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Prolonged labour

Women's experiences

Aim: The overall aim of this thesis was to illuminate, describe, and promote understanding of women's experiences of prolonged labour. The thesis comprises four studies.

Methods: Paper I describes a case-referent study that recruited women ($n = 255$) giving singleton live birth to their first child by spontaneous labour after more than 37 completed weeks' pregnancy. Participants completed a questionnaire that investigated childbirth experiences, previous family relationships, and childhood experiences.

Paper II presented a cross-sectional study of 644 women who had been expecting their first child. Participants were asked to complete a questionnaire measuring psychosocial resources (social network and support), work-related psychosocial factors, control of daily life, and health characteristics.

Papers III and IV presented interviews performed with 10 women, who, following prolonged labour, had given singleton live birth to their first children.

Results: The risk of a negative birth experience was increased for women following prolonged labour. Both women experiencing prolonged and normal labours perceived the support given by their partners and midwives during labour to be very important, and felt pain relief to be a key issue. The suffering experienced during labour was more likely to mark the women for life if the labour was prolonged than if the experience of giving birth was positive and labour was normal. Both women, including those who had and those who had not experienced prolonged labour reported a high level of psychosocial resources, support, and sense of wellbeing in early pregnancy.

The difficulties of prolonged labour were interpreted as an experience of being caught up in pain and fear: the women described how they had felt exhausted, powerless, and out of control. They described their dependency on others, and said that the caregiver's decision to assist with the delivery was experienced as being relieved from pain. Prolonged labour could be understood as an experience of suddenly falling ill or of finding oneself in a life-threatening condition associated with an overwhelming fear of losing oneself and the child.

The difficulties and suffering involved in becoming a mother after a prolonged labour were interpreted to be like "fumbling in the dark". Women had experienced bodily fatigue accompanied by feelings of illness and detachment from the child. Meeting the child when in this condition entailed a struggle to become a mother. The negativity connected with prolonged labour and a struggle for motherhood may be comparable to the experience of illness and recovery. In spite of these experiences, reassurance of these women regarding their capacity for motherhood was crucial: it was central to their happiness as mothers, encouraged

their interaction and relationship with the child, and contributed to their adaptation to motherhood.

Conclusion: Women experiencing prolonged labour require advanced medical and obstetric care, which may limit their ability to participate in making decisions about their care. They have a special need for extra support and encouragement, as well as increased nursing and midwifery care during delivery.

Keywords: Childbirth experience, dystocia, illness, normal labour, prolonged labour, psychosocial resources, social network, social support, thematic content analysis, wellbeing