Research Update

Current Studies on Two Populations: Childbearing Teens and Women with Cesarean Births

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Abstract

Young women in their teen years and women who have had previous cesarean births are two special groups taught by Lamaze Certified Childbirth Educators. This review includes research related to both groups. Information collected from these studies can help childbirth educators assess their programs and plan appropriate classes that address the particular needs of each group.

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Childbearing Teens

One of the special-needs groups taught by Lamaze Certified Childbirth Educators (LCCE) includes adolescents. Although rates of adolescent pregnancy are decreasing in North America, they remain high in comparison to Western Europe and other developed nations (Moore, 2000). Results from current research can help LCCE educators plan appropriate classes that address the needs of this particular group.

In a qualitative study of 25 adolescents from an alternative school for girls associated with the Juvenile Justice System, researchers contrasted the childbirth experiences of adolescents with those reported in the literature for adult women (Low, Martin, Sampselle, Guthrie, & Oakley, 2003). Low and her colleagues found that less than half of the adolescents in their study attended childbirth classes. In addition, the classes that were attended focused primarily on parenting and infant care rather than on the birth experience. The adolescents in this group rarely had specific plans

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for birth. However, they expressed clear desires for what they wished to avoid, including episiotomies and monitoring. They also wanted freedom of movement and drug-free births. The ability to “get through” birth naturally was an accomplishment in which the adolescents felt they could take pride. Pain was not always thought of as a physical experience; rather, it was considered an emotional experience. The responsibility of parenthood was viewed as one source of pain. Many of the adolescents rated media sources of information as “scary” (e.g., radio and television talk shows, such as The Learning Channel’s *Baby Story*, which focused on birth complications). The adolescents’ ratings for interactions with health-care providers varied from negative (“rude” or “a jerk”) to positive (“treatment with respect”). Other people’s perceptions were particularly important to these teens. The authors concluded that generalizing from the childbirth experiences of adult women to the experiences of teens is inadequate, especially with efforts to provide adolescents with the best possible birth experiences.

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By their nature, qualitative studies consist of small samples and, thus, have limited generalizability. Nevertheless, the findings by Low and her colleagues (2003) can provide models for LCCE educators to assess childbirth education resources for teens and plan appropriate classes for pregnant adolescents.

Two more review articles that summarize research about adolescents are worth noting. A paper by Pollack and Daley (2003) focused on issues of emergency contraception for teens. Both the United States Preventive Task Force and the American College of Obstetricians and Gynecologists recommend a discussion of emergency contraception as a part of routine contraceptive counseling. Because adolescents may perceive barriers in obtaining birth control and may also lack awareness about the availability of emergency contraception, the paper suggested that health-care

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providers remain educated and up to date on the topic and that information about emergency contraception be displayed in emergency and examination rooms. A paper by Zite and Shulman (2003) reviewed both the unique concerns and lifestyle issues of teens and newer options in contraception.

Women with Cesarean Births

A second group of women with particular needs are those who have had a previous cesarean birth but would like to have a vaginal birth in their current pregnancy (vaginal birth after cesarean, or VBAC). Although a decrease in the rate of repeat cesarean births is a goal of Healthy People 2010 (U.S. Department of Health and Human Services, 2000), rates of repeat cesarean deliveries are increasing.

In a qualitative study of five women who delivered via VBAC in a 2- to 4-month period, researchers used taped interviews, field notes, and the researcher’s diary to collect information about each woman’s decision (Ridley, Davis, Bright, & Sinclair, 2002). Three themes emerged in the study. The first theme revealed the women’s desire to remain active in the decision-making process, which included seeking knowledge about VBAC. For one woman, seeking knowledge included retrieving the medical record from her previous cesarean birth to substantiate that her incision was low and transverse. Two other major themes focused on supportive physicians who encouraged VBAC and on obtaining information about the procedure’s outcome

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advantages. Ridley and her colleagues suggested that childbirth educators could—and should—use their study's findings to offer prepared VBAC courses to women who have had previous cesarean births.

In another study, researchers examined two factors that affect cesarean birth rates: early admission in labor and the care provider (Jackson, Lang, Ecker, Swartz, & Heeren, 2003). Jackson and her colleagues collected data in a previous study of out-of-hospital birth centers (Swartz et al., 1999) in order to compare the effects of admission prior to 4 cm dilatation (the latent phase of labor) to admission after 4 cm dilation. The researchers also examined the effects of certified nurse midwife/physician collaborative practice (1,413 women) compared to physician-only care (783 women). Outcomes were stratified by nullipara, multipara without prior cesarean, and multipara with prior cesarean. All of the women were considered low risk at the time of labor. Differences both within and between provider groups were reported. Women in the physician-only group were more likely to be admitted in the latent phase than women in the collaborative group (49.5% vs. 26.2%, respectively). Women in both groups who were admitted later had higher rates of spontaneous vaginal birth and lower rates of both assisted birth (including forceps and vacuum extraction) and cesarean birth.

In a comment following the paper by Jackson and her colleagues (2003), another researcher noted that “small changes in nursing practice around the timing of labor admission could make an enormous public health difference and could influence the proportion of normal births in the United States” (Albers, 2003, p. 159). The findings derived from the study by Jackson and her colleagues are also highly useful for LCCE educators who can help women understand the value of the first hours of labor in a home setting. Additionally,

childbirth educators can provide expectant parents with information about the course of early labor and comfort measures that will assist low-risk women in remaining at home during the latent phase.

References

- Albers, L. (2003). Commentary on “Impact of collaborative management and early admission in labor on method of delivery.” *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 32, 158–160.
- Jackson, D., Lang, J., Ecker, J., Swartz, W., & Heeren, T. (2003). Impact of collaborative management and early admission in labor on method of delivery. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 32, 147–157.
- Low, L., Martin, K., Sampsel, C., Guthrie, B., & Oakley, D. (2003). Adolescents' experience of childbirth: Contrasts with adults. *Journal of Midwifery and Women's Health*, 48, 192–198.
- Moore, M. L. (2000). Adolescent pregnancy in three European countries: Are there lessons to be learned? *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 29, 355–362.
- Pollack, J., & Daley, A. (2003). Improve adolescents' access to emergency contraception. *The Nurse Practitioner: The American Journal of Primary Health Care*, 28(8), 11–23.
- Ridley, R., Davis, P., Bright, J., & Sinclair, D. (2002). What influences a woman to choose vaginal birth after cesarean? *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 31, 665–672.
- Swartz, W., Jackson, D., Lang, J., Ganiats, T., Fullerton, J., & Ecker, J. (1999). *Final report: A prospective study of an out-of-hospital birth center*. Washington, DC: Agency for Health Care Policy and Research.
- U. S. Department of Health and Human Services. (2000). *Healthy People 2010*. Washington, DC: Author.
- Zite, N., & Shulman, L. (2003). New options in contraception for teenagers. *Current Opinion in Obstetrics and Gynecology*, 16, 385–389.

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Lamaze® International, Inc. announces a call for research proposals. The purpose of this project is to describe childbirth education as it is taught and observed by various experts and pregnant women. This study should provide further insight into what constitutes “best practice.” It is intended to provide the foundation for further study of both the process and outcomes of childbirth education. For more information, contact Linda Harmon, Executive Director of Lamaze® International, Inc., at info@lamaze.org or 1-800-368-4404.