

# Women's Experiences of Labour Induction: a Qualitative Study

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More than 1:5 UK pregnancies end in induced labour (BirthChoiceUK, 2015)

## Literature review

- Much has been written on medical aspects of induction, but studies of women's experiences and perceptions of it are very few and limited in scope. This has been identified as an area in which further research is required (NICE, 2008).
- The few UK studies on induction from the 1970s onwards highlight women's dissatisfaction with the overall experience; particularly a lack of information and involvement in decision-making (e.g. Cartwright, 1979; Shetty, Burt et al, 2005).
- Most studies are quantitative and do not explore women's perceptions or experiences in depth.
- Studies on informed choice suggest that inflexible, medical models of maternity care inhibit informed decision-making: despite the ongoing discourse on informed choice, evidence suggests it exists more in rhetoric than reality (Kirkham, 2004).

## Objectives

- To discover how first-time mothers acquire knowledge of induction.
- To explore how and why women consent to induction.
- To explore women's experiences of undergoing induction.
- To explore how induction affects the birthing experience and transition to parenthood.

## Study design

- A qualitative study was undertaken, using an opportunistic sample of 21 first-time mothers, recruited via a maternity unit in England.
- Ethical approval was granted from the Research Ethics Committee and local NHS Trust.
- All participants were over 18 years of age, fluent English speakers, and low-risk at the start of pregnancy. Most inductions were undertaken for post-dates pregnancy, in accordance with local policy
- Data was collected via face-to-face interviews conducted at 4-6 weeks postnatally in women's homes and via maternity records.
- Interviews were audio recorded and transcribed
- Data was analysed thematically using the constant comparative method.



## Findings

### Lack of information inhibits active decision-making in the case of post-dates pregnancy

- The choice to accept induction is often made 'on the spot' without information or discussion of other options.
- Short and infrequent antenatal appointments encourage the prioritisation of routine tasks rather than individualised care.
- Induction is presented as inevitable: women are routinely steered towards compliance with normative patterns of care rather than being encouraged to make an informed decision to accept, delay or reject induction.
- Women may not seek out further information as they 'don't know what they don't know'.
- The onus is on clinicians to provide information tailored to women's individual needs and opportunities to discuss options, BUT how to achieve this with limited time and resources?

### Poor risk-awareness encourages passive acceptance

- Women are often unaware that induction for post-dates pregnancy is prophylactic rather than therapeutic.
  - Unaware of possible iatrogenic effects of induction.
  - Unable to weigh risks of induction against risks of expectant management.

### Women are unprepared for the induction experience

- Discrepancies between expectations of induction and reality cause anxiety.
- Separation from partners in early labour enhances stress – a possible contribution to dysfunctional labour.

- Women are unprepared for delays in starting induction.
- Women's perceptions of starting labour are not always acknowledged, leading to inappropriate care and inadequate analgesia. The discomforts of induction and the experience of early labour are often undervalued by staff.
- Women want to begin labour at home, not in hospital.

### Induction in hospital may be best understood as a state of prolonged liminality

- Labour has been identified a liminal phase between two physical and social states (Van Gennep, 1960). This study identifies inpatient induction as a new and different area of liminality, characterised by loss of control, uncertainty and dependence. This enhances anxiety and reduces overall satisfaction.
- Outpatient induction may reduce the sense of liminality and enhance feelings of control and autonomy.

### Changing attitudes to medical intervention

- All women in this study had originally hoped for a normal birth. Following induced labour, their attitudes changed and they became more receptive to intervention in future pregnancies, especially to epidurals
- 1/3 stated that they would prefer a caesarean section to induction in future. This has implications for the promotion of normality in childbirth and raises questions about women's confidence in their bodies.

### Opportunities to improve the induction experience

- Manage women's expectations by providing individualised information and time for the discussion of options.
- Make the woman, not the institution, the focus of in-patient antenatal care.
- Pilot outpatient induction for low-risk women with uncomplicated, post-dates pregnancies (O' Brien et al, 2013). This may also reduce costs.

## References

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