

THE RELATIONSHIP BETWEEN BIRTH PLANS AND MATERNAL OUTCOMES: RESULTS OF THE DUTCH BIRTH EXPERIENCE STUDY

Background

The birth plan was developed as a resource for pregnant women to express and communicate their ideas and expectations to empower them during childbirth. Most birth plans contain the desired birthplace, attendees, thoughts about anesthetics and expectations of the first moments postpartum. It was reported that women who developed a birth plan with their maternal healthcare provider have a lower risk of medical interventions.[1] However, studies were not confirmative in whether having a birth plan increases satisfaction and control during labour.[1,2,3] Notably, birth plans with a higher number of wishes are associated with lower birth experiences.[4]

Aim

In this study, the relationship between having a birth plan or not, and different types of birth plans and maternal outcomes (i.e. obstetrics and childbirth experience) among Dutch women is studied.

Methods

We conducted a cross-sectional survey among Dutch women who gave birth between 2017-2022. The survey was distributed on social media and via flyers in midwifery practices, daycare and child health clinics. Women aged ≥ 18 years, who completed the survey in Dutch or English were included. In the current study multiple pregnancies, preterm birth, and/or elective cesarean sections were excluded. The online survey was based on the Dutch version of the international Birth Experience Study (BES_t) and comprised demographic, pregnancy and birth characteristics and birth experiences. Women also completed items about whether they had developed a birth plan and what type, including defining several scenarios, their vision or wishes.

Results

The survey was completed by 1481 women. Preliminary results show that for this study, 1266 women were included; 1047 (83%) women developed a birth plan. Of these, 190 (18.1%) defined scenarios, 340 (32.5%) wrote down their vision and 517 (49.4%) women documented their wishes. There were no differences in childbirth experience (measured with the valid Childbirth Experience Questionnaire CEQ2.0 [5]), episiotomy, epidural use, caesarean section or assisted vaginal delivery, between women who did or did not have a birth plan. Women with birth plans, who defined scenarios, more often had a caesarean section compared to women who documented their wishes (adjusted OR 2.12, 95%CI 1.32 – 3.42). Women who wrote down their vision had a more positive birth experience (mean CEQ2.0 score 3.10, SD 0.66) compared to women who documented their wishes (mean CEQ2.0 score 2.96, SD 0.66), adjusted mean diff. 0.11 (95%CI 0.01 – 0.21).

Discussion

We were not able to distinct between women who planned birth in obstetric-led care due to medical indications and low-risk women who planned birth in primary midwife-led care. In obstetric-led care, women might more often discuss and define scenarios with their caregiver. These women have a higher risk to have a caesarean section, due to their risk profile.

Implications and future perspectives

Discussing women's vision about childbirth gives better birth experiences compared to creating wishes to prepare for labour. Caregivers should be encouraged to discuss women's vision about labour in general.

References

1. Afshar, Y., Mei, J. Y., Gregory, K. D., Kilpatrick, S. J., & Esakoff, T. F. (2018). Birth plans: Impact on mode of delivery, obstetrical interventions, and birth experience satisfaction: A prospective cohort study. *Birth: Issues in Perinatal Care*, 45(1), 43-49.
2. Lundgren I, Berg M, Lindmark G. (2010), Is the Childbirth Experience Improved by a Birth Plan? *The Journal of Midwifery & Women s Health*. 2003;48(5):3228.
3. Ahmadpour, P., Moosavi, S., Mohammad-Alizadeh-Charandabi, S., Jahanfar, S., & Mirghafourvand, M. (2022). Effect of implementing a birth plan on maternal and neonatal outcomes: a randomized controlled trial. *BMC pregnancy and childbirth*, 22(1), 862.
4. Mei, J. Y., Afshar, Y., Gregory, K. D., Kilpatrick, S. J. & Esakoff, T. F. (2016). Birth Plans: What Matters for Birth Experience Satisfaction. *Birth*, 43(2), 144–150.
5. Peters, L. L., van der Pijl, M. S. G., Vedam, S., Barkema, W. S., van Lohuizen, M. T., Jansen, D. E. M. C., & Feijen-de Jong, E. I. (2022). Assessing Dutch women's experiences of labour and birth: adaptations and psychometric evaluations of the measures Mothers on Autonomy in Decision Making Scale, Mothers on Respect Index, and Childbirth Experience Questionnaire 2.0. *BMC pregnancy and childbirth*, 22(1), 134. <https://doi.org/10.1186/s12884-022-04445-0>