

OBSTETRIC PROCEDURES AND CHILDBIRTH: EDUCATED WOMEN'S PERCEPTIONS OF PATIENT AUTONOMY

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Abstract

Research suggests that women who are subjected to an increased use of obstetric interventions and standard procedures may have a diminished perception of their decision-making ability during childbirth. To identify the extent to which women believed they maintained their decision-making power in childbirth, female students at Texas Woman's University, who have given birth, were surveyed through an online questionnaire containing closed-ended and open-ended questions, designed to measure perceptions of autonomy, and were analyzed for themes pertaining to autonomy and consent. The main finding of this study is that there is a discrepancy between what women report (diminished autonomy) and what they assert (a perception of satisfaction with their medical care). The results of this study point to the existence of an "ideology" of expert authority that is operative in the obstetric practice in the United States. These results are analyzed through theories of hegemony, hygienic regime, embodiment, and metaphysical violence.

Introduction

Why study women's perceptions of autonomy in childbirth?

- Maternal mortality rates continue to rise and C-section rates are high in the U.S.
- Women are speaking out about their childbirth experiences, reporting traumatic experiences, using language that contradicts autonomy- I was allowed/not allowed.
- Most research is medical or psychological and includes few perspectives of women.
- This provides a basis and justification for future research.

Our current obstetric system dictates that all women, regardless of risk, follow routine protocol.

- This undermines the woman's uniqueness and relegates her to a vessel.
- Many of these are against recommendation of the ACOG and are not associated with improved childbirth outcomes and can lead to complications and further intervention
- Women have reported that they were coerced or manipulated into consenting to procedures.
- Women have reported feeling abandoned, lonely, raped, betrayed, and as though they lost their dignity during childbirth.
- Seemingly benign procedures can reduce autonomy and cause the woman to question herself or feel dismissed – medical authorities have to validate her claims before they are deemed true.
- Our lived experiences continually transform who we are and our bodies are not vehicles that transport us, but they are us. What happens to our bodies happens to our self.
- Understanding the woman's lived experience can help increase positive birth outcomes, and decrease PTSD and other negative pregnancy outcomes.

Purpose

The purpose of this study is to examine the way in which educated women, who receive obstetric intervention during pregnancy and childbirth, understand their ability to make decisions regarding their care, their body, and their child.

Research Question

1. How do women feel about their decision-making power during pregnancy and childbirth?
2. Under what conditions, if any, were procedures done without the woman's consent?

Methods

Sample

- 176 female students at TWU, over 18 who have given birth.

Data and Data Collection

- Questionnaire sent through email and contained closed and open-ended questions in addition to a space for respondents to provide a detailed account of their experience if desired.
- Administered through PsychData.
- Downloaded to SPSS for analysis.

Data Analysis

- Frequency distributions for closed-ended (dichotomous and Likert scale) items.
- Open coding for open-ended questions.

Findings

Characteristics

- The majority of respondents were married (69%), white (64%), graduate students (59%) with a family income over \$60,000 (61%), and claim to have a religion (73%).

Table 1. Characteristics of Participants

Characteristics	N	%
Age at most recent birth		
Over 25	122	69
Race/Ethnicity		
White	113	64
Black	26	15
Hispanic/Latino	19	11
Other	18	10
Marital Status		
Married	122	69
Divorced/separated	25	14
Never married	29	17
Family income		
\$60,000 or more	107	61
Classification		
Graduate student	104	59
Religious	129	73

Findings Cont.

Autonomy and Satisfaction

- The majority of respondents (72%) reported high levels of autonomy and high satisfaction with their childbirth experience (73%).

Table 3. Closed-ended Survey Questions Regarding Communication

Question	Yes		No		Neutral	
	N	%	N	%	N	%
Care provider understood the respondent's thought process	126	70	35	20	15	10
Able to be open and honest with care provider	135	76	21	12	20	12
Care provider listened to respondent	130	74	21	12	25	14
Respondent was able to share feelings with care provider	134	77	24	13	18	10
Care provider understood the respondent's perspective	102	57	26	15	48	28
Respondent was encouraged by care provider to ask questions	140	81	23	12	13	7
Care provider fully answered questions	150	87	12	7	14	6
Care provider insured that the respondent understood about her pregnancy	135	78	24	13	17	9
Total Average	75		13		12	

Table 4. Closed-ended Survey Questions Regarding Decision-Making

Question	Yes		No		Neutral	
	N	%	N	%	N	%
Felt a sense of choice and freedom during labor and delivery	103	60	42	22	31	18
Felt that care provider offered choices and options during labor and delivery	126	71	36	21	14	8
Felt that care provider showed confidence in respondent's decision-making ability	110	63	31	18	35	19
Most of the things the respondent did they felt they had to do	56	33	92	51	28	16
Decisions were a reflection of what respondent really wanted	122	69	25	14	29	17
Felt excluded from decisions about their care	21	12	140	80	15	8
Respondent felt forced to do many things	23	14	135	79	18	7
Trusted their care provider	184	84	13	7	15	9
Total Average	70		17		13	

- The majority of respondents (76%) stated that they had no choice when it came to routine procedures – 65% had to remain in bed, 77% could have no food or water, 79% were required to have electronic fetal monitoring, and 81% had cervical exams.

Table 2. Percentage of Participants Who Experienced Common Hospital Procedures

Procedure	Yes		No	
	N	%	N	%
<i>Routine hospital procedures</i>				
Remain in bed	114	65	62	35
No food or water	138	78	38	21
Electronic fetal monitoring	139	79	37	21
Cervical examination	142	81	34	19
<i>Non-routine procedures</i>				
Internal fetal monitoring	28	16	148	84
Episiotomy	48	27	128	73
Forceps or vacuum assistance	21	12	155	88
Cesarean Section	58	33	118	67

Findings Cont.

Consent

- In all categories there were instances of a lack of consent.
- Episiotomy - 40% did not consent to this procedure.

Table 5. Procedures where consent was granted/not granted

Procedure	Yes		No	
	N	%	N	%
Electronic fetal monitoring	104	78	30	22
Internal fetal monitoring	27	89	13	11
Cervical examination	128	93	11	7
Episiotomy	27	60	21	40
Forceps or vacuum assistance	15	78	7	22

Open-ended Responses

Language

- 42% Used phrases that contradicts autonomy – I was allowed/not allowed, they let me.
- Coercion, pressure, manipulation.
- Women stated that they felt "pushed," "forced," "pressured," "bullied," "pestered," or "worn down" to submit to procedures.

Communication

- What providers did or didn't do to increase effective communication.
- Education and information.
- Listening (or not listening) to the laboring woman.
- Care provider interaction - The way in which care providers did or did not communicate and work with each other.

Conclusion

Theoretical Foundations and Implications

- Embodiment (Schutz; Walsh).
- Metaphysical violence (Wolf).
- Ideology - false consciousness (Marx).
- Hygienic regime – medical authorities produce "truths" (Foucault)
- Hegemony – dominance of medical authorities over laboring women (Gramsci).

Obstetriarchy – hegemonic, hygienic regime.

1. Laboring women willingly submit to obstetric authorities and unknowingly (and unintentionally) forfeit their rights.
 2. Medical professionals believe they are acting in their patients' best interest.
 3. Women are restricted from decision-making yet walk away satisfied with their experience and with the belief that they were in control.
- Most people in the obstetric system operate under a false consciousness and willingly subject themselves to hospital/doctor mandates.