PubMed Baarveld[author] schans

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Eur J Public Health. 2011 Nov 21. [Epub ahead of print]

Determinants of late and/or inadequate use of prenatal healthcare in high-income countries: a systematic review.

Feijen-de Jong EI, Jansen DE, **Baarveld** F, van der **Schans** CP, Schellevis FG, Reijneveld SA.

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Abstract

Background: Prenatal healthcare is likely to prevent adverse outcomes, but an adequate review of utilization and its determinants is lacking. Objective: To review systematically the evidence for the determinants of prenatal healthcare utilization in high-income countries. Method: Search of publications in EMBASE, CINAHL and PubMed (1992-2010). Studies that attempted to study determinants of prenatal healthcare utilization in high-income countries were included. Two reviewers independently assessed the eligibility and methodological quality of the studies. Only high-quality studies were included. Data on inadequate use (i.e. late initiation, low-use, inadequate use or non-use) were categorized as individual, contextual and health behaviour-related determinants. Due to the heterogeneity of the studies, a quantitative meta-analysis was not possible. Results: Ultimately eight high-quality studies were included. Low maternal age, low educational level, non-marital status, ethnic minority, planned pattern of prenatal care, hospital type, unplanned place of delivery, uninsured status, high parity, no previous premature birth and late recognition of pregnancy were identified as individual determinants of inadequate use. Contextual determinants included living in distressed neighbourhoods. Living in neighbourhoods with higher rates of unemployment, single parent families, medium-average family incomes, low-educated residents, and women reporting Canadian Aboriginal status were associated with inadequate use or entering care after 6 months. Regarding health behaviour, inadequate use was more likely among women who smoked during pregnancy. Conclusion: Evidence for determinants of prenatal care utilization is limited. More studies are needed to ensure adequate prenatal care for pregnant women at risk.

PMID:22109988[PubMed - as supplied by publisher]

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J Psychosom Obstet Gynaecol. 2011 Dec;32(4):182-8. Epub 2011 Aug 19.

Limited midwifery care for undocumented women in the Netherlands.

de Jonge A, Rijnders M, Agyemang C, van der Stouwe R, den Otter J, Van den Muijsenbergh ME, Buitendijk S.

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Abstract

BACKGROUND: Ethnic minority women in Western countries have poorer pregnancy outcomes compared to majority populations, and undocumented women are particularly vulnerable. We intended to assess whether midwives adjust their care if women are undocumented and have no health insurance.

METHODS: A retrospective matched cohort study in primary midwifery care practices in Amsterdam and Rotterdam, the Netherlands. Undocumented, uninsured women (N?=?141) were matched with documented, insured ethnic minority women (N?=?141). Information was extracted from patient records.

RESULTS: Undocumented women attended their first prenatal visit 5 weeks later in their pregnancy and received care elsewhere or disappeared from care more frequently (59.6 versus 34.3%). They frequently have an excess of 110% of the number of expected antenatal visits (32.4% versus 16.9%) and had a preterm birth more frequently (OR 4.59, 95% CI 1.43 to 14.72). Midwives were equally likely to follow referral guidelines in both groups. Undocumented women were more likely to give birth at home (OR 2.14, 95% CI 1.07?4.28) and less likely to receive maternity home care assistance (56.0 versus 79.7%).

CONCLUSION: Although referral guidelines are generally followed by midwives, undocumented women are more at risk of adverse perinatal outcomes and inadequate care than documented ethnic minority women.

PMID:21854222[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

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Birthing Positions During Second Stage of Labor and Long-Term Psychological Outcomes in Low-Risk Women

Author De Jonge, Ank · Rijnders, Marlies · Diem, Mariet Th. van · Scheepers, Peer L.H. · Lagro-Janssen, Antoine L.M.

Published 2011
Journal International Journal of Childbirth

Abstract

PURPOSE: To examine the long-term influence of birthing positions during the second stage of labor, as well as other factors, on birth satisfaction, self-esteem (based on the Rosenberg Self-esteem Scale [RSE]) and emotional well-being (based on the Edinburgh Postnatal Depression Scale [EPDS]).
STUDY DESIGN: Three to four years after delivery, a postal questionnaire was sent to all 3,200 women who received care in eight midwifery care practices from all over the country in 2001. Of those who responded (44%), we included 591 low-risk women in the study who were in midwife-led care at the time of birth.
MAJOR FINDINGS: Birthing positions were not related to childbirth satisfaction, self-esteem, or emotional well-being. Age between 26 and 35 years was associated with being very satisfied and with enhanced emotional well-being. Pain, fear for own or baby's life, and negative experience with the midwife were associated with reduced satisfaction. Only age between 26 and 35 years and higher education were related to higher self-esteem.
MAIN CONCLUSION: Concern about long-term psychological outcomes is not a reason to recommend either supine or nonsupine positions. Women should use positions that are most comfortable. Further research should clarify whether having a choice in the use of birthing positions rather than the type of position influences psychological outcomes.

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Obstet Gynecol. 2012 Feb;119(2 Pt 1):387-8; author reply 388-9.

Planned home compared with planned hospital births in the Netherlands: intrapartum and early neonatal death in low-risk pregnancies.

Offerhaus P, Rijnders M, de Jonge A, de Miranda E.

Comment on

Planned home compared with planned hospital births in the Netherlands: intrapartum and early neonatal death in low-risk pregnancies. [Obstet Gynecol. 2011]

PMID:22270308[PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

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J Psychosom Obstet Gynaecol. 2012 Mar;33(1):25-31. Epub 2012 Jan 3.

Factors influencing the fulfillment of women's preferences for birthing positions during second stage of labor.

Nieuwenhuijze M, de Jonge A, Korstjens I, Lagro-Jansse T.

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Abstract

Having choices and being involved in **decision making** contributes to women's positive childbirth experiences. During a physiological birth, women's preferences can play a leading role in the choice of **birthing positions**. In this study, we explored women's preferences with regard to **birthing positions** during second stage of labor, with a special focus on women who preferred **positions** other than common supine **positions**. A questionnaire survey was conducted among women in 54 Dutch midwifery practices. Of the 1154 women in the study, 58.9% preferred supine **positions**, 19.6% preferred other **positions** (e.g. sitting or standing), and 21.5% had no distinct preference. Women who preferred supine **positions** gave birth in these **positions** more often than women with preferences for other **positions**. Among the women having a preference for other **positions**, the actual fulfillment of their preference was related to longer duration of second stage of labor, higher levels of education, the strength of the preference, and giving birth at home. These results demonstrate differences in women's use of preferred **positions** during childbirth. Midwives can contribute to women-centered care by proactively exploring women's preferences for **birthing positions** throughout pregnancy and birth, supporting women in developing well-informed choices and facilitating these choices where possible.

PMID:22211960[PubMed - indexed for MEDLINE]

MeSH Terms

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PubMed Mannien J[first author] AND DELIVER

Display Settings: Abstract

BMC Health Serv Res. 2012 Mar 20;12:69.

Evaluation of primary care midwifery in The Netherlands: design and rationale of a dynamic cohort study (DELIVER).

Manniën J, Klomp T, Wiegers T, Pereboom M, Brug J, de Jonge A, van der Meijde M, Hutton E, Schellevis F, Spelten E.

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Abstract

BACKGROUND: In the Netherlands, midwives are autonomous medical practitioners and 78% of pregnant women start their maternity care with a primary care midwife. Scientific research to support evidence-based practice in primary care midwifery in the Netherlands has been sparse. This paper describes the research design and methodology of the multicenter multidisciplinary prospective **DELIVER** study which is the first large-scale study evaluating the quality and provision of primary midwifery care.

METHODS/DESIGN: Between September 2009 and April 2011, data were collected from clients and their partners, midwives and other healthcare professionals across the Netherlands. Clients from twenty midwifery practices received up to three questionnaires to assess the expectations and experiences of clients (e.g. quality of care, prenatal screening, emotions, health, and lifestyle). These client data were linked to data from the Netherlands Perinatal Register and electronic client records kept by midwives. Midwives and practice assistants from the twenty participating practices recorded work-related activities in a diary for one week, to assess workload. Besides, the midwives were asked to complete a questionnaire, to gain insight into collaboration of midwives with other care providers, their tasks and attitude towards their job, and the quality of the care they provide. Another questionnaire was sent to all Dutch midwifery practices which reveals information regarding the organisation of midwifery practices, provision of preconception care, collaboration with other care providers, and provision of care to ethnic minorities. Data at client, midwife and practice level can be linked. Additionally, partners of pregnant women and other care providers were asked about their expectations and experiences regarding the care delivered by midwives and in six practices client consults were videotaped to objectively assess daily practice.

DISCUSSION: In total, 7685 clients completed at least one questionnaire, 136 midwives and assistants completed a diary with work-related activities (response 100%), 99 midwives completed a questionnaire (92%), and 319 practices across the country completed a questionnaire (61%), 30 partners of clients participated in focus groups, 21 other care providers were interviewed and 305 consults at six midwifery practices were videotaped.The multicenter **DELIVER** study provides an extensive database with national representative data on the quality of primary care midwifery in the Netherlands. This study will support evidence-

based practice in primary care midwifery in the Netherlands and contribute to a better understanding of the maternity care system.

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Eur J Hum Genet. 2012 May 2. doi: 10.1038/ejhg.2012.72. [Epub ahead of print]

Attitudes of general practitioners and midwives towards ethnicity-based haemoglobinopathy-carrier screening.

Jans SM, de Jonge A, Henneman L, Cornel MC, Lagro-Janssen AL.

1] Department of Clinical Genetics, Section of Community Genetics, EMGO Institute for Health and Care Research, VU University Medical Center, Amsterdam, The Netherlands [2] Department of Primary Care and Community Care, Women's Studies Medicine, Radboud University Medical Center, Nijmegen, The Netherlands.

Abstract

Haemoglobinopathies (HbP) are severe autosomal recessive disorders with high prevalence among certain ethnic groups. World Health Organisation (WHO) advises implementing screening programmes for risk groups. Research in the Netherlands has shown that general practitioners and midwives do not perceive ethnicity as a risk factor for HbP. Moreover, registration of ethnicity is a controversial societal issue, which may complicate the introduction of a national preconception or antenatal carrier screening programme. This study investigates attitudes, intention and behaviour of general practitioners and midwives towards ethnicity-based HbP-carrier screening in general. A structured questionnaire based on the Theory of Planned Behaviour was sent by mail to a random selection of 2100 general practitioners and 1800 primary care midwives. Response was 35% (midwives 44.2%; GPs 27.6%). Although 45% of respondents thought that offering a carrier test on the basis of ethnicity alone should become national policy, it is currently not carried out. The main factor explaining lack of intention towards ethnicity-based HbP-carrier screening was subjective norm, the perception that their peers do not think they should offer screening (52.2% variance explained). If ethnicity-based HbP-carrier screening would become national policy, most professionals report that they would carry this out. Most respondents favoured ethnicity registration for health purposes. As most practitioners look for role models among peers, debate among general practitioners and midwives should be encouraged when new policy is to be developed, articulating the voices of colleagues who already actively offer HbP-carrier screening. Moreover, primary care professionals and professional organisations need support of policy at national level.European Journal of Human Genetics advance online publication, 2 May 2012; doi:10.1038/ejhg.2012.72.

PMID:22549405[PubMed - as supplied by publisher]

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Intervention Review

Inhaled analgesia for pain management in labour

Trudy Klomp[1,*], Mireille van Poppel[2], Leanne Jones[3], Janine Lazet[4], Marcello Di Nisio[5], Antoine LM Lagro-Janssen[6]

Database Title: The Cochrane Library

Editorial Group: Cochrane Pregnancy and Childbirth Group

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Abstract

Background

Many women would like to have a choice in pain relief during labour and also would like to avoid invasive methods of pain management in labour. Inhaled analgesia during labour involves the self-administered inhalation of sub-anaesthetic concentrations of agents while the mother remains awake and her protective laryngeal reflexes remain intact. Most of the agents are easy to administer, can be started in less than a minute and become effective within a minute.

Objectives

To examine the effects of all modalities of inhaled analgesia on the mother and the newborn for mothers who planned to have a vaginal delivery.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (31 January 2012), ClinicalTrials.gov, and Current Controlled Trials (2 June 2012), handsearched conference proceedings from the American Society of Clinical Anesthesia (from 1990 to 2011), contacted content experts and trialists and searched reference lists of retrieved studies.

Selection criteria

Randomised controlled trials comparing inhaled analgesia with other inhaled analgesia or placebo or no treatment or other methods of non-pharmacological pain management in labour.

Data collection and analysis

Review authors independently assessed trials for eligibility, methodological quality and extracted all data. Data were double checked for accuracy.

Main results

Twenty-six studies, randomising 2959 women, were included in this review.

Inhaled analgesia versus a different type of inhaled analgesia
Pain relief was measured using a Visual Analogue Scale (VAS) from 0 to 100 mm where 100 corresponds to the most relief. Pain intensity was measured using a VAS from 0 to 100 mm, where 0 corresponds to no pain at all and 100 corresponds to the worst pain. The highest score for pain relief is the most positive in contrast to 'pain intensity' in which the higher score is more negative.

Flurane derivatives were found to offer better pain relief than nitrous oxide in first stage of labour as measured by a lower pain intensity score (average mean difference (MD) 14.39, 95% confidence interval (CI) 4.41 to 24.37, three studies, 70 women), also a higher pain relief score for flurane derivatives compared with nitrous oxide (average MD -16.32, 95% CI -26.85 to -5.79, two studies, 70 women). Substantial heterogeneity was found in the analyses of pain intensity (P = 0.003) and in the analysis of pain relief (P = 0.002).These findings should be considered with caution because of the questionable design of the included cross-over trials. More nausea was found in the nitrous oxide group compared with the flurane derivatives group (risk ratio (RR) 6.60 95% CI 1.85 to 23.52, two studies, 98 women).

Inhaled analgesia versus placebo or no treatment
Placebo or no treatment was found to offer less pain relief compared to nitrous oxide (average RR 0.06, 95% CI 0.01 to 0.34, two studies, 310 women; MD -3.50, 95% CI -3.75 to -3.25, one study, 509 women). However, nitrous oxide resulted in more side effects for women such as nausea (RR 43.10, 95% CI 2.63 to 706.74, one study, 509 women), vomiting (RR 9.05, 95% CI 1.18 to 69.32, two studies, 619 women), dizziness (RR 113.98, 95% CI 7.09 to 1833.69, one study, 509 women) and drowsiness (RR 77.59, 95% CI 4.80 to 1254.96, one study, 509 women) when compared with placebo or no treatment.

There were no significant differences found for any of the outcomes in the studies comparing one strength versus a different strength of inhaled analgesia, in studies comparing different delivery systems or in the study comparing inhaled analgesia with TENS.

Due to lack of data, the following outcomes were not analysed within the review: sense of control; satisfaction with childbirth experience; effect on mother/baby interaction; breastfeeding; admission to special care baby unit; poor infant outcomes at long-term follow-up; or costs.

Authors' conclusions

Inhaled analgesia appears to be effective in reducing pain intensity and in giving pain relief in labour. However, substantial heterogeneity was detected for pain intensity. Furthermore, nitrous oxide appears to result in more side effects compared with flurane derivatives. Flurane derivatives result in more drowsiness when compared with nitrous oxide. When inhaled analgesia is compared with no treatment or placebo, nitrous oxide appears to result in even more side effects such as nausea, vomiting, dizziness and drowsiness. There is no evidence for differences for any of the outcomes comparing one strength verus a different strength of inhaled analgesia, comparing different delivery systems or comparing inhaled analgesia with TENS.

Plain language summary

Inhaled analgesia for relieving pain during labour

Labour pain and methods to relieve it are major concerns for pregnant women, healthcare workers and the general public. These concerns have implications for the course of labour, for the quality of maternal and infant outcomes as well as for the costs of obstetric health care.

Women in labour who need pain relief should not only have access to invasive methods such as an epidural, which may have considerable side effects, but other means of pain relief as well. Futhermore, even in hospitals with full-time obstetric anaesthesia coverage no one may be

available to give an epidural, and in primary care, invasive methods for pain relief are not available at all.

All women in labour should have the opportunity to choose some non-invasive method of relatively effective and safe analgesia at short notice when they wish it during labour. Inhaled pain relief, such as nitrous oxide and some flurane derivatives, may be a very useful additional method for pain relief. It is relatively easy to administer, can be started in less than a minute, and become effective within a minute. Nitrous oxide is more widely known and used as inhaled pain relief during labour compared to flurane derivatives, probably due to the availability of safe equipment, no pungent smell and the ease of administration.

In this review of 26 randomised controlled trials of 2959 women, the effectiveness and safety of inhaled analgesia as pain relief for women in labour were studied. It was found that inhaled analgesia may help relieve pain during labour but women have to be informed about the side effects, such as nausea, vomiting, dizziness and drowsiness.

Inhaled analgesia may help relieve labour pain without adversely increasing operative delivery rates (forceps or vacuum extraction, caesarian section), or affecting neonatal well being. Flurane derivatives were found to be slightly more effective than nitrous oxide for the reduction of pain and for pain relief although nitrous oxide also helped to relieve pain when compared with no treatment.

Women who used nitrous oxide were more likely to experience nausea compared with flurane derivatives. When nitrous oxide was compared with no treatment or placebo, nitrous oxide resulted in side effects such as nausea, vomiting, dizziness and drowsiness.

There was no information for satisfaction with childbirth experience or sense of control in labour in these studies and further research on these two important outcomes would be helpful.

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