

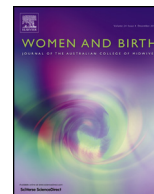


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Original Research Quantitative

## Women's and men's negative experience of child birth—A cross-sectional survey

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### ABSTRACT

**Background:** A negative birth experience may influence both women and men and can limit their process of becoming a parent.

**Aims:** This study aimed to analyze and describe women's and men's perceptions and experiences of childbirth.

**Design:** A cross-sectional study of women and their partners living in one Swedish county were recruited in mid pregnancy and followed up two months after birth. Women (n = 928) and men (n = 818) completed the same questionnaire that investigated new parents' birth experiences in relation to socio-demographic background and birth related variables.

**Results:** Women (6%) and men (3%) with a negative birth experiences, experienced longer labours and more often emergency caesarean section compared to women (94%) and men (97%) with a positive birth experience. The obstetric factors that contributed most strongly to a negative birth experience were emergency caesarean and was found in women (OR 4.7, 95% CI 2.0–10.8) and men (OR 4.5, CI 95% 1.4–17.3). In addition, pain intensity and elective caesarean section were also associated with a negative birth experiences in women. Feelings during birth such as agreeing with the statement; 'It was a pain to give birth' were a strong contributing factor for both women and men.

**Conclusions:** A negative birth experience is associated with obstetric factors such as emergency caesarean section and negative feelings. The content of negative feelings differed between women and men. It is important to take into account that their feelings differ in order to facilitate the processing of the negative birth experience for both partners.

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#### Statement of significance

#### Problem or issue

Research on women's childbirth experience are well documented, however, there is not much knowledge about men's childbirth experience.

#### What is already known?

Various factors affect a woman's birth experience and it is different if it is negative or positive factors.

#### What this paper adds?

There are similarities but also differences between women's and men's negative birth experience.

#### 1. Introduction

In midwifery care, it is important to take into consideration women's birth experience. In the study of the birth experience, the scientific knowledge of women's positive and negative birth experience is well documented.<sup>1–3</sup> Currently there is also sufficient knowledge to promote a positive experience and thereby avoid that a negative birth experience occurs.<sup>4</sup> Nevertheless, some women experiences a negative birth experience with all that implies for the woman to go through. It can also be seen as a failure of the given care that the woman has received.

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Significant contributors to negative birth experiences for women who give birth are emergency caesarean section, instrumental vaginal birth and prolonged labour.<sup>5–7</sup> For the most part, it also means that women have experienced a labour with high levels of obstetric interventions. A common findings reported is that women who experience negative birth experiences due to more obstetric interventions express greater dissatisfaction both in the short and long terms.<sup>8,9</sup> The aftermath of a complicated childbirth has been described as a traumatic experience with feelings of stress and anxiety, which affects the everyday life but also the bond between mother and child.<sup>10</sup> In a study of Nystedt and Hildingsson's<sup>11</sup> it was found that (23) 13% of women with prolonged labour had a negative birth experience, and (28) 16% stated that the experience had marked them for life.

Nowadays, especially in western culture men's involvement and participation in childbirth are more the rule than the exception. Most men report that they have experienced a positive birth experience. But for men who experience negative birth experiences, it can be an overwhelming situation.<sup>12</sup> It is unclear what impact the birth experience may have both in the short and the long terms. Men have to deal with various kinds of discomfort. They especially, have to deal with their own fears while becoming frustrated when the sudden unexpected occurs. Not being able to act and assist and only stand and watch are difficulties they face. In this situation, men reported that they felt left out, powerless, and dependent on the caregiver.<sup>13</sup> The result may be to hide the feelings and act particularly strong for the partner or to end up in a dilemma with conflicting emotions such as being supportive and holding on while great fear and concern for the partner and the expected baby's health arises.

The consequences for every man who experiences unexpected complications during childbirth and who feel that both the life of the woman and the child is at risk. Thus, it can complicate shaping the role of becoming a parent and making it even harder to become a parent.<sup>14</sup> In these special circumstances it is very important that midwives and obstetricians who assist with the birth show respect and sensitivity for both partners involved.<sup>15</sup> Professional responsibilities should include support and empowerment for both

counterparts. It should be obvious that this applies to all midwifery care offered to all men and women who experience the difficulties and complications during childbirth.

Previous research has clearly shown the importance of preventing negative birth experiences and promoting good experiences. The research focus has mainly been on women's birthing experience, but in recent years men's perceptions and experiences have received more attention. Nevertheless, men are still not involved and sometimes also neglected in the care during labour and birth, and there is an ambivalence in the midwifery care offered to men and attitudes towards men's birthing experience.<sup>16</sup> Believing that women and men have the same birth experience could become a common opinion among midwives and obstetricians. Taking the man's experience for granted can be a pitfall when it comes to the care offered in connection with complicated births and increases the risk of a negative birth experience. In this study, we aimed to analyse and describe women's and men's perceptions and experiences of childbirth.

## 2. Methods

### 2.1. Design

In northern part of Sweden in the County of Vasternorrland a part of a longitudinal survey study were conducted during one year, 2007–2008 at three hospitals with labour wards. The annual birth rates at the hospitals were approximately 1500, 600 and 300 per year. Those who were asked and agreed to participate in the study were women and men during the entire year of 2007. Participants completed a total of four surveys: the first during the second trimester (weeks 17–19), the next in late pregnancy (week 32–34), the third, two months after birth, and the last questionnaire was given one year after birth.

### 2.2. Recruitment

Recruitment took place at the ultrasound departments of the three hospitals. All women are offered an ultrasound examination

**Table 1**  
Background characteristics of women and men.

Birth experience	Women			Men		
	Positive n = 875 n (%)	Negative n = 53 n (%)	Crude OR (95% CI)	Positive n = 797 n (%)	Negative n = 21 n (%)	Crude OR (95% CI)
Age groups						
<25	106 (95)	6 (5)	1.0 <sup>a</sup>	33 (94)	2 (6)	1.0 <sup>a</sup>
25–35	655 (95)	36 (5)	1.0 (0.4–2.4)	542 (97)	14 (3)	0.4 (0.1–2.0)
>35	110 (91)	11 (9)	1.8 (0.6–5.0)	201 (98)	4 (2)	0.3 (0.1–1.9)
Level of education						
Elementary school	36 (92)	3 (8)	1.0	45 (98)	1 (2)	1.0
Upper secondary school	344 (93)	24 (7)	1.6 (0.5–5.6)	420 (97)	11 (3)	1.2 (0.2–9.3)
University	480 (95)	25 (5)	1.3 (0.8–2.4)	309 (97)	8 (3)	1.2 (0.1–9.5)
Country of birth						
Sweden	828 (94)	51 (6)	1.0	749 (98)	18 (2)	1.0
Other country	43 (96)	2 (4)	0.8 (0.2–3.2)	24 (92)	2 (8)	3.5 (0.8–15.8)
Marital status						
Married/cohabitant	845 (94)	52 (6)	1.0	765 (98)	20 (2)	1.0
Single	26 (96)	1 (4)	0.7 (0.01–4.7)	15 (100)	0 (0)	0
Numbers of children						
Second child or more	489 (96)	18 (4)	1.0	406 (98)	10 (2)	1.0
First child	382 (92)	35 (8)	2.5 (1.4–4.5)**	353(97)	10(3)	1.2 (0.5–2.8)

\*\* p < 0.01.

<sup>a</sup> Reference are women and men not exposed to the studied variable.

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