

PaGES Index: exploring research participants’ experiences and satisfaction with birth in India

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Background:

- Clinical research rarely asks participants what is important to them about interventions, despite most research aiming ultimately, to improve outcomes and experiences for patients. Less than 5% of studies investigating induction of labour reported any data on maternal satisfaction with the induction process¹.
- Tools commonly used to evaluate research participants experiences and satisfaction have significant limitations:
 - Surveys - can lack relevant details and be based on assumptions or specific populations
 - Qualitative studies - can include small non-representative sub-groups and require significant time and skill to conduct.
- This new mixed-methods tool allows research participants to freely state what is important to them, rate the relative importance of each statement and quantify their satisfaction with each element.

Aim: To understand what is important to women undergoing induction of labour for hypertension in pregnancy, before induction of labour and after birth.

Participant-Generated Experience and Satisfaction (PaGES) Index: Antenatal Form

Step 1: Identifying areas	Step 2: Importance to you
We are researching how women view their birth experience. We would like to know what is most important to you about birth. Please write down up to 8 things that are MOST important to you about your birth	Please think about how important these areas are to you. You have 20 points to allocate/spend. Write the points in the boxes below. Please make sure they add up to 20
I want to have a normal delivery	10
Anxious as my BP is high	
All family members are good and with me	4
Whether boy or girl, should be good	
I am only worried about my baby, should be safe	6
I will bear the pain for my baby	
I am ready for as long as it takes, but baby should be good	
I have no problems with medicines	

Figure 1 – Example PaGES Index form completed antenatally

Methods:

- All 520 women randomised in the oral misoprostol alone and oral misoprostol followed by oxytocin for labour induction (MOLI) trial completed the PaGES Index.
- Pre- and post-induction women identified up to eight and ten issues, respectively, that were important to them in their native language.
- 20 beans were distributed across these statements allowing the participants to indicate the relative importance of each statement (*figure 1*).
- Postnatally there was the additional task to rate their satisfaction on a scale from 0-10 for each issue identified (*figure 2*).
- After translation and data cleaning, the qualitative comments were coded using open inductive coding, using the principles of thematic analysis.
- Codes were then grouped into themes and subthemes, after numerous consensus meetings and iterations of the coding frameworks.
- Basic quantitative analysis of beans and satisfaction scores was conducted in SPSS (v28).

Results:

- 520 women completed PaGES Index antenatally and 519 postnatally
- 1 participant was lost to follow-up due to testing positive for COVID-19

All statements made were organised into seven overarching themes and thirteen similar subthemes. A total of 3,309 vs 2,755 statements were made antenatally and postnatally. The mean number of statements per participant was higher antenatally than postnatally (5.84 vs. 5.31). 67% and 71% of the antenatal and postnatal statements respectively were allocated beans.

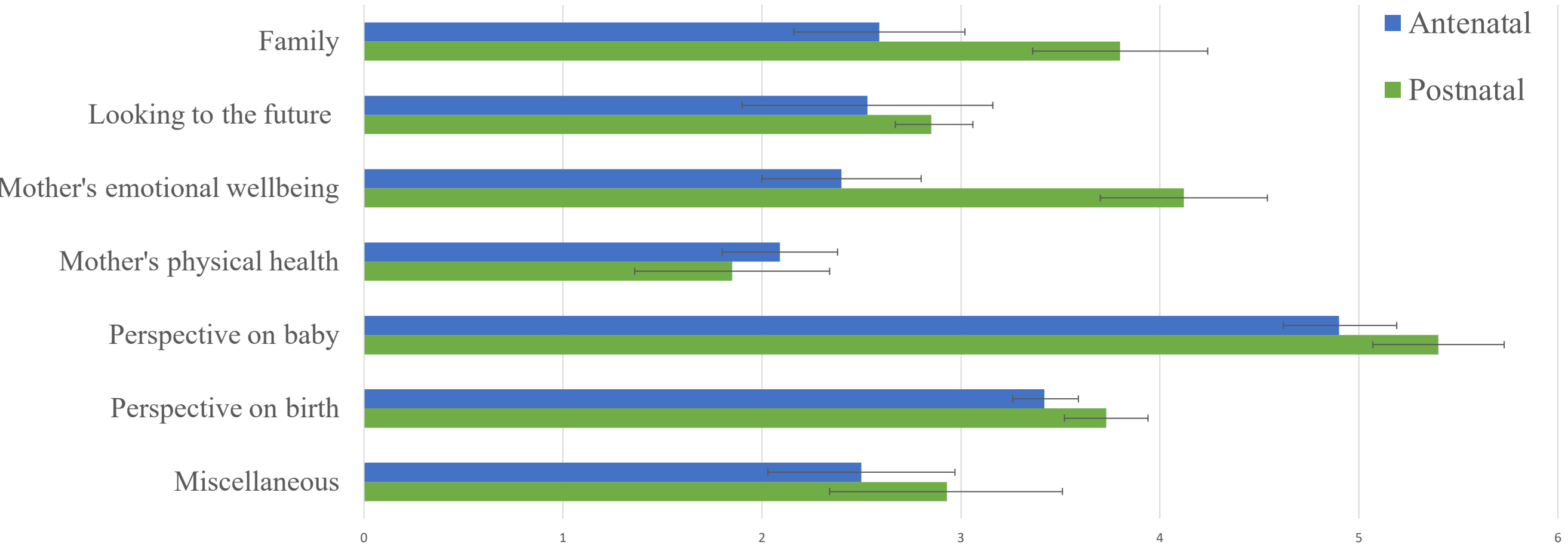


Figure 3 – Demonstrates the mean number of beans allocated to each overarching theme (showing 95% confidence interval bars)

Beans

“Perspective on the baby” comments had the highest proportion of beaned comments antenatally and postnatally (84% and 86%) whereas priorities relating to “mother’s physical health” received the lowest proportion of beans (54% and 47% respectively). There was a statistically significant increase in mean beans allocated from antenatal to postnatal for “family” (2.59 to 3.80), “mother’s emotional wellbeing” (2.40 to 4.12), “perspective on the baby” (4.90 to 5.40) and “perspective on the birth” (3.42 to 3.73).

Mode of birth

- Antenatally 67% (n=349) mentioned one or more priorities relating to mode of birth
 - Mean number beans allocated 4.19 (95% CI 3.82 ; 4.56)
 - Strong preference for “prefer vaginal delivery” (n=318)
- Postnatally 59% (n=308) mentioned one or more priorities relating to mode of birth
 - Mean number beans allocated 4.65 (95 CI 4.28 : 5.01)
 - 361 women had non-instrumental vaginal deliveries with 50% actively expressing their satisfaction (n=183)
 - 155 women had caesarean sections. Participants reported that they were satisfied (n=6), dissatisfied (n=52), or accepting (n=41) of this mode of birth. Baby’s health was given as a key rationale for an acceptance with caesarean section.

Satisfaction scores

Analysis of the postnatal satisfaction scores demonstrated that “family” had the highest mean satisfaction score (9.03, SD=1.60) whilst “mothers physical health” had the lowest (5.19, SD=2.68).

Conclusion:

- This new mixed methods tool provides detailed qualitative insights into women’s birth priorities and also allows the satisfaction with those priorities to be quantified.
- Women typically valued the health and wellbeing of their baby above everything else.
- There was a strong preference for vaginal delivery antenatally and postnatally.
- Family and the mother’s emotional wellbeing became more important postnatally.
- Women’s satisfaction with their physical health was lower than any other theme.

Participant-Generated Experience and Satisfaction (PaGES) Index: Postnatal Form

Step 1: Identifying areas	Step 2: Importance to you	Step 3: Scoring post birth
Now that you have had your baby, what were the most important things for you about your birth experience? Please write down up to 10 things that are MOST important to you about your birth process, including what you wrote pre birth.	Please think about how important these areas are. You have 20 points to allocate/spend. Write the points in the boxes below. Make sure they add up to 20.	Please place a cross along the line in each case that reflects your satisfaction with your birth experience in this area 0 is the worst it could have been 5 is indifferent 10 is the best it could have been ☹ Worst Indifferent ☺ Best
I am very happy that I had a girl	10	0 1 2 3 4 5 6 7 8 9 10
Right now, it is important to me that nothing happens to my baby	10	0 1 2 3 4 5 6 7 8 9 10
Now I have no problems at all		0 1 2 3 4 5 6 7 8 9 10
I did not get any pains at all, that was why I had to have a c-section.		0 1 2 3 4 5 6 7 8 9 10
All my family members are very happy that I had a girl		0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10
		0 1 2 3 4 5 6 7 8 9 10

Figure 2 – Example PaGES Index form completed postnatally

Further research:

- A full detailed analysis of this dataset will include a full cohort analysis of the 1033 women who completed the PaGES Index, as part of the MOLI cohort study and randomised controlled trial².
- A further comparison of the PaGES data will be made against standard qualitative and Likert scale datasets.

References:

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