

Management and women's experiences of pregnancies lasting more than 41 gestational weeks

Akademisk avhandling

Som för avläggande av filosofie doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligen försvaras i hörsal Arvid Carlsson, Academicum, Medicinargatan 3, Göteborg, fredagen den 27 september 2019, klockan 09.00

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Avhandlingen baseras på följande delarbeten

- I. Elden, H., Hagberg, H., **Wessberg, A.**, Sengpiel, V., Herbst, A., Bullarbo, M., Bergh, C., Bolin, K., Malbasic, S., Saltvedt, S., Stephansson, O., Wikström, A-K., Ladfors, L., Wennerholm, U-B. Study protocol of SWEPISS a Swedish multicentre register based randomised controlled trial to compare induction of labour at 41 completed gestational weeks versus expectant management and induction at 42 completed gestational weeks. BMC Pregnancy and Childbirth BMC series – open, inclusive and trusted 2016:49
- II. Wennerholm, U-B., *#, Saltvedt, S., *, **Wessberg, A.**, Alkmark, M., Bergh, C., Brismar Wendel, S., Fadl, H., Jonsson, M., Ladfors, L., Sengpiel, V., Wesström, J., Wennergren, G., Wikström, A-K., Elden, H.**, Stephansson, O.**, Hagberg, H.** Induction of labour at 41 weeks versus expectant management until 42 weeks (the Swedish postterm induction study - SWEPISS), a multicentre, open label, randomised, superiority trial. Submitted. *shared first authorship; **shared senior authorship.
- III. **Wessberg, A.**, Lundgren, I., Elden, H. Being in limbo: Women's lived experiences of pregnancy at 41 weeks of gestation and beyond - A phenomenological study. BMC Pregnancy Childbirth. 2017 Jun 2; 17(1):162.
- IV. **Wessberg, A.** Lundgren, I., Elden, H. Late-term pregnancy: Navigating in unknown waters – A hermeneutic study. Women and Birth, 2019 Apr 1. pii: S1871-5192(18)30244-0. [Epub ahead of print]

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Abstract

It is well known that the risks for complications of both the foetus and the mother increase in post-term pregnancy. To date, there is no uniform worldwide guideline for when to induce a pregnant woman who has passed her estimated due date. Little research has been conducted about women's own experiences of a pregnancy ≥ 41 gestational weeks. The overall aim for the thesis was: 1) to investigate if a policy of induction of labour at 41 gestational weeks is superior, in terms of neonatal and maternal outcomes, versus induction at 42+0 gestational weeks, among healthy women with a low risk pregnancy. 2) To get a deeper knowledge about women's experiences of pregnancy ≥ 41 gestational weeks. Study I comprised the study protocol, and Study II the register based randomised controlled multicentre trial SWEPIIS. In Study III the qualitative method phenomenology was used and the lifeworld hermeneutic approach in Study IV. The results showed no perinatal mortality in the early induction group compared to six perinatal deaths in the expectant management group, and no difference in primary outcome between the two groups. The results from the qualitative studies showed that the women experienced a state of limbo, a void, characterised by contradiction in relation to time, giving birth, and treatment from the caregivers. Further, the women experienced the time of waiting for the onset of labour as the start of a voyage into unknown waters. In conclusion, it is advantageous to induce at 41 gestational weeks, compared to induction at 42 gestational weeks, without increasing the risk for caesarean section or instrumental vaginal delivery. In addition, women need clear information and support to be strengthened in the transition from being pregnant to giving birth.

Keywords: experiences, hermeneutic, induction, late-term pregnancy, lifeworld, midwifery, perinatal mortality, phenomenology, postterm pregnancy, prenatal care, transition.