

EHMA 2024

Shaping and managing
innovative health ecosystems

Women's preferences for care delivery during birth in Dutch hospitals

Michael van der Voorden, MSc, PhD candidate

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Politehnica University of Bucharest, Bucharest, Romania

#EHMA2024

Presentation overview

- About me
- Background information
- Methods
- Results: four viewpoints
- Conclusion(s)
- Questions / comments

About me

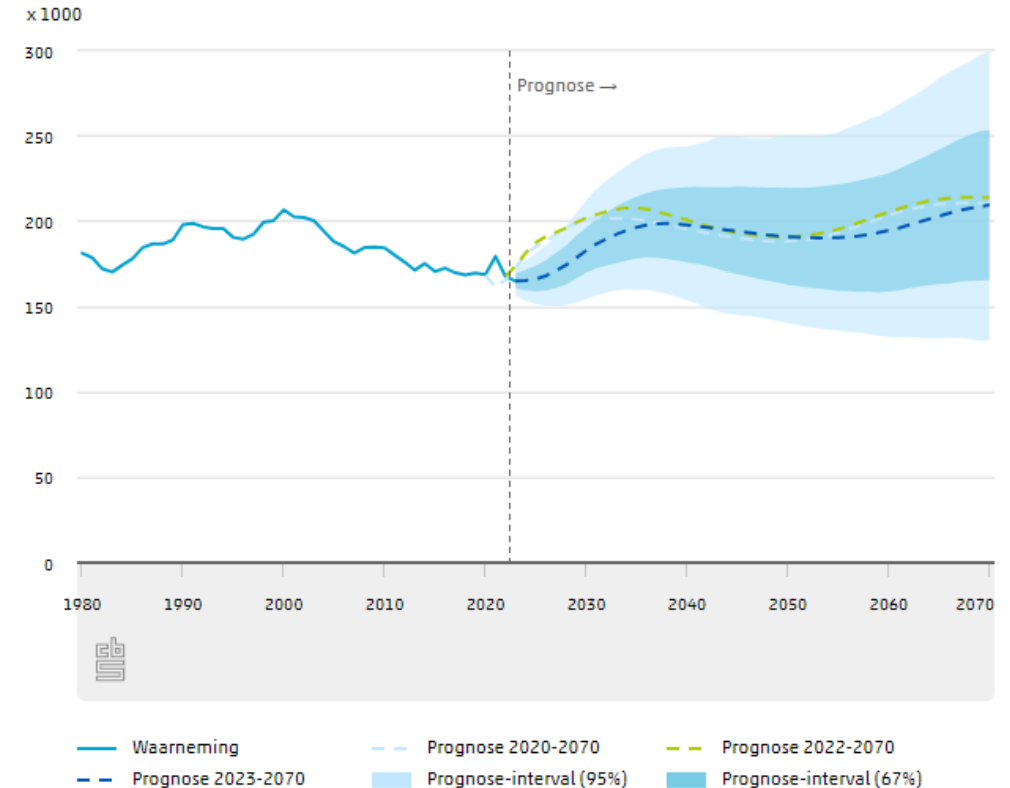
- **Master of science in HealthCare Management**
- **Manager of Diagnostic Core Laboratory at Erasmus University Medical Center, Rotterdam, The Netherlands**
- **4th year PhD candidate in patient participation in the field of Obstetrics & Gynaecology**



Background information

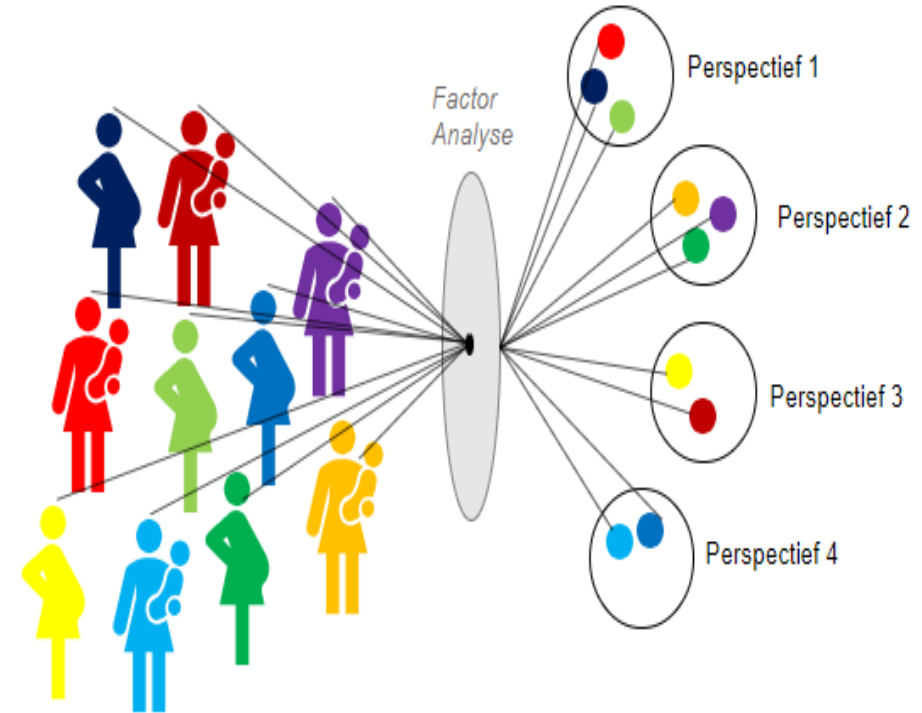
- The number of births 165 thousand (2023) to 199 thousand (2038) (1)
- 54 percent of obstetric partnerships (VSVs) are experiencing issues with staffing capacity and deployment (2)
- Possible issues for the delivery and quality of care (3)
- Future reorganizations in the Southwestern-Netherlands

3.1.4 Levend geboren kinderen



Methods: Q-methodology (2/2)

- The Q sorts of all respondents are analyzed using a software program
- This program identifies shared perspectives
- Based on a similar ranking of the statements
- The perspectives are further interpreted based on the interview data



Methods: statements

- Based on the literature
- Input of experts
- Categorized within the eight domains of patient centered care (5):

1. Patient preferences	5. Emotional support
2. Physical comfort	6. Access to care
3. Coordination of care	7. Information and education
4. Continuity of care	8. Family and friends
- Pilot interviews
- Total of 29 statements

	N (%)
Age:	
>31	15 (50%)
<30	15 (50%)
Education:	
Low	13 (43%)
High	15 (50%)
Unknown	2 (7%)
Country of birth	
Netherlands	26 (87%)
Other	4 (13%)
Parity:	
Primiparous	18 (60%)
Pregnant	5 (17%)
Post-partum	13 (43%)
Multiparous	12 (40%)
Pregnant	4 (13%)
Post-partum	8 (27%)
Induced labour:	
Yes	9 (30%)
No	13 (43%)
Planned	4 (13%)
Not (yet) planned	5 (17%)
Total	30 (100%)

Results

4 viewpoints

1. The personal approach

2. The empowering approach

3. The expert approach

4. The responsive approach

	P1	P2	P3	P4
Patient preferences				
1	4	3	3	2
2	1	-1	-3	1
3	1	4	-1	3
4	3	4	-1	-1
Physical comfort				
5	0	-2	1	-1
6	0	-3	0	-2
7	-3	0	-4	-2
8	-1	3	-1	0
9	-4	1	-2	-3
Coordination of care				
10	4	1	4	0
11	0	0	0	-4
12	2	0	4	3
Continuity of care				
13	-3	-2	3	2
14	-4	-4	-3	-2
15	-1	-1	-2	0
16	-2	-3	-4	-3
Emotional support				
17	-2	1	0	-3
18	3	3	1	1
19	1	2	3	1
Access to care				
20	0	-1	2	4
21	-3	-2	1	-4
22	0	-3	0	-1
23	-1	0	-1	4
Information and education				
24	3	2	2	2
25	1	1	2	3
26	2	2	1	0
Family and friends				
27	-1	-1	-2	-1
28	2	0	0	1
29	-2	-4	-3	0

Viewpoint 1: the personal approach

Wishes and needs

- Need to be seen as an individual, not just a number
- They prefer if wishes can be taken into account, but only if possible

Coordination of care

- Being informed about the medical records
- Coordination between specialties
- Timely provision of information

Communication and information provision

- Clear communication
- Shared decision-making is important, but in the form of informed consent

Access to care

- Giving birth in one's own region is relatively less important

"[...] there's quite a bit of turnover in staff, people dropping out, changes in responsible care professionals. And that just makes it difficult because you're talking about your most precious possession, bringing your child into the world. And that doesn't always feel comfortable. It sometimes really feels like we were all just a case number, and not everyone was always informed about everything."

Viewpoint 2: the empowering approach

The birthing woman as a partner

- Need for autonomy and authority
- Shared decision-making

Wishes are important

- Based on a birth plan
- Clear idea of how childbirth should proceed
- Minimize in-and-out traffic
- Minimize the number of people in the delivery room
- No need for medication-based pain relief
- Relatively important: birthing pool
- Emotional support
- Homely atmosphere in the delivery room

"But for us, it's more about having our own wishes. When you take a course [hypnobirthing], you also gain a bit more knowledge, a bit more backbone, so to speak, to be able to say yes or no to certain things. You don't have to blindly obey. Of course, if there is a real danger to the life of the mother or child, then it's a different story."

Viewpoint 3: the expert approach

Coordination of care

- Need for a well-coordinated healthcare system
 - Inspires confidence
- Who accompanies the birth is not important
- Quality of care should never be compromised by reorganizations

Wishes and needs

- Medical content takes precedence, followed by wishes and needs
- Critical of birth plans
- Healthcare providers have the medical expertise and therefore make the decisions

Access to care

- Preferable if it's in the local region
- Minimize travel time and transportation as much as possible

*"I didn't have a birth plan. Some people like certainty, I thought it was a bit silly. It goes as it goes. [...]
The people who help me give birth do it 10 times a day, so they have more knowledge than we do."*

Viewpoint 4: the responsive approach

Wishes and needs

- Difference between wishes and needs became apparent
- Recognition of needs, degree of flexibility

Responsiveness of the system

- Preferably no transportation, maximum 30-minute drive
- Region of origin is not a concern

Responsiveness of healthcare professional

- Recognizing and acting upon needs
- Providing appropriate and understandable information
- Timely provision of information

"I had a strong feeling of being rushed. And I experienced that as very unpleasant. Yes, you have two hours and then you must leave. [...] And I was also pushed like "come on, you have to take a shower." But in my head, I was still processing the childbirth, and it was just going way too fast."

Conclusions

- **Perspectives on what is important during childbirth vary, but generally boil down to four main viewpoints**
- **The findings support maternity care professionals in recognizing the needs of women in labour and be responsive to these needs**
- **Two practical solutions:**
 - 1. Flexibility in staffing**
 - 2. Sharing capacity between different hospitals**

References

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Thank you!

Michael van der Voorden, MSc, PhD candidate
E-mail: m.vandervoorden@erasmusmc.nl