



# Women's and prenatal care providers' perceptions of prenatal influences on maternal confidence for physiologic labor and birth

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Driven to Discover<sup>SM</sup>

# Background

- Outcomes  $\neq$  Spending
- Renewed emphasis on physiologic approach to pregnancy and birth
- Most research examines care techniques for labor and birth
- Systematic review revealed very little research related to prenatal confidence

# Descriptive qualitative design

- 9 focus groups (N = 38)
  - 2 Minnesota communities
  - 3 FQHC clinics
- Individual interviews with women
  - Term, spontaneous labor, no epidural, vaginal birth
  - 17 met definition, 14 interviews completed
- 31 provider interviews
  - 14 CNMs
  - 8 OB/GYN MDs
  - 8 Family Medicine MDs

# Participants - Women

- Age – 29.5 (4.6 SD)
- Marital Status – 82% married
- Education – 62% college graduates
- Insurance – 97%
- Employment – 71%
- Race/ethnicity
  - 11% Asian
  - 26% Black/African
  - 63% White



# Participants

- Income

– < \$25,000	15%
– \$25,001 – 35	15%
– \$35,001 – 50	10%
– \$50,001 - 70	7%
– \$70,001 – 100	23%
– > \$100,000	20%



# Constant Comparative Analysis

- Glaser (1978, 1992, 1998)
- Three levels of coding
  - Level I: Open coding
  - Level II: Comparison of data and category development
  - Level III: Category reduction, conceptualization of relationships, core categories



# Themes - women

- Six major themes
  - Uncertainty
  - Belief in normalcy of birth/body's ability to birth
  - Research on my own
  - Supportive partnership in care
  - Sources of information and support
  - On the same page

# Uncertainty

- “And having to think about what's gonna happen, doing that again. So gearing up for that, knowing what you're in for was a really different preparation for me, I think, than the previous two. Not really, not knowing what I was in for. And so I think, um...preparing, just kind of talking through that with friends so that it wasn't so scary, you know?”

# Belief in normalcy of birth/body's ability to birth

- “I believe that pregnancy and birth are normal, healthy occurrences in people's lives. And that women's bodies are designed to birth babies, and most of the time birth is a healthy, natural, intervention-free process. And I was, I think, going into pregnancy with that sort of mindset and that expectation and hope for my birth.”

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“Well, I really feel that it is a natural process and that my body could just do it. You know? And I kind of knew that I needed to do research and, you know, figure out...I just wanted to know more information. But I also knew that it was something that I just kind of knew how to do.”

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“And that's what I needed. I needed somebody who would help me through the process the way I wanted to do it. But also being fluid with me in making changes as we needed to throughout the process.”

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“I think that was helpful in feeling like they were familiar, but familiar with me and that I was familiar with them already. That was encouraging for me to know that when I came in, I wouldn't just have somebody that I had never met before.”

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Birth stories

Previous experience/vicarious experience

Providers (CNMs, MDs)

Family, friends, partners

Doula

Childbirth education

Prenatal yoga community

Internet, books, other media

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“And she, we had a few times where we just talked kinda about what we were hoping and that was helpful with my doula and my partner and I, for the three of us to sit down together and just, even though we'd been through before, again it was just nice to make the time to really make sure we were all on the same page...”

# Participants - Providers

- Age – 45 (8.4 SD)
- Years practice – 14 (8.4 SD)
- 90% attend hospital births
- 77% CNM/MD practice
- 100% encourage physiologic birth
- Labor Support
  - 74% comfortable with labor support
  - 19% somewhat comfortable



# Initial Themes - Providers

- Physiologic Birth: safe, healthy, better outcomes
- Relationships: trust, continuity,
- Health Care System: time, providers can do more
- Care: group care, midwifery, doulas, offering/supporting choices

# Physiologic Birth

“Physiologic labor and birth is the healthiest, lowest-risk way to give birth for mom and baby.”

“I think that when birth is normal, you leave it normal and you stay out of the way. When birth strays from normal then keep it as safe as possible with most appropriate intervention.”

# Physiologic Birth

“We’re still going against a cultural norm of an epidural. People want an epidural; that’s what the majority of women want.”

# Relationships

“Well, I think if we have a longstanding relationship, it’s much easier to just explain a little bit about how intense the whole process can be, how much they can trust their nurse, their doula, their midwife, to give them good counsel about how you are really doing and if you’re making good progress and if you’re doing okay and you’re making good progress, let’s just keep going!”

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n “The support, the relationship is a big thing. It  
S is different when you have seen someone  
h once versus when you have established a  
i relationship. A familiar face can make a big  
i difference—it is the safety and security piece  
i of it.”

p “I think the best thing I do is just kind of  
S intrinsic to my relationship with my patients, in  
S that wherever they're starting...whatever  
positive thing they do, I just try to celebrate it,  
you know?”

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e “So often, one test leads to another test, leads to another. It drives provider nuts and it is worsening.”

S “...anything we do antenatally that focuses on  
y qualitative or quantitative values tends to be  
inhibitive...not that they don't have their place

S but...first trimester ultrasounds, cervix exams,  
t weight, those are important things ...and it's  
not that we should keep those numbers from  
e women but to not make them the main focus.”

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e“...the traditional model of showing up for the 20-minute appointment is not perfect either, unless there’s something that you work into the way that you do prenatal care across time that you can maybe have like one visit per trimester that’s like a 40-minute appointment, and make that be a time that you could focus on education. I guess that could potentially work. If you can get paid for that. Because there’s no packaged reimbursement.”

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e “I think that the system we work in,  
including hospitals or whatever birth  
S setting a person works in, combined with  
societal expectations, it definitely  
y promotes non-physiological birth; it  
S definitely promotes interventions. It’s  
t easier. It is. It’s easier.”

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# Care

- Group care
- Additional education sessions
- More midwives
- Integrative therapies including mindfulness, yoga, hypnobirthing
- Doulas

# Care

- “I think that's the beauty of midwives is even if a woman is not heavily invested or engaged in her birth planning or thought process about that we already are and midwives already have that whether you want a highly inventive birth or a completely hands off birth the midwife is the right person for you to see because we can help normalize your birth...”

# Care

- “But I think that there's a lot of good evidence for centering groups in terms of building that continuity of care, empowering women to talk with each other. That's why I think sometimes those community classes are helpful, because they do get in a group with other women.”

# Next steps

- Continued analysis (link women and provider results)
- Tool development (Carrie Neerland PhD Candidate)
- Develop intervention
- Toolkit

# Questions

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