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Birth Plan Non-Adherence: Impact on Birth Satisfaction, Interventions and Perceived Birth Trauma

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Background and Significance

Birth plans empower women in their birth decisions and create a means to communicate with the healthcare providers prior to going into labor.¹ These plans often focus on avoiding unnecessary interventions, the desire to have a natural birth, and specific instructions for when the baby is born. Birth plans play a distinct role in overall birth satisfaction, which in turn can negatively impact maternal well-being and bonding with the infant.² When changes are made to birth plans – with or without the mother’s consent -- birth satisfaction tends to decrease. This lack of satisfaction can lead to perceived birth trauma. Perceived birth trauma is often expelled in the form of anger, anxiety, and depression, with many mothers stating they have difficulty feeling close with their baby.³

The purpose of this study is to explore the relationship between birth plans, birth satisfaction, intervention use, and perceived birth trauma. Specifically, we test the following research hypotheses: Birth satisfaction will be higher; fewer interventions will be used, and perceived birth trauma will be lower among:

- women who have a birth plan;
- women whose birth plans were followed; and,
- women who were consulted with changes to their birth plans.

Methods

Design: Cross-sectional online survey, administered through Qualtrics.

Participants: 3330 women, ages 18 and older, who had previously given birth and who were not currently pregnant. Recruited through various social media sites related to childbirth and breastfeeding.

Independent Variables:

Birth Plan: yes or no

Birth Plan Followed: yes or no (among those who had a birth plan)

Birth Plan Consulted: yes or no (among those whose birth plans were not followed)

Dependent variables:

Birth Satisfaction: 14-item, five-point Likert scale; reliability .954.

Interventions during Childbirth: self-reported use of interventions during birth; such as IV fluids, artificial rupture of membranes, pharmaceutical inductions and augmentations (prostaglandin, pitocin), continuous external fetal monitoring, internal fetal monitoring, internal uterine monitoring, episiotomy, bladder catheter, systemic pain medication, and epidural anesthesia.

Perceived Birth Trauma: 10-item, five-point Likert scale; reliability .860.

Select Descriptive Results

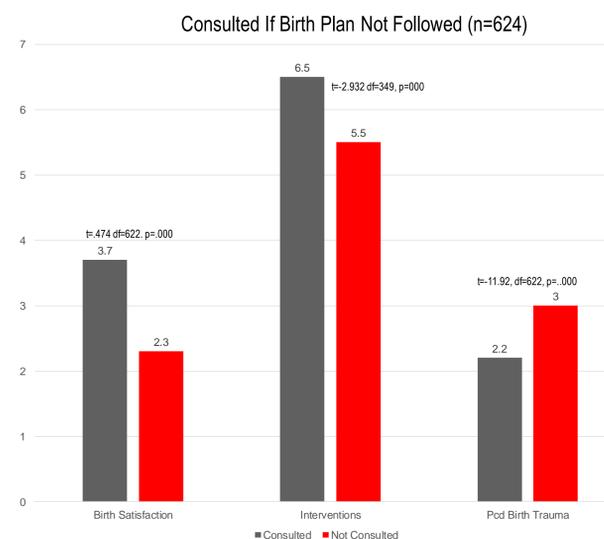
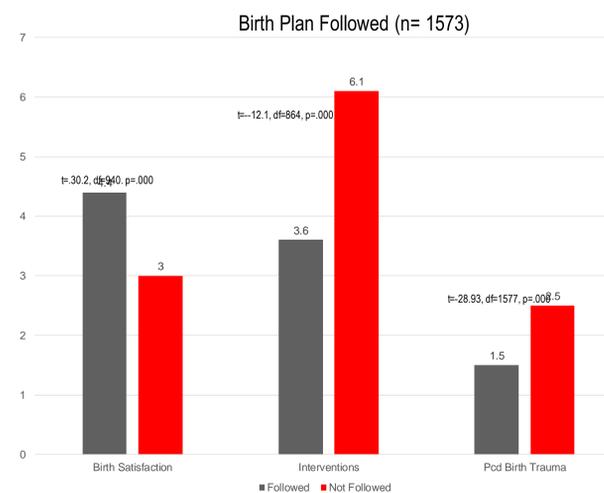
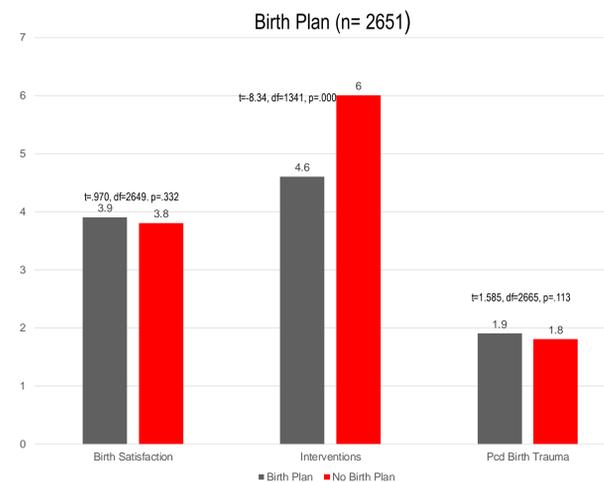
90% Caucasian

32 yrs. average age

60% have a bachelors degree or higher

71.1% had private insurance at the time of reported birth

Inferential Results



Discussion

The finding that those with a birth plan experienced fewer interventions is consistent with current literature. In addition, the findings that women who followed their birth plans had higher birth satisfaction, fewer interventions, and lower perceived birth trauma is also consistent with current literature. Having a birth plan, and following it, allows for the mother to feel confident in her decisions and empowered that she can stick to them. Also consistent with current literature is that those who had changes to their birth plan made with their permission were more satisfied than those who did not give their permission. Even if changes must be made, if women feel that they are included in the decision to intervene and thus in charge of the decision and of their birth, they are more likely to feel satisfied. Another finding that proved consistent with literature was that when changes were made to a birth plan without discussing with the mother, the higher the perceived birth trauma was. A woman is unlikely to feel satisfied with her birth experience if her plan was disregarded. This is often what leads to negative outcomes for the mother and child post-birth. One of the more interesting findings from this study was that even when a woman’s birth plan was changed, and they experienced more interventions because of it, they still reported being more satisfied with their birth experience. With recent literature depicting any type of intervention that wasn’t planned as being detrimental to birth satisfaction, this shows otherwise. This also highlights the importance of providers discussing any possible interventions with the mother before they take place to ensure that the woman feels comfortable changing her birth plan.

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