

LESSONS LEARNED FROM LISTENING: HOW YOUTUBE STILLBIRTH STORIES CAN HELP US IMPROVE OBSTETRIC CARE

Background

Telling birth stories empower individuals to transform from a pregnant being into a parent [1]. However, one in 160 pregnancies end in stillbirth [2]. Some parents use social media to talk about their pregnancy loss experience [3]. These women are intentionally or unintentionally advocating for their own care and treatment as part of their obstetrical care by sharing their stories.

Aim(s)

We aim to examine which met and unmet needs are discussed in stillbirth stories shared on YouTube to improve obstetrical care.

Methods

We analyzed 19 English-language stillbirth stories uploaded to YouTube. To analyze the data, we conducted a thorough textual reading of the transcripts following Braun and Clarke's guidelines for thematic analysis [4].

Results

While some women actively used their birth videos to call out shortcomings in their care, most others used their platform for other purposes such as destigmatization, awareness and support, and rather unintentionally provided insight in their met and unmet needs. When analyzing their birth stories, three major themes emerged: choice and decision making, education and information, and behavior of care personnel.

Discussion

This study demonstrates the value of birth stories in research. We identified three major opportunities for improvement of obstetrical care, all three of which are embedded in the shared-decision making framework [5]: being provided options and being able to make choices in the decision-making process is clearly valued, but there are some caveats, women and other childbearing individuals need timely and continuous information, and more attention is needed for emotional intelligence training of care personnel. Despite these issues, many parents also discuss positive experiences, demonstrating the value of good and women-centered care.

Implications and future perspectives

Recognizing the importance of shared decision-making, care providers should actively involve parents in the birthing process. In addition, considering that parents often lack information and education about stillbirth, care providers should consider including more stillbirth-education during prenatal care. Finally, addressing the lack of emotional intelligence among care providers is crucial to improving obstetrical care. Healthcare professionals should receive training and education on emotional intelligence, empathy, and effective communication skills.

References

- [1] A. Joutseno, "Cyber Labour: Birth Stories on Mommyblogs as Narrative Gateways into Maternal Thinking," *Journal of the Motherhood Initiative*, vol. 9, no. 2, pp. 75–87, 2018.
- [2] D. L. Hoyert and E. C. W. Gregory, "Cause of fetal death: Data from the fetal death report, 2014," *National Vital Statistics Reports*, vol. 65, no. 7, pp. 1–25, 2016.
- [3] N. Andalibi and A. Forte, "Announcing pregnancy loss on Facebook: A decision-making framework for stigmatized disclosures on identified social network sites," in *Proceedings of the 2018 CHI Conference on Human Factors in Computing Systems*, New York, NY, USA: ACM, Apr. 2018, p. 158:1–14. doi: 10.1145/3173574.3173732.
- [4] V. Braun and V. Clarke, "Thematic analysis," in *APA handbook of research methods in psychology, Vol 2: Research designs*, H. Cooper, Ed., Washington, DC: American Psychological Association, 2012, pp. 57–71. doi: 10.1037/13620-004.
- [5] M. Truglio-Londrigan and J. T. Slyer, "Shared decision-making for nursing practice: An integrative review," *TONURSJ*, vol. 12, no. 1, pp. 1–14, Jan. 2018, doi: 10.2174/1874434601812010001.