ORIGINAL ARTICLE

The discrepancy between perceived importance and adequacy in discussing topics related to pregnancy and birthing in maternity services: the views of mothers giving birth in Northern Greece

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ABSTRACT
Aim: To explore aspects of maternity care regarding mode of delivery, preferred mode and place for next delivery, number of abortions, and the discrepancy between perceived importance and adequacy in discussing topics related to pregnancy and birth in maternity services.
Background: Childbearing has been highly medicalized in Greece; deliveries are taking place in hospitals under the supervision of obstetricians.
Methods: A convenience sample of 607 mothers (mean age 33.1±5.8) who had given birth one week to one year prior to the study participated and completed the Kuopio Instrument for Mothers.
Results: Out of 607 eligible subjects, 46.8% (n=284) completed the KIM after first delivery and 52.7% (n=320) after second or multiple deliveries; 9.1% (n=55) reported preterm delivery and 22.7% (n=138) one or more abortions. The majority, 66.3 % (n=403), had vaginal delivery, while 32.9% (n=200) had caesarean section (CS). A total of 485 mothers (81.5%) reported that they preferred to have their next delivery in a hospital, and 298 (49.8%) visited private obstetricians for pregnancy monitoring. The discussion of CS in maternity clinics (p=0.001) was rated as more important by women who had undergone CS, while recovery after delivery (p=0.050) and normal course of pregnancy (p=0.014) were rated as not adequately discussed during their last pregnancy.
Conclusions: there is a need for further research in order to obtain information on these important issues at a national level.

Key words: Greece, maternity services, mothers, pregnancy, prenatal care

INTRODUCTION

Maternity services have attracted the interest of researchers in various countries and valuable research on this topic has been reported (Hundtley et al. 2002, Begley et al. 2003, Rooney 2004). In Greece, there is little or no prior research in relation to women's experiences and expectations during pregnancy and childbirth (Sapountzi-Krepia & Vehvilainen-Julkunen 2006).

BACKGROUND

There is significant evidence in the international literature originating from many countries supporting that maternity services have been highly medicalized and thus, private obstetric practice has increased. The above is linked to the increasing price families are called upon to pay for private medical services in some countries (Olsson et al. 2000, McCool & Simeone, 2002, Nusbaum 2006, Sapountzi-Krepia & Vehvilainen-Julkunen 2006).

Studies investigating women's experiences and expectations during pregnancy focus primarily on fear of birth and labour pain. Some of them report that pregnant women experience anxiety with respect to the prospect of vaginal delivery (Saisto et al. 2001, Kao et al. 2004) and that labour pain is a major issue of concern for women (Olin & Faxelid 2003).

Additional studies have also investigated the psychological preparation of women for childbirth. Some women attempt to alter their attitude towards health in order to promote the health of their baby (Bondas & Eriksson 2001). On the other hand, women should also understand that childbirth is a spontaneous and risky process during which they are called upon to be focussed and cooperative, while at the same time remain in control (Olsson et al. 2000) and take an active role in the process (Gibbins & Thompson 2001). Furthermore, the personalities of pregnant women and their partners, as well as their relationships, influence a woman's attitude towards her pregnancy and the delivery of the baby (Saisto et al. 2001).

It has been found that mothers, who believed themselves to be adapted, indicated that they were better prepared for labour, had more control over their birth experience, a better relationship with their partner, and benefited from greater participation in child care by their partners (Kiehl & White 2003).

For some women, their partners' support is extremely important (Bondas-Salonen 1998, Kao et al. 2004); since they feel that their partner is not only someone offering support during a difficult period, but they are also the fathers of their babies (Bondas-Salonen 1998). Prospective mothers are expected to adjust to the above contextual environment and overcome several challenges. Therefore, nurses should develop practical strategies to support women during pregnancy, delivery, perinatal care (Callister et al. 2000), and the transition to parenthood (Vehviläinen-Julkunen 1995).

The protection of motherhood in Greece

Greece takes one of the higher positions in life expectancy among all European countries. Perinatal mortality was 4 per 1000 in 2004 (decreased from 18 per 1000 in 1983 and 9 in 1000 in 1991), while the total fertility of the population was 1.2 per woman in 2005 (total births 105,655) (Center for Health Services Research 2000, WHO Demographic and Socioeconomic Statistics 2007). Maternity care in Greece was limited during the years before 1970. However, there is information supporting that until the 1950s, most of the births in urban areas were home births practiced by lay midwives, while in rural areas there was a similar situation until the late 1960s (Tsiou 2001, Sapountzi-Krepia & Vehvilainen-Julkunen 2006).

With the establishment of the National Health System of Greece in 1983, women started having more choices for obtaining maternity care. Nevertheless, until the '90s, modern contraceptive methods were used in Greece only in a limited fashion and abortion was reported to be a primary form of birth control (Tseperi & Mestheneos 1994, Tzoumaka-Bakoula & Lovel 1983). However, there is evidence that the incidence of induced abortion was reduced by about 30% during the period 1994–2000 in comparison to previous rates (Ethnos Newspaper 2002).

In addition, during the last decades, independent midwifery practice has been reduced significantly in Greece, following the paradigm of USA and Canada (Shroff 1997, Gaskin 1998); thus childbearing has been highly medicalized (Mossialos et al. 2005, Nusbaum 2006, Sapountzi-Krepia & Vehvilainen-Julkunen 2006). The rates of caesarean section (CS) have dramatically increased according to a

report from the President of the Society of Obstetricians and Gynaecologists in Greece. Such operations have reached a high percentage of about 30 - 35% of all deliveries taking place in the private sector and of about 40% of deliveries taking place in the public sector (Kathimerini, 2004). Possible reasons behind this phenomenon may be explained in part by physician convenience and partly by financial incentives (Skalkidis et al. 1996, Mossialos et al. 2005).

In parallel, the rate of caesarean section (CS) around the world has been increasing during the last two decades (Francome & Savage 1993, Joffe et al. 1994, Gomes et a.l 1999, Gonzalez-Perez et al. 2001, OECD 2002), a phenomenon that has drawn significant attention from both physicians and the policy makers in search for the underlying reasons promoting such operations. The WHO reports that "there is no justification for any region to have a rate of CS higher than 10 - 15%" (WHO 1985). A recent study in Greece by Mossialos et al (2005) reported that the rate of CS in public hospitals was 41.6% and in private hospitals 53%.

Therefore, there was an interesting background that mobilized our research team to undertake the present study in order to explore the various aspects of maternity care from the women's perspectives.

RESEARCH QUESTION

The main research question of the present descriptive study was: what are the mothers' perceptions regarding the importance of discussing topics related to pregnancy and childbirth in maternity clinics?

METHODS

Sample and setting

The study was non-experimental and descriptive in design. The convenience sample consisted of 607 mothers living in the city of Thessaloniki and in six cities located in the greater metropolitan area of Thessaloniki (an area with approximately 1.800.000 inhabitants). Inclusion criteria for participation in the study were: 1) willingness to participate, 2) being over 18 years old, 3) having the ability to speak and read Greek, and 4) having given birth within the period of one week to one year prior to the study in Thesaloniki. Data were collected between February to June 2006.

Ethics

The study was approved by the Nursing Specialties Sector of the Alexadrer Technological Educational Institution of Thessaloniki Acting as an Ethics Committee. Permission to carry out the study in maternity clinics was granted by their authorities, while permission to carry out the study in private paediatric clinics was granted by the paediatricians and/or owners of the clinics. Potential subjects were approached by the researchers, were given an explanation of the purpose and aims of the study, including the issue of confidentiality, and they were asked to participate on a voluntary basis. An informed consent was obtained from those who agreed to participate and they were asked to complete the questionnaire.

Procedure

Out of 11878 of the births that took place in Thessaloniki in 2005 and 12572 that took place in the same city in 2006 (Hellenic Statistical Authority 2010) the researchers located 960 mothers who were filling the criteria for inclusion in the study. A total of 177 of them were used for the pilot study and validation of the instrument, 150 refused to participate in the study, and 26 questionnaires were excluded from further analysis because they were inadequately completed leaving a total of 607 participants in the final study sample. The researchers first approached mothers through hospital maternity clinics and through paediatricians in Thessaloniki and in six cities located in the greater metropolitan area of Thessaloniki. Using the snowball technique, the researchers asked those mothers to introduce other mothers from their social circle and in this way the final sample was obtained. Snowball recruitment technique has been used as a sampling method since the 1960s and has been proven very useful in studies in the health care field (Streeton et al. 2004).

Instrument

The instrument used for the data collection is the Kuopio Instrument for Mothers (KIM) which has been developed and validated (2005)

in the Finnish language on the bases of earlier studies. KIM was translated by its creator into English and the English version of the questionnaire was translated and validated in the Greek language (Sapountzi-Krepia et al 2009) in order to collect data in Greece.

The KIM is a self-administered questionnaire containing seven questions for eliciting information on demographic, educational, and employment characteristics, as well as six questions for eliciting information related to maternity clinic services provided to women for pregnancy monitoring and information regarding the birth giving experience and related issues. The instrument also contains the scale of "Importance of the topic" and the scale of "The topic was discussed adequately", both dealing with issues that can be discussed in the maternity welfare clinic with the pregnant women. The first scale is in a format of a three point Likert scale (1 "Important", 2 "Not very important", and 3 "Unimportant"), and the second scale includes the options "yes", "no", and "I cannot remember".

The internal consistency of the two scales presented in this paper was evaluated by Cronbach's alpha and proved to be of adequate level (Cronbach's alpha=0.77 and Cronbach's alpha=0.85).

Data analysis

Data were analyzed using the Statistical Package for Social Scientists (SPSS 11.0 for Windows). Descriptive statistics were used including Chi square test, T-test, and ANOVA for analysing the data.

RESULTS

The sample of the present study consisted of 607 mothers with a mean age of 33.1±5.8 years (range 19 - 50). The demographic and employment characteristics of the sample are presented in Table 1.

Nearly half of the participants, 46.8% (n=284), completed the questionnaire after their first delivery and 52.7% (n=320) after their second or multiple deliveries.

The T-test showed a difference (p=0.001) in the mean age of the women who had their first delivery (31.5±5.2) as compared to those who had their second or multiple deliveries (36.1±5.4).

Table 1: Demographic characteristics of the sample

	N	%
Marital status		
Unmarried	11	1.8
Cohabiting	13	2.1
Married	551	91.0
Divorced/Separated	27	4.6
Widowed	3	0.5
Total	**605**	**100**
Education		
Primary	20	3.4
Secondary (gymnasium)	81	13.6
Secondary (lyceum)	495	83.0
Total	**596**	**100**
Professional education		
No occupational education	135	23.0
Vocational school or other vocational diplomas	116	19.8
Post-secondary vocational diploma	93	15.9
College-level diploma	43	7.3
University/Polytechnic	199	34.0
Total	**586**	**100**
Profession		
Full-time salaried employee	217	35.8
Part-time salaried employee	49	8.1
Agricultural entrepreneur, working on a family farm	13	2.1
Other entrepreneur	65	10.7
Unemployed or laid off without salary	36	5,9
Retired	1	,2
Student	13	2,1
On a long sick leave	1	,2
On a maternity or parental leave	41	6,8
Homemaker	154	25,4
Other	16	2,6
Total	**600**	**100**

Regarding full-term deliveries, including the most recent one, 47% (n=285) of the subjects reported one, 34.4% (n=210) two, while 13.5% (n=82) three or more. In addition, 16.2% (n=98) of the subjects reported preterm deliveries; 9.1% (n=55) one preterm delivery and 7.1% (n=43) two or more. Finally, 22.7% (n=137) of the mothers reported that they had at least one spontaneous or induced abortion in the past.

The mode of the most recent delivery was predominantly vaginal (66.4%, n=403) and in 32.9% (n=200) of the cases involved a caesarean section (CS). Regarding the mode of

delivery which subjects would prefer for their next delivery, the vast majority (n=495, 81.5%) chose vaginal delivery and 15% (n=91) stated that they would prefer a CS.

Table 2: The mother's description of their experience of delivery, places visited during last/current pregnancy, preference of place for delivery

How would you describe your experience of your more recent delivery?	**N**	**%**
Very easy	58	9.6
Easy	58	9.6
Fairly easy	104	17.2
Neither easy, nor difficult	153	25.4
Fairly difficult	100	16.6
Difficult	73	12.1
Very difficult	57	9.5
Total	**603**	**100**
What places did you visit during your last/current pregnancy?	**N**	**%**
Maternity welfare clinic	110	18.4
Private maternity welfare clinic	97	16.2
Hospital maternity clinic	85	14.2
Private practitioner	298	49.8
Elsewhere	6	1.0
I cannot remember	2	0.3
Total	**598**	**100**
If you could choose, where would you prefer to be delivered?	**For first delivery** n %	**For next deliveries** n %
In a hospital followed by an inpatient period	519 85.9	485 81.8
In a hospital as an outpatient (discharged 24 hours after delivery)	37 6.1	42 7.1
At home, with a midwife or a doctor present	14 2.3	25 4.2
I cannot say	11 1.8	18 3.0
Total	**604 100**	**593 100**

The mothers' descriptions of their childbirth experiences, their opinions regarding the preferred place for delivery, and places visited by the mothers for the purpose of pregnancy monitoring, are presented in Table 2. We grouped responses to the question "how you describe your experience of delivery" in three categories: easy, neither easy nor difficult, and difficult. The Chi-squared test did not show any statistically significant difference in the experience rating between the three levels of education (p=0.867), the occupational education (p=0.188), the marital status (p=0.058), and the frequency of deliveries (p=0.752). Only 13.7% (n=83) of the sample reported that they had used internet services or maternity clinic web pages for the purpose of collecting information about pregnancy and delivery.

In Table 3 we present information regarding the topics related to pregnancy and giving birth that are considered important to be discussed during pregnancy. In Table 3 we present the results of the Chi-square test in which a statistically significant difference was found in perceived importance of discussion and on the adequate discussion of the topics between those who had a vaginal delivery and those who had a caesarean section as well as, between those who reported their first and those who had second or multiple deliveries.

The ANOVA test showed that the level of education and the marital status did not correlate with the total score in the scale reflecting the number of items that women considered as not very important.

On the contrary, women with a post-secondary vocational diploma considered many more topics of the scale as not very important (p=0.032) as opposed to the women with no occupational education (26.7±1.1 vs. 25.4±2.2).

The T-test did not show any difference in the mean importance between those who had their first delivery and those who had their second or multiple deliveries (p=0.138) and between those who had a vaginal and a caesarian section (p=0.991). Furthermore, the Chi-square test showed that women who had their second or multiple deliveries were more likely to have discussed satisfactory the normal course of pregnancy (p=0.014), the potential of Caesarean section (p<0.001), the use of alcohol during pregnancy (p=0.010), the potential of giving birth to a sick baby (p=0.021), and the preparation of siblings (p=0.030). Mothers who had vaginal delivery indicated that they had adequately discussed the recovery period after delivery and the preparation of siblings, as

opposed to those who had undergone a caesarean section.

DISCUSSION

Based on our results, the vast majority of the mothers were married. This was an expected outcome since Greek society is relatively conservative, and giving birth out of wedlock, even though it is protected by law, is still considered to be socially unacceptable. Almost half of the participants had given birth to at least their second child, a finding similar to the fertility rate in Greece (1.2 per woman) (Center for Health Services Research 2000, WHO 2007). In addition, the percentage of pre-term deliveries among the participants is consistent with the results of previous research (Daskalakis et al. 2000). However, the rate of spontaneous or induced abortion reported in this study is inconsistent with the findings of previous studies in Greece conducted in the 1980s (Tzoumaka-Bakoula & Lovel 1983, Lovel & Bakoula 1985), but they are in accordance with newer reports (Ethnos 2002). However, we believe that further research is needed to clarify this particular issue in contemporary Greek society.

Almost a third of the participants gave birth by a caesarean section (CS). This finding is consistent with earlier Greek studies (Skalkidis et al 1996, Mossialos et al 2005) as well as, with the findings of previous studies in other counties (Gomes et al 1999, Gonzalez-Perez et al 2001). However, the present study shows that only 14.9% of the sample reported that they prefer to give birth by CS as opposed to normal delivery. Interestingly enough, this finding is in accordance with the acceptable caesarean section level (10-15% of all deliveries) recommended by the W.H.O. (W.H.O. 1985). Furthermore, the vast majority of mothers reported a preference for hospital delivery followed by an in-patient period. This finding was more or less expected, as in Greece over the past decades almost all deliveries take place in hospitals (Sapountzi-Krepia & Vehvilainen-Julkunen 2006, Nusbaum 2006).

Almost half of the participants reported a preference for monitoring pregnancy by their private obstetrician (Table 2). We should mention that this finding was also expected, as this practice is the most common in the country, despite the fact that it entails a substantial financial burden for the family. Moreover, the small percentage of the sample who stated that they used internet services for the purpose of collecting information was also an expected outcome, because these services are not as widely used in Greece as in other European countries (NEA 2006).

There are many other topics which women considered important, although very few of them (Table 3) were adequately discussed during pregnancy monitoring. Most of them revolve around the family situation, preparation for childbirth, and emotions and experiences related to maternity. There is limited literature available in Greece about the needs and experiences of pregnant women. In addition, we believe that predominant cultural issues prevent expecting mothers from discussing these important issues with health professionals. On the other hand, health professionals are also influenced by cultural issues and often do not make an effort to discuss such matters since they consider them private family matters.

We would like to acknowledge several limitations regarding our study which affect the interpretation of our findings. First, the convenience sample used does not reflect all aspects of the provision of maternity services and care in Northern Greece. However, we believe that it is important to publish these results as a pilot report examining specific aspects of maternity care, because, to our knowledge, this is the first Greek study that examines these topics. Although the findings cannot be generalized to the entire Greek population, our data provide new insight for many health professionals and especially for nurses, health visitors, and midwives who are directly involved in maternity care. Our study is cross-sectional in design thereby limiting causal interpretations. In addition, the information reported and analyzed is based on self-reports with their associated limitations with respect to validation.

Conclusions and implications for nursing practice and future research

The results of the present study confirm once again that giving birth in Greece has been highly medicalized in recent years. Furthermore, indicate a relatively high proportion of caesarean sections, which required further investigation. The findings of the present study

revealed that women have multiple needs related to maternity care that are only partially met by the current level of maternity services. However, since our sample was not adequately representative, more research is needed on this particular issue. Nevertheless, under the light of our findings, nurses, health visitors, and midwives providing primary and maternity care in the greater metropolitan area of Thessaloniki in particular and in Greece in general, should take a closer look at the needs of prospective mothers aiming at fulfilling their expectations and needs. We further believe that our findings provide an interesting insight since they shed light on the situation of maternity care in Greece and they indicate the need for further research in order to clarify these issues and further investigate the current situation in Greece.

Finally, we hope that the study will have an impact on policy makers and health authorities and will illustrate the need to improve the currently provided maternity services in order to fully support prospective mothers in the whole country.

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Table 3: Differences in perceived importance and adequacy on discussion on topics discussed in the maternity welfare clinic between women given birth by CS and women given birth by vaginal delivery

Item	Perceived importance						
	Important		Not very important		Unimportant		P[1]
	Vaginal	Caesarean	Vaginal	Caesarean	Vaginal	Caesarean	
Caesarean section	300 (79.6%)	179 (94.2%)	54 (14.3%)	9 (4.7%)	23 (6.1%)	2 (1.1%)	<0.001
Sex life	321 (83.4%)	141 (73.8%)	46 (11.9%)	38 (19.9%)	18 (4.7%)	12 (6.3%)	0.022
Upbringing	345 (88.9%)	164 (85.9%)	40 (10.3%)	20 (10.5%)	3 (0.8%)	7 (3.7%)	0.042
	1st delivery	2nd or more	1st delivery	2nd or more	1st delivery	2nd or more	
Changes in the body	175 (70.9%)	166 (60.8%)	60 (24.3%)	97 (35.5%)	12 (4.9%)	10 (3.7%)	0.020
Depression during pregnancy and after delivery	129 (51.8%)	109 (40.1%)	108 (43.4%)	144 (52.9%)	12 (4.8%)	19 (7%)	0.025
Coping as a mother and father	149 (61.6%)	128 (50.4%)	86 (35.5%)	116 (45.7%)	7 (2.9%)	10 (3.9%)	0.043
Baby care	199 (83.3%)	195 (75.6%)	34 (14.2%)	59 (22.9%)	6 (2.5%)	4 (1.6%)	0.040
Possibility of a sick baby	164 (67.5%)	140 (54.1%)	72 (29.6%)	103 (39.8%)	7 (2.9%)	16 (6.2%)	0.005
Preparation of siblings	87 (39.2%)	140 (54.3%)	125 (56.3%)	112 (43.4%)	10 (4.5%)	6 (2.3%)	0.003
Emotions and experiences related to paternity	123 (51%)	97 (39.4%)	101 (41.9%)	131 (53.3%)	17 (7.1%)	18 (7.3%)	0.031
	The topic was discussed adequately						
	Yes	No	Can't remember	Yes	No	Can't remember	
	Vaginal	Caesarean	Vaginal	Caesarean	Vaginal	Caesarean	
Recovery after delivery	214 (82%)	234 (82.1%)	43 (16.5%)	37 (13%)	4 (1.5%)	14 (4.9%)	0.050
Preparation of siblings	202 (77.4%)	270 (88.2%)	34 (13%)	30 (9.8%)	25 (9.6%)	6 (2%)	<0.001
	1st delivery	2nd or more	1st delivery	2nd or more	1st delivery	2nd or more	
Normal course of pregnancy	324 (90.5%)	150 (88.8%)	23 (6.4%)	19 (11.2%)	11 (3.1%)	0 (0%)	0.014
Caesarean section	162 (46.4%)	141 (84.9%)	168 (48.1%)	22 (13.3%)	19 (5.4%)	3 (1.8%)	<0.001
Alcohol	230 (65%)	131 (77.5%)	103 (29.1%)	34 (20.1%)	21 (5.9%)	4 (2.4%)	0.010
Possibility of a sick baby	190 (56.5%)	114 (68.7%)	131 (39%)	44 (26.5%)	15 (4.5%)	8 (4.8%)	0.021
Preparation of siblings	146 (44.5%)	81 (53.3%)	174 (53%)	63 (41.4%)	8 (2.4%)	8 (5.3%)	0.030

[1]Chi-squared test