



In my practice, I feel like I can do that. I feel like in labour I can be that midwife for that person and keep them going beyond when they feel like they need to start their gas and air and stuff like that”
– Midwife

I always say to them look you don’t know what’s going to happen, you might need to end up in this position, don’t be hard on yourself, don’t be too disappointed, have a plan A but also remember you might need a plan B and C - Physiotherapist

Supporting women using non-pharmacological coping strategies during labour to improve birth experience.

Mary Lynch^{1,2}, Anna Davies^{1,2}, Miriam Toolan¹, Abi Merriel^{1,2} on behalf of the ACE team
¹University of Bristol, ²North Bristol NHS Trust

Why did we conduct this research?

- Coping strategies for labour and birth have the potential to enhance women’s experience
- Many strategies are known about, but less is known about their practical use during labour and birth
- Healthcare professionals, in particular midwives, have a unique perspective on how these strategies are used and can be best supported

Objectives

This focus group study was designed to explore maternity staff’s views and understanding of non-pharmacological coping strategies in labour.

Methods

Design: Qualitative focus group study
Setting: The study was carried out in the maternity department at an acute healthcare trust delivering the full range of NHS maternity services, to approximately 6000 women per year
Participants: Maternity staff from community and hospital settings were invited to participate
Focus groups: A semi structured topic guide explored staff’s perspectives on coping strategies for labour and birth and how they were developed and could be supported
Analysis: Focus groups were recorded and transcribed. Thematic analysis was undertaken by two members of the research team.

Results

21 maternity staff attended including

- 10 community midwives,
- 2 integrated team midwives (deliver intrapartum and community care),
- 2 delivery suite midwives,
- 1 rotational midwife
- 1 obstetrician in training
- 1 Maternity support worker
- 3 physiotherapists



Conclusions

- A range of practical coping strategies to manage pain, fear and stress are well-known and valued by women and staff,
- Midwives perceive themselves to be a key coping strategy for labour;
- flexibility and preparedness are seen as important coping strategies to prepare women for labour and birth, particularly in the face of unexpected deviations from women’s birth plans and preferences;
- consistency of message and culture between settings and across midwives is important for supporting women to use coping strategies;
- preparing women in advance of labour and ‘building a toolkit’ is perceived to be very valuable.