

A stylized illustration in the background of the slide shows the silhouettes of several people of different heights and skin tones. Some are wearing long, flowing dresses in shades of red, teal, and brown. One person in the foreground has a large heart shape on their back. The overall style is artistic and celebratory.

COST ACTION 18211

# **DEVoTION**

## **WG 2**

AMSTERDAM  
29 JANUARY 2020

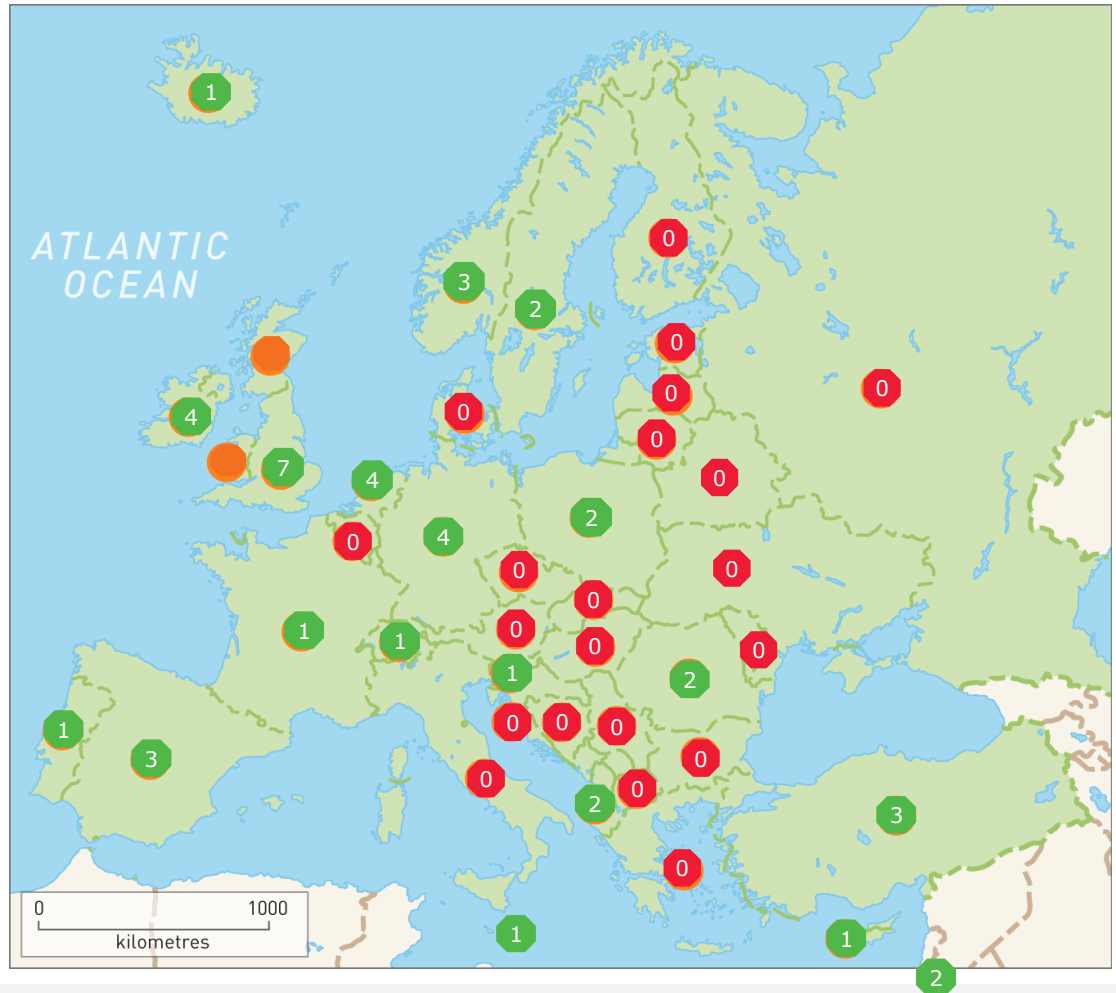
Marianne Nieuwenhuijze

# WG 2

## Background

- 1 birth activist
- 1 family science
- 1 health economics
- 21 midwifery
- 3 nursing (incl. psychiatric)
- 5 obstetrics
- 1 pediatrics
- 11 psychology
- 1 social work

## 19 countries



## WG 2: aim

Understanding how culture, organisational structures and regional differences in service provision influence childbirth experiences.

### TASKS/ACTIVITIES/DELIVERABLES:

T2.1 **Scoping review** to gain understanding of the role of care provider interactions in positive and negative birth-related experiences.

T2.2 **Scientific paper** of the results of self-report survey of clinicians' experiences of interactions in the birth and recognise traumatic stress in maternity care staff and the impact on practice.

T2.3 **Scientific paper** of the combined analysis of the review and survey findings (and further literature) to identify key factors in culture and organisational structures that can be ameliorated to prevent negative birth experiences.

T2.4 Documentary **analysis** of national and regional approaches to service provision/models of care in a sample of countries

T2.5 Focus Group interviews (clinicians and service users) across a sample of countries to develop **an educational/training toolkit** to ensure care providers are empowered/trained to communicate sensitively.

T2.6 **A position paper/guideline** for policymakers to promote positive, healthy and respectful practices that empower wellbeing for all concerned.

## WG 2: work so far

### Protocols for deliverables 2.1 and 2.2

T2.1 **Scoping review** to gain understanding of the role of care provider interactions in positive and negative birth-related experiences.

T2.2 **Scientific paper** of the results of self-report survey of clinicians' experiences of interactions in the birth and recognise traumatic stress in maternity care staff and the impact on practice.

#### Protocol scoping review:

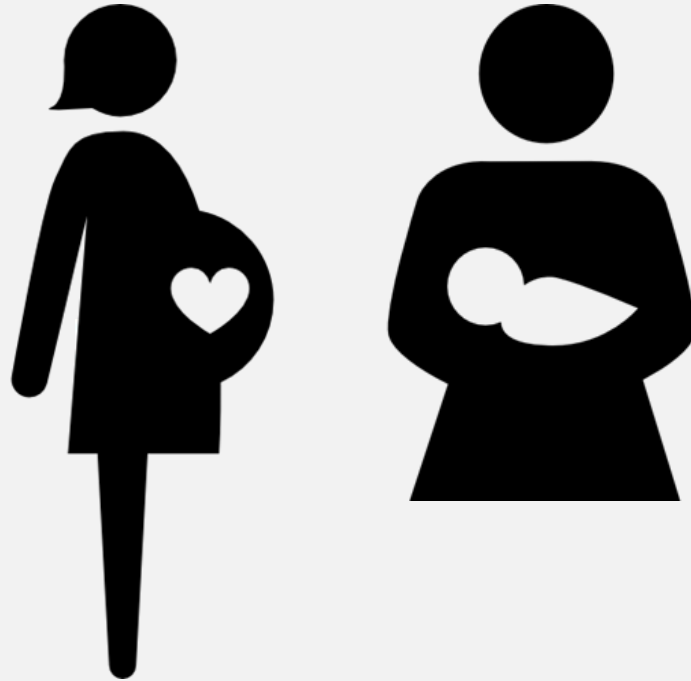
To explore what is known in the literature about the impact of traumatic events during the perinatal period on care providers and how these experiences affect their personal well-being and professional practice (including their interaction with women).

#### Protocol survey:

To explore maternity care providers' experiences and perceptions of traumatic events during childbirth and how these experiences affects their personal well-being and their professional practice.

# **Women's experience of the perinatal period: a scoping study**

Maaïke Vogels-Broeke  
Marianne Nieuwenhuijze  
Raymond de Vries  
Eugene Declercq



## Aim of earlier scoping review

- ❑ To explore, identify and understand the key elements that influence women's experiences of the perinatal period
- ❑ To identify or develop a conceptual framework related to the concept of a perinatal experience

# Methods

- ❑ Inclusion of different study designs and a broad set of parameters
- ❑ 5 databases
- ❑ 2479 hits → 243 relevant publications
- ❑ Quantitative, qualitative and mixed methods study design
- ❑ Content analysis

# Frame- work

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Midwifery xxx (xxxx) xxx



Contents lists available at ScienceDirect

Midwifery

journal homepage: [www.elsevier.com/locate/midw](http://www.elsevier.com/locate/midw)



Commentary

## Dimensions in women's experience of the perinatal period

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**ZU  
YD**



# Woman as a unique individual

*Unique combination of her characteristics, circumstances, values and beliefs, risk perception, expectations, preferences and earlier experiences*



## Active participant

*Enabling a woman to participate in decision-making tailored to her needs and wishes, associated with issues of power and control. Internal and external attributes of empowerment are critical to fulfil this successfully.*



# Responsiveness of organisations and health services

The philosophy and model of maternity care, e.g. organisational aspects as continuity of care.  
The responsiveness of health services at all levels and the culture among care providers.



# Lived experience of pregnancy, birth and the postnatal period



*The perinatal period is a dynamic life-event. Women's thoughts and emotions can be ambivalent and not always clear. Her transition to motherhood can bring shifts in perspectives and priorities.*

## Communication & relationship with care providers

*Good communication among care providers to ensure that women get consistent information and advice. Compassionate care providers, who give a woman opportunity to talk about her experiences and answer her questions.*



# Information & childbirth education

*Appropriate and congruent information from inside and outside the maternity care system. A woman needs personalized information at the right time.*



# Support from social environment

*The perinatal period involves the woman's partner and her social network. She is part of a community that has its own cultural and/or religious traditions and values. Her personal environment affects her experiences of becoming a mother and of maternity care.*



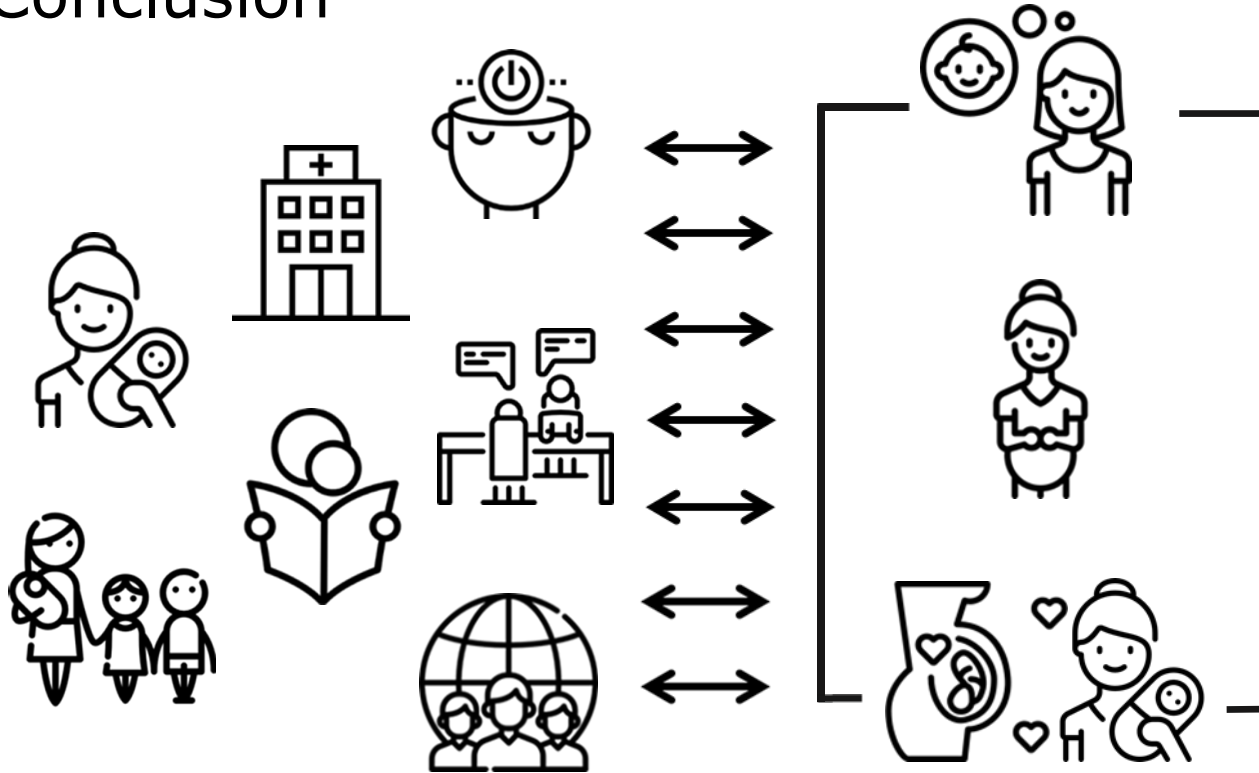
# Society at large



*Societal definitions influence the perception and management of pregnancy and childbirth. Political decisions, funding, laws and regulations influence the organization of care, accessibility, and the allocation of resources.*



# Conclusion



# What are your questions?

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