Voices in Partnership/Video In Practice: Interactional practices of decision making during childbirth in maternity units

Background to the research:

Government policy states that women in labour should be involved in decisions about their care and treatment. We know what is said during labour matters for how women experience birth. However, policy recommendations to staff about how to communicate with women in labour are not based on evidence about what actually happens in birth. This is because most existing research is based on interviewing or surveying women some weeks after birth, so the details of what was said in labour are lost. We need research that provides details of actual talk about decisions during labour. The details of talk matter because as other studies of communication in medical settings have shown, even small changes in use of words can make a difference to what happens in healthcare e.g. one study in a GP setting showed that changing from ‘is there anything else?’ to ‘is there something else?’ increased the

number of reported symptoms told to the doctor.

We aim:

•To find out how decisions are reached and communicated through the talk that happens between staff, women in labour and their birth partners when giving birth in maternity units.

•To provide staff and women with detailed information about the effects of talk during labour. For example, consider the difference between, ‘we need to…', which suggests that a decision has already been made, and ‘how do you feel about…', which invites a woman’s view.

•To inform and empower staff, women and birth partners to communicate in ways that promote choice.

To do this, we will:

•Video (or audio record if women prefer) the labours of 50 low-risk, full-term women and write down in full what was said and how it was said (e.g. laughing, sighing). Recording will take place only when all parties (women, partners and staff) agree to it. Women will have the explicit right to change their mind at any point during the recording, and request that the recording is stopped and/or not used for the project.

•Analyse how decisions are discussed using Conversation Analysis, which is the leading research method for understanding how talk works.

•Use questionnaires before birth to ask women about their expectations and after birth to ask about their satisfaction.

•Look at patterns between how satisfied women were with their experience and the kinds of talk that actually happened during birth.

•Conduct one-to-one interviews with selected doctors and midwives to ask about what they think is helpful and unhelpful in giving women choice.

To help understand the viewpoint of our labouring women participants, patients and the public will be involved at all stages of our research. One of our research team is a member of the public and we will set up groups for other patients and the public to make sure that our information sheets and methods protect the interests of women in labour (and their birth partners).

Pilot Study:

We know this research will raise ethical and practical issues. We will first perform a pilot study to check whether aspects of the research design will work in the main study. For example, to check that enough staff, women and partners are willing to take part and that the videos are clear enough to use in the research.

Promoting the findings:

Findings will be circulated to other healthcare staff through workshops and academic publications. We will share findings with women (and families) through relevant websites and organisations that inform pregnant women of their choices.