

Childbirth Expectations and Feelings of Control during Labor



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Background

Childbirth satisfaction

- An indicator of cost-effective maternity care (Lavender et al., 1999) .
- Measurement of satisfaction was associated with childbirth expectations (Slade et al, 1993).



Background

Childbirth Expectations

- Beliefs about the probability of childbirth characteristics or attributes (Swan & Trawick, 1980)
- A desire or want
- Changed by the addition of new information and managed by service providers (Rose et al., 1987)



Background

Childbirth Experience and Expectations

- Some studies indicated positive relationships (Clark,1975; Green et al,1990; Waldenstrom et al, 1996).
- According to Walker (1995), having fulfilled childbirth expectation, women perceive a positive and favourable childbirth experience.



Background

Feelings of control

- the greatest amount of variance in childbirth satisfaction (Knapp ,1996).
- defined as the self control over one's own behavior and environment (Hodnett and Simmons-Tropea,1987)
- women felt confident and satisfied with the childbirth experience (Berg & Dahlberg,1998; Cheung, 2002) and less depression (Flint,1986).



Background

- Bramadat (1990) suggested that perception of control during labour might contribute to childbirth expectations.
- Limited studies had reported on the relationships between these two factors.



Aim

- To explore the relationship between the Chinese first-time pregnant women's childbirth expectations and the feelings of control during labor.



Objectives

To examine

- the relationship between maternal expectations and feelings of control during labor;
- the relationship between socio-demographic variables and feelings of control during labour;



Methods

- A quantitative, prospective correlational descriptive design.
- An obstetric unit in a regional public hospital (1100 deliveries/ year).
- All pregnant women who met the inclusion criteria were invited to participate in the study when they were waiting for follow-up in the out-patient clinic .



Sample

Inclusion criteria

- First-time pregnant
- Gestational age: 36 or above
- Chinese women able to read and speak Cantonese
- Age 18 years and over
- Planned to have a singleton vaginal delivery
- No history of chronic health problems.

Exclusion criteria

- Emergency C/S



Measure

1. Childbirth Expectations Questionnaire (CEQ)
 - Developed by Gupton et al (1991).
 - 35 items, 5- point Likert-type scale (strongly disagree (1) to strongly agree (5)).
 - Four subscales
 - ✦ Ability to cope with pain
 - ✦ Nursing support
 - ✦ Support from partner
 - ✦ Medical intervention
 - Internal consistency 0.82, (0.65-0.84)



Measure

Chinese version of Childbirth Expectations Questionnaire (CCEQ)

- ⊕ Internal consistency, Cronbach's alpha values
 - ⊕ Previous study : 0.84; 0.31-0.87 (Ip et al., 2003)
 - ⊕ Present study: 0.71; 0.36-0.75

Measure

2. Labor Agency Scale (LAS)

- Developed by Hodnett and Simmons- Tropea (1987)
- Self-report scale to measure feelings of control during labour.
- 29 items, 7-point Likert scale (7 almost always to 1 rarely)
- Internal consistency
 - Original version 0.91
 - Previous Chinese version 0.89 (Law,2003)
 - Present study: 0.72



Labor Agency Scale

Examples of question statement

1. I felt confident
2. I felt Defeated
3. I felt important
4. I felt tense
5. I had a sense of understanding what was happening
6. I felt insecure
7. I felt relaxed



Measure

3. Self-designed questionnaire

- Socio-demographic data e.g age, education, occupation, gestational age, household income
- Antenatal childbirth education classes attendance



Data collection

- Ethical approval was sought from Clinical Research Ethics Committee and the hospital review board.
- Briefing to the staff working in the obstetric unit to gain support .
- A pilot study on 5 subjects was conducted to determine the feasibility of the study.
- Data collection on two occasions:
 1. At their last four weeks of pregnancy,
 2. Within 24-48 hours after delivery(The total period of data collection was half a year.)



Data Analysis

- Statistical Package for the Social Sciences version 9 computer programme
- Descriptive and inferential statistics
- Two-tailed Correlation test with $P < 0.05$ considered significance



Results

- 78 out of 91 consented women completed the data collection.
- incompleted questionnaires
- Could not follow-up subjects in postnatal period.

Table 1. Sociodemographic characteristics (n=78)

Characteristics	M (SD)	f (%)
Age	30.11 (4.12)	
Marital Status:		
Married		(94.2)
Single/divorced		(5.8)
Educational level		
primary level		8 (10.7)
F1-F3		25 (33.3)
F4-F7		35 (46.7)
College or University		7 (9.3)
Occupation		
Housewife		37 (49.3)
Clerk		22 (29.3)
Workman		8 (10.7)
Administrative or professional		8 (10.7)
Gestational age	37.38(3.92)	
Family Income		
≤HK\$10000		41 (54.7)
\$10000 to \$14999		21 (28)
\$15000 to \$19999		8 (10.6)
\$≥20000		5 (6.7)

Table 2. Descriptive statistics (N=78)

	M(SD)	f (%)	N
An_total (CEO)	109.83 (20.66)		78
An_medical intervention total	23.26(4.98)		78
An_pain/coping total	30.75(6.64)		78
An_nursing support total	29.52(3.37)		78
An_significant others total	27.37(8.03)		78
Pnf_total (LAS)	104.69 (18.81)		77
Childbirth Class Attendance			78
0		22 (29.3)	
≤3		21 (28)	
>3		32 (42.7)	

Table 3. Correlations between Childbirth Expectations and Feelings of Control (N=77)

	r
Total CCES	0.20
Pain Coping	0.34**
Nursing Support	0.06
Significant others Support	0.04
Medical Intervention	0.44***
Birth satisfaction	0.21
Mothers' Age	0.31***

P<0.01, *P<0.001



Results

- Three significant relationships were found between the feeling of control during labor and
 - involvement in the decision making of medical intervention ($r=0.44$, $p<0.005$),
 - expected self-ability of pain coping ($r=0.34$, $p<0.01$),
 - Maternal age ($r=0.307$, $P<0.01$)



Discussion

↑ *Involvement in the decision making of medical intervention* ↑ *feelings of control:*

- Making decisions was reported to be crucial in helping women feel 'in control' (Gibbins & Thomson, 2001)
- Traditionally, maternity services was bio-medical dominated (Hickling, 1999).



Discussion

- Vandevusse (1999) found that women preferred an open flow of communication and involvement in labor management.
- Making decision about labor was associated with positive experience and long term positive effects (Simkin,1996)



Discussion

Problems:

- Overresponsibility → loss of control (Green et al,1990).
- Conflict between women and health professionals (Bluff & Holloway,1994).
- Women found reassurance from being told what to do by health professionals but does not mean losing control to professionals (Berg et al,1996).



Discussion

↑ *Expected self ability of pain coping* ↑ *Feelings of control*

- Confidence in ability to handle labor was the most significant predictor (Lowe,1989)
- A local study showed that Chinese women expectations of their own ability to cope with pain and involvement in the decision making of medical intervention were tended to be neutral (Ip et al,2003)



Discussion

- Were unformed or partly formed patient expectation (Fitzpatrick & Hopkin,1983; Thompson & Sunol,1995).
- A qualitative study reported in Scottish revealed the self-control characteristics in pain relief during labour among Chinese (Cheung,1994)

➡ Enhance perceived ability to cope with pain



Discussion

Maternal age and feelings of control

- Mercer (1986) reported that women aged 30 and older had ↑ flexibility ↑ personality integration than younger mothers.
- Mature gravidas found to exert more control in planning their pregnancy care (Stark,1997).



Limitations

- Generalizability
- Sampling
- Cross-sectional
- Measurement



Conclusion

Positive relationships were shown

Expected ability of
pain coping

Expected involvement in decision making
of medical
intervention ↔ Feelings of control

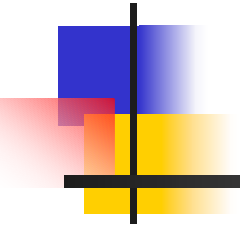
Maternal age



Implications

- Childbirth Education
- Health professional attitudes
- Research

Acknowledgement





Thank You
