

Study shows women lack confidence in maternity care providers

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Every woman who has ever had a baby shower has had to sit through the gruesome war stories about labor and childbirth.

A new University of Michigan study shows that [women](#) are even more afraid of [childbirth](#) than previously thought—and are as concerned about their [health care providers](#) and their place of birth as they are about pain or complications.

The findings are a lukewarm endorsement at best of the maternity care given to mothers in the United States compared to more family friendly countries like Sweden, say the study's authors.

The goal of the study was to learn which aspects of childbirth women feared, and whether women's fears are being acknowledged and addressed by providers. Researchers polled three small, diverse focus groups of women who were pregnant or had recently given birth.

While some fear in expectant mothers is normal and helpful in planning and asking questions of providers, excessive fear can lead to complications during pregnancy and birth, says Lee Roosevelt, clinical assistant professor at the U-M School of Nursing. She says the study, while relatively small, illuminates the need for more research on the topic.

"Women who have significant fear of childbirth are more likely to have C-sections, longer labors, and to need induction or augmentation," said

Roosevelt, who is also a midwife. "They're more likely to have postpartum depression."

Women are not only more afraid than previously thought, but their fears extend far beyond common worries about pain or birth complications, she says.

One of the greatest fears is being abandoned by the clinician, Roosevelt says. They worry their clinicians won't treat them respectfully or listen to their concerns, or won't attend the actual birth.

"The results say a lot about how we do [maternity care](#) in this country," said Lisa Kane Low, associate professor at the U-M School of Nursing.

Women also reported being worried that they'd be expected to bear the brunt of decision-making responsibility, or that their decisions wouldn't be respected. Others worried how they'd be treated if they didn't have good insurance.

"I knew as a clinician and midwife, myself, that the relationship that I have with my patients is so essential, but I didn't really realize how key it was to women's fears," Roosevelt said.

Kane Low says that a better way for clinicians to address fears is to pose open-ended questions about how women regard their pregnancy and childbirth, rather than asking specific questions about common fears.

"Women want to be in a discussion with their provider about their fears," she said. "They don't want to be patted on the back and told, 'Oh, that's normal, you're having a baby.'"

Researchers hope to develop a survey tool to accurately assess a woman's fear of childbirth and examine how fear affects the physiology of

pregnant women.

The U-M study is one of the few on [fear](#) of childbirth conducted in the U.S. Most research has occurred in the Netherlands and Sweden, which have more integrated health care systems and maternity friendly policies, Kane Lowe says.

The study is available online at the *Journal of Obstetric, Gynecologic and Neonatal Nursing*.

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