

Effectiveness of the Use of Birth Plan in Hong Kong Chinese Women: a Qualitative Exploratory Research

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A qualitative research using focus group interviews was carried out to explore the perceptions of Hong Kong Chinese women and investigate the effectiveness of the use of the preset birth plan. The findings revealed that birth plan was a new idea to them. The content of the preset birth plan was simple and clear. It was easy to understand and use. Its use was especially beneficial to the primiparae in the aspects of self-preparation and communication with midwife. It enabled them to make their own choices. It could act as a guideline or reminder of the labour process.

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Introduction

The use of birth plan was uncommon in Hong Kong especially for Chinese women. In order to educate Hong Kong Chinese women on self-empowerment and facilitate their decision-making during labour and delivery, the use of birth plan was introduced. As birth plan was a new idea to Hong Kong women, it was difficult for them to figure out the items that were realistic and practical in the local setting. The Continuous Midwifery Care Team (CMC Team) of the hospital under study had therefore developed a preset birth plan written in Chinese. The CMC Team was a team of midwives providing antenatal, intrapartum, and postnatal care for low-risk pregnant women who gave birth in the hospital. The birth plan was specially designed for pregnant women under their care. They were encouraged to discuss with their partners and CMC Team midwives before they completed it. They were asked to keep it and make changes whenever they wanted to. They were also encouraged to add anything rational in the space provided. The practice had been started since April 2005. In order to explore the perceptions of Hong Kong Chinese women on the preset birth plan and investigate the effectiveness of its use, focus group interviews were carried out.

Methods

Research Design

A qualitative focus group design was used to explore the perceptions of the women who had used the preset birth plan.

Instrument

A semi-structured interview guide was developed to facilitate the discussion. Open-ended questions were used. Participants were requested to define birth plan comprehensively in their own words and state whether and how it was beneficial to them. They were encouraged to express their feelings or thoughts while it was being used. They were asked to comment the preset birth plan to see whether there was anything to improve. Other relevant questions were also raised to clarify the ideas or words said by the participants. A short socio-demographic questionnaire was used to collect relevant data.

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Setting

The study was conducted in the obstetric unit of a regional hospital in Hong Kong. The preset birth plan was introduced and given to the women when they attended their first antenatal check-up by the CMC Team. The birth plan would be kept in their case files when they were at term, i.e. 37 weeks of gestation.

Sampling

The target population of the study was the Hong Kong Chinese primiparae who received continuous midwifery care under the CMC Team and delivered their babies in the regional hospital under study from January to March 2006. Participants were recruited on the day they attended their postnatal check-up approximately 6 weeks after delivery. If the results of the check-up were normal, they were then invited to a focus group led by the research facilitator before they left. Participants were recruited until redundancy was achieved and no additional information was obtained. Focus group interviews, about four participants in a group, were held in this study.

Data Collection

Each focus group was conducted by a research facilitator. The duration of the interviews was 10 to 30 minutes. The interviews were taped. The research facilitator gave the instructions and encouraged the participants to freely express opinions during the interviews. The semi-structured interview guide was used to facilitate the process.

Ethical Consideration

Approval was obtained from the Ethics Committees of the regional hospital and the related cluster. Written consent were obtained from the participants. They were asked to read the information sheet and sign the consent form and fill in the socio-demographic questionnaire. The data were kept confidential. The participants remained anonymous. Free withdrawal was allowed at any time.

Data Analysis

The interviews were transcribed and the transcripts were word-processed. Before analysis, the transcripts were translated from Cantonese to English, organised and coded.

Results

Data collection was started in early February 2006

Table. Demographic characteristics of focus group participants (n=68)

Item	No. (%)
Age (years)	
19-34	61 (89.7)
≥35	7 (10.3)
Parity	
1	52 (76.5)
2	15 (22.1)
3	1 (1.5)
Employment status	
Housewife	15 (22.1)
Working	53 (77.9)
Monthly household income (HK\$)	
≤10 000	8 (11.8)
10 001-20 000	28 (41.2)
20 001-30 000	15 (22.1)
≥30 001	15 (22.1)
Not stated	2 (2.9)
Education level	
Secondary	38 (55.9)
Matriculation	4 (5.9)
Tertiary	22 (32.4)
Postgraduate	4 (5.9)
Marital status	
Single	2 (2.9)
Married	66 (97.1)

after approval was obtained. Seventeen focus groups were conducted. A total of 68 participants joined the interviews—seven (10.3%) of them were in advanced maternal age, i.e. 35 years or above. Fifty-two (76.5%) were primiparae. Fifty-three (77.9%) were working mothers. Thirty-six (52.9%) had monthly household income below HK\$20 000. Of which, eight (11.8%) were below HK\$10 000. Only 26 (38.2%) had received tertiary education or above. There were two (2.9%) single mothers. The Table summarises the demographic characteristics of the participants.

The findings revealed that birth plan was a new idea to the participants. Only two of them in the focus groups mentioned that they had heard the name 'birth plan' before their midwives told them and had searched for it in books or via internet. The content of the birth plan was simple and clear. It was easy to understand and use.

Focus Group Results

Using the focus group transcripts, ideas from

participants were grouped into common themes. Themes included guideline or reminder, communication pathway between women and midwife, psychological preparation, choice, and positive experience.

Guideline or Reminder

Most participants perceived the birth plan as a guideline or a reminder for them to plan for their care during labour:

- “I think...it is a guideline to help me to think about what I need to consider and decide during my labour process. And I can make decisions with my husband.”
- “It reminds me to think about something that I don’t know.”
- “I think it asks me lots of questions...then the midwives will follow through and see if it works or not.”
- “I think the birth plan in certain extent is like a reminder for me. Everything is written in it. For example, when the date to have my baby is coming, I need to get ready and prepared. It seems to have reminded me...”

Communication Pathway between Women and Midwife

All the participants in the focus groups revealed that the birth plan could act as communication pathway between women and midwife. It reduced information duplication and promoted better understanding:

- “It makes me feel more convenient...there is no need for me to repeat whether I want to have husband accompany labour every time.”
- “Through the birth plan, midwife can understand my needs.”
- “It helps to communicate with midwife.”
- “It helps midwife to understand my needs and assist me to fulfil them accordingly. It increases the communication between us.”

Better Psychological Preparation

Participants who were primiparae felt less anxious or nervous after using the birth plan. They felt that it helped them to have better psychological preparation for their labour:

- “It helps me to have better psychological preparation. I know what to expect and what I need to know.”
- “It helps me to go through the labour process

step by step.”

- “It helps me to know the process from antenatal, labour to postnatal.”
- “It helps me to realise the real situation during labour...what a first-time mother needs to do.”
- “It can help me to plan my care. It allows me to think about it in advance. Tell midwife what I need.”
- “It helps me to find out what I need to consider.”
- “It is suitable for working mothers like me and those who know little about the labour process.”
- “It makes me understand what will happen from pregnancy to postnatal.”
- “If there is no birth plan, I’ll know nothing... This makes me nervous!”
- “It tells me what I need to do in each part. So I can have better psychological preparation.”
- “From antenatal to postnatal, the whole process is included in the birth plan. I am clear about that.”
- “It helps me mainly during my labour. I can plan and choose to use which kind of pain relief methods...what I need to prepare for myself and my baby.”
- “It enriches my knowledge...I find that I have to consider many things. I plan things in advance and raise questions if in doubt. I feel to have better preparation.”
- “I can see what I need to consider, choose and plan.”

Choice

Some participants mentioned that they were involved in the decision-making process. They could make choices for themselves:

- “I choose to have no beef or egg meals. Then it comes true!”
- “I can write down my needs in the birth plan. That means I can make choices.”
- “First-time mothers don’t know they can choose. From this paper, I know that I can make choices. I know that there are a number of talks I can choose to attend.”
- “I can make more choices...like pain relief methods...”

- “I have more freedom.”
- “It is flexible...Changes can be made at any time.”
- “I feel being involved in planning my labour process...”

Positive Feelings

Most participants found the use of the birth plan effective. Positive feelings such as happiness, being secured, helpfulness, and satisfaction were experienced:

- “I think it is important for me because I think I can share something with my husband. I’m very happy!”
- “I have asked my friends, ‘Hey! Did you use a birth plan before?’ They said, ‘No!’ I told them, ‘I did!’ I find it very interesting. Contraception... for check-up...what I need to consider...The most interesting thing is that my husband can cut the umbilical cord...”
- “I think it is worthwhile. Let us know what is happening. It provides better psychological preparation for first-time mothers.”
- “I think everyone knows that the birth plan will not be fulfilled totally, but it is worth using it. Psychologically, it is useful. A pregnant woman will encounter lots of problems. Attending talks and using the birth plan can reduce the anxiety during pregnancy. The content is complete, clear and simple. I think it is good enough. Well done!”
- “My husband and I both think that it is good to have a birth plan because he can write down our preferred follow-up time, the things that I don’t eat, whether he will accompany labour and cut cord... So far it includes all the details that are required. I feel very satisfied with the birth plan.”
- “I feel secure to have the birth plan. I know what to do. It makes things real. No more confusion.”
- “Although there is difference in the real situation, overall it is helpful.”
- “I’m a first-time mother. I think it is good to have such a birth plan because I don’t know my husband can accompany labour at first... and I even don’t know what midwives do. It tells me a lot of information. If I haven’t got it, I have lost a guideline and I don’t know

what to do...It’s good to discuss it with my midwife.”

- “I feel that my birth plan is being followed...I feel cared. Good!”
- “I think the contents of the birth plan are comprehensive. Everything is included.”
- “The content is simple. It is easy to understand. Not difficult in using it.”
- “I feel satisfied with the birth plan.”

In addition to the themes described above, a few suggestions were raised by some of the participants during the interviews:

- “I don’t know my baby will be rooming in so early. It’d be better if I can choose when I want my baby back.”
- “It’d be better if it is printed on card paper. It became crumpled after so many months.”
- “I wish to have a copy of my birth plan so that I can remember my choice and keep it as a souvenir after the original is kept in my record.”

Discussion

A birth plan was a written statement or expression of the preferences and wishes of the woman and her partner regarding the management of their labour and delivery^{1,2}. It was first proposed and introduced in the late 1970s¹. It grew out of consumerism and the advocacy for women’s right³. Its use was a common practice in western countries to improve continuity of care and control over childbirth⁴. In this study, the birth plan was new to the participants. Only two (2.9%) in the focus groups mentioned that they had heard the name ‘birth plan’ before their midwives told them and had searched for it in books or via internet. They perceived the birth plan as a guideline or reminder.

In this study, 76.5% of the participants were primiparae. They often felt anxious about their pregnancy and labour. They found that the use of the preset birth plan was useful to them. It also helped the busy working mothers (77.9%) to recognise their own needs earlier. Better psychological preparation reduced their anxiety. Ekeocha and Jackson⁵ suggested that each centre should consider introducing their own birth plan. Women’s individual expectations and wishes could then be anticipated in advance.

Previous studies^{1,4,6,7} revealed that most women found that the use of birth plan was beneficial to them in different aspects. In this study, better communication, better psychological preparation and more choices for the participants were the main benefits summarised. The perception on empowerment and autonomy in Hong Kong women was limited. It was the roles of midwife to help women to make informed choices and gain control over their birth experience.

There was no negative feelings that was mentioned in other studies^{3,8,9} resulted in the study. It was because this was carefully avoided by combining the women's needs with the experience of the midwife within the framework of practice standards in the local setting⁶. Most participants found the use of the birth plan useful. They were happy. They felt secured and satisfied with it. Their confidence in going through labour process and motherhood is enhanced.

Too⁴ revealed that the successful use of birth plan to empower women relied on effective communication and followed through during labour. The preset birth plan acted as a communication pathway between the women and the CMC Team midwives from antenatal

to postnatal periods. It reduced information duplication and promoted better understanding.

Limitations

Focus group was a qualitative research tool that was used in this study to identify perceptions among Hong Kong women about the use of the preset birth plan¹⁰. Initially, four to eight participants in one group were planned. However, the actual number of participants recruited in each group was smaller. The variety of opinions in the study was therefore limited.

Recommendations

The introduction of birth plan would be an enhancement in the quality of midwifery service in Hong Kong. Continuous update of the preset birth plan in respect of any change in the current clinical practice and setting was also recommended. This could reduce unnecessary disappointment for women and increase satisfaction by facilitating them to have positive birth experience^{11,12}. Amendments of the preset birth plan could be done according to the suggestions made by the participants.

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