

Impact of Neonatal Outcome on Language Used to Describe Periviable Birth Experience

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Motivation and Purpose: The experience of giving birth to a periviable neonate between 22-25 weeks gestation varies greatly among women depending on numerous factors. Studying periviable narrative experiences will allow us to isolate those factors that create a more positive experience, even in the instance of a negative neonatal outcome (infant death). Results may be used to advise future caregiving approaches so they may be tailored to the needs of women in these situations. This study aimed to qualitatively assess the extent of the relationship between neonatal outcome and the language used by women and their important others (IOs) to describe periviable birth experience three months postpartum.

Method: A semi-structured interview guide was used to investigate participants' perceptions of their delivery experience and subsequent NICU experience, if applicable, at three months postpartum. Interviews were transcribed verbatim and coded for themes by three investigators. Conventional content analysis was conducted using NVivo 12.

Results: Twenty-three women and twelve IOs were recruited at two hospitals between 2016 and 2018. Women and IOs who experienced infant death negatively described their delivery experience if they also negatively described healthcare team (HCT) interactions, including providers' communication, clinical judgement, and personality traits. Specifically, participants with overall negative birth experiences described not understanding various clinical decisions and felt uninformed on topics pertinent to their or their infant's care. Alternatively, women and IOs who experienced infant death who positively described their delivery experience also positively described NICU care (including HCT interactions) and infant death experience (comfort care). These results highlight the impact of HCT interactions and communication on a patient's perception of delivery despite a negative neonatal outcome.

Conclusion: These findings could suggest that improvements in communication and information dissemination from the HCT may have the ability to improve a patient's periviable birth experience despite a negative neonatal outcome.