



Pressured Decision-Making During Childbirth Increases the Risk of a Distressing Patient Experience

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Background

A woman’s perception of her childbirth experience plays a critical role in shaping her emotional well-being and her transition into motherhood. Negative birth experiences have been linked to postpartum distress, strained maternal-infant bonding, and reduced satisfaction with care. Understanding the factors that contribute to a distressing birth experience is essential for developing targeted interventions to support women's mental health and improve the quality of maternity care.

Objective

Understand how a negative perception of the labor and delivery experience is influenced by supportive medical care, provider pressure, and patient autonomy and respect.

Methods

This cross-sectional study was conducted in North Carolina, United States, to identify predictors of labeling childbirth as a distressing experience. An electronic questionnaire was distributed to women who had given birth within the previous two years using an opportunity sampling approach. Respondents rated the statement, “I found giving birth a distressing experience” and answered questions regarding prenatal care, provider pressure for medical intervention, and being involved and respected during their labor and delivery. Descriptive statistics and logistic regression were used to determine the prevalence of a distressing birth experience and examine predictive factors.

Results

A total of 575 women completed the survey. The mean age was 31 years (standard deviation: 6.8, range 18-52). This was the first childbirth experience for 40.2 percent (n=231) of the women and 70.6 percent (n=405) had a vaginal delivery. Childbirth was described as distressing by 40 percent (n=232) of the sample. The model included eleven predictor variables as listed in Table 1.

Table 1. Predictors included in the logistic regression

Predictors	Percent
Felt pressure to have a cesarean	21.4
Didn't ask questions at prenatal visit due to wanting care different from provider	28.2
Didn't ask questions at prenatal visit due to feeling rushed	29.7
Didn't ask questions at prenatal visit due to feeling labeled as difficult	30.8
Felt pressure to have an epidural	34.1
Felt pressure to have a labor induction	35.3
Always felt heard and listened to	42.3
Always felt involved in decisions	44.9
Always felt informed about care	48.3
Never felt pressured into a decision	71.5
Never felt shouted at, scolded, insulted, threatened, talked rudely	83.5

In the full model, women were more likely to rate their overall childbirth experience as distressing if they reported feeling pressured by a provider to have a labor induction (adjusted odds ratio (aOR): 1.61, 95% CI: 1.08-2.40) and if they felt pressured into a decision by their provider during labor and delivery (aOR:1.73, 95% CI: 1.08-2.77). Notably, compared to women who never felt pressured, women who reported sometimes being pressured into a decision were 3 times more likely to rate their birth as distressing while women who reported always being pressured were 4 times more likely to experience a distressing birth (Figure 1).

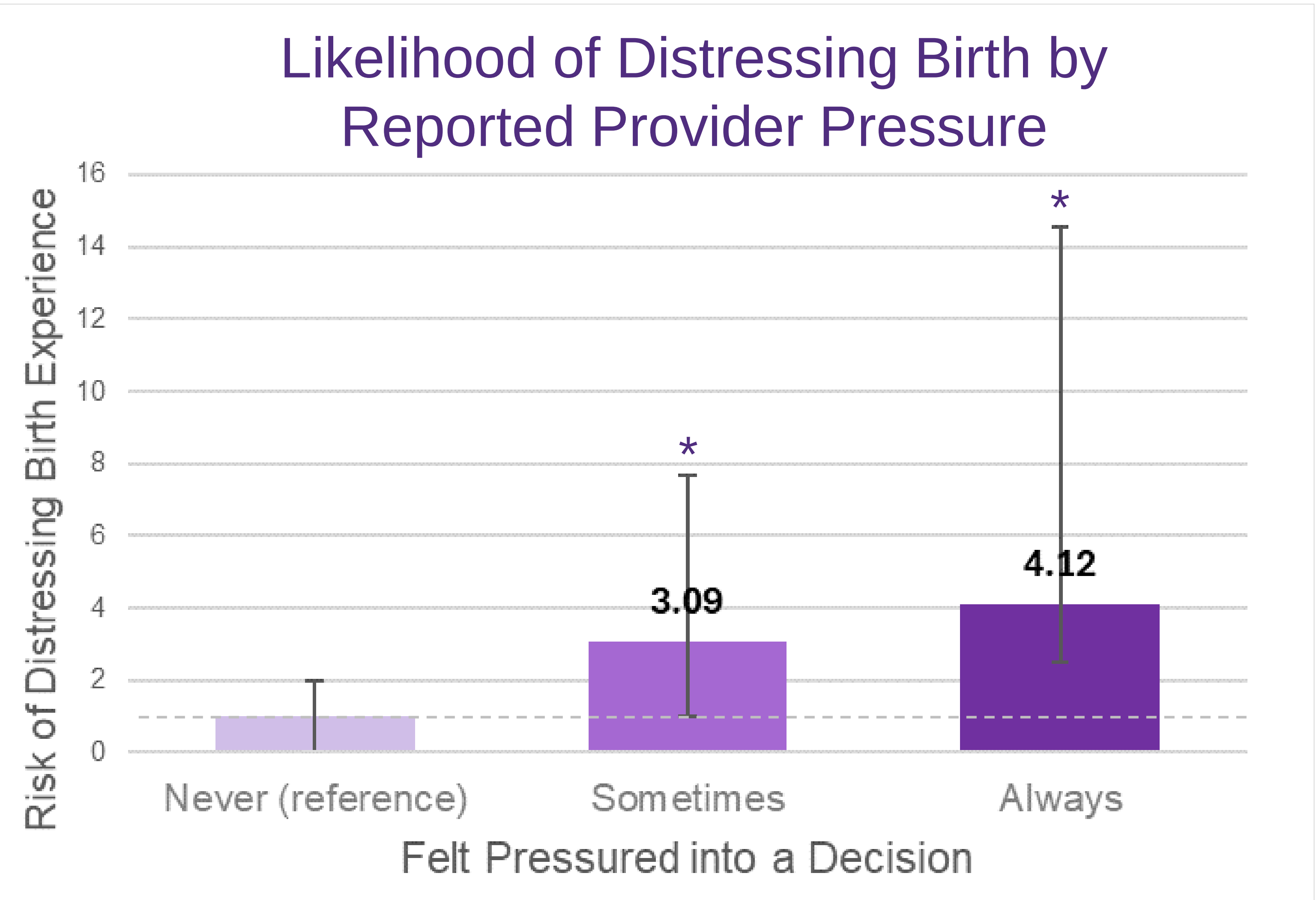


Figure 1. Adjusted odds ratios and 95% confidence intervals for reporting a distressing birth experience based on frequency of perceived provider pressure during childbirth.

Conclusions

This study highlights the impact of provider pressure on women's childbirth experience, emphasizing the importance of respectful and supportive care. Solely focusing on physical birth outcomes can overlook the impact of childbirth on a woman's mental health. Providers can promote a positive childbirth experience by prioritizing patient autonomy and avoiding coercive practices. This study underscores the need for a patient-centered approach to maternity care that prioritizes women's voices, choices, and well-being.