

## **New study highlights challenges of giving women in labor choices about their care**

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While most women plan to be involved in decisions about their care during childbirth, in practice most decisions are led by midwives, a new study reveals.

The study, which used video and [audio recordings](#) to analyze real-time conversations between women in labor and their [midwives](#), also found that postnatally the majority of women reported being satisfied with decision-making being led by staff.

Guidelines from the NHS and the Department of Health and Social care endorse patient involvement in decisions during childbirth. However, the authors of the study say their results highlight the practical challenges of offering choice, beyond establishing consent.

The study demonstrates how inviting women to make decisions during labor may be in tension with midwives' also needing to follow [clinical guidelines](#) on [risk management](#), the researchers suggest.

## **Policy**

Co-author, Professor Ellen Annandale from the Department of Sociology at the University of York said, "We know what is said during labor matters for how women experience birth. However, [policy recommendations](#) to staff about how to communicate with women in labor have not yet been based on [real-time analysis](#) of what actually happens in birth.

"Our study shows that while many women report wanting to be involved in decision making, postnatally, they also reported wanting to accept midwives' advice during labor.

"Midwives can find themselves caught between guidelines which say they must offer women choices, and a need to minimize clinical risks."

## **Decision-making**

The researchers used conversation analysis, antenatal and postnatal

questionnaires as well as interviews with midwives and obstetricians, to study interactions during decision-making between 37 women in labor and their midwives.

The study, which was carried out at two midwife-led units, is the first to explore how interactions between laboring women and NHS midwives play out in real time.

While most of the women who participated in the study reported high levels of satisfaction with their care, the researchers did identify instances around pain relief where the clinical view and the choice women wanted at that time could be different, with some women who took the lead on decisions around this reporting not feeling listened to.

## **Pain relief**

Co-author of the study, Dr. Clare Jackson from the Department of Sociology at the University of York, said, "Our analysis revealed that strategies employed by midwives to avoid giving pain relief due to escalating clinical reasons at certain stages of labor—particularly when it came to opiates—left some women feeling unheard by staff. This identifies the resolution of requests for [pain relief](#) as an important area for further research."

Professor Annandale added, "Our study shows women are willing to participate in research of this kind and further analysis of the real-time birth experiences of people in labor will help healthcare providers and policy makers to improve care.

"We would like to expand our research to look at the experiences of birth in obstetric units and, in particular, the experiences of Black, Asian and minority ethnic women who are less likely than their white counterparts to give birth in midwife-led units and are disproportionately

affected by risks around childbirth."

The research is published in the journal *Health and Social Care Delivery Research*.

**More information:** Ellen Annandale et al, Shared decision-making during childbirth in maternity units: the VIP mixed-methods study, *Health and Social Care Delivery Research* (2022). [DOI: 10.3310/FPFP4621](https://doi.org/10.3310/FPFP4621)

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