

How to elicit and record women's views and preferences for care around birth: Case study approach of Scotland vs. Switzerland.

Background: This project will explore women's experiences, opportunities and views about expressing their preferences for care during labour and birth in two tertiary units in Scotland and in Switzerland. A previous pilot study in Scotland (case note review of 250 cases using the Scottish Women Hand Held Record) showed only 26% of women contributed to the section related to their birth plan and that their birth-plan preferences varied. Furthermore, some women preferred to be passive and, "go with medical advice", but others preferred to be "in control" with a more active role in decision-making¹⁻³.

Preliminary observations in Switzerland indicate that women at >25 weeks gestation are offered a birth-plan consultation with a midwife counsellor, and ~40% of women attend.

The aim: to explore the systems in place in Scotland and in Switzerland to elicit women's preferences for labour and birth and evaluate "what works"?

Objectives

1. To describe and compare the context policies, systems in place to elicit women's preferences.
2. To describe and compare the extent to which women's preferences are sought, expressed and recorded in Scottish vs. Swiss maternity records.
3. To explore women's views about opportunities and methods in place to seek their preferences for labour and birth
4. To critically appraise the extent to which the two systems and maternity records in place capture women's antenatal preferences about birth (as expressed in interviews)
5. To test if women who do express antenatal preferences about birth are associated with obstetric risk? Or particular maternal socio-demographic or theoretical psychological traits arising from qualitative data (eg. measures of perceived health competence and health locus of control)

Methods: A comparative mixed method study in two tertiary units: Scotland and Switzerland.

For Objective 1: A retrospective medical record review in Switzerland (as completed in Scotland) of socio-demographic, clinical characteristics, attendance at a birth-plan consultation and recorded birth preferences. A statistical descriptive review of the data collected in Scotland will inform us about the

sample size needed and the variables that matter retrospectively for the caseload study in Switzerland.

For Objective 2: Qualitative interviews with 10 women in both settings to elicit their views on expressing and recording their preferences for birth and shared decision-making.

For Objective 3: Synthesis and critical appraisal of findings arising from phase 1 and 2.

For Objective 4: Using data from phase 1 and 2-develop and pilot a theory-based questionnaire survey of women in both settings to assess their perceived level of being able to express preferences, and their ideal level of expressing preferences (this would be to measure their "dissatisfaction" between actual vs. ideal? + locus of control and/or perceived health competence).

In order to pursue this research with a reflective angle, a flexible framework will be drawn so that every step will be informing the next one.

A health service perspective will be sought in order to achieve better user services utilization that require further attention in the development of future initiatives.

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