



Bilaga till rapport

1 (10)

SBU Utvärderar: Förlossningsbristningar
– diagnostik samt erfarenheter av bemötande
och information, rapport nr 323 (2021)

Bilaga 5 Tabell över inkluderade kvalitativa studier/ Appendix 5 Table over included qualitative studies

Inkluderade studier

Author Year Reference Country	Aim	Theory or approach Competence of researchers	Setting and recruitment	Participants	Data collection	Data analysis Methods to ensure rigour of findings	Main findings
Buurman & Lagro- Janssen 2013 [1] The Netherlands	To explore women's perception of postpartum pelvic floor dysfunction and their help-seeking behaviour.	No information Both authors were General practitioners. One researcher and the other professor.	Two family practitioners' population. The two practitioners offered a full range of general practice healthcare. Obstetric care was provided by midwife or gynaecologist. One month – one year postpartum The women were personally invited to participate in the study during consultation hours or by telephone. In addition, they received a written invitation with information on the study. We invited women one after the other, until saturation of the answers to the interview questions was reached and no longer introduced any new themes.	26 women, 14 primiparous, 20–40 years of age according to table, but there is a citation from a participant who is 19 years old. Inclusion criteria: vaginal delivery, at home or in hospital, of a viviparous baby without serious abnormalities, in the period between 1 November 2008 up until 1 November 2009, prepared to participate in the study, Dutch-speaking, with no history of serious psychiatric issues. Only one woman refused to participate, and two women could not participate because they did not speak Dutch.	Two female interviewers conducted the interviews. The interviewers had had no delivery themselves, but they had the impression that being female and being an almost graduated medical student was enough for the participants to disclose. The two interviewers took an interviewing class. Semi-structured face-to-face interviews exploration of women's cognitions and help-seeking behaviour was guided by a list of topics, including women's ideas on the cause and disappearance of their problems, the influence they had on their problems,	content analysis using the technique of constant comparative analysis (according to Glaser & Strauss, 1967) The interviewers transcribed the recorded interviews in full. The interviews were analysed by the authors and the interviewers independently. In the case of encoding differences, frequent discussions between the researchers ensured thorough and consistent coding. Researchers read the interviews several times in their entirety to define the core themes that had been raised in the interviews; these core themes were discussed by the supervisory committee	Five core themes: (i) Inevitable and disappointing problems. (ii) Natural recovery; (iii) Feelings of shame. (iv) The role played by initiates and help-seeking behaviour; and (v) Lack of information about pelvic floor dysfunction.

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					feelings of shame, impact on everyday life, help seeking behaviour and received professional information		
Salmon 1999 [2] UK	To provide an account of women's experiences of perineal trauma in the immediate post- delivery period.	Feminist approach – women themselves are the experts. No information about researcher competence	South Wales; UK Snowball recruitment – first contact: a colleague with perineal trauma.	Six women who had given birth within 5 years 25–40 years, white, British and with further education. All worked and three of the six worked as health care professionals Some degree of perineal trauma	Unstructured interviews Performed face-to- face at home or at university sites Up to 90 minutes long Audio-taped interviews	Guided by an established framework (Burnard, 1991) All participants received individual summaries of their transcripts and analysis of the interviews and were encouraged to comment and validate emerging categories (member checks)	<u>Categories:</u> Experiences of interpersonal relationships during suturing Experiences of social support and interpersonal relationships whilst healing Feelings associated with coming to terms with perineal trauma.
Skinner et al 2018 [3] Australia	to explore and describe women's experiences of major LAM pelvic floor trauma LAM = levator ani muscle	No information	Two major hospitals in Sydney Recruitment through participants in Epi- No trial and corresponding birth records. Identified among 504 women who had come for postnatal check-up in this trial. Damage was identified by	40 women with diagnosed LAM interviewed 1–4 years postpartum 21–40 years of age Uni or bilateral LAM avulsions 70 invited, 40 accepted 29 declined and 1 was removed from data set (interviewed	Semistructured interviews on antenatal, intrapartum, and postpartum care. Interviewer: midwife with extensive professional experience Interviews: 5 face- to-face, 4 Skype, 30	Thematic analysis with an inductive approach Framework method coding matched identified themes in the template Two researchers No information about trustworthiness or rigour.	<u>Four overarching themes:</u> Theme 1: Lack of accurate information about potential birth complications resulting in pelvic floor morbidities Theme 2: Impact on partner and sexual relationships

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			ultrasound. Invitaded by telephone/email.	but did not sign constent)	telephone and 1 email. Interviews were 30–218 min No participants agreed interviews to be taped – interviewer took written notes which were mailed to participants and they could add or change information		Theme 3: Somatic and psychological symptoms Theme 4: Dismissive reactions from postnatal clinicians
Tompson & Walsh 2015 [4] UK	The purpose of the study was to explore women’s perceptions of perineal repair as an aspect of normal childbirth.	Life-world theory (phenomenological approach) Clinical working midwife and associate professor in Midwifery	No information of the setting Information was cascaded to staff and patients. Community midwife was involved in identifying participants. Contacts were made at least 24 hrs after getting information about the study. Thereafter, a new telephone contact within 2 weeks and if the woman was then willing to partake arrangements were made for the interview	11 women Inclusion: spontaneous vaginal birth at term (37–42 gestational weeks). The lead professional during birth is a midwife. Women who sustained a first/ second degree tear, posterior vaginal wall tear, labial lacerations and episiotomy were suitable to participate.	Unstructured interviews Interviewed within about 1 month postpartum.	Thematic content analysis Nothing about trustworthiness or rigour.	<u>Three themes:</u> The mystery of perineal repair Perineal repair and the transition to motherhood Midwife facilitated repair, as a completely normal experience

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O'Reilly et al 2009 [5] Australien The relevant institutional ethics committee provided ethics approval for this study.	aimed to build understandings of women's recovery experiences in the presence of continued pelvic problems extending beyond the puerperium to provide nurses and other health care professionals with information to enhance current practice	Phenomenological approach Första författare RN, RM och doktorand. Övriga: RN eller RN och RM.	New South Wales, Australia. Both rural and suburban dwelling women were recruited Recruitment was via a statewide media release, and brochures distributed at three childcare facilities catering for children aged between six weeks and five years of age.	Purposive sampling 20–39 years old 6 weeks to 4 years after childbirth Parity: 1–3 Two assisted births mothers of children aged six weeks to five years, who had experienced persistent physical, pelvic problems that extended beyond the puerperium. Inclusion: experienced one or more of the conditions Incontinence of urine 2 Pelvic pain 3 Haemorrhoids 4 Prolapse of the bladder, uterus or bowel 5 Dyspareunia 6 Anal problems – could include a tear or ulcer	A female health care professional experienced at interviewing women about sensitive matters carried out the conversational-style interviews. Interviews 1–2 hrs and recorded. 8 face –to-face, one telephone interview and one text message MSN Data saturation was achieved after interviewing 10 participants.	Thematic analysis, following Van Manen's (1997) ideas of phenomenological reflection. The process of reflecting on the transcribed conversations was guided by Van Manen's (1997) four lifeworld existentials lived space (spatiality), lived body (corporeality), lived time (temporality) and lived other (relationality). Findings discussed among authors to reach consensus	Thematic analysis revealed four major themes. They are: 'fearing intimacy', 'managing an unpredictable body', 'being resigned' and feeling 'devalued and dismissed'.

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				7 Bowel problems – including incontinence.			
Herron-Marx et al 2007 [6] UK	To explore women's experiences of enduring postnatal perineal and pelvic floor morbidity	<p>Q methodology is used in this study as an exploratory technique within a constructivist framework.</p> <p>Q method (Stephenson, 1935) draws on the strengths of both qualitative and quantitative methodologies and is a means of using factor analysis to systematically study subjective experience and hence make 'subjectivity operant'.</p> <p>En av författarna bm</p>	earlier involvement in a retrospective cross-sectional community survey (predominantly quantitative postal questionnaire) conducted at 12 months postpartum, and designed to identify the prevalence of enduring perineal morbidity	<p>An availability sampling strategy was used 20 women – interview 1 hour audio taped. Of those, 14 completed the participant response grids.</p> <p>12–18 months postpartum and enduring morbidity Inclusion: (1) women from all ethnic groups and were English speaking. (2) minimum age of 16 years. (3) reported at least one form of perineal or pelvic floor morbidity in earlier survey and agreed to be approached to take part in this study. (4) between 12 and 18 months postpartum at point of contact to</p>	Topic areas included in the interview schedule were derived from the different types of morbidity identified in the previous study, the women's experiences of enduring these conditions and the care they received.	Data were then coded into themes, using a paragraph-by-paragraph approach, and organised into a structured code system. independently reviewed and assessed by all members of the research team using the above guidelines and against the transcripts from the raw data to ensure constructual and contextual validation. A list of 36 statements were produced, each being randomly allocated a 'statement number' Participants were asked to sort all the statements from the Q set in response to the following question: 'what is your experience of postnatal perineal and pelvic floor health problems?' Participants sorted each statement initially into three piles (most disagree, don't know and	<p>Story 1: morbidity of minor inconvenience</p> <p>Story 2: insufficient support and services</p> <p>Story 3: the 'taboo' of perineal morbidity</p> <p>Story 4: normalising perineal morbidity</p> <p>Story 5: the isolation of perineal morbidity</p>

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				ensure that morbidity is enduring. (5) all forms and levels of perineal and pelvic floor morbidity reported. (6) no selection was made based on type or level of morbidity; and (7) birth of a live term baby (36–42 weeks) with no congenital abnormality or neonatal death.		most agree). Sorting continued using a participant response grid (Q grid). Participants were asked to re-examine the entire array to ensure it represented their experience.	
Tucker et al 2015 [7] Australia	To describe and interpret women's experience of AI following OASIS and its impact on quality of life.	Heidegger's interpretative phenomenology	Outpatient department, level 2 tertiary metropolitan hospital (population multicultural and deprived) Known history of OASIS and anal incontinence	10 women (9 Caucasian and one African woman) Aged between 26–56 years	Interviews were audio taped and lasted for 50–90 min Recruitment continued until no new information was forthcoming; saturation of data was reached with 10 participants	Van Manen's thematic analysis	Three themes: grieving for loss, silence and striving for normality
Priddis et al 2014a [8] Australia	To describe current health service in NSW provided to women with SPT from the perspective of Clinical	Mixed method study of 4 phases	Discussion group with clinical midwifery consultants (CMC) Individual interviews with women who had sustained OASIS	14 CMC – women, average age and experience: 52 years old and 30.8 years' experience 12 women	1 hour recorded discussion with CMCs – moderated by two researchers + survey of 9 Q and one short answer response.	Thematic analysis – integrative approach of findings from 3 data sets Discussed finding with co-authors.	Overarching theme: A Patchwork of Policy and Process Four subthemes: Falling through the gaps; Qualifications, skills and attitudes of

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	Midwifery Consultants and women.			Average age: 35 years, 11 grade 3 and 1 grade 4 tears. Various models of care.	Face-to-face interviews with women, 1–2 hours, semi structured interviews.		health professionals; Caring for women who have sustained SPT; and Gold standard care: how would it look?
Priddis et al 2014 b [9] Australia	To explore how women experience and make meaning of living with severe perineal trauma.	A feminist perspective guided data collection and analysis First author has own experience of severe perineal trauma	Unclear setting Flyer was distributed via social media (Facebook) and word of mouth through midwifery colleagues Snowball sampling	Twelve women with an average age of 35 years (ranging from 28 to 43 years). Five women were primiparous, seven women had second or subsequent babies. Eleven women experienced third degree perineal trauma; one woman experienced a fourth-degree tear. Seven weeks – 12 years postpartum.	Data were collected during face to face interviews. Data collection continued until saturation was reached. Each interview was between one to two hours duration. The interviews were semi-structured, using open ended questions. Recordings of interviews were listened to and transcribed verbatim, the transcripts were read thoroughly	Thematic analysis Discussion among co- authors	Three main themes were identified: The Abandoned Mother The Fractured Fairytale and A Completely Different Normal.
Lindqvist et al 2018 [10] Sweden	To explore women's experiences of the first two months after obstetric anal sphincter injury (OASIS) during childbirth with a focus on	No theory Midwives, obstetrician, urotherapist	National quality register Survey to women affected by OASIS 8 weeks postpartum	1248 women Respondents with an OASIS grade 3 or 4 who had added written comments of any length to their Q2 responses from 1 January	Open-ended responses	Manifest and latent content analysis Discussion among authors to obtain consensus + member check	Theme: 'A worse nightmare than expected' <u>Categories:</u> Facing daily physical and psychological limitations

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	problematic recovery			2014 through 31 December 2016.			Living with crushed expectations Navigating in healthcare
Lindqvist et al 2019 [11] Sweden	explore women's experiences related to recovery from obstetric anal sphincter muscle injuries (OASIS) one year after childbirth	No theory Midwives, obstetrician, urotherapist	National quality register Survey to women affected by OASIS 1 year postpartum	625 women All respondents with an OASIS grade 3 or 4 between Jan. 1st, 2014, and Dec 31st, 2016 who had added written comments of any length to the one- year follow-up questionnaire	Responses to open- ended questions in questionnaire.	Manifest and latent content analysis Discussion among authors to obtain consensus	Theme: Struggling to settle with a damaged body Categories: Not have a satisfying sexual life Feel used and broken Worry about future health conditions Moved on with life despite everything
Lindberg 2020 [12] Sweden	To explores women's experience of having a second- degree perineal tear and related consequences to daily life during the first eight weeks after childbirth	No theory Midwives, obstetrician, urotherapist	National quality register Survey to women affected by OASIS 8 weeks postpartum	3418 women with second degree perineal tears according to the ICD code answered the questionnaire at approximately eight weeks, and 1007 of them wrote responses of any length, which formed the data set	Written responses to open- ended questions in a questionnaire	Manifest and latent content analysis Discussion among authors to obtain consensus	Theme: Taken by surprise Categories: <ul style="list-style-type: none"> • New bodily experiences • Unexpected complications • Unanswered questions and worries

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