



Exploring first time mothers' experiences and knowledge about modifiable risk factors for stillbirth

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Background

Stillbirth is a devastating life event for families. In Ireland, the rate of stillbirth was 4.20 per 1000 births in 2020, which reflected an increase compared with data from previous years.

Modifiable factors such as substance use, lack of attendance at antenatal care, overweight or obesity and sleeping position are associated with a higher risk of stillbirth. These risk factors are potentially modifiable and addressing them could contribute to reducing rates of stillbirth.

Aim:

- To explore women's experiences of behaviour change during pregnancy and knowledge and beliefs regarding behavioural risk factors related to stillbirth.
- To identify whether women had been informed about such risk factors during their prenatal care.

Methods

Design

A qualitative semi-structured interview study was conducted with a constructivist approach.

Recruitment

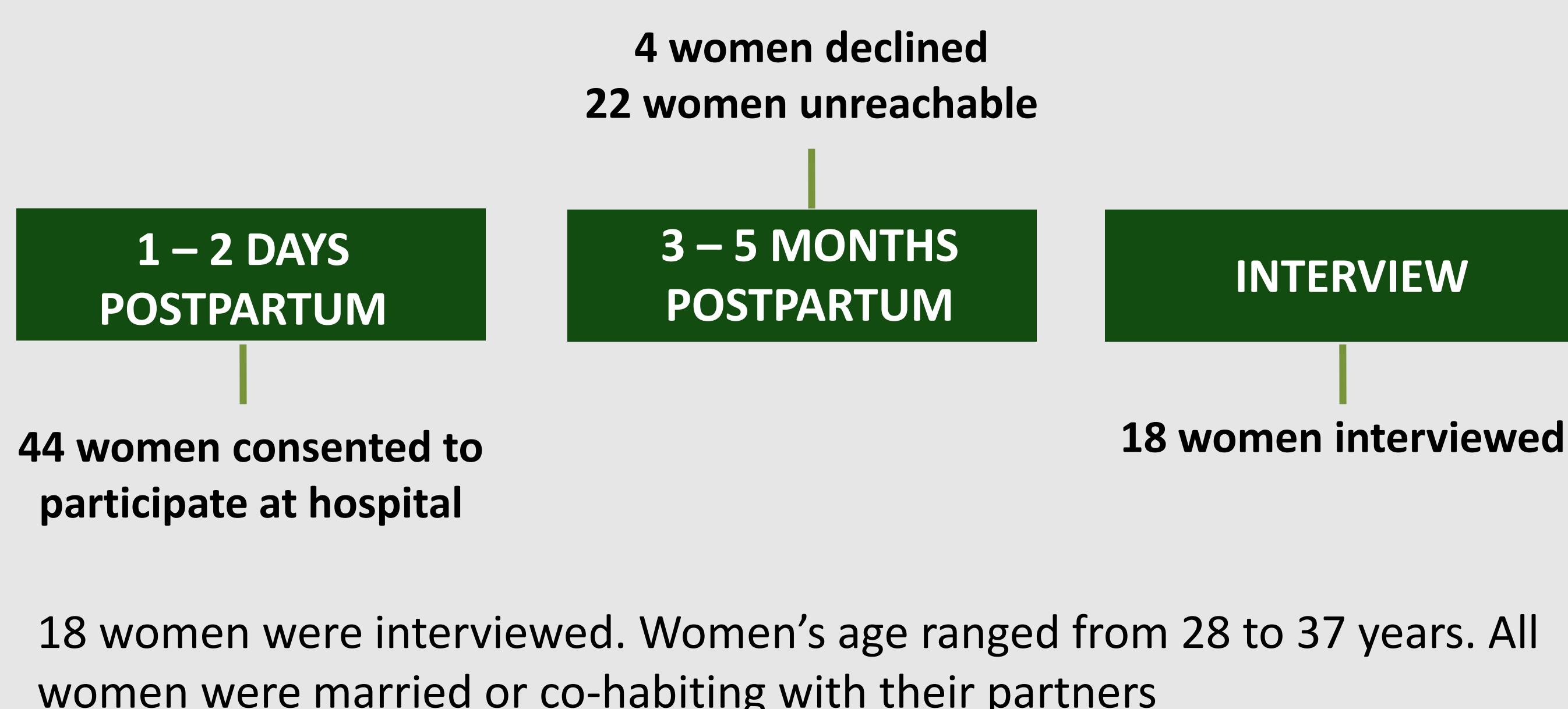
Purposive sampling approach implemented by hospital staff in Cork University Maternity Hospital (CUMH).

Inclusion criteria:

- Primiparous women
- Low-risk pregnancy
- Uncomplicated delivery
- 18 years or older

Setting and sample

CUMH is one of **19 maternity units in the Republic of Ireland**; it is situated within the south/south-west hospital group, and in 2020, 7040 babies were delivered in the hospital of which 42.2% were born to first time mothers.



Data collection and data analysis

Women were interviewed online using Google Meet.

The data analysis utilised in this study is based on the principles of Reflexive Thematic Analysis as described by Braun and Clarke¹.

1. Braun V, Clarke V. *Thematic Analysis. A Practical Guide*. 1st Ed. (Maher A, ed.). UK: Sage Publications Ltd; 2022.

Results

Four main themes were identified.

Theme 1. Attitudes towards behaviour change

- Trying to achieve best health status for baby
- Behaviour change perceived as natural, easy

"I thought that the having no drinks would be harder than it was because I'd never been one to be able to go months and months without drinking ... But It was actually easier than I thought because I was doing it for my baby"

"I'm not sure, can it happen at any stage during pregnancy? And yeah, that's the term like a can the term stillbirth and miscarriage, you know, can they be used in the same?"

Theme 2. Awareness regarding stillbirth and risk factors

- Level of awareness regarding health advice
- Limited awareness regarding stillbirth

Theme 3. Silence around stillbirth and risks

- Lack of discussion regarding stillbirth and risk factors
- Reliance on own information seeking behaviours

"No, actually I didn't really get much advice on this when I was pregnant, and I'm not sure was it because I was a [health related profession] and that maybe they were a bit more relaxed with me."

"I think it is good to know about stillbirth because I think it's a very Irish thing maybe, that we don't talk about things that we don't want to talk about. I just think it should be."

Theme 4. Attitude towards receiving information about stillbirth

- Knowledge is key
- Stillbirth perceived as a difficult topic
- Importance of language and preferences for information provision

Conclusion

Healthcare professionals should incorporate risk factors, health habits and stillbirth in their routine discussions with women, especially in terms of outcomes, to motivate women to engage in behaviour change. Tackling the modifiable maternal risk factors for stillbirth by providing information and supporting women with behaviour change during pregnancy might contribute to reducing the stillbirth rates.

