

“ The best birth is one i’m not involved in ”

How do obstetricians construct a positive birth experience?

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INTRODUCTION

Obstetricians are suggested to impact upon a woman's psychological experience of giving birth (1,2). It has been found that births that women experience as traumatic can have a long lasting negative impact upon their wellbeing (3). Whereas a birth which the woman rates as a positive psychological experience is suggested to increase maternal wellbeing (4).

The role of the obstetrician in facilitating a positive psychological birth experience is under-researched. This is despite the suggestion that births which require obstetric interventions are more likely to be experienced as traumatic (5).

Health professionals have previously been the subject of discourse analysis research. This research resulted in suggestions that a health professional's language can impact upon the service users experience of the service (6, 7). The discourse surrounding birth has also been subject to analysis (8). However, obstetricians discourse remains neglected in the literature.

AIM

This researched aimed to investigate the way that obstetricians talk about positive birth experiences, due to a lack of consideration of obstetric involvement in positive birth experiences or spoken obstetric discourse.

METHODOLOGY

The theory and methodology of discourse analysis informed this research. A hybrid model of discursive psychology and Foucauldian discourse analysis was used.

The sample consisted of 8 practicing obstetricians. The data was gathered from audio-recorded Semi- structured interviews. The recordings were transcribed and subjected to discourse analysis.

Ethical approval was granted from the University of Nottingham Ethics Committee.

ANALYSIS

The results of the analysis are presented in two parts:

- obstetric births versus ideal births
- inferences made about women's internal mental states during labour

Obstetric Births versus Ideal Births

The participants created the contrasting categories of 'obstetric births' and 'ideal births'. Ideal births were presented as births that women preferred which did not involve obstetric interventions. Positive births were presented as a challenge to facilitate when obstetric interventions were used. 'Ideal births' were more heavily associated with positive psychological experience.

Internal Mental States

The participants made claims about the internal states of women in labour. Claims were made about the impact of these internal states on women's ability to be rational or engage in discussion.

DISCUSSION

The possible functions of the discursive devices identified were considered and interpretations were given. One possible interpretation of the discursive device of contrasting 'obstetric births' with 'ideal births' may have been to emphasise a difference between obstetric births and ideal births rather than these categories being able to co-exist.

The function of inferences about internal mental states within this study appeared to have a possible function to present the women in labour as less able to communicate and sometimes difficult to talk to.

Consideration was given to the clinical implications of designing a teaching package that may allow psychologists to deliver training to obstetricians that draws from the discourses already identified by obstetricians such as the importance of communication to overcome the negative impact that medically complex births may have upon women.

References:

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