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First-time mothers' experiences of early labour in Italian maternity care services

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ABSTRACT

Objective: The aim of this study is to explore first-time mothers' experiences of early labour in Italian maternity care services when admitted to hospital or advised to return home after maternity triage assessment.

Setting: The study was conducted in a second-level maternity hospital in northern Italy with an obstetric unit for both low- and high-risk women.

Participants: The participants included 15 first-time mothers in good general health with spontaneous labour at term of a low-risk pregnancy who accessed maternity triage during early labour, and were either admitted to hospital or advised to return home.

Design: A qualitative interpretive phenomenological study was conducted. A face-to-face recorded semi-structured interview was conducted with each participant 48–72 h after birth.

Findings: Four key themes emerged from the interviews: (a) recognising signs of early labour; (b) coping with pain at home; (c) seeking reassurance from healthcare professionals; and (d) being admitted to hospital versus returning home. Uncertainty about the progression of labour and the need for reassurance were cited by women as the main reasons for hospital visit in early labour. An ambivalent feeling was reported by the participants when admitted to hospital in early labour. In fact, while the women felt reassured in the first instance, some women subsequently felt dissatisfied due to the absence of one-to-one dedicated care during early labour. When advised to return home, a number of women reported feelings of disappointment, anger, fear, discouragement and anxiety about not being admitted to hospital; however, some of these women reported a subsequent feeling of comfort due to being at home and putting in place the suggestions made by the midwives during the maternity triage assessment. The guidance provided by midwives during triage assessment seemed to be the key factor influencing women's satisfaction when advised either to return home or to stay at the hospital during early labour. **Conclusions and implications for practice:** During antenatal classes and clinics, midwives should provide clear information and advice about early labour in order to increase women's confidence and self-efficacy, and decrease their anxiety and fear. During early labour, appropriate maternity care services should be offered according to individual needs. When home visits are not provided by midwives, a telephone triage run by midwives should be considered as a routine service for the first point of contact with women during early labour.

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Introduction

The latent phase of labour, also known as early labour, is a period of time, not necessarily continuous, characterised by painful uterine contractions. During this stage, an initial slow progression of cervical changes occurs, including cervical effacement and dilatation of up to 4 cm (NICE, 2007). The uterine

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contractions become progressively regular, polarised and coordinated in view of the next (active) phase of labour (Marshall and Raynor, 2014). The extremely variable duration of the early phase of labour makes it difficult to delineate a normal time range for this stage (McNiven et al., 1998; McDonald, 2010).

The early phase of labour is frequently an area of conflict between women and healthcare professionals. In fact, while women in early labour usually report the need for support from maternity care providers, the latter often delay hospitalisation in an attempt to protect the normalcy of childbirth in consideration of the existing scientific evidence (Janssen and Desmarais, 2013; Iannuzzi and Borrelli, 2014). Several authors have stated that being admitted in the early phase of labour can lead to higher rates of intrapartum interventions (e.g. oxytocin augmentation, instrumental delivery or caesarean section) compared with women admitted to hospital in active labour (McNiven et al., 1998; Holmes et al., 2001; Bohra et al., 2003; Klein et al., 2003; Bailit et al., 2005; Cheyne et al., 2006). Moreover, Lauzon and Hodnett (2009) found that early labour assessment programmes to defer the admission of women who are not in established labour may bring benefits to women at term. Similarly, Jackson et al. (2003) and Scotland et al. (2011) suggested the introduction of guidelines designed to discourage early admissions and unnecessary procedures during labour. However, this may lead to a gap between women's expectations and their actual experience of maternity services during early labour. Furthermore, women admitted to hospital may have a greater sense of control compared with those sent home in the early stage of labour (Barnett et al., 2008). Janssen et al. (2003) argued that women supported by midwives during the early phase of labour at home showed an association with admission to the health facility in the active phase of labour, a reduction in the use of analgesia, and a lower rate of neonatal morbidity. Moreover, there appeared to be greater satisfaction with the care received in terms of reassurance, trust and respect for maternal choices.

Exploring how to provide the best advice to women in early labour about when they should visit hospital, Spiby et al. (2008) suggested that the introduction of telephone triage for early labour may have a positive impact on women's perceptions of quality of care. In fact, their findings highlighted that women sought prolonged contact with midwives during the early phase of labour, and were unhappy when their concerns were not resolved during telephone conversations. Midwives often reported difficulty in trying to encourage women to stay at home in early labour (Spiby et al., 2008).

The importance of women's experiences of early labour is often underestimated, partly because they are often thought not to require care at this time (Greulich and Tarrant, 2007; Barnett et al., 2008). However, uncertainty seems to be a central issue for women in early labour, accompanied by anxiety and lack of confidence in the ability to cope with pain. These seem to be the central factors that drive mothers to visit hospital (Barnett et al., 2008; Nolan et al., 2009; Nolan and Smith, 2010). Eri et al. (2010) found that first-time mothers try to negotiate their credibility with the midwives, emphasising the regularity of uterine contractions as objective 'proof' of labour and showing their vulnerability in an attempt to avoid being sent home. Reassurance from midwives about the normality of the slow progression of early labour seems to be a key factor in encouraging women to stay at home (Beebe and Humphreys, 2006; Cheyne et al., 2007). Greulich and Tarrant (2007) suggested that midwives should provide pregnant women with information about different stages of labour, including when to visit hospital for delivery, consequences related to early hospitalisation, and the inclination of professionals to admit women to hospital when they are in the active phase of labour.

Although there is a growing body of literature and ongoing international debates around the importance of addressing women's needs during early labour, there is a lack of research and information about the provision of early labour care and women's perceptions of maternity services during early labour in Italy. In light of the evidence gaps identified, the aim of this study was to explore first-time mothers' experiences of early labour in Italian maternity care services when admitted to hospital or advised to return home after maternity triage assessment in an Italian maternity hospital.

Methods

Study design

A qualitative study with an interpretive phenomenological approach using semi-structured interviews was undertaken in order to describe the phenomenon of early labour in terms of how it was experienced and perceived by first-time mothers after birth (Smith et al., 2009). The principal investigator and co-investigators were all midwives. Based on a phenomenological approach, the researchers interpreted the phenomenon under study by listening to the participants' personal stories. As argued by Willis (2007, p. 53), 'phenomenology is focused on the subjectivity of reality, continually pointing out the need to understand how humans view themselves and the world around them'. According to the interpretivist approach, the researchers held an exploratory orientation during the phases of data collection and analysis, with the aim of understanding the scenario in each particular case and to comprehend the distinctive participants' perspectives. In regard to this, interpretivists argue that 'there is no absolutely objective scientific analysis of culture of social phenomena independent from special and one-sided viewpoints' (Weber, 2003, p. 111). Furthermore, human values and beliefs cannot be identified in an instrumental way but through meaning (Weber, 2003). Therefore, the researchers adopted a multifocal view of the participants' insights of the reality under investigation. The substance of the interviews was given particular attention, and the underlining meanings were shared during the conversation (Oliver et al., 2005).

Setting

In Italy, intrapartum maternity care is mainly provided by the national health system [Sistema Sanitario Nazionale (SSN)]. It is free at the point of service and funded by taxation. Most infants are born in obstetric units with no option of home visits of SSN midwives in early labour. The organisation of Italian maternity services is geographically heterogeneous, and may vary between different areas. The research site was a second-level maternity hospital in northern Italy with an obstetric unit for both low- and high-risk women (approximately 3000 births/year), where one-to-one midwifery care is usually provided to all women during labour and birth. Women in the early phase of labour are usually accompanied by their birth partner(s) at the maternity triage. A telephone line is run by the triage midwife, and women can telephone for advice and information; however, this is not a specific service aimed at supporting women in early labour. After the assessment of maternal and foetal well-being, nulliparous women in early labour are often advised to return home. In this case, the midwife usually provides the woman with information about the early and active phases of labour, advice on how to deal with pain at home and clarification about signs that indicate the need to return to hospital. If the woman wishes to stay at the hospital, she may be admitted to the antenatal ward until the onset of the active phase of labour if a bed is available. Regarding information

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