The Impact of Primary Language on Knowledge of Labor Induction and Birth Satisfaction Prior to Implementation of Standardized Video Education

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Background and Hypothesis: Induction of labor (IOL) is common, with as many as 1 in 4 labors being induced in the U.S. There is a lack of standardized patient education surrounding induction, however, which may contribute to patients' expectations, feeling a lack of control, and lower birth satisfaction. We hypothesize that implementation of a video education tool prior to patients' arrival for IOL may help manage patient expectations and improve birth satisfaction. Our objective was to ascertain knowledge, expectations, and satisfaction with IOL in a group of women before implementation of standardized pre-procedure education.

Methods: Patients scheduled for induction were given a questionnaire after their delivery. The survey included knowledge and expectation questions about their induction, as well as the validated Birth Satisfaction Scale Revised (BSS-R). Birth and induction medication information were extracted from the medical record. Descriptive statistics were compiled, and knowledge and satisfaction scores were explored between English and Spanish surveys.

Results: Our group consisted of 32 women, 19 English speaking and 13 Spanish speaking. The average BSS-R score was 26.87 ± 4.76. The average subcategory scores for stress experienced, personal attributes, and quality of care were 8.26 ± 3.15, 4.00 ± 2.03, and 14.81 ± 1.69, respectively. 65.7% of subjects correctly identified whether they received misoprostol during their induction. Correct identification for cervical ripening balloon (CRB), artificial rupture of membranes (AROM), and Pitocin use was 87.5%, 53.1%, and 56.3% respectively. There were few differences between English and Spanish speakers.

Conclusions: While BSS-R scores for quality of care were high, overall stress experienced and personal attributes relating to anxiety could be improved. Additionally, just over half of the women correctly identified agents used in their induction. We anticipate that after standardized video education before induction, we will have improved knowledge, expectations, and satisfaction for women undergoing IOL.