



# Informational and Emotional Support for American Women During Labor and Delivery

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## Introduction

In 1987, the CDC recorded 7.2 maternal deaths per 100,000 live births, but by 2014 the rate had increased to 18.0 maternal deaths per 100,000 live births, with 60% of the **deaths were reportedly preventable** (Reproductive Health, 2018).

1/3 of women experience **childbirth as being traumatic** (Schwab et al., 2012).

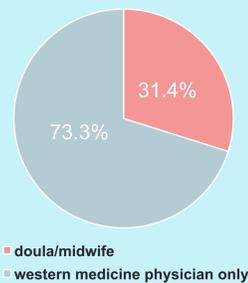
Women feel there is a **lack of information** being provided by the general medical staff in the obstetrics unit of a hospital (Campero et al., 1998).

There is a direct correlation between emotional and informational support and health and happiness outcomes, but in childbirth, that **direct support seems to be missing in western medicine hospital protocols** (Hodnett et al., 2005).

General perceived support has been shown to increase ones' view on life satisfaction and can directly benefit ones' overall health (Siedlecki et al., 2014).

## Methodology

This study utilized a sample of 86 adult American mothers who gave birth in the United States. The sample ranged from women ages 26 to 78 with a mean age of 42 years old. 86% of the sample identified as being White/Caucasian.



Female participants were asked to complete an online survey including questions about their choice of support during their first childbirth experience and the following four measures:

**Women's Perception for Supportive Care Given During Labor Scale (PSC)** (Uludag & Mete, 2015) three subscales measuring attitudes surrounding quality of support and care received during labor and delivery on a 4-point Likert scale.

**Childbirth Perceptions Questionnaire (CPS)** (Padawer et al., 1988) measuring overall perceptions of childbirth experience on a 6-point Likert scale.

**Birth Satisfaction Scale (BBS)** (Jefford et al., 2018) measuring stress and anxiety levels experienced by laboring mothers as well as overall feelings of support provided on a 5-point Likert scale.

**Fear of Birth Scale (FBS)** (Stoll & Hall, 2013) measuring fear of childbirth on a 6-point Likert scale.

## Hypothesis

American women that utilize doula and/or midwifery support during labor and delivery will

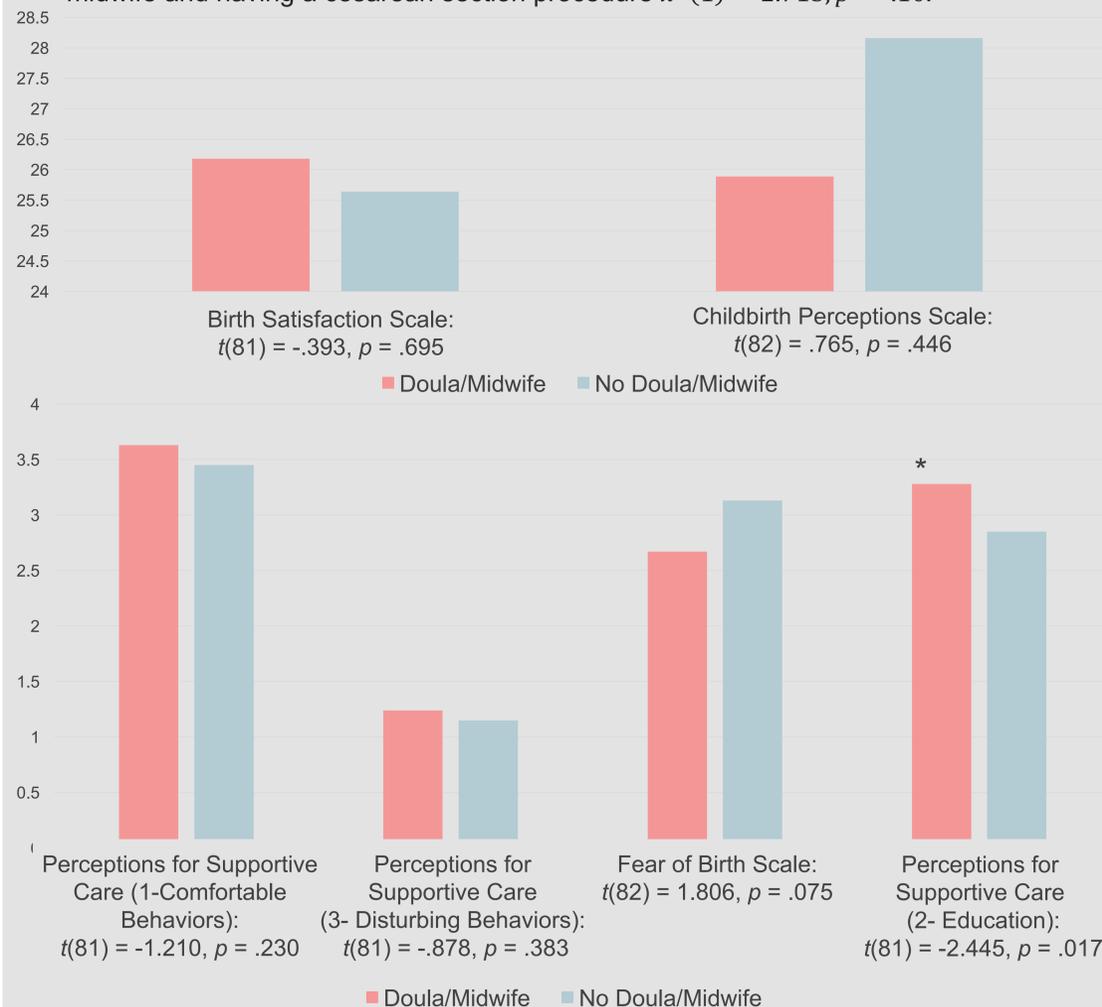
- **Have a more pleasant birthing experience**
- **Feel more prepared**
- **Feel more informationally supported**
- **Be less likely to have a cesarean birth** than American women who only use western medicine support.



## Results

In comparing the mean scores between women who used a doula and/or midwife during childbirth and those who only used standard western medicine physicians:

- **No significant difference** was found in women having a more pleasant birthing experience (BSS, CPS, PSC 1-Comfortable Behaviors, PSC 3-Disturbing Behaviors).
- **No significant difference** was found in women feeling more prepared (FBS).
- **Marginally significant difference** was found in women feeling more informationally supported during childbirth (\*PSC 2-Education).
- **No significant difference** or relationship was found between using a doula and/or midwife and having a cesarean section procedure  $\chi^2(1) = 2.713, p = .10$ .



## Discussion

The purpose of this study was to identify what women require during childbirth to help them feel more supported and have a more positive experience overall, with less medical issues and complications.

The results showed that women who use doula and/or midwives **did not report feeling more prepared or having a more pleasant birthing experience**.

The results did however show that women **felt more informationally supported** when they had a doula and/or midwife on their birthing team compared to those who only used western medicine physicians. This supports previous research where those treated for other medical issues appreciated informational support and improved their experience (Dubois & Loiselle, 2009).

**What more can we provide to women to lessen the maternal death rates and the amount of trauma that results from childbirth?**



## Conclusion

### Limitations:

- Limited variability of sample as participants were primarily from California, educated, and identified as Caucasian.
- Sample had access to superior health care due to geographic area
- Selection bias as study was performed via online survey.
- Retrospective self-report

### Future Directions:

- Larger study of the United States population with various cultural, socioeconomic backgrounds, and living in different geographic areas which can change their access to superior health care.
- Research if other medical complications could be avoided with the use of doulas and/or midwives.
- Research other techniques and forms of support that can be implemented into providing women support during childbirth.

