Changing Birth Preferences: A Difficult Decision for the Laboring Woman

Troy Carlton, MS, RN and Lynn Clark Callister, PhD, RN, FAAN. College of Nursing, Brigham Young University, Provo, UT, USA

Learning Objective #1: Identify factors leading to patient’s changing birth preference

Learning Objective #2: Understand influence of clinician behavior on patient choice and decision-making

Background: Birth can leave a lasting impact depending on women's perceptions of their experience. Decades after giving birth, women's memories are still vivid and deeply felt. Women reported positive birth experiences when they felt in control, respected, use of effective communication, and shared decision making was established. In our clinical observations, we have witnessed women who have expressed their birth preference, yet have changed that preference once they were in active labor. In addition, when a woman considers changing her birth preference due to a variety of factors, feelings of guilt and inadequacy may result. Questions have emerged as to what factors influence this change in birth preference, the decision-making process of laboring women during this experience, and how clinicians can provide better support to the laboring woman. Methodology: A purposive sample of twenty (20) women who had recently given birth in one of three birthing units in the mountain west region of the United States participated in the study. Women who indicated upon admission to the birthing unit their birth preference who later changed their preference were included in the study. Audio taped interviews were transcribed and analyzed using content analysis in conjunction with a continuing review of the literature. Findings: This study demonstrated many complex factors and issues related to changing birth preferences such as intense pain, length of labor, exhaustion, not knowing what to expect, etc.. The pivotal role of the nurse and other clinicians was also articulated. In addition, a framework has begun to emerge outlining the process of decision making in childbearing women. Conclusions: Nurses must provide a high level of supportive surveillance, respecting women's decisions if the birth is to be perceived as positive. Building confidence in the woman's ability to accomplish her goals for giving birth is an essential nursing intervention.