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Preferences and expectations of pregnant women in terms of a delivery plan

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SUMMARY

Introduction. A delivery plan includes all elements of medical procedure during delivery as well as a place of delivery.
Aim. The aim of the study is to learn about women's preferences and expectations in terms of a delivery plan.
Material and methods. 130 patients from Specialized Hospital Pro-Familia in Rzeszów participated in the research on the basis of a survey. The research was carried out from March to April 2013.
Results. As many as 61.5% of pregnant women have not prepared their own delivery plan. Pregnant women expect from midwifery medical staff patience and help during the first delivery period - 72.3%, being with a loved one - 70.0%, being informed about the progress of delivery and the purpose of examinations and treatments 69.2%. During the second delivery period, 83.8% of the examined women expected to be in constant contact with a midwife and deliver children without an episiotomy 66.9%.
Conclusions. Most women do not have a delivery plan. During the first delivery period, the women delivering children want to be with a loved one, be informed about the progress of delivery and the purpose of examinations and treatments. During the second delivery period, women expect to be in constant contact with the midwife and deliver children without an episiotomy.
Key words: delivery; midwife; care

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INTRODUCTION

Since the 1970's of the 20th century in European countries almost all deliveries took place in hospitals what affected the instrumental treatment of the women delivering children. Such a delivery was characterized by the fact that the woman delivering a child was in an unknown environment among strangers. Moreover, she was subjected to procedures purpose of which she did not understand. Individual needs and cultural factors of a woman delivering a child were not taken into consideration. The medical staff assumed the ignorance of women delivering a child and inability to make decisions about delivery and contact with a baby [1]. Admission to delivery meant accepting the rigour of hospital's work, including shaving, enema and putting things in a deposit. After that, a woman delivering a child was isolated from her husband and other family members who for several days could not see a young mother or a newborn child. Moreover, even a newborn child was isolated from mother. Immediately after birth, the child was taken away from mother in order to be measured, weighed and given over to the neonatal ward [2].

The situation in delivery rooms and maternity wards is improved due to the implementation of perinatal care standard. Regulation of the Minister of Health of 16 August 2018 concerning the organizational standard of perinatal care determines the scope of medical care provided in entities ensuring medical activity providing health services within the scope of perinatal care as well as a definition of a delivery plan. A delivery plan includes all elements of medical procedure during a delivery well as the place of a delivery [3]. It is a document in which a pregnant woman can write her expectations and preferences concerning a delivery. A pregnant woman can prepare a plan together with a person supervising her pregnancy - a midwife or a doctor. A well-written delivery plan carries benefits to both a woman deli-

vering a child and medical staff. Most of all these will be: greater control over the course of delivery and unwanted events. In Poland, a delivery plan is not yet as common as in Scandinavian countries, however, there is an increase in the number of women who use it every year [4].

OBJECTIVE OF THE STUDY

The aim of the study is to learn about women's preferences and expectations in terms of A delivery plan.

MATERIAL AND METHODS

130 patients participated in the study. The material that is the basis of the analysis consists of research conducted at the turn of March and April 2013. The choice of the research group was deliberate – these were pregnant women who had had visits before delivery at the clinic of the Specialized Hospital Pro-Familia in Rzeszow. In this study, the research was conducted with the use of a survey that was prepared on the basis of available literature on the subject. A chi-square test for the independence of variables was used to check the presence of correlations in the entire studied population. Calculations were made with the use of SPSS Statistics 20 program, assuming a significance level of $p < 0.05$. There were used in the study: a chi-square test of independence, t test for independent variables and one-way analysis of variance (ANOVA) [5,6].

Tab.1. Characteristics of the research group. Results

Age of the respondents	To 24		From 25 to 35	Over 35
	28,5%		66,2%	5,4%
Place of residence	City over 50 thousands of residents		City with less than 50 thousands of residents	Countryside
	37,7%		30,8%	31,5%
Education	Basic vocational education	Secondary level of education	Undergraduate education	Tertiary education
	1,5%	22,3%	19,2%	56,9%
Marital status	A married woman		A maiden	Cohabitation
	76,2%		13,1%	10,8%
Number of deliveries	0	1	2	3
	57,7%	31,5%	9,2%	1,5%

Tab.2. Correlation between age, place of residence, marital status and the need to prepare a delivery plan

The need to prepare a delivery plan in the opinion of the respondents		**Age**			**Place of residence**			**Marital status**		
		to 24	from 25 to 35	over 35	City with less tham 50 000 of residents	City over 50 000 of residents	country-side	A married woman	A maiden	Cohabita-tion
Yes	N	27	59	4	24	35	31	75	9	6
	%	73,0	68,6	57,1	60,0	71,4	75,6	75,8	52,9	42,9
No	N	10	27	3	16	14	10	24	8	8
	%	27,0	31,4	42,9	40,0	28,6	24,4	24,2	47,1	57,1
In general	N	37	86	7	40	49	41	99	17	14
	%	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
		p>0,05			p>0,05			p=0,02, V Kramer=0,26, Chi-square=8,67 (df=2)		

Tab. 3. Relationships between age, education and expectations of medical personnel during the first delivery period

Expectations towards medical staff during the first period of delivery		Age						Education							
		to 24		from 25 to 35 36 35		over 35		Basic vacational		Secondary level of education		Undergra-duate education		Tertiary education	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Presence of a doctor supervising one's pregnancy	yes	13	35,1	42	48,8	5	71,4	0	0,0	9	31,0	14	56,0	37	50,0
	p	p>0,05						p>0,05							
Being with a loved one	yes	26	70,3	59	68,6	6	85,7	2	100,0	17	58,6	20	80,0	52	70,3
	p	p>0,05						p>0,05							
Patience and help	yes	29	78,4	59	68,6	6	85,7	2	100,0	18	62,1	17	68,0	57	77,0
	p	p>0,05						p>0,05							
Listening and assessing KTG during the reception to the ward	yes	12	32,4	17	19,8	0	0,0	0	0,0	4	13,8	8	32,0	17	23,0
	p	p>0,05						p>0,05							
Interview	yes	6	16,2	11	12,8	0	0,0	0	0,0	3	10,3	3	12,0	11	14,9
	p	p>0,05						p>0,05							
Listening to the interpretation of one's examinations	yes	11	29,7	18	20,9	2	28,6	0	0,0	6	20,7	10	40,0	15	20,3
	p	p>0,05						p>0,05							
Listening to the interpretation of one's results	yes	19	51,4	27	31,4	2	28,6	0	0,0	10	34,5	11	44,0	27	36,5
	p	p>0,05						p>0,05							
Supervising the heart rate of one's child every 15-30 minutes	yes	13	35,1	31	36,0	4	57,1	0	0,0	6	20,7	8	32,0	34	45,9
	p	p>0,05						p>0,05							
Constant monitoring of KTG	yes	4	10,8	6	7,0	0	0,0	0	0,0	1	3,4	4	16,0	5	6,8
	p	p>0,05						p>0,05							
Receiving CD record of one's child	yes	2	5,4	3	3,5	0	0,0	0	0,0	0	0,0	1	4,0	4	5,4
	p	p>0,05						p>0,05							
Being informed about delivery and the purpose of examinations and treatments	yes	28	75,7	58	67,4	4	57,1	2	100,0	19	65,5	17	68,0	52	70,3
	p	p>0,05						p>0,05							
Being informed about giving over care of oneself to a doctor/midwife	yes	12	32,4	16	18,6	1	14,3	1	50,0	4	13,8	7	28,0	17	23,0
	p	p>0,05						p>0,05							
Discussing a plan of delivery with a midwife	yes	14	37,8	21	24,4	0	0,0	0	0,0	2	6,9	11	44,0	22	29,7
	p	p>0,05						,014*							
Discussing ways of dealing with pain	yes	22	59,5	29	33,7	2	28,6	0	0,0	11	37,9	13	52,0	29	39,2
	p	,023*						p>0,05							
Legalities concerning taking cord blood	yes	2	5,4	6	7,0	2	28,6	0	0,0	1	3,4	1	4,0	8	10,8
	p	p>0,05						p>0,05							
Being informed about the topography of a ward	yes	8	21,6	11	12,8	0	0,0	0	0,0	2	6,9	5	20,0	12	16,2
	p	p>0,05						p>0,05							
To assess cramps of a womb muscle	yes	5	13,5	8	9,3	1	14,3	0	0,0	1	3,4	7	28,0	6	8,1
	p	p>0,05						,018*							
To price an amniotic sac	yes	1	2,7	2	2,3	0	0,0	0	0,0	0	0,0	2	8,0	1	1,4
	p	p>0,05						p>0,05							
To do clyster	yes	5	13,5	9	10,5	0	0,0	0	0,0	0	0,0	5	20,0	9	12,2
	p	p>0,05						p>0,05							
To shave pubic hair	yes	2	5,4	2	2,3	0	0,0	0	0,0	0	,0	2	8,0	2	2,7
	p	p>0,05						p>0,05							

Tab. 3. Relationships between age, education and expectations of medical personnel during the first delivery period (cont.)

Expectations towards medical staff during the first period of delivery		Age						Education							
		to 24		from 25 to 35 36 35		over 35		Basic vacational		Secondary level of education		Undergra-duate education		Tertiary education	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
To have intravenous cannula	tak	5	13,5	5	5,8	0	0,0	0	0,0	0	0,0	5	20,0	5	6,8
	p	p>0,05						,046*							
Taking liquids orally	tak	10	27,0	22	25,6	3	42,9	0	,0%	7	24,1	5	20,0	23	31,1
	p	p>0,05						p>0,05							
Other	tak	2	5,4	0	0,0	0	0,0	0	0,0	0	0,0	2	8,0	0	0,0
	p	p>0,05						,036*							

RESULTS

The majority of respondents were aged 27.7 +/ - 1. The vast majority of respondents were married declaring higher education. 37.7% of the respondents lived in the city of more than 50 thousand residents, 30.8% of the respondents came from a city of less than 50 thousand residents and 31.5% of the respondents declared to live in the countryside. More than half of the respondents did not deliver children at all 57.7%, while 1.5% of the respondents have already delivered children three times (tab.1.).

The need to prepare a delivery plan was declared by 69.2% of the respondents, while 30.8% did not feel such a need. Chi-square test analysis showed that these are only married women ($p = 0.02$) who more often think that a delivery plan is needed (tab.2.). When the respondents were asked about the source of information about a delivery plan, they most often indicated 40% antenatal classes. Next sources were: a midwife 20.8%, a doctor 10.0%, Internet 8.5% and friends 7.7%. 82.3% of women would like their midwives to supervise a delivery, while 17.7% of them would prefer doctors to do it.

Among the most frequently expected behaviours of midwifery medical staff, the respondents indicated patience and help during the first delivery period 72.3%, being together with

Tab. 4. Expectations of women towards medical staff during the second delivery period

Expectations of women towards medical staff during the second delivery period	Answers		% of observation
	N	%	
Being in a constant contact with a midwife	109	20,3	83,8
Being in a constant contact with a husband, a partner etc.	86	16,0	66,2
To listen to the heart rate of one's child after every cramp	47	8,7	36,2
I would like to have the posiibility of choice of a convinient position for me during delivery (vertical)	80	14,9	61,5
I would like to deliver a child in water	17	3,2	13,1
I would like to deliver a child on a delivery bed	38	7,1	29,2
I would like to have the possibility of taking liquids orally	32	5,9	24,6
I would like to have the possibility of touching a child's head during a delivery	6	1,1	4,6
I would prefer not to have episiotomy unless necessary	87	16,2	66,9
I would like to have the possibility of making sounds freely	36	6,7	27,7
In general	538	100,0	413,8

a loved one, who would support and mobilize them to act 70%, informing about the progress of delivery and the purpose of examinations and treatments 69.2%. Younger women more often expect from medical staff to discuss ways of dealing with pain, while women with higher education more often expect to discuss a delivery plan, supervise contractions and insertion of intravenous cannula. The correlations are statistically significant (tab.3.).

The highest percentage of the respondents 83.8% expect to remain in constant contact with midwives during the second delivery period and if possible, deliver a child without an episiotomy 66.9%. Another important expectation during adelivery of a child is to remain in constant contact with her husband/partner (66.2%). The smallest percentage of indicated answers (4.6%) was to touch the baby's head during a delivery (tab.4.).

As a form of relieving delivery pain by non-pharmaceutical methods, the respondents most often mentioned the possibility of moving during delivery (79.2%) and free choice of position as well as 66.9% the possibility of using a bath and/or a shower during the first period of delivery, also breathing and relaxation 60.8%. The smallest number of surveyed women indicated aromatherapy (4.6%) as a method of relieving delivery pain (tab.5.). As many as 62.3% of pregnant women did not want to be given any pharmacological relievers of delivery pain, however, every fifth (21%) pregnant woman would like to receive epidural anaesthesia and every eighth 11,5% would choose inhalation analgesia. A small percentage of women surveyed (3.8%) would use opioid pharmaceuticals and (0.8%) of them would use regional analgesia (tab.6.).

DISCUSSION

Standard of perinatal care puts great emphasis on the realization of patients' rights, including respecting women's rights to make decisions concerning delivery [4]. Own research that were carried out shows that 61.5% of women did not prepare their own delivery plan. The abovemen-

Tab. 5. Women's preferences concerning non-pharmacological methods of relieving pain during a delivery

Non-pharmacological methods of relieving delivery pain	Answers		% of observation
	N	%	
I would like to use a bath or a shower in the first period of a delivery (water immersion)	87	20,0	66,9
I would like to have the possibility of moving during a delivery a free choice of a position	103	23,6	79,2
A ball, a sako sack, Tens	52	11,9	40,0
Message of feet, stomach, neck and shoulders	30	6,9	23,1
Back's rubbing and massage	29	6,7	22,3
Breathing and relaxation	79	18,1	60,8
Aromatherapy	6	1,4	4,6
Music therapy	43	9,9	33,1
Using warmth and cold to nerve endings directly	7	1,6	5,4
In general	436	100,0	335,4

Tab. 6. Preferred methods of relieving delivery pain in the respondents' opinion

Preferred methods of relieving delivery pain in the respondents' opinion	Frequency	%	Cumulative percentage
Pharmaceuticals of opioid group	5	3,8	3,8
Epidural anaesthesia	28	21,5	25,4
Inhalation analgesia	15	11,5	36,9
Regional analgesia	1	0,8	37,7
Nil do not want to be given pharmacological painkillers	81	62,3	100,0
In general	130	100,0	

tioned results are confirmed by Fuks, where 69.2% of women confirmed the need to prepare a delivery plan, submitting such arguments such as the possibility of preparing for delivery, easier contact and cooperation with a midwife that favour a sense of security. As many as 30.8% of respondents claimed that delivery cannot be planned as everyone is different and a delivery plan is an unnecessary element in this situation [7]. According to Aragon et al., a delivery plan is used as a communication tool between the woman delivering a child and medical staff. 19% of women and 9% of their partners stated that women have a greater sense of control over a delivery process. Only 4% of the partners of women delivering children have an opinion that a delivery plan does not bring any benefits [8]. Similar results were obtained by Stanisz et al. inherresearch, in which the majority of women delivering children in Szczecin hospitals - 71.1% did not have a delivery plan [9]. The research can be also confirmed by reports of Ćwiek in which according to reports from 2011, 2012 and 2013 less than 25% of patients came to a hospital with their own delivery plan [10,11]. The high percentage of women from Hospital in Szczecinek who had a plan (81.1%) was due to the fact that women delivering children had an opportunity to complete this document in the conditions of a delivery room [9]. On the other hand, the results of Pawlickaet al. show that 31% of multiparas and 34% of primiparas prepared or planned to prepare a delivery plan [12].

Literature reports that women delivering children are more satisfied with medical care when medical staff have followed the points positioned in a delivery plan [13]. Matuszczyk et al. indicated in the research that 74% of women wanted to be informed about the progress of a delivery, 55% wanted to be informed about the child's condition [14]. The conclusions of the research are confirmed by own observations, which show that pregnant women expected information about the progress of delivery and the condition of a child 69.2%. According to Jarczak et al., 24% of women delivering children were not informed about the course of delivery and 20% of the respondents did not receive information about health condition of their children after delivery [15]. According to Makara-Studzińska, women received comprehensive information concerning the reasons for Caesarean section (79.5%) [16].

In the Sadowska et al. study, nearly half (47.5%) of women assessed the presence of a person accompanying a woman during delivery as helpful/supportive. On the contrary, 22.5% of other women delivering children assessed it as troublesome/annoying. For the remaining 30.0% of women, the presence of a loved one during delivery was irrelevant. According to 44.6% of the respondents, a husband/partner was the most desirable person in a delivery room. The respondents also needed the presence of a midwife from antenatal classes (18.5%), a physiotherapist (13.8%) and a doctor supervising pregnancy 12.3% [17]. According to Matuszczyk et al., 60% of respondents felt safer and less anxious during a delivery because of the possibility of being with an accompanying person during delivery [14,17, 18,19,20,21].

The authors of the WHO report concerning practical guidelines during natural childbirth clearly indicate the fact that every woman should be allowed to properly deal with delivery pain and non-pharmaceutical methods should be used first [22.23]. According to Król et al., the most well-known methods of relieving delivery pain among the respondents were: proper breathing (17.03%), massage (14.86%). The next ones are: water immersion (11.08%). Relaxation 9.46% and music therapy (5.68%) were assessed worse by the respondents [24]. The analysis of own research shows that the largest percentage of women 79.2% would like to move and choose any position during delivery, while 60.8% of women preferred breathing and relaxation. 66.9% of women preferred a possibility of using a bath and a shower. According to Klejewski and Pawlicka et al. shows that in the vast majority of cases there is a tendency to use non-pharmaceutical methods to relieve delivery pain [25,12].

In addition to the use of non-pharmaceutical methods to relieve delivery pain, pharmacological methods are also important. According to Aragon et al., 59% of women delivering children expect pain relief thanks to the use of pharmaceuticals [8]. Similar results were obtained by Majchrzak et al., in which more than half of women delivering children needed pain relief. Negative experiences during delivery may cause the resignation to the readiness to have another child and increase the incidence of postpartum depression [26]. The research by Król et al. shows that most often women delivering children knew and wanted to use epidural anaesthesia - 13.51% as a method of relieving delivery pain. The research carried out in order to assess the choice of pain relief

methods shows that epidural anaesthesia was performed in 22.4% of women delivering children out of 396 surveyed women [24]. Gibson's research shows that 61% of women in the United States received epidural / subarachnoid anaesthesia during delivery [27].

The World Health Organization recommends that the percentage of episiotomy should not be higher than 10%. Nowadays, an episiotomy is considered in the aspect of „midwifery violence". Researchers are wondering if it is justified to carry out this practice. In 2012, after the introduction of the Perinatal Care Standard in Poland, it is recommended to reduce the percentage of carrying out an episiotomy [28]. According to own research, 66,9% of the respondents would prefer not to have episiotomy, unless it is necessary. In Aragon et al. research 26% of women wanted to have an episiotomy during delivery [8]. At the hospital with the first degree of reference of the branch of Tadeusz Chałubiński Mogilno Region Hospital in Strzelno, in the eight-year period there was a clear lack of changes in the percentage of episiotomy during delivery. In 2005, an episiotomy was performed in 143 (38.23%) cases and in 2013 in as many as 128 (44.13%) cases of women delivering children. Whereas in 2005 at J. Biziel Clinical Hospital in Bydgoszcz with the third degree of reference an episiotomy was performed in 909 (66.54%) of women delivering children and in 2013 an episiotomy was performed in 432 (39.77%) of women [28].

CONCLUSIONS

1.Most women do not have a delivery plan.
2. During the first period of delivery women delivering children want to be with a loved one and be informed about the progress of delivery and the purpose of examinations and treatments.
3. During the second delivery period women expect constant contact with midwives and deliver children without an episiotomy.
4. Among the non-pharmaceutical methods of relieving delivery pain, patients prefer: moving, choosing a convenient position, breath relaxation, using a bath and shower.

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