

Women's labour and birth experiences in Greece; a cross-sectional study.

Ioannidou M.¹, Antonakou A.² , Papoutsis D.³

1. Student Midwife, International Hellenic University, Greece

2. Assistant Professor, Midwifery Department, International Hellenic University, Greece

3. Assistant Professor, Midwifery Department, University of Western Macedonia, Greece

INTRODUCTION

Childbirth is a complex life event, which could be associated with either a positive or a negative impact on a mother's psychological state¹. Midwives and obstetricians need to deeply understand the emotional events of childbirth so that they can meet the psychosocial needs of labouring women². In Western countries maternal care focuses on risk factors for mothers and newborns, which is associated with an increased rate of planned inductions and use of epidural analgesia, augmentations and Cesarean deliveries³. WHO emphasizes that there should be a considerable reason for interfering with the natural process of birth⁴. Safety and emotional well-being of both mother and newborn can be significantly affected by unnecessary medical interventions⁵. Undisturbed normal childbirth has been associated with more positive birth experience,enhancing women’s postnatal psychological well-being, self-esteem and self-confidence as a new mother³.

OBJECTIVE

We aimed to investigate women’s emotional status, labour and childbirth data, pain relief methods, satisfaction from the midwifery-obstetric team, and the choice of new-borns' nutrition in Greece.

Method

The questionnaire consisted of 64 items and was posted online through the social media between March to May 2021. All women who had given birth were eligible for the study. Upon closure of the study period, statistical analysis was applied to the collected data. Analyses were conducted using SPSS statistical software (version 22.0).

DESIGN

We used a modified version of the validated Early Labour and Experience Questionnaire (ELEQ) to capture the experiences of women and events during their labour and childbirth.

RESULTS

A total of **3.127 participants** responded to the online questionnaire. Increased intervention rates were recorded with 41.1% of participants having an induction of labour, 58.7% having an epidural analgesia and 33.5% a cesarean delivery. Only 37.6% of respondents reported a spontaneous onset of labour with no interventions at all and a normal vaginal birth. 42.8% of women reported attending prenatal classes, with

these women experiencing higher rates of normal birth. Higher rates of breastfeeding were found for women attending prenatal classes, as noted in the literature⁶ and for those having a vaginal birth after spontaneous onset of labour.According to Gluck et al.⁷ and Afshar et al.⁸ prenatal classes contribute to more positive birth outcomes. Women who gave birth at home or in a private maternity hospital were more satisfied when compared to women delivering in public hospitals. Women who had a spontaneous vaginal birth had more positive emotions, as expected since normal childbirth is an intense and transformative psychological event that creates a feeling of empowerment². Greater satisfaction levels from midwife and obstetrician were observed when women had a spontaneous vaginal birth when compared to an induced vaginal birth or a C delivery.

CONCLUSION

Women in Greece experience high rates of interventions during labour and childbirth, which seems to negatively affect their emotional state. Prenatal classes are important as they are correlated with higher rates of normal deliveries and exclusive breastfeeding. Further research is needed to identify the factors that affect women's experiences during labour and childbirth within the Greek maternity healthcare system in order to improve and shape the current midwifery-obstetric care policy.

CHART 1: BIRTH CATEGORIES

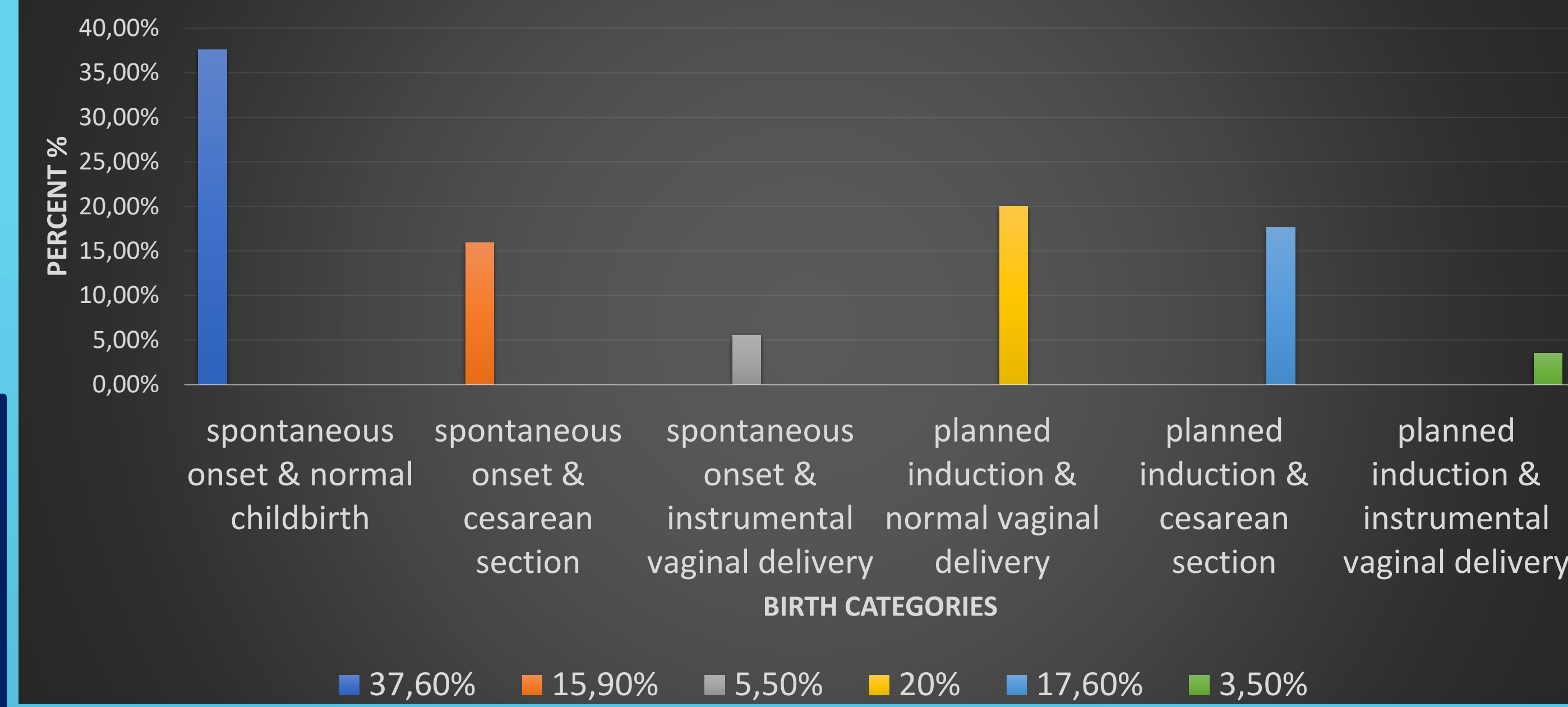


CHART 2: Women's positive feelings during labour

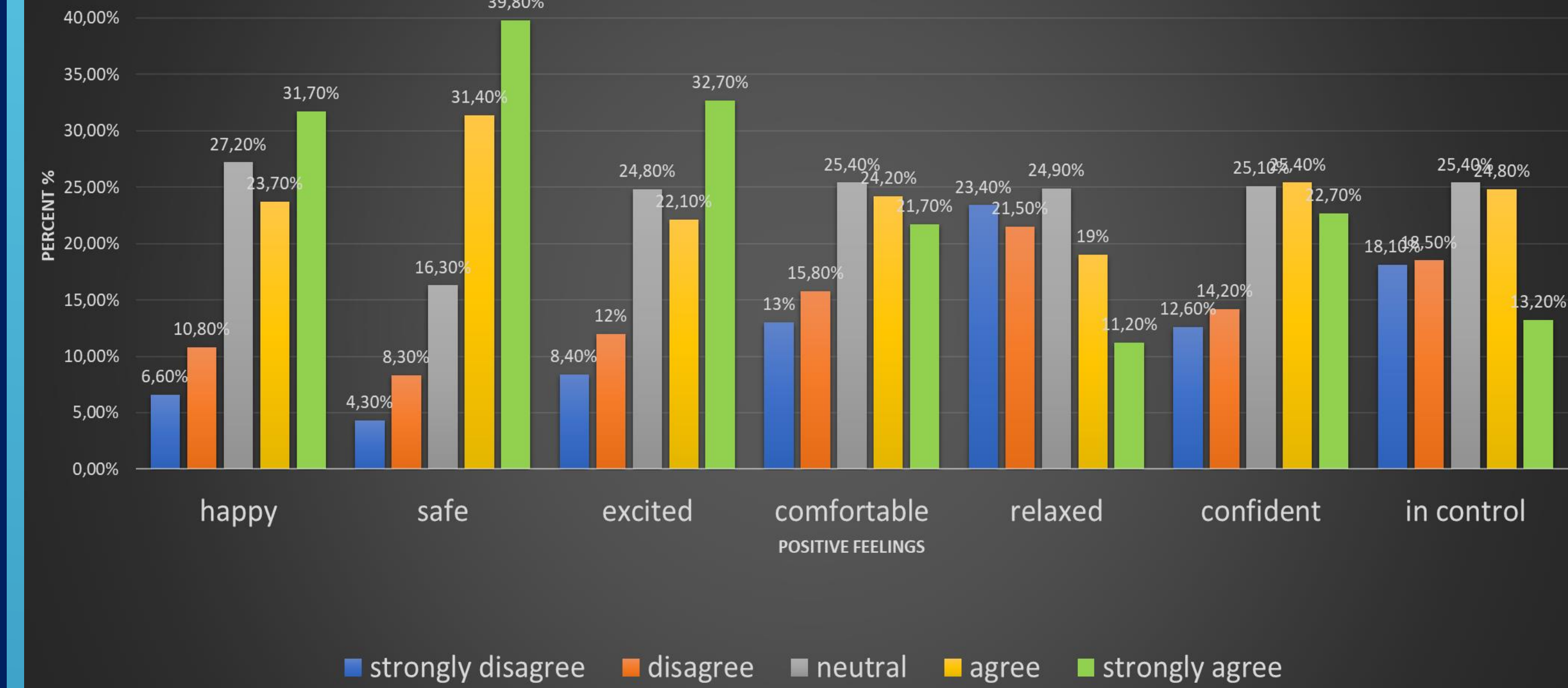
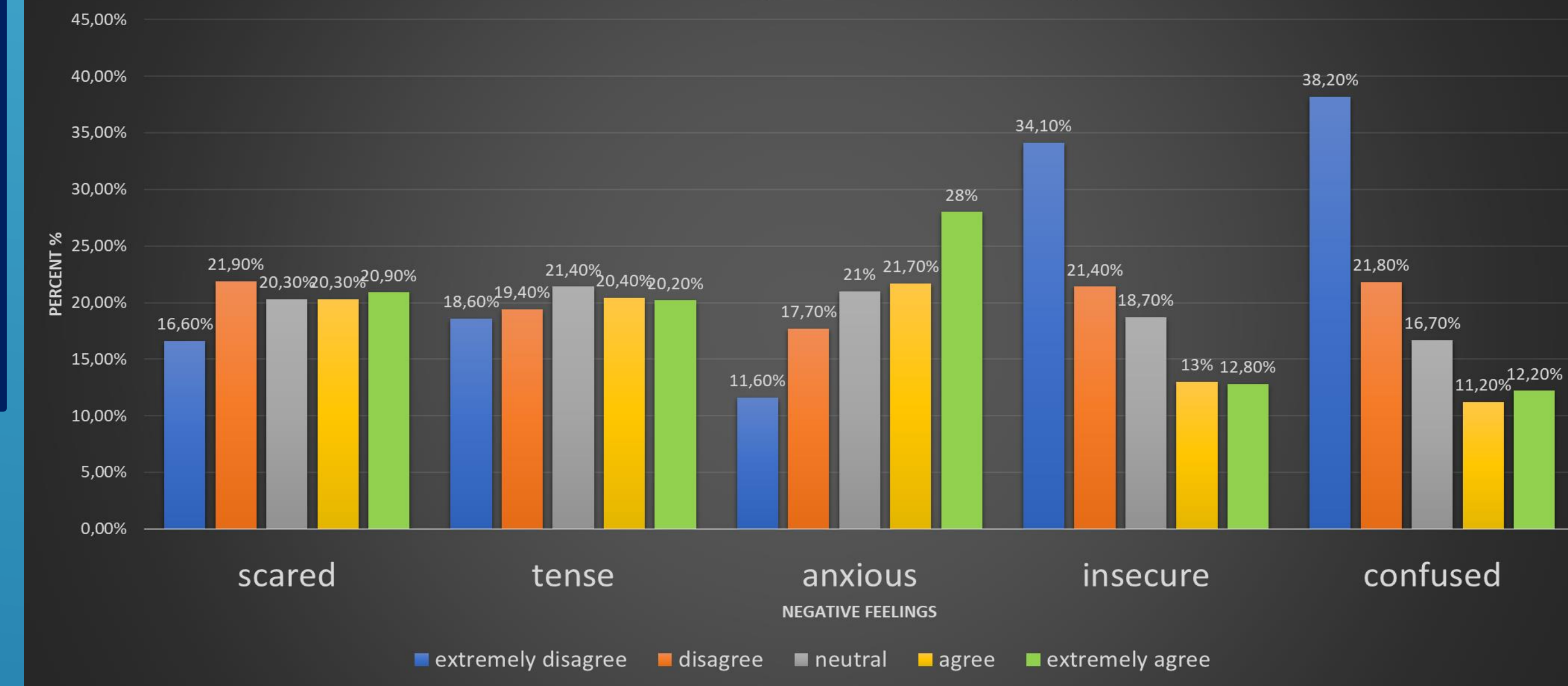


CHART 3: Women's negative feelings during labour



REFERENCES

- 1.Bastos, M. H., etal. (2015). Debriefing interventions for the prevention of psychological trauma in women following childbirth. The Cochrane database of systematic reviews, (4), CD007194.
- 2.Olza, I., et al. (2018). Women's psychological experiences of physiological childbirth: a meta-synthesis. BMJ open, 8(10), e020347. <https://doi.org/10.1136/bmjopen-2017-020347>.
- 3.Aune, I., et al. (2015). Promoting a normal birth and a positive birth experience - Norwegian women's perspectives. Midwifery, 31(7), 721–727. <https://doi.org/10.1016/j.midw.2015.03.016>.
- 4.WHO, 1996. Safe Motherhood. Care in Normal Birth: A Practical Guide. World Health Organization, Geneva.
- 5.Shaw J. C. (2013). The medicalization of birth and midwifery as resistance. Health care for women international, 34(6), 522–536. <https://doi.org/10.1080/07399332.2012.736569>.
6. Rosen, I. M., et al. (2008). Prenatal breastfeeding education and breastfeeding outcomes. MCN. The American journal of maternal child nursing, 33(5), 315–319. <https://doi.org/10.1097/01.NMC.0000334900.22215.ec>.
7. Gluck, O., et al., (2020). The impact of childbirth education classes on delivery outcome. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, 148(3), 300–304. <https://doi.org/10.1002/ijgo.13016>.
8. Afshar, Y., et al.(2017). Childbirth Education Class and Birth Plans Are Associated with a Vaginal Delivery. Birth (Berkeley, Calif.), 44(1), 29–34. <https://doi.org/10.1111/birt.12263>