

# Women experiencing delay in labour willing to forsake their own birth plans

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A new study of women's experiences of delay in labour has revealed that many mums-to-be are prepared to abandon their antenatal plans for how they wanted their labours and births to be.

Researchers from the Universities of Leicester and Birmingham found that [women](#) were willing to let go their ideal of [choice](#) when unanticipated complications occurred.

Published in the journal *Health*, the NIHR-funded study is based on interviews with 18 women. These women were all involved in a pilot study, led by Dr Sara Kenyon at the University of Birmingham, which compared different doses of a drug used when a woman's contractions are not frequent and/or strong enough for labour to progress. When this kind of delay occurs, women may have greatly reduced choices about how the labour and birth will go.

By examining women's experiences of their labours not progressing as they would have wished, the study was able to reveal what was important to women about retaining choice compared to other outcomes.

It showed that a simplistic model of patient choice is not always applicable to the complex and uncertain reality of some healthcare situations: women may not always prioritise choice, and they may be willing to rely on the judgements of medical professionals when unplanned circumstances arise.

The study suggests that the key challenge for health professionals is to effectively bring about a smooth transition from a system of 'choice' to a system of 'care', and to do so in a person-centred way that affords people dignity, compassion and respect.

Dr Kenyon said: "Giving patients choice and involving them in decision-making about their care is increasingly seen as important, and a key way of ensuring that healthcare is really person-centred. However, attempts to translate these principles into practice have revealed several potential problems. One such problem is that patients may not always want to take on this level of involvement; a second problem is that it simply may not be possible in some circumstances e.g. emergency situations."

Study co-lead Dr Natalie Armstrong of the University of Leicester, said: "For women experiencing delays in [labour](#), the need for medical 'care' can easily replace ideals of 'choice'. The women who were interviewed accepted that the ideal of making choices had to be abandoned, that clinical circumstances legitimately changed events and reduced the range of possibilities, and that the professionals treating them had the expertise to identify the best course of action. The safe delivery of a healthy baby took priority over all else.

"Although the vast majority of women had made detailed choices antenatally for how they wanted their labours and births to be, these were let go fairly easily when unanticipated complications arose. Sometimes choice really is limited and what seems important is that the healthcare professionals involved are able to skilfully manage this so that the experience does not become a negative one for those involved. It was heartening to hear that for most women."

The accounts of women interviewed in the study suggest that in the vast majority of cases this had been achieved, although future work into how best to manage this transition would be valuable.

**More information:** N. Armstrong et al. When choice becomes limited: Womens experiences of delay in labour, *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* (2015). [DOI: 10.1177/1363459315617311](https://doi.org/10.1177/1363459315617311)

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