

MatHER-ch.ch: Piloting the Maternal Experiences Survey (MES) questionnaire for surveying women's experiences of maternity care in Switzerland



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Introduction: Quality of care during pregnancy, childbirth and the postnatal period has both short- term and long- term effects on the health of women, their children and families^{1,2}. Although epidemiological and biomedical data are collected in Switzerland^{3,4}, little is known about women's experiences of their health and professional care during childbirth^{5,6}. The aim of this pilot study was to develop a questionnaire for data collection in a German-speaking country and subsequently survey the experiences of women.

Material and Methods: Study in 2 stages;

1. Translation, review and adaption of the questionnaire of the „Maternal Experiences Surveys“ (Canada):
327 questions on 26 topics during pregnancy, childbirth and postnatal period.
2. Pilot study in 3 cantons; Bern; Graubünden and Zug.
 - ▶ Ethical approval: obtained from 3 cantons.
 - ▶ Data collection: questionnaire survey and qualitative one-to-one interviews with healthy women 8 to 12 months after the birth of their child.
 - ▶ Descriptive data analysis : SPSS 18 for the quantitative data and thematic content analysis for the qualitative data.

Table II.
Physical and psychological complications after childbirth in % (N=61)

Topic	First 3 months- small problems	First 3 months- big problems	Problems at 1 year after birth
Pain in pubic area and/or scar tissue	50.8%	16.4%	11.5%
Back pains	16.4%	11.5%	14.8%
Haemorrhoids	21.3%	6.6%	9.8%
Urine incontinence	29.5%	1.6%	9.8%
Heavy headaches	3.3%	1.6%	1.6%
Coital pains	36.1%	6.6%	11.5%
Edinburgh Postnatal Depression Score (≥ 10)	n/a	n/a	14.6%

Results: Sixty-one women between 20 and 45 years of age took part in the study; 65% reported about having their first, 25% their second and 8% their third child. In general, women were satisfied with the professional care provided during pregnancy. They emphasised however lacking psychosocial and informational support before and after childbirth. Therefore usually 2 to 3 additional professionals were consulted, often midwives or complementary therapists. Women themselves collected information from a variety of different sources; about 20% of this information was contradictory (Table I).

54% of the women experienced pregnancy as a strenuous time, 28% reported health problems.

During childbirth, a lack of continuity of care by a person known from pregnancy and high intervention rates in regard to epidural anaesthesia (48%), labour induction (33%) and augmentation (32%) were reported. Many women complained about being induced. The most effective sources of pain relief during labour were epidural anaesthesia (95%) and the presence of a known person (85%).

87% of the women stated that they had a positive birth experience; more than 50% however said that they wanted to change something about their birth experience. Ten to 20% of the women experienced physical and psychological complications up to 1 year after childbirth (Table II). The partner was the most important source of support at home during the postnatal period.

Table I. Women's search for information and sources in pregnancy (Examples)

Topics women searched for	Sufficient information received	Sources of information	Contradicting information (%)
Physical changes	93.4%	Books (23.2%) Internet (19.6%)	23.2%
Labour and birth	86.9%	Courses (21%) Books (18%)	21.1%
Effects of medical drugs in pregnancy	70%	Doctor (37.3%) Internet (16.9%)	29.7%
Effects of medical pain relief in labour	60.7%	Courses (28.2%) Midwife (23.0%)	18.7%
Symptoms pregnancy complications	78.7%	Doctor (23.2%) Books (20.9%)	16.3%

Discussion and Conclusions:

- ▶ This study involved a small sample only and therefore its representativeness is limited.
- ▶ Some reported health problems caution warning and might relate to inadequate care provision.
- ▶ The results demonstrate important areas for optimising health care provision before, during and after childbirth.
- ▶ Routine national monitoring of the experiences of women up to a year after childbirth is advised.