

**Predictors of Women's Psychosocial Outcomes of Outpatient Priming for
Induction of Labour**

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Abstract

Induction of labour (IOL) is one of the most commonly performed obstetric procedures. Many women undergoing IOL require cervical priming. Most Australian hospitals have an inpatient procedure for cervical priming, which involves pre-labour overnight hospital admission and separation from family and support companions. An alternative is for women to undergo the overnight ripening process in their own homes (outpatient setting). The outpatient setting for IOL has been associated with lower health care costs, reduced length of hospital stays, improved psychological outcomes for women, and overall improvement in women's experience of the procedure. The aim of the current study was to examine predictors of women's psychosocial outcomes of outpatient priming for IOL. The current investigation utilised data collected as part of a randomised controlled trial at two South Australian hospitals. Three-hundred and seven women completed a questionnaire seven weeks after giving birth to measure postnatal depression, infant feeding practices, psychosocial experiences of IOL in the outpatient setting, and demographic information. Several consistent findings emerged during data analysis. Women's reported experiences of safety regarding priming for IOL in the outpatient setting was a significant psychosocial predictor of both postnatal depression and infant feeding practices. Further, women's linguistic background emerged as a consistent finding, demonstrating a statistically significant relationship with numerous psychosocial experiences, including social support, self-efficacy, readiness, control, information, and safety. The current study offers psychological insight into the outpatient experience of IOL and has clear implications for the advancement of outpatient obstetric care.

Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any University, and, to the best of my knowledge, this thesis contains no materials previously published except where due reference is made. I give consent to this copy of my thesis, when deposited in the University Library, being available for loan and photocopying.

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