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To be taken seriously and receive rapid and adequate care – Womens' requests when they consult health care for reduced fetal movements

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A R T I C L E I N F O

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A B S T R A C T

Background: decreased fetal movement is a reason for women to seek health care in late pregnancy.
Objective: to examine what pregnant women who present with decreased fetal movements want to communicate to health care professionals and to other women in the same situation.
Design: a qualitative descriptive study.
Setting and participants: questionnaires were distributed in all seven labour wards in Stockholm from 1 January to 31 December 2014 to women who consulted care due to decreased fetal movements. In total, 3555 questionnaires were completed of which 1 000 were included in this study. The women's responses to the open ended question: "Is there something you want to communicate to health care professionals who take care of women with decreased fetal movement or to women who experience decreased fetal movements?", were analysed with manifest content analysis.
Finding: three categories were revealed about requests to health care professionals: Pay attention to the woman and take her seriously, Rapid and adequate care and Improved information on fetal movements. Regarding what the women want to communicate to other pregnant women, four categories were revealed: Contact health care for check-up, Pay attention to fetal movement, Recommended source of information and Practical advice.
Conclusion: pregnant women who consult health care due to decreased fetal movements want to be taken seriously and receive rapid and adequate care with the health of the infant as the primary priority. The women requested uniform information about decreased fetal movements. They wished to convey to others in the same situation the importance of consulting care once too often rather than one time too few.
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Introduction

Most pregnant women feel fetal movements at first time around the 18th–20th gestational week. At first the movements are sporadic and not coordinated. However, with fetal growth, the muscle mass increases and the nervous system develops, resulting in the movements becoming more coordinated and stronger. At gestational week 32 the frequency of fetal movements reaches a plateau and thereafter remains at that level until birth. A sudden change or decrease of the fetal movements is a potential important sign which may precede stillbirth (RCOG, 2011). The difference in movements between fetuses and how the movements are perceived by the pregnant woman are probably the most important reasons for declaring that there is a variation in what is regarded as a normal pattern of movements. This fact makes it problematic to define what decreased fetal movements really mean (Olesen and Svare, 2004).

Women who consult health care due to decreased fetal movements have an increased risk of an adverse outcome of the pregnancy (Olesen and Svare, 2004). Decreased fetal movement is also associated with fetal growth restriction, fetal distress, oligohydramnios and fetal malformations (Heazell and Frøen, 2008). Further, there is an increased risk of stillbirth and prematurity (Sinha et al., 2007).

Decreased or total loss of fetal movements is a reason for worry and anxiety among pregnant women (Tveit et al., 2009a).

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The Royal College of Obstetricians and Gynaecologists (RCOG, 2011) recommends that pregnant women are to be encouraged to learn the pattern of fetal movements and that the movements always should be valued from the women's perspective. When the pregnant woman who have passed gestational week 28+0 is uncertain about the fetal movements, the advice is to lie on the left side and focus on the fetal movements for two hours. If she does not feel more than ten movements per two hours she should consult her midwife or maternity unit immediately (RCOG, 2011).

When women consult care services due to decreased fetal movements it is important to take a careful history (Flenady et al., 2009). It is recommended that the history covers: the duration of decreased fetal movements, if there are movements at all, if the woman really has focused on the movements of the infant, and if there have been earlier periods of decreased fetal movements. Further, questions about known risk factors, such as fetal growth restriction, placenta insufficiency, inherited malformations, and maternal risk factors such as hypertonia, diabetes, smoking, age, obesity and previous obstetrical background should be included in the history (Franks and Nightingale, 2014).

When women consult health care due to decreased fetal movements one recommendation is to use cardiotocography (CTG) when examine the fetus (RCOG, 2011). Further, Dutton et al. (2012) even recommend an ultrasound examination after the 28th week of gestation to estimate the weight of the infant and the volume of amniotic fluid. Frøen et al. (2008), recommend both CTG-registration and an ultrasound examination within two hours if the woman has not noticed any fetal movements at all and within 12 hours if she has experienced decreased fetal movements.

There are factors that might prevent women with concerns for fetal movements to contact health care professionals. A common reason may be misleading information about fetal movement, saying that the frequency of fetal movements normally decreases in the third trimester. Also, women's unwillingness to be considered as hysterical and that she bother the health care system unnecessarily, can prevent women from seeking care (Rådestad, 2010; Malm et al., 2010–2011).

The woman's experience of the fetal movement is subjective and there are differences in the pattern of the individual fetuses (Sinha et al., 2007). About six to seven percent of all pregnant women consult health care during the third trimester of pregnancy due to decreased fetal movements (Tveit et al., 2009a). A study by Frøen (2004) report that four to sixteen percent consult care during the latter part of the pregnancy. General recommendations are requested by pregnant women (McArdle et al., 2015) and Jokhan et al. demonstrated that clinical guidance is needed (Jokhan et al., 2015).

In Sweden, pregnant women are enroled at a maternal health clinic and following a maternal care programme free of charge. Normally, the women meet the same midwife during the pregnancy and if the women have concerns due to decrease fetal movements she has the possibility, during office hours, to contact the midwife for advice or a check- up. Women with concerns about the fetal well-being can also contact the obstetric clinic at the hospital.

The aim of this study was to examine what pregnant women who present with decreased fetal movements want to communicate to health care professionals and to women in the same situation.

Methods

Participants and setting

Pregnant women who consulted care due to decreased fetal movements were recruited from all seven labour wards in Stockholm, Sweden from 1st January to 31st December 2014. Inclusion criteria were women with singleton pregnancies in gestational week 28 or more with a normal cardiotocography (CTG) at admission. Further, the women should have the ability to understand, read and write Swedish or English.

Data collection

A questionnaire, including 22 questions with both open-ended and multiple choice questions, was distributed. Apart from some questions about the womens' sociodemographic background the questionnaire focused on fetal movements and the questions were formulated based on results from previous studies (Rådestad and Lindgren, 2012; Linde et al., 2015). The questionnaire was face-to-face validated among ten pregnant women seeking care for decreased fetal movements before the study started. The study comprises the women's responses to two requests at the end of the questionnaire:"Here you have the opportunity to write something that you would like to communicate to the health care professionals who take care of women with decreased or different fetal movements." and"Here you have the opportunity to write something you would like to convey to pregnant women in the same situation.". The women were asked to use the space provided but could also, if necessary, continue on the back of the questionnaire.

During the data collection period, 3555 questionnaires were completed. Of these, 2954 fulfilled the inclusion criterion for this study. An internal selection was performed in order to analyse 1000 answers. The selection was performed by randomly picking 300 questionnaires from the beginning of the study period, 400 questionnaires from the middle of the data collection period and finally 300 from the end of the period. This division over time was chosen to prevent the results being affected by the season or the work load of the health care professionals. In total, 362 women responded to the request concerning health care professionals and 341 women responded to the request concerning pregnant women (Fig. 1). Background data of the women – ethnicity and educational level, are presented in Table 1. Only women who responded to both of the questions are included in this table (245 women). These can be compared to available data for all 139 756 women who gave birth in Stockholm during the years 2011–12. The mean age for those women was 31.6 years, 23.2% of them were born outside the European Union. The educational level was for elementary school 94.0%, high school 29.6% and college or university 58.7% (Brommels, 2015). The participants in the present study were at the same mean age (31.7) and native Swedes at the same extent as the general population. However, they were in a greater extent educated at college or university (66.9%) compared to the general population (58.7%) (Table 1). The text consisted of short quotes describing women's advice to health care professionals or women in the same situation.

Analysis

Data have been analysed in three steps with manifest content analysis modified by Malterud (1993, 2012, 2014). The length of the quote varies from a few words to several sentences. The first step was to reach an understanding of the content in the data. According to Malterud (2012), this means to gain a sense of the data but at the same time to put aside the researchers' pre-understanding. Following the first reading, preliminary themes appeared (Malterud, 2012).

The next step was to read the text again and identify units which described the content of the text. Some quotes were too short and it was impossible to identify a unit. In that case the

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