Quest Journals
Journal of Research in Pharmaceutical Science
Volume 5 ~ Issue 1 (2019) pp:01-07
ISSN(Online) : 2347-2995
www.questjournals.org

Research Paper

Difficult Delivery: A Concept analysis

Kumbirai Dhlakama, Barbra Bikwa, Judith Rukweza, Petty Makoni,Mathilda Zvinavashe

(corresponding author): Dhlakama Kumbirai, Barbra Bikwa
University of Zimbabwe College of Health sciences, Nursing Sciences Department
Zimbabwe, Harare
Corresponding Author: Kumbirai Dhlakama

ABSTRACT:*Difficultdelivery is a commonly used term in midwifery but has been vaguely defined. The aim of the concept analysis was to describe and clarify difficult delivery by assigning antecedents and attributes. Walker and Avant (2011) concept analysis model was used to guide this paper. The model uses 8 steps which are; 1. selecting the concept of interest,2. Determine the aim of the analysis,3. Identify all uses of the concept ,4. Determine the defining attributes, 5. Construct a model case,6. Construct a borderline, related contrary and illegitimate cases,7. Identify antecedents and consequences,8. Define empirical referents. The following search engines were utilized to select 10 articles relevant to the concept of interest, Google Scholar, PubMed, and Medline. Difficult delivery is a complex unexpected occurrence which is unavoidable. It is giving birth which is complicated, painful, wearisome, hard, and challenging to both the provider and patient, which happens at the time of normal spontaneous delivery. The synonyms for difficult delivery are difficult labour and difficult birth. Midwifery practice at some point lacks reference based on rigorous scientific enquiry thus leading to detrimental neonatal and maternal outcome. Difficult delivery has similar antecedents and attributes as negative birth experience but some of the consequences are different. In the literature reviewed difficult deliveryhas been defined as birth trauma, difficult birth or negative birth experience and post-traumatic stress disorder resulting from childbirth. There is need to do further researches to come up with what difficult delivery mean so as to guide midwifery practice.*

KEYWORDS*: Difficult delivery, difficult labour, difficult birth, concept analysis.*

Received 15feb, 2019; **A**ccepted 28feb, 2019 © The author(s) 2019. Published with open access at**www.questjournals.org**

I. INTRODUCTION

A difficult birth can influence relationship between mother and baby for example, breastfeeding can be difficult. Every birth is unique and some birth experience can be deeply troubling and even cause post-traumatic stress disorder (Tackett, 2017). The effect could be compounded if the baby had health problems and needed to be nursed away from the mother. Childbirth is viewed by many as a life transition that can bring a sense of accomplishment. However, for some women delivery as in giving birth is experienced as a traumatic event with a minority experiencing post-traumatic stress (Elmir et al ,2010).

Each year complications from pregnancy and child birth results in 500 000 maternal deaths,7 million women have serious long-term problems and 50 million women have health negative outcomes following delivery and most of these occur in the developing world (Dolea and Abouzah, 2000).Lack of consistent definition of difficult delivery creates confusion for those engaging in research and those providing services to women. Some researchers have previously defined bad - birth experiences in terms of objective characteristics: Length of labour; Use of pain medication; Medical interventions; and Type of delivery, (Tacket, 2017).
Birth trauma, traumatic birth, difficult birth, traumatic experience of childbirth, negative birth experience are terms that are often confused and used interchangeably.

Problem statement

The term difficult delivery has led to lack of objectivity in the execution of midwifery services as it has numerous interpretations from different midwives. Some mean the birthing process itself, others mean the patient and stillothers mean the use of instruments during delivery, therefore, it needs clarity to improve maternal- neonatal mortality and morbidity.

Objective

The objective of this paper was to describe the concept difficult delivery in order to clarify its meaning among nurse midwives by assigning antecedents and attributes.

Significance

A difficult birth can influence relationships between mother, baby, spouse and service providers.

It has physical and psychological effects to both mother and baby. The skills of talking with women who have had unhappy birth experiences rarely find a place in midwifery education, nor is it apparent from the literature just what these skills are, or how they can be implemented in the moment-by-moment unfolding of an interaction. Yet this is a vital part of any relationship that offers continuous support to women through the transition to motherhood (Kitzinger &Kitzinger,2015).Midwives have to take cognizance of this so that there is reduction in short or long term effects.

Concept analysis is a process that aims to come up with defining characteristics or attributes of a concept to facilitate an operational definition. The concept should be very clear and not vague. The researcher can choose or come up with a measuring instrument which is a precise reflection of defining characteristics of the concept. The concept analysis can be utilized to develop a theory and for the purpose of research measurement (Walker &Avant, 2005). The concept is differentiated from other concepts and irrelevant characteristics are eliminated.

II. METHODOLOGY

The researchers used Walker and Avant 8 step concept analysis model (2011) which includes steps as follows:- 1 selecting the concept of interest; 2. Determine the aim of the analysis; 3. Identify all uses of the concept; 4. Determine the defining attributes; 5. Construct a model case; 6. Construct a borderline related contrary and illegitimate cases; 7. Identify antecedents and consequences; and 8. Define empirical referents.

Literature search

Literature search was done from 1 July to 30 August 2018. Walker and Avant (2011) concept analysis model was used to guide this paper. The following search engines, Google Scholar, PubMed and Medline were utilized for literature search. Thirty articles published from 2003 to 2018 were identified. Seven articles were relevant to the concept of interest. The inclusion criteria for articles utilizedwas based on health articles on evidence based practice and related studies and reports listed in Table 1 below

Table 1. List of articles considered for this analysis

Author year	Source	Definition	Attributes	antecedents	comment
Nall, (2016)	News letter	Difficult labour/birth canal issues	Nil	Nil	Defined as birth canal issues
Anderson, (2009)	Journal	A process rather than event, The act of giving birth	Supportive environment, empowerment to both midwife and woman, completes the birth process	Healthy pregnant woman, spontaneous labour between 37-42 weeks	Nil
Tackett, (2017)	Journal	Bad birth experiences	Not mentioned	Not mentioned	nil
Merchant et al., (2003)	Journal	Difficulty delivery	Nil	Nil	nil
Greenfield et al.,(2016)	journal	a complex concept which is used to describe a series of related experiences of and negative psychological responsesto childbirth.	Baby delivered, Physical trauma, Psychological trauma, Events or care	Viable birth, conception	nil
Todd, (2017)	WebMD dictionary	Failure to progress,	Nil	Nil	Nil

III. DEFINITIONS

According to Oxford School Dictionary and Thesaurus, (2012)**Difficulty** - is a problem, needing a lot of effort, complicated, complex, hard, intricate, tough, wearisome, challenging or laborious.
Delivery according to Chambers dictionary (2014), is the act of giving birth andaccording to Anderson, (2009) delivery is the act of giving birth.

Difficult delivery

The Medical Dictionary/Free Dictionary refers to difficult delivery as dystocia. This condition may occur as a result of maternal or fetal factors and can occur during any stage of the labour. Difficult delivery has been defined as a traumatic birth (Greenfield,2009), difficult labour or birth canal issues (Nall,2016) failure to progress (Todd, 2017).The above definitions do not clearly define what difficult delivery is, so that it is well understood in midwifery practice.

Working definition

The researchers defined difficult delivery, as an act of giving birth which is complicated, painful, wearisome, hard, and challenging to both the provider and patient which happens at the time of normal spontaneous delivery. This causes stress to the pregnant woman, the baby and the family which could be physical or psychological. The delivery could be by various means for example, vaginal, caesarean section, breech, forceps, or vacuum extraction.

IV. DEFINING ANTECEDENTS

Antecedents are the requisites for the concept to occur (Walker and Avant, 2011). The antecedents of a difficult delivery are pregnancy, viable fetus, maternal stability and fetal stability.

Pregnant

Pregnancy is required for a difficult delivery to occur. This is supported by Anderson, (2009) and Greenfield et al., (2016) who described it as conception.

Viable fetus

Viable fetus is an antecedent of difficult delivery also supported by Greenfield, (2016).

Maternal stability

Maternal stability is the pregnant woman in labour with vital signs which are stable and within normal ranges as indicated by Anderson, (2009).

Fetal stability

The fetus has to be stable with a heart rate which is within normal ranges.

V. DEFINING ATTRIBUTES

Attributes are the characteristics which keep on appearing (Walker and Avant, 2011). In this case the characteristics which keep on appearing are; baby, stressful circumstances, maternal distress, and fetal distress.

Baby

A baby has to be present for a difficult delivery to take place. This is supported by Greenfield et al., (2016). The baby might change the presenting part during rotation in the case of a shoulder dystocia or a brow presentation.

Stressful circumstances,

Stressful circumstances should be available such as a cord prolapse or instrumental delivery as supported by Greenfield et al., 2016) who posits that thereshould be physical and psychological harm that occurred during delivery. The reaction taken by the midwives and obstetric team could cause anxiety and stress especially if procedures are not fully explained or sensitive issues are discussed in front of the patient or family.

Maternal distress

Maternal distress is defined as being emotionally unbalanced or experiencing emotional strain during labouras a response to pregnancy.

Maternal distress is also one of the attributes that constantly appears and this is also supported by Greenfield et al ,2016. Maternal distress or maternal anxiety in reaction to stressors can probably trigger onset of labour(at term or preterm), and can predispose to abnormal course of labour (Paarlberg etal.,2006). In this case the distress might be anticipated.

Fetal distress

Fetal distress is whereby the fetus does not receive adequate amount of oxygen during difficult delivery this is also supported by Aaronson, (2017), who suggests that trauma in child birth can be stressful for the

newborn.Labour pain as well as being unpleasant for the mother, can have deleterious effects on the foetus (Labor& Maguire, 2008). Figure 1 is an illustration of the how difficult delivery causes foetal distress.

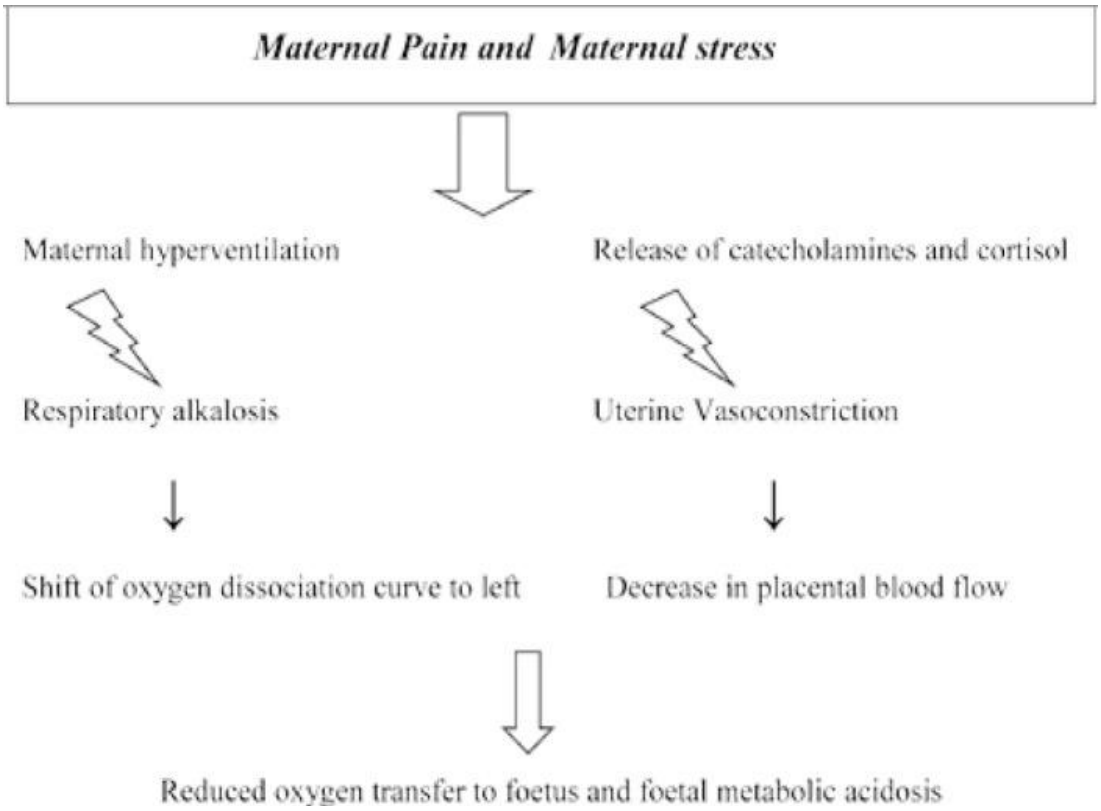

Figure 1: Illustration of development of foetal distress from difficult delivery (Adapted from Labor&Maguire (2008)).

Painful.

Painful deliveryis being affected by pain during delivery of the baby. This can cause psychological and physical trauma and this is supported by Greenfield et al., (2016). Labour is an emotional experience and involves both physiological and psychological mechanisms and pain of labour is severe but despite this its memory diminishes with time. Effective management of labour pain plays a relatively minor role in a woman's satisfaction with childbirth (Labor& Maguire 2008).

V1. DISCUSSION

The reviewed literature did not clearly define difficult delivery. This concept focused on a difficult birth as opposed to a traumatic birth, a topic that has received some attention. Giving birth shapes a woman's experience of mothering. The act of childbirth is formative and transformative for the woman. Yet, how the birth occurs and what happens during this process is unpredictable and unique for each woman and for each pregnancy she experiences. Despite preparations women may experience birth as a difficult event (Rollison, 2015). Difficult delivery has many interpretations from the clients and service providers. In literature difficult delivery is used synonymously with traumatic birth.

Difficult delivery has been defined as birth trauma (Anderson, 2009), difficult birth or negative birth experience (Henriksen, 2017), and post-traumatic stress disorder resulting from childbirth (Beck and Watson, 2010). Whilst these terms are used interchangeably, difficult delivery affect the midwife, pregnant mother, baby and the family. 'Birth trauma (BT) refers to damage of the tissues and organs of a newly delivered child, often as a result of physical pressure or trauma during childbirth. Greenfield et al., (2016) defined it as a series of experiences of and negative psychological responses to child birth. Spontaneous labour not induced labour or caesarean section should be present for a difficult delivery to occur (Anderson 2009). Henriksen et al., (2017), writing on factors related to a negative birth noted that the majority of respondents reported experiences of unexpected and dramatic complications during childbirth. This supports the idea that difficult labour is unanticipated.

Labour pain is ranked high on the pain rating scale when compared to other painful life experiences. The memory of this pain however is short lived and of parturientwomen who experienced severe pain in labour, 90% found the experience satisfactory three months later (Labor and Maguire, 2008). This might imply the pain of delivery is not the problem but the circumstances.

Nall, (2016) Merchant et al., (2003) Tacket (2017) and Todd, (2017) did not have any attributes, consequences and antecedents in the review that was conducted. Anderson, (2009) had healthy pregnancy as an antecedent and this concurred with the researchers' school of thought.

The researchers feel that difficult delivery is different from the above concepts though it might share some of the antecedents and attributes. In difficult delivery trauma might not be physical but psychological. It is strenuous, hard and challenging at the time of giving birth for both provider and the woman giving birth.Difficult delivery is a complex unexpected occurrence which is unavoidable. The unexpected and complexity of circumstances bring about shock and anxiety to both the provider and patient.

V11. MODEL CASE

Mrs. Rhoda is 38 years, with two children and having a third pregnancy(para 2 gravida 3) has been referred from local clinic for delayed first stage of labour lasting 24 hours. On examination the doctor confirmed that the baby was a breech presentation with buttocks first instead of the head. She did not need to worry as the cervix was fully dilated. Mrs. Rhoda had no urge to push so she was encouraged toempty her bladder. Intravenous oxytocin 40mg was put up in 1litre normal saline solutionto enhance contractions. She started having very strong contractions and felt like pushing. She was encouraged to push. The buttocks were delivered but the head got stuck. The midwives were distraught and the mother stressed as she kept hearing the nurses saying "the baby will die if you don't push hard". Finally, the baby's head was delivered. The baby did not cry immediately so the baby was helped to breathe by active resuscitation and sucking with a penguin sucker until breathwas restored and was given to the mother for bonding.

Analysis

In this case the nurse did all she was taught and knew would help the woman and her new born baby. Being told your baby will die was apportioning blame to the woman and at the same time raising alarm bells that something is wrong. The breech delivery had not been anticipated as the woman had been referred for delayed first stage. The head which got stuck after delivery of the whole body could have caused fetal distress as a result the baby did not cry immediately. This causes some stress to the medical staff and the family. Being given oxytocin to enhance contractions is not anticipated.

V111. BORDERLINE CASE

Borderline cases, which are very similar to the model case but some of the defining attributes are missing (Walker and Avant, 2011). Mrs.Moyo a booked patient presents in second stage of labour fully dilated and head on the perineum. Nurse B is not happy about it and scolds her because she believed Mrs.Moyo should have known the signs and symptoms of labour and should have reported early in labour. On inspection she was presenting with a shoulder dystocia and the nurse uses MacRobertsmaneuver to deliver the baby. Nurse B shouts for help as it is an emergency and putsMrs.Moyo in lithotomy position. She asks an assistant to hold Mrs.Moyo's legs as far to the chest as possible and abduct them to try and dislodge the impacted shoulder and asks the woman to bear down with a contraction and a second assistant to put some supra pubic pressure. Then baby came out.

Analysis

In this scenario both the nurse and woman knew what they were supposed to do but they all failed to do it at the appropriate time.

1X. CONTRARY CASE

Contrary cases, is one in which none of the defining attributes are met (Walker and Avant, 2011).Mrs. Chipo is a 26-year-old pregnant woman para 2 gravida 3 who is booked to deliver at the hospital. She reports to the labour ward in advanced labour about 7 cm dilated. On examination the head is the presenting part. After 3hours she delivers a live baby with an Apgar of nine out of ten at one minute. The cord is cut and she is given her baby to breast feed immediately.

Analysis

In the case of Mrs. Chipo there is nothing unusual happening. She progresses to have her baby feeds on the breast indicating all is well with mother, fetus and the midwife who is confident to allow mother to breastfeed immediately.

X. EMPIRICALREFERENTS

Empirical referents are processes by which the concept of difficult delivery can be measured as Walker and Avant,(2011) noted empirical referents may be identical to the defining attributes of the concept. Empirical referents with a difficulty delivery are that the mother experienced events that have caused distress or disturbance. The midwife would describe the delivery as having been very difficult, stressful and complicated.

XI. CONSEQUENCES

Consequences are the events occurring as a result of the concept. Consequences and attributes are similar. Consequences that could occur as a result of a difficult delivery could be negative or positive. There could be an unsatisfied mother,comfortable mother, well or unwell babyborn,sad family, a mother in pain, fear or reluctance to breast feed. Long term effects could be depression, psychological distress, difficult in maternal child bonding, post-traumatic stressdisorder, marriage breakdown or difficult sexual function. On the other hand, there might be a happy and grateful family who appreciate the efforts and skills displayed by the health professionals in saving the life of mother and baby.The outcome could be vaginal delivery, caesarean section, stillbirth, and a preterm baby.

XII. CONCLUSION

Difficult delivery is a term currently used inconsistently in literature. This concept analysis hassought to conceptualize the term difficult delivery. The researchers conclude that difficult delivery can be described as an unanticipated and complicated event/s, which happen at time of a normal spontaneous birth of a baby. The skills of talking to women with an unhappy birth experience are rare yet this is a vital part of any relationship that offers continuous support to women, (Kitzinger &Kitzinger,2015). Skills on how to talk to women who have had a difficult deliveryshould find a place in midwifery education.Midwives should be vigilant and offer information in a sensitive manner.

REFERENCE

[1]. Anderson, G (2009)("A concept analysis of 'normal birth' | RCM," n.d.) retrieved online
[2]. Beck CT[1], Watson S(2010)Subsequent childbirth after a previous traumatic birth. 59(4):241-9. doi: 10.1097/NNR.0b013e3181e501fd.
[3]. Chambers Dictionary online
[4]. Dolea, C and AbouZahr, C (2003)Global burden of obstructed labour in theyear2000.http://www.who.int/healthinfo/statistics/bod_obstructedlabour.pdf
[5]. Elmir R[1], Schmied V, Wilkes L, Jackson D.(2010)Women's perceptions and experiences of a traumatic birth: a meta-ethnography Oct;66(10):2142-53. doi: 10.1111/j.1365-2648.2010.05391. x.
[6]. Firoz,T, Chou,DDadelszen,P, Agrawal,P, l Vanderkruik R, Tunçalp O, Magee L A, van Den Broek N, Say L,(2013) Measuring maternal health: focus on maternal morbidity for the Maternal Morbidity Working Group doi: 10.2471/BLT.13.117564
[7]. Gottvall, K. and Waldenstrom, U. (2002). Does a traumatic birth experience have an impact on future reproduction? BJOG: An International Journal of Obstetrics and Gynaecology, 109(3), pp. 254-260
[8]. Greenfield, M. Jomeen, J., Glover,L. 2016. What is Traumatic Birth? A concept analysis and literature review. British Journal of Midwifery. Retrieved on https:doi.org/10.12968/bjom.2016.24.4.254
[9]. Henriksen L, Grimsrud E, Schei B, Lukasse M; Bidens (2017)Study Group**.** Factors related to a negative birth experience - A mixed methods study
[10]. Kitzinger & Kitzinger, 2015. https://www.researchgate.net/publication/272447308 Birth trauma; Talking with women and the value of conversation analysis.
[11]. Labor S and Maguire S, (2008) Reviews of Pain. Dec; 2(2): 15–19. doi: 10.1177/204946370800200205
[12]. Medical dictionary online
[13]. Oxyford online dictionary online