

What is women's experience of being at home in early labour?

Antenatal teachers and midwives encourage women in early labour to stay at home as long as possible. Nonetheless, women often go to hospital before labour is well-established. In this article, Mary Nolan, professor of perinatal education at the University of Worcester, presents a summary of her research on women's experiences of being in early labour at home.

It is not unreasonable to assume that if women remain at home for as long as possible during the early part of labour, they will be exposed to fewer interventions when they get into hospital. Research has investigated ways of deferring admission to labour ward until labour is well established. A Cochrane review of early labour assessment programmes to delay admission of women not in established labour found some evidence that such assessment programmes may benefit women with term pregnancies.¹ Janssen et al. compared telephone contact with women in early labour with home visits from midwives.² Significantly fewer women who received home visits were admitted with cervical dilatation of 3cm or less, although they were no less likely to need a caesarean birth than women who only had telephone contact with a midwife in the early stages of labour. Spiby et al. explored how best to provide advice to women in early labour about when they should come to hospital.³ These researchers found that women wanted prolonged contact with midwives in early labour and were dissatisfied when their anxieties were not resolved during telephone conversations. This study also found that midwives encountered tensions in trying to encourage women to stay at home in early labour without appearing to deny them admission to hospital.

The study

In order to gain a better understanding of why women often go to hospital early in labour, a small qualitative study was undertaken at the University of Worcester, funded by a grant from the Local Supervisory Authority for Midwives in Herefordshire and Worcestershire. Following ethical approval from the local NHS research ethics committee and the university's ethics committee, all women phoning the Day Assessment Unit at a West Midlands maternity facility during two months in 2008

were invited to participate in the study. Recruitment depended on the triage midwife remembering to invite the woman to participate and on the woman consenting to be interviewed after the birth. Eight women were interviewed when their babies were approximately a month old.

Why women go into hospital early

Using a semi-structured interview format, the women were asked to describe their experience of being at home in early labour. The interviews were taped, transcribed and analysed. A full account of the research methodology including the analysis process has been published.⁴ Four themes emerged from analysis.

Reassurance

The women rang the triage unit to seek confirmation that labour had started. Even one participant who had had a baby before felt that her labour was not 'real' until she had spoken to a health professional:

'Although I'd had my daughter before, I was induced and I didn't think I knew what real labour was like, so it was quite nice to just have it confirmed.' (Martha, aged 34, second baby)

Uncertainty

Receiving advice that they should delay coming into hospital did not make the participants feel less anxious, but tended to make them feel more so. All the women found the time they spent at home in early labour difficult to manage. While they took baths and had meals, and a few managed to get some sleep, most seemed to have been in a state of continual agitation, and constant worry about the journey to hospital:

'I had a couple of baths. Mainly just pacing up and down really. I didn't want the car journey.' (Phoebe, aged 24, first baby)

Pressure from others

The decision as to when to go to hospital did not rest entirely or even principally with the woman. Pressure from mothers, mothers-in-law and partners was hugely influential in hurrying the woman to hospital, sometimes much earlier than she herself would have chosen to go:

'He pushed me to ring; he wanted me to be assessed. I think he wanted me to go into hospital.' (Amelia, aged 29, first baby)

Seeking permission

Many of the women rang the triage unit several times, apparently hoping that the midwives would invite them to come in. They appeared eager to hand decision-making over to staff:

'Both times I rang and I was sort of saying, "Can I come in now?"' (Anya, aged 28, first baby)

Implications for antenatal teachers and midwives

The study portrays the complex state of mind and multiple pressures experienced by women as they wait at home in early labour. Several decades of increasing medicalisation of maternity care have undermined women's confidence in their ability to recognise the signs of labour and to interpret how quickly it is progressing. Nor are women convinced that their everyday strategies for managing discomfort and uncertainty are applicable in labour. All the women interviewed appeared to feel that labour requires the supervision of health professionals from its earliest moments.

This research confirms the findings of the larger study by Spiby et al.³ Women's fears and anxieties are often not resolved by telephone contact with a midwife in early labour. They may prefer much earlier admission to hospital than their midwives feel is desirable.

A key message from this study for NCT

antenatal teachers is the need to give class members a realistic account of early labour. Fathers and other important family members should be helped to understand how their actions and anxieties may impact on the labouring woman.

The Latin root of 'education' means 'leading forward'. Antenatal education helps women and their partners move from uncertainty about how they will cope with labour to a position of confidence in their own instincts and capacity to achieve a positive labour and birth. Antenatal teachers aim to help women and those they choose to have with them in labour to take their place as equal partners with health professionals in safeguarding physical and mental health around the birth of their babies.

References

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Preparing for early labour

During birth preparation sessions, antenatal teachers could:

- Explore the experiences of the women's friends of early labour, and also the experiences of the fathers' friends. (This could be done in single-sex groups to give men the opportunity of revealing their concerns about getting to the hospital in time). Draw out the immense variation in how early labour is experienced – but present this as an indicator of each woman's unique physiology as opposed to a sign that labour is unpredictable and chaotic!
- Discuss ways of coping in early labour. Stress that these are familiar everyday strategies.⁵ Give couples time to talk to each other about what they will do.
- Explain how adrenaline is stimulated by a strange environment and that being in hospital may well slow early labour down. Most women are hoping for a reasonably fast labour and this argument may therefore be persuasive.
- Help couples think through who can best support them in early labour. Is there a woman friend experienced in giving birth who would help them stay calm?
- Prepare a handout on early labour. Women receive information about all sorts of things at antenatal classes, but rarely on what to do in early labour.
- Listen to the language you are using – do you always suggest that women are in control of their labours and that their embodied knowledge is as good an indicator of how labour is progressing as midwives' professional knowledge?

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