

WHAT DO FRENCH WOMEN WANT?

FIRST RESULTS OF A SURVEY CONDUCTED BY THE
COLLECTIF INTERASSOCIATIF AUTOUR DE LA NAISSANCE



CIANE

THE CIANE AND ITS SURVEY

- The Collectif interassociatif autour de la naissance, a coalition:
 - Founded in 2003
 - Gathering about **40 organisations**: local support groups, national organisations concerned with specific issues (CS, Post partum depression, Breastfeeding, Homebirth, etc.).
- The survey on childbirth
 - Internet based survey
 - Launched in March 2012
 - With two main objectives
 - Providing the CIANE with **data on practices** and on **women's experiences**
 - Providing women with **information on hospitals**

THE SURVEY : 12 PAGES/THEMES

1. General data
2. Wishes
3. Childbirth start (induction)
4. Position and mobility during labor and delivery
5. Interventions
6. Pain
7. Information
8. Support
9. After birth
10. Hospital stay and support
11. Feeding the baby
12. General assessments

SPECIFICITIES OF THE SURVEY

- **Permanent** survey
- Only for women who started labour with the objective of a vaginal birth: **excludes scheduled caesarian sections**, includes CS occurring during labour.
- In each page, a possibility to leave a **comment**:
 - Mixing up of quantitative data with qualitative data: helps to make sense of the observed quantitative features
- Not a satisfaction survey - asking women/consumers to evaluate the service provided - but:
 - The collection of **facts about practices and organisation**
 - The collection of **women's experience**: how they feel
 - One objective: to fill the gap between satisfaction survey and what is expressed by women in testimonies.

RESPONDENTS AND REPRESENTATIVENESS

- **Recruitment:** informal networks (-> leads to a over representation of home birth; messages on internet forums; communication made around the results (TV broadcast, magazines)
- About **7000 responses** gathered in 6 months
- **64% primiparous** (43% in the last national survey)
- A **higher level of education** than in the general population
- **Almost all hospitals** represented (587), from 1 to 113 respondents/ hospital.
- 98,8% single fetus (97% in the last national survey)
- 67% responses from 2009 to 2012, 93% from 2005 to 2012

PRACTICES AND REPRESENTATIVENESS

	CIANE survey 2009-12	National Survey 2010
Episiotomy primiparous	45%	44%
Episiotomy multiparous	16%	15%
CS during labour	10,6%	10,5%
Instrumental extraction	15%	15%
Induction	23%	23%

Normal birth rate (UK definition): 17%

THREE REPORTS

- **Induction and acceleration of labour:** use of oxytocin, informed consent, consequences on the experience of childbirth
- **Cost of childbirth for parents:** economic discrimination against alternative modes of childbirth (homebirth, free-standing birth centers)
- **Respect of women's wishes and experience of childbirth**
 - 2002 Bill on patients' rights
 - « Prenatal consultation »: discussion around projected childbirth

WOMEN DARE EXPRESS THEIR WISHES

During pregnancy, did you express to the maternity unit some specific demands concerning childbirth?

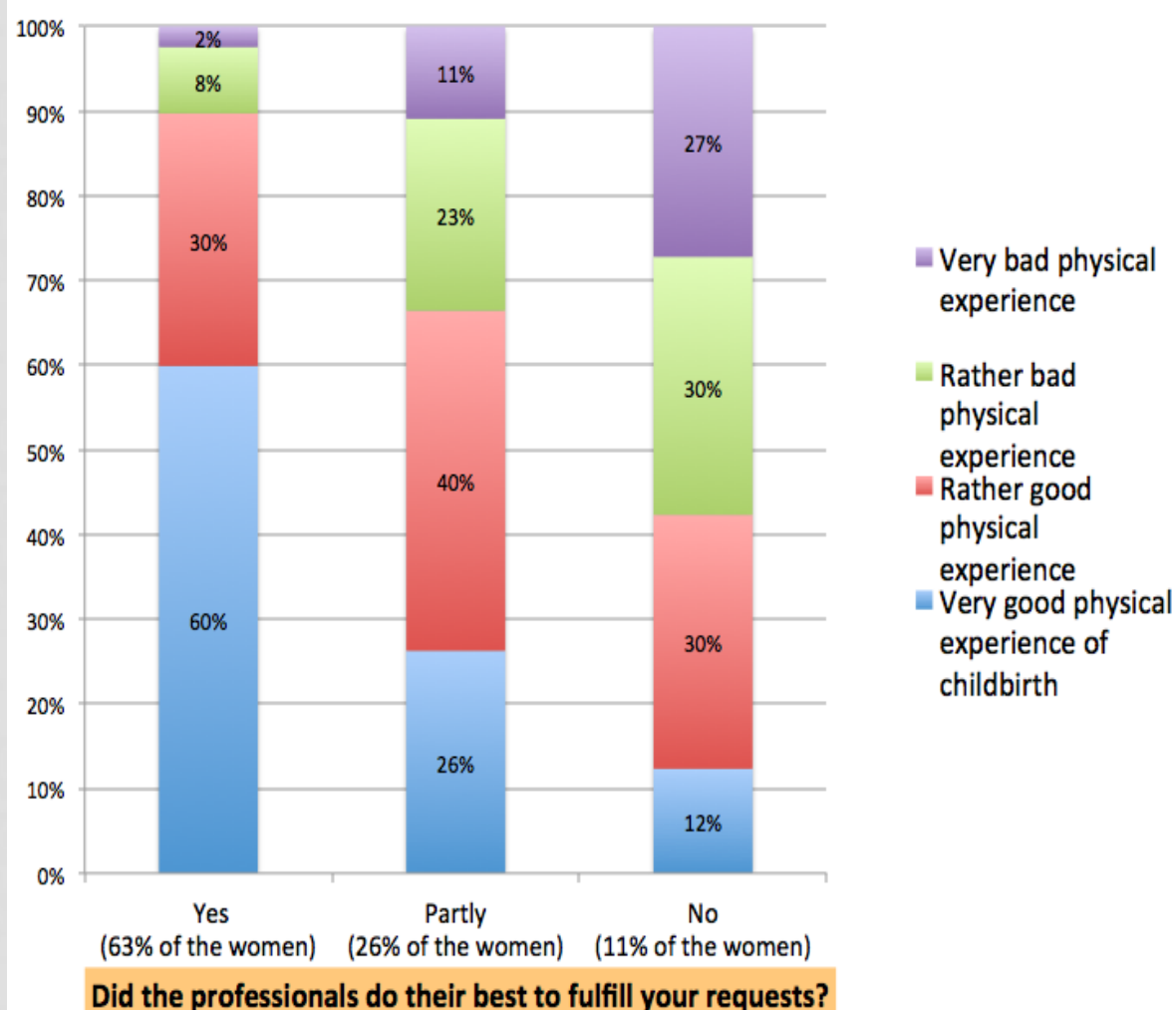


THEY REPEAT THEIR DEMANDS

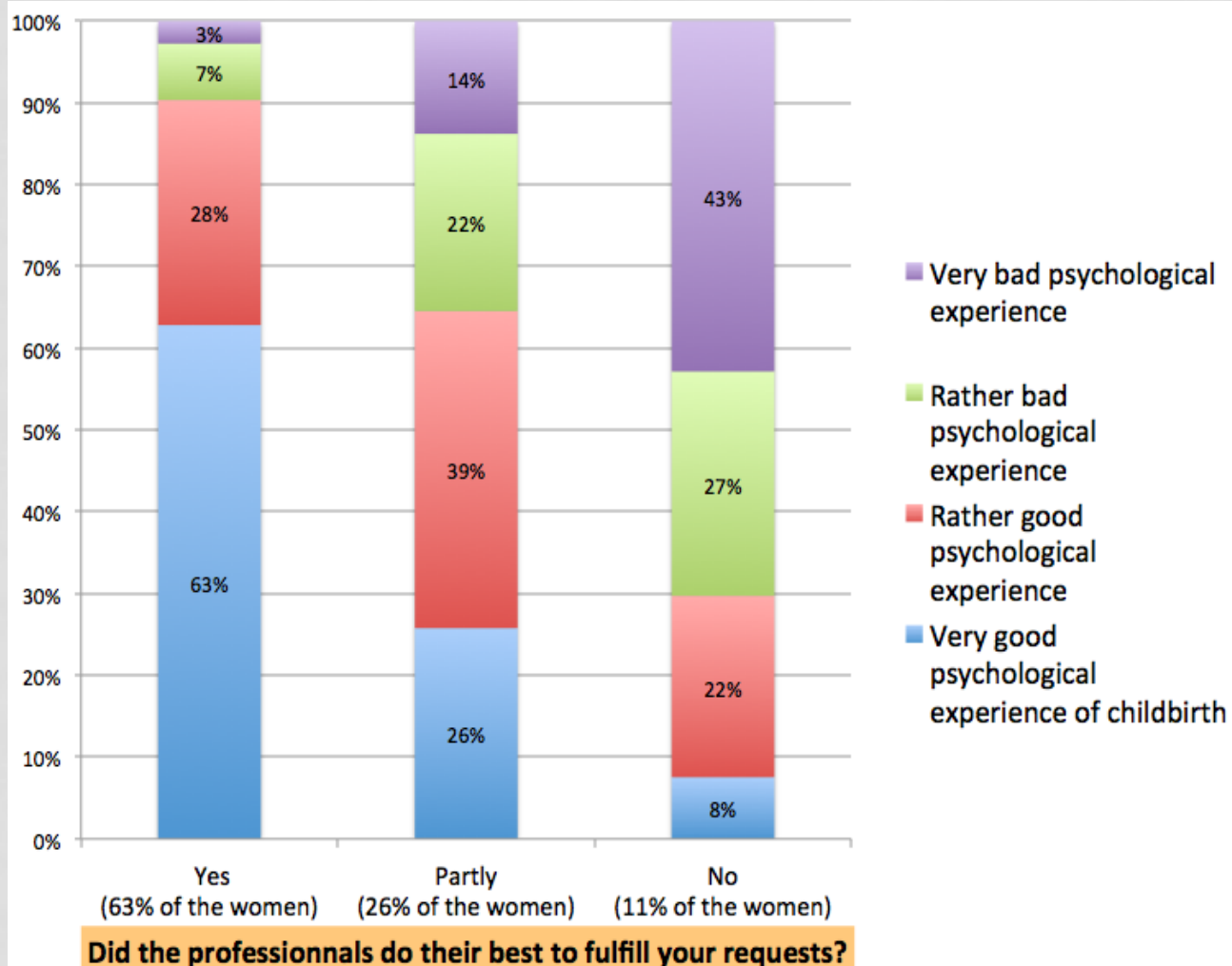
	No request during labour	Requests expressed during labour
No request expressed during pregnancy	27%	17%
Requests expressed during pregnancy	15%	42%

73% of women expressed a request at one point or another
42% of women did it during pregnancy AND labour

CONSIDERATION FOR WOMEN'S DEMANDS AND PHYSICAL BIRTH EXPERIENCE



CONSIDERATION FOR WOMEN'S DEMANDS AND PSYCHOLOGICAL BIRTH EXPERIENCE



WHAT DO THEY ASK FOR?

Freedom of position during labour and delivery

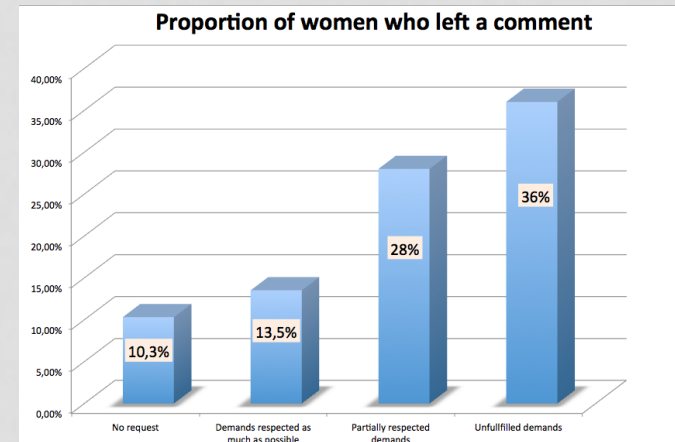
- 75% of women with unfulfilled demands were not free to choose their position (/ 14% with respected demands)

Personalised **pain support**

- « Epidural if and when I want it »
- « Help not to get an epidural »

No episiotomy

- 56% « no respect »/ 29% « respect »



Presence and support

- 84% « no respect » consider they did not get the support they needed (/3% « respect »)
- 47% « no respect » said they were often or always left alone whereas they would have need someone (/4%)

FROM LACK OF CONSIDERATION TO FORMS OF ABUSE

- ❖ « They don't listen to you, think that you are crazy if you don't want an epidural »
- ❖ « They made fun of my birth plan, they xeroxed it to disseminate it largely in order to demonstrate – I quote – our irresponsability »
- ❖ « to each of my requests which had been previously discussed and accepted, they replied: 'ah yes, but no, it is not possible' »
- ❖ « when the head appeared, the midwife forced me to put my feet in the stirrups. I pushed her with my foot when she came with her scissors to do an episiotomy. She tied my feet to the stirrups and that's how my son was born.

THE SILENT WOMEN

27% did not express any request. Why?

- **Professionals** were so **attentive** that they didn't need to.
- They were confronted to **medical problems**
- **Professionals' attitude** discouraged them
 - « I wanted to make sure that, in case of CS, my husband would be present... they curtly replied that it was not an option »
 - « First baby: they present the protocole as immutable, I didn't know I could ask something. »
- ... even if **they would have liked** to:
 - « I would have liked to prepare a birth plan, but as I know it isn't well perceived, I preferred to keep my desires inside. »
 - « I had prepared a birth plan, but didn't find the occasion to show it, I did not dare. »

ENCOURAGING DIALOGUE BETWEEN WOMEN AND PROFESSIONALS

- During pregnancy, about 15% did not express any demand but would have liked to, and 25% did not consider to do so.
- A less good experience than women who expressed their wishes and were taken in consideration (less than 40% of good experience/ more than 60%)
- A process of **co-elaboration**: women reflect on what is important to them in relation to what is feasible in their specific context, professionals get prepared to give them an adequate support.
- It contributes to the **quality of care**.