes please describe.” To provide consistency in recall, both the cases and controls were asked this question after the baby’s birth.

Ethical approval

This study was approved by the Institutional Review Board (IRB) of the University of Michigan (HUM#00063655). Prior to gaining access to the survey, participants were informed about the purpose of the study (to look for trends and risk-factors for stillbirth) as well as contact information for a stillbirth support group (First Candle) if they became distressed whilst completing the survey. Informed consent was gained by the participants reading an online participant information and consent form and clicking an “I agree” button prior to gaining access to the survey.

Participants

Participants were recruited by responding to social media, internet advertising and word of mouth advertising between September 2012 and August 2014.

Analysis

Data were cleaned by two authors (JW and LMO) prior to analysis. The fixed option question “During this pregnancy did you ever have a “gut instinct” that something was not right?” was analysed using χ^2 to determine unadjusted odds ratio (OR) with 95% confidence intervals (CI). The level of statistical significance was set at $p < 0.05$.

Comment data from the intuition question mainly consisted of one or two sentences. These were analysed using ‘summative content analysis’ outlined by Hsieh and Shannon (2005). Firstly, the data set was searched for recurrence of certain words or content. Recurring words were then identified and quantified with the purpose of understanding the contextual use of the words. Once these words were identified, interpretation of their meaning in the context they were given occurred. The data were then coded by two independent investigators (JW and JB) who then reached agreement on the common recurring words which were then grouped into “themes”. As is often the case with this type of

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