Kategorisering

Fund	Kategoriserede fund
	1) Igangsættelsesforløbet kan være vanskeligt at håndtere
F82 (Jay 2018 labour or limbo): Several women reported sleep disturbances, which one woman cited as a cause of subsequent adverse events during her labor	Den fødendes oplevelse og håndtering af fødselsforløbet påvirkes af, hvordan indlæggelsen eller det ambulante forløb foregår. Personaleskift, igangsættelsesmetode, forløbets længde, smerteoplevelse og mulighed for at være i et uforstyrret rum er af særlig betydning. Igangsættelsesforløbet er vanskeligt at håndtere og opleves mere intenst eller mere smertefuldt, udmattende og langstrakt eller hurtigere end forventet. Gel og stikpiller opleves som støtte til den naturlige fødsel. Hvorimod ve-stimulerende drop opleves som et indgreb i den naturlige fødsel. Ved igangsættelse under indlæggelse kan personaleskift betyde, at forløbet opleves usammenhængende og igangsættelsesforløbet kan foranledige uro, som kan føre til søvnforstyrrelser. Manglende privatliv føles stressende og ubehageligt. Ambulant igangsættelsesforløb giver frihed til at forsætte dagliglivet og opleves positivt.
F67 (Gatward): Fear of the prospect of ‘‘the drip’’, or ‘‘breaking the waters’’ was the most frightening aspect for 12 (52%) of the women. However, having labour initiated with the prostaglandin gel was within their definition of natural birth. It was the ‘‘drip’’ that crossed the line to an unnatural intervention for 17 (73%)	
F57 (Lou): many did not perceive the misoprostol tablets as being part of their birthing experience	
F54 (Lou): Eighteen women were induced with self-administered misoprostol tablets, 10 of whom gave birth within 24 h. These women generally considered the IOL to be a good experience and felt that the tablets were simply “giving nature a helping hand” (Frances)	
F90 (Mutagh): A direct link was made by the women between ‘the gel’, referring to the inducing agent prostaglandin E2 vaginal gel used for IOL, and having pain before labour established. Many participants recalled how unexpected it was to	

have such strong pain in the absence of labour and found it to dampen their experience	
F55 (Lou): However, a few were surprised and somewhat overwhelmed by the speedy birth	
F88 (Mutagh): The intensity of pain experienced was another unexpected component of women's IOL experience. Few offered an explanation as to what they had expected pecifically, but many used the terms 'unbelievably intense' and 'completely unexpected'. All participants reported the pain to be much greater than originally expected and consequently women reported to have found it more difficult to cope with	
F87 (Mutagh): The long duration of IOL in one instance led to wishes for the whole birthing process to be over.	
F86 (Mutagh): Those who endured a longer induction reported more negative accounts than those who experienced a shorter process.	
F89 (Mutagh): Some participants reported the pain was so severe that they could not continue through the remainder of the birth process without an epidural. This was an additional unexpected element for some as they had not anticipated the use of analgesia for labour antenatally.	
F80 (Henderson): induction takes time with many changes of staff and sometimes a marked lack of continuity of care	
F81 (Jay labour or limbo): Lack of privacy and proximity to strangers was particularly uncomfortable and distressing to those who had not been expecting to share a bay. Women were conscious of the effects of their behavior on other women undergoing induction.	
F56 (Lou labour or limbo): For eight women, the tablets were not quite as effective, and they had to return to the hospital for daily check-ups for up to three days.	

However, this process was described as nonproblematic. The women were impatient but appreciated the outpatient induction regime that allowed them to continue with their everyday lives. They described the value of being able to pick up older children from kindergarten, to chat on the phone with girlfriends, and to just relax in the comfort and pace of their own home while waiting for labour to begin	
	2) Beslutning om igangsættelse bevirker at forventning til fødselsforløbet tilpasses
F74 (Gatward): Shortly after the initiation of the induction, there was evidence that the women were still re-formulating their thoughts and ideas about induction and how it limited options for their birth:	Igangsættelse medfører, at den fødende tilpasser sine forventninger til fødselsforløbet og kan indebære, at den fødende giver afkald på sine forestillinger om spontan fødsel. Det kan på den ene side medføre skuffelse over manglende spontan fødsel, bekymring for flere indgreb og resignation. På den anden side kan det også indebære lettelse over, at andre tager over og at der endelig sker noget.
F9 (Gatward): Poppy (C) and Valerie (C) felt congruent with the time's up policy. They agreed that their time of being pregnant was up and were pleased with the plan for induction as describe:	
F70 (Gatward): For the 16 others, their focus was more on themselves with lost expectations for natural labour, their failed body and worry about increased interventions	
F68 (Gatward): All 5 women in the comparison group maintained hope that they might go into labour spontaneously, as they eventually did. For these women there was no surrendering to an inevitable induction but they remained cautious. For instance Poppy (C) described her hope for a ''natural labour'' with acknowledgement that expectations would shift if necessary	
F65 (Gatward): The second dimension of the experience of being booked for induction was a required ''shift in expectations'' from the women's original plan for labour and birth. Descriptions of shifting expectations for 18 (78%) of the women were similar to those of Erica (I) and Jess (I):	
F64 (Gammie):	

For some, this loss of ideal appeared to result in feelings of resignation and passivity	
F63 (Gammie): A theme that I called 'loss of ideal' emerged where women had to face a changing reality that their labour had not started spontaneously and the induct ion proces shad commenced. The women voiced disappointment that they hadn't labored .The women cited the provision of the information leaflet and the opportunity to speak with their midwife as key to their preparation spontaneously and had a strong sense that induction was 'unnatural	
F66 (Gatward): Shifting expectations included believing that induction led to more interventions.	
	3) Den fødende vægter barnets sikkerhed højere end egne forventninger og oplevelser
F71 (Gatward): In contrast, all five women in the comparison group expressed deep concern for the baby as a partner in the experience	Gravide har tillid til de sundhedsprofessionelles anbefalinger om igangsættelse. Fødende vejer hensyn til barnets sikkerhed tungere end egne oplevelser af igangsættelsesforløbet, hvilket øger accept af forløbet. Negative oplevelser ved igangsættelse kan opvejes af de positive oplevelser ved at få et rask barn. Nogle fødende oplever bekymring for barnets sikkerhed, når en planlagt igangsættelse udskydes.
F75 (Henderson): Once the decision had been made to induce labor, many women described delays associated with getting the procedure started, causing significant anxiety in some, as illustrated below:	
F15 (Jay 2018 making decision): Trust in professional opinion appeared very strong and risk was generally seen only in terms of dangers to the fetus of prolonged pregnancy, rather than risks to both the woman and fetus/neonate from medical interventions.	
F14 (Jay 2018 making decision): Many women alluded to the powerful influence that any mention of risk had on their decision to accept induction. Where medical conditions existed, women were generally clear about the reason for induction; conversely, in cases of post-dates pregnancy, perception of risk was often non-specific:Um...	

F69 (Gatward): Only 2 of the 18 women who went on to be induced articulated a concern for the baby's welfare as being part of their shifting expectations when booked for induction.	
F93 (Mutagh): The needs and desires of the women themselves were no longer at the forefront and paled to insignificance when compared to that of their babies. A healthy baby surpassed everything else including their experiences of IOL	
F18 (Moore): The rationale presented by the clinician was further justified by the idea that the safety of the baby was in jeopardy if they did not proceed with the induction	
F62 (Lou): The arrival of a healthy baby overruled everything, and the women explained how that made them more forgiving of the negative elements.	
	4) Information om det forventede igangsættelsesforløb har betydning for den fødendes oplevelse af processen
F28 (Moore): Women felt strongly that other women should be informed about an IOL before making a decision. Consensus existed that women should know about the IOL process, medications, risks, and options as part of the decision-making process.	Information om begrundelse for igangsættelse og om forløbets indhold og konsekvenser er nødvendigt for, at den fødende kan forberede sig på forløbet og håndtere bekymringer og ændringer af egne forventninger. Fødende oplever modstridende information om anbefalinger for igangsættelsestidspunktet fra sundheds professionelle. Fødende oplever desuden, at information om igangsættelsesforløbet er mangelfuld. Manglende eller sen information om igangsættelsesforløbet herunder alternativer til igangsættelse fører til oplevelse af manglende medinddragelse. Manglende information om mulig ventetid før og under igangsættelse opleves som stressende og skaber forvirring og bekymring. En pjece som eneste information opfattes som utilstrækkelig og når kvinden ikke oplever at modtage information indhenter hun den selv. Den fødende oplever desuden, at medinddragelse kræver vedholdenhed. Dialog med sundhedsprofessionelle om igangsættelsesforløbet betyder, at fødende kan forberede sig og tilpasse sine forventninger. Når den fødende er velinformeret, føler hun sig hørt og medinddraget på trods af ændring i forventet forløb. Det skaber tryghed når den fødende modtager

	grundig information, eksempelvis via både pjecer og samtaler med sundhedsprofessioneller, og det øger forståelse og accept af igangsættelsen.
F5 (Coates): While some women commented that they were given options "about induction"	
F103 (Jay 2018_ Labor or in limbo): Persistence was sometimes required to gain information.	
F6 (Coates): More commonly that information about “what if I don’t have the induction?” was lacking.	
F52 (Lou): Some women, however, would have liked to receive information earlier (e.g., at 40 gws) and to be given more time to consider their own feelings and values.	
F97 (Gatward): Difficulty in shifting expectations was related to a continuing lack of meaningful information. Within the first 2h of the induction	
F27 (Moore): Overall, most women were unable to describe the process, medications used, risks, or options associated with an IOL. For those women who did have some information, it was on the logistics of the IOL and not on the risks.	
F53 (Lou): Tachysystole was a principal concern for many women, and several had specifically asked the midwife about it. These women were told that the currently used regime was less aggressive than that used previously.	
F20 (Mutagh): Some participants reported not having received any information on IOL from any health professionals and, in many instances, felt left to ‘figure things out for themselves’.	
F46 (Coates): Furthermore, while some described the information they received as “consistent” others	

commented that they were given conflicting recommendations and information.	
F7 (Coates): thers reported not receiving much information.	
F49 (Moore): As women continued to discuss their IOL experience and the unexpected events that occurred (i.e., pain intensity, impact on baby, no eating, limited mobility, and increased risk of cesarean section), it became apparent that these items were not explained before the IOL. Instead, women were informed about the medications, the logistics, risks, and options after they had arrived at the hospital for their scheduled IOL	
F50 (Moore): Women who requested an elective IOL also realized they were not fully informed by their clinician. After reflecting on their IOL, they expressed that they were not prepared for the IOL.	
F51 (Mutagh): While some women received an information leaflet explaining the reasons for IOL, many felt it was the duty of their health professional to offer more substantial information verbally. Shauna and Valerie described the leaflet as offering 'the basics' and felt they would have benefited from more detailed discussion with their midwife/doctor in which every eventuality of IOL is explained. They felt that information on all the possibilities would have left them better prepared for the events that lay ahead, regardless of what direction they took.	
F95 (Gatward): The women identified a lack of meaningful information given to them when induction was planned. Nicole (I) explains how details needed for shifting expectations were absent from the information received from health care professionals during the booking:	
F99 (Henderson): This quote also illustrates the importance of good communication, reassurance and support. Some women could not be admitted to the maternity unit and when admit-ted, delays were commonly mentioned, often associated with staff shortage:	

F101 (Henderson): This last quote also illustrates some of the issues around a failed induction, particularly the delay in making the decision to operate and consequent exhaustion. Women also expressed feelings of disappointment and wrote of the wasted effort and pain, feeling	
F102 (Jay 2018_ Labor or in limbo): All women in the study recalled being given specific instructions about arriving at the hospital early in the morning. Despite this, nine women reported delays of several hours between the time of admission to hospital and the time of receiving their first dose of PGE	
F103 (Jay 2018_ Labor or in limbo): Although most women reported feeling adequately informed of their overall plan of care, this was not universally applied. Lack of information relating to delays in induction was a source of confusion and stress.	
F103 (Jay 2018_ Labor or in limbo): It was evident that many women had either not been prepared for the possibility of delays or had not been informed of the reasons for starting their induction later than anticipated. Some women had not been informed of the likely duration of induction and had assumed that a single administration of PGE2 would lead swiftly to birth. The expectations of family and friends added to a sense of urgency to produce a baby:	
F104 (Moore): Most women were not informed about the risk of cesarean section until after they had been admitted to the hospital. The risk of and subsequent need for a cesarean section associated with an IOL was a surprising and emotional event for women	
F24 (Coates): More commonly they reported not having been provided this information.	
F30 (Gammie): All of the women stated thai they felt adequately prepared for I0 L and had had sufficient in formation at the commencement of	

the induction process. The women cited the provision of the information leaflet and the opportunity to speak with their midwife as key to their preparat ion. lndeed one woman questioned whether it could have been possible to be more informed:	
	5) Opmærksomhed har betydning for den fødendes oplevelse af at deres behov bliver set og hørt
F108 (Jay 2018_Labor or Limbo): What we did keep saying to the midwives was "Look, I'm in real pain", and they were saying "Oh no you're not, this is nothing, it's going to get worse" …. (Megan) I had a new midwife that came in the evening and she tried to make (partner) leave…and I said "well, I'm in labor" and she said, "no you're not". (Nina)	Nogle fødende oplever, at sundhedsprofessionelle ikke anerkender smerter, kropslige oplevelser, behov for privatliv og behov for støtte fra partner. Det kan medføre, at kvinderne føler sig oversete og stressede og oplever manglende smertedækning. Nogle fødende oplever, at sundhedsprofessionelle har for travlt til informere og give opmærksomhed, nogle føler nogle sig dog set og fulgt – trods travlhed. Monitorering, omsorg og grundig information kan give sikkerhed og medføre en positiv oplevelse under igangsættelsen, hvilket betyder at nogle kvinder føler sig hørt og medinddraget på trods af ændring i det forventet forløb.
F94 (Lou): These women all emphasised good communication and feeling safe and cared for	
F100 (Henderson): This last quote illustrates the importance of the reassurance gained through monitoring and that, even when circumstances are challenging, good care can lead to a positive experience.	
F45 (Coates): While some women commented that they were able to ask questions whenever they needed, others did not	
F83 (Jay 2018_labor or limbo): Women were generally surprised and dismayed that the hospital policy required partners to leave the prenatal ward at night, thus depriving women of their chief source of support at a time when they felt most vulnerable:	
F40 (Jay 2018_making decision): As in Tanya's case, information from midwives in the antenatal clinic was often perfunctory or limited to a leaflet, as midwives gave the appearance of being too busy to offer much explanation:	

F78 (Henderson): Some were also unhappy that their partner was not allowed to stay prior to going to delivery ward, sometimes leaving them in considerable distress	
F79 (Henderson): Women complained of a lack of pain relief generally and also pain associated with being monitored in an uncomfortable position	
F106 (Henderson): Some women reported staff not believing that they were in labor, others mentioned the lack of privacy associated with being in labor on a ward:	
F107 (Jay 2018_Labor or Limbo): Some stories revealed a tendency for women's perceptions of their bodily sensations to be dismissed by midwives.	
F84 (Jay 2018_Labor or Limbo): The sense of neglect extended into the daytime for some women, who felt that they received minimal attention from staff because of the hierarchy of priorities on the ward.	
	6) De fødende oplever at igangsættelse følger en fast procedure som ikke kan afviges
F13 (Gatward): The women in the comparison group accepted the imposed time frame when induction was discussed with them at 40 weeks. They were ready to give birth.	Fødende oplever, at igangsættelse følger en fast proces som ikke kan afviges og som de har begrænset indflydelse på. Det kan medføre resignation. Kvinderne forstår dog beslutningen om igangsættelse, fordi det er hospitalets anbefaling.
F10 (Gatward): However, Jess (I) discovered that induction was not encouraged before time was up as:	
F22 (Roberts): Women overwhelmingly reported that they did not feel they were offered choice in relation to managing prolonged pregnancy. Induction of labour was presented as an inevitable next step in their care and appointments were made with little or no discussion	

F105 (Gatward): The women experienced the induction protocol as dominating the activity and time sequence when birthing their baby. One woman had asked to speak with her obstetrician after the vaginal exam to discuss a way of avoiding the induction. The midwife who did the Bishop's score for this woman said the cervix needed to ripen some more to which Jess responded with, ''I guess that means I need to have the Prostaglandin'' and reported:	
F34 (Gatward): Women identified that there was a sequential set of steps, and each next step would be implemented if the desired outcome was not achieved within a set time frame.	
F72 (Gatward): Once the women started the process of induction, a sequential set of steps in the procedure continued to be experienced similarly as ''time's up'	
F11 (Gatward): Understanding the reason for time's up: The women varied in their understanding of the reason they were being booked for induction. Jane's (C) and Mary's (I) understanding was that time was up due to changes in placental function:	
F12 (Gatward): Others like Lisa (I) thought their body was the reason:	
F8 (Gatward): All women described the induction as being imposed externally, with hospital policy defining when time was up. They understood they had a limited time left for the natural onset of labour.	