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Institutet**

Institutionen för Kvinnors och Barns Hälsa

The movement towards birth

A study of women's childbirth self-efficacy and early labour

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AKADEMISK AVHANDLING

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ABSTRACT

Aim: The overall aim of this thesis was to increase the understanding of early labour, the latency phase of labour, based on women's experiences and ability to handle the situation. Furthermore, the aim was to perform a psychometric testing of an instrument measuring childbirth self-efficacy and to explore the relationships to women's well-being and number of obstetric interventions and birth outcomes.

Methods: In study I, a grounded theory method was used to obtain a deeper understanding of how women who seek care at an early stage experience the latent phase of labour. The same method, grounded theory was used in study II, but in this study, the aim was to obtain a deeper understanding of how women, who remain at home until the active phase of labour, experience the period from labour onset before admission to maternity ward. In both these studies (I &II) interviews were used to collect data. Study III and IV were cross sectional studies with a consecutive data collection. In study III, a forward-backward translation was used to translate the childbirth self-efficacy inventory (CBSEI) into a Swedish version. An explorative factor analysis with principal component analysis was used to test the psychometric properties of the inventory and reliability tests with Cronbach's alpha and inter item total correlation was performed. In study IV, chi-2 test, Fisher's exact test and student's t-test for independent samples was performed between women's estimated childbirth self-efficacy and demographics, obstetric interventions and birth outcomes. Correlations were also performed between different scales measuring well-being during pregnancy and childbirth self-efficacy. Finally a logistic regression analysis was performed to predict the probability for low or high childbirth self-efficacy.

Findings: Being in a safe place is essential for the women in the early labour process. But a safe place has different meanings for different women, depending on how they assess their own ability to handle their impending labour. For some women, the hospital is a secure place, a place where somebody else can take over the responsibility for themselves, the labour process or their child's well-being. Some women choose to remain in their homes, which they consider as a kind of base camp which they can leave and go back to whenever they please. There is also a difference in how women ascribe ability to their own bodies and women's belief in their own ability to cope and deal with the impending birth, their self-efficacy. These differences together with the women's choice of seeking care or not, during the early labour process, affect the women's experience of the labour process. The women's experience during the early labour process varies from feeling powerful and strong, to perceiving themselves as victims and feeling totally powerless. Women with high self-efficacy as measured by CBSEI had less previous mental illness and had more often been told their sister's birth story. During the labour process, women with a higher childbirth self-efficacy have a lower frequency of epidural analgesia than women with low childbirth self-efficacy.

Conclusion: Women's belief in their childbirth self-efficacy affects their choice of place to be, during the early labour process. The place in turn, affects the women's experiences and the way they handle the early labour process. The early labour process is a sensitive period that requires attention and should not be neglected. Through increased knowledge and understanding of the problematic issues related to the early labour process, the birth preparation and antenatal obstetric care, as well as the care during labour can be improved.