

Impact of operative delivery on birth experience: a reflective qualitative analysis

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BACKGROUND

Childbirth is a significant life event [1] and 20% of women report having a negative experience. There are short-term and long-term consequences to consider, from difficulty breastfeeding and bonding with the baby to post-traumatic stress disorder and postnatal depression [1]. Studies indicate a loss of the feeling of empowerment and control impact the birth experience even more than mode of birth and complications [2, 3]. The purpose of this analysis was to obtain the views of women on their operative delivery, identify aspects of their delivery that were important to them and reflect on the findings from a trainee’s perspective in order to promote reflective learning for trainees to improve. While interventions in the context of obstetrics are often not patient’s preferred modes of birth, this analysis aims to identify factors that improve patient experience in this area.

Methods

Qualitative methods were chosen to explore patient perceptions of their birth and allow the voice of the patient to be reflected upon. Semi-structured interviews were conducted between 2 and 3 weeks postpartum, for 25 women who had undergone forceps, ventouse or caesarean section delivery, performed by one obstetric trainee. These were transcribed and the transcripts coded line-by-line to identify themes. Sampling was continued until thematic saturation was achieved. The results of the thematic analysis were critically reflected on to synthesise learning that can enhance trainee practice. This review was ethics exempt as it was a service evaluation.

Results

Participants were open and candid in expressing their feelings about their delivery. Four main themes emerged.

Discussion/Conclusion

Reflecting on the perspectives expressed by patients it is evident that their birth experiences could be optimised

- Clear, calm and effective communication between healthcare professionals and with patients help to facilitate a feeling of control in the patient.
- Language between professionals is observed by patients and needs to be considered when discussing management.
- Giving comprehensive information about recovery and the postnatal period, along with signs of potential complications may help patients feel more prepared for the postnatal period after an operative delivery.

Interviewing patients to gain feedback on their experiences necessitates a willingness to receive feedback, even if that feedback is negative or critical. While it can be difficult to hear that a patient is unhappy or disappointed with aspects of their delivery it is vital to willingly receive this information in order to improve. Trainees must be sensitised to the factors that influence patient experiences during birth. Reflecting on one’s own performance during an operative delivery - keeping in mind the themes that arose in this review- is vital to becoming a better clinician.

There are limitations to this analysis – the doctor who performed the operative delivery is in a position of relative power compared to the patient which may affect the quality of the responses given. The patient may also feel unable to be honest about their feelings to the person who performed the delivery. Further work is needed to identify practices that improve the patient experience of operative delivery.

References:

1. Henriksen, L., et al., Factors related to a negative birth experience—a mixed methods study. Midwifery, 2017. 51: p. 33-39.
2. Garthus-Niegel, S., et al., The role of labor pain and birth experience in the development of posttraumatic stress symptoms: a longitudinal cohort study. Birth, 2014. 41(1): p. 108-115.
3. Størksen, H.T, et al., The impact of previous birth experiences on maternal fear of childbirth. Acta obstetricia et gynecologica Scandinavica, 2013. 92(3): p. 318-324.

Theme 1: Language use and body language around interventions at delivery

- Language perceived to be judgemental
- “Throw away” comments that hold meaning to the patient
- Language and body language between healthcare professionals
- Lack of reassurance

Theme 2: Feeling in control at the time of delivery

- Having the time and information to consider options
- Being familiar with the possible options
- Feeling their choice was respected
- A sense of calm or panic in the room

Theme 3: Unanticipated complications around interventions

- Inadequate analgaesia
- Complications affecting the baby
- Complications affecting the mother

Theme 4: Preparedness for the postnatal journey

- Pain management and expectations
- Physical marks and scars on mother or baby
- Medicalisation/intervention
- Comments from others

“The midwives and doctors didn’t seem to get on or agree with what we should do.” – Patient who had a ventouse delivery in her first pregnancy

“[The doctor] told another doctor that there wasn’t enough maternal effort... I felt so bad” – Patient who had a forceps delivery in her first pregnancy for delay in first stage

“The doctor said ‘you’ve failed to progress’... and I couldn’t believe my body failed to do this” Patient who had a caesarean section in her first pregnancy for delay in first stage

After the emergency buzzer everybody ran in. I was so scared, it was chaos and they ran me down the corridor for my caesarean.” Patient who had a category 1 caesarean section in her second pregnancy for fetal distress

“You were so calm. I felt reassured when you explained what was happening” Patient who had a ventouse delivery in her second pregnancy for fetal distress.

“I was exhausted. It was such a relief when you agreed to pull the baby out.” – Patient who had a ventouse delivery for delay in second stage

“I really didn’t want forceps... I was glad you did a ventouse.” Patient who had a ventouse delivery in her first pregnancy

“ The episiotomy got infected and came undone. I feel sick when I think about it. I can’t look or feel down there”. Patient who had a perineal wound breakdown following a forceps delivery.

“The pain was unbearable. I thought I was going to die.” Patient who had a forceps delivery under pudendal block for fetal bradycardia.

“The baby went to the baby unit. I was so upset. I thought it was because of the forceps.” Patient who had a forceps delivery for fetal distress and baby was admitted to SCBU.

“My mum was shocked by the forceps marks. She said it wouldn’t have happened if I didn’t get an epidural” Patient who had a forceps delivery for fetal distress

“It was more painful than I thought it would be. I thought I would feel better by now.” Patient who had an emergency caesarean section in her first pregnancy.

“I didn’t realise I would need a catheter. I found it really uncomfortable and hated people seeing it” Patient who had a caesarean section

“I’m so glad I didn’t have a caesarean. I feel great... the episiotomy was fine” Patient who had a rotational forceps delivery in theatre