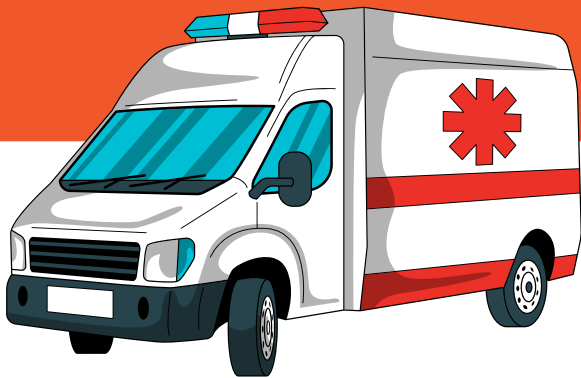


The Power of Communication: Paramedic Influence on Women’s Birth Experiences

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Introduction

Childbirth is a profound event that can shape a woman’s life. A positive birth experience supports maternal mental health, strengthens relationships, & enhances bonding & breastfeeding^{1,2}. Conversely, birth trauma, affecting more than one-third of women globally^{3,4}, is linked to disrupted caregiving, impaired relationships, adverse child development, & maternal conditions such as postnatal depression & post-traumatic stress disorder^{1,4-6}. Communication from healthcare providers is increasingly recognised as a central factor that impacts women’s experiences⁵, gaining international attention through landmark initiatives such as the NSW Parliamentary Inquiry into Birth Trauma. However, little is known about paramedic communication during childbirth, leaving women’s voices in this context largely absent.

Aims

This PhD project aims to examine how paramedic communication during childbirth shapes women’s experiences. This poster presents findings from a systematic scoping review, which provides the foundation for the study.

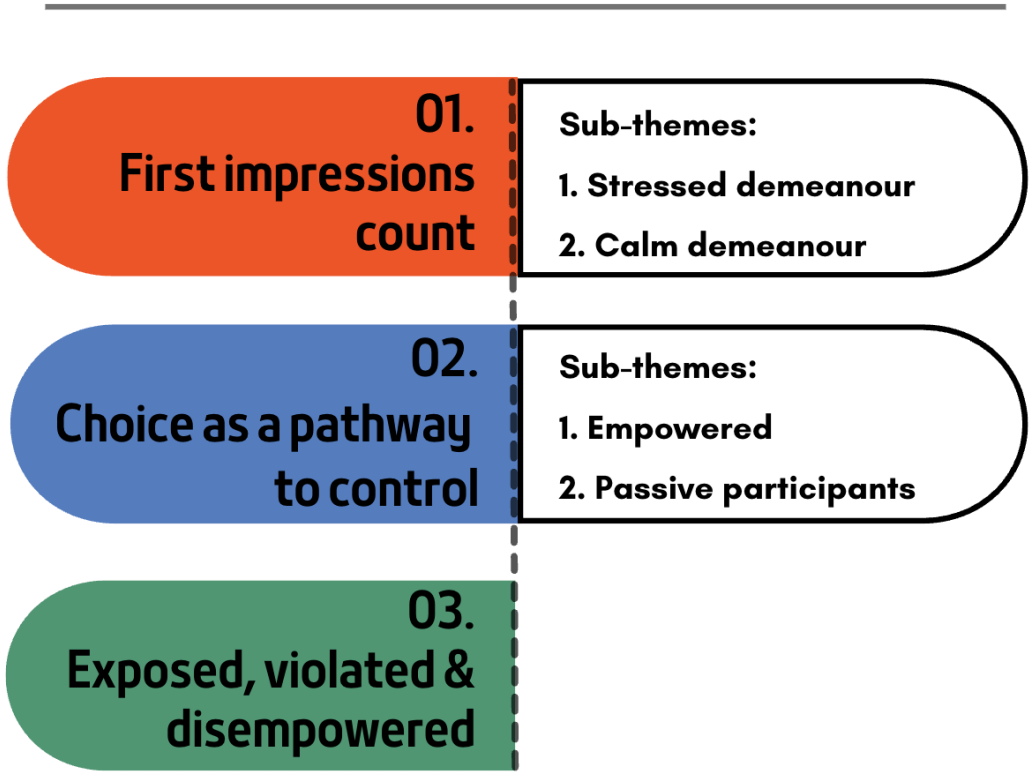
Methods

A scoping review was conducted using the Joanna Briggs Institute framework. Of 1,015 articles screened, five met the inclusion criteria. Data was analysed through reflexive thematic analysis⁷ informed by a feminist perspective⁸.

Results

Three themes & four sub-themes were generated. Findings highlight how paramedic demeanour, decision-making, & power dynamics shaped women’s birth experiences.

3 THEMES & 4 sub-themes



Theme 1: First Impressions Count

Women consistently described their sense of safety during birth as shaped by the demeanour of paramedics. Calm demeanour built trust, while stressed demeanour generated fear & concern for both mother and baby.

- **Calm demeanour:** fostered safety, trust, & perceptions of confidence & care⁹⁻¹¹.
- **Stressed demeanour:** appeared withdrawn & rushed, leading to fears about the woman’s & baby’s safety^{10,12,13}.
- **Clinical competence:** women questioned paramedics’ clinical competence when they appeared stressed¹³.
- **Implications:** feeling unsafe is linked to birth trauma, whereas feeling safe supports positive outcomes¹⁴.

Theme 2: Choice as a Pathway to Control

Women’s experiences of feeling in control were strongly influenced by whether paramedics involved them in decision-making. Involvement fostered empowerment, while exclusion left women passive participants in their own birth.

- **Empowered:** inclusion in decision-making made women feel valued, confident, & more positive about paramedics; they communicated more openly^{9,10,12}.
- **Passive participants:** exclusion created power imbalances, silence, & withdrawal; women felt they had no choice^{10,12,13}.
- **Control:** linked to positive birth experiences & maternal mental health².
- **Implications:** lack of control is recognised as a significant risk factor for PTSD¹⁴.

Theme 3: Exposed, Violated & Disempowered

Some women described interactions where paramedic power dynamics resulted in mistreatment. Coercive expectations of how women’s bodies should perform, combined with abuse, left them feeling ignored, violated, & dehumanised.

- **Disregarded knowledge:** women’s intuitive understanding of their bodies was silenced or overruled^{10,12,13}.
- **Coercive expectations:** paramedics imposed rigid ideas of how labour & birth should progress^{11,13}.
- **Abuse:** reports of shouting & unwanted, invasive touching of women’s bodies¹⁰.
- **Implications:** women felt violated, disempowered, & were denied fundamental human rights^{10,12,13}.

Conclusion & Significance

Communication during childbirth is an under-explored aspect of paramedic practice. Centring women’s voices, this review shows that paramedic interactions shape safety, autonomy and rights, with positive communication fostering trust & protection & negative communication risking trauma and abuse¹⁵. These findings align with international literature on obstetric violence, recognised as a form of gender-based violence & human rights violation³. The next stage of this PhD will generate evidence to guide communication training & guidelines that support paramedics & improve women’s birth experiences & perinatal mental health.



Photograph: Zoe Roxan-Hunter

References

1. Bell AF, Andersson E, Goding K, Vonderheid SC. The birth experience and maternal caregiving attitudes and behavior: A systematic review. *Sex Reprod Health*. 2018;16:67-77.
2. Green JM, Baston HA. Feeling in Control During Labor: Concepts, Correlates, and Consequences. *Birth*. 2003;30(4):235-47.
3. Keedle H, Keedle W, Dahlen HG. Dehumanized, Violated, and Powerless: An Australian Survey of Women’s Experiences of Obstetric Violence in the Past 5 Years. *Violence Against Women*. 2024;30(9):2320-2344.
4. Delicate A, Ayers S, Easter A, McMullen S. The impact of childbirth-related post-traumatic stress on a couple’s relationship: a systematic review and meta-synthesis. *J Reprod Infant Psychol*. 2018;36(1):102-15.
5. Reed R, Sharman R, Inglis C. Women’s descriptions of childbirth trauma relating to care provider actions and interactions. *BMC Pregnancy Childbirth*. 2017;17(1):21.
6. Molloy E, Biggerstaff DL, Sidebotham P. A phenomenological exploration of parenting after birth trauma: Mothers perceptions of the first year. *Women Birth*. 2021;34(3):278-87.
7. Braun V, Clarke V. *Thematic analysis : a practical guide*. London: SAGE Publications Ltd; 2022.
8. Webb C. Feminist research: definitions, methodology, methods and evaluation. *Journal of advanced nursing*. 1993;18(3):416-23.
9. Svedberg E, Strömback U, Engström Å. Women’s experiences of unplanned pre-hospital births: A pilot study. *Int Emerg Nurs*. 2020;51:sd
10. Flanagan B, Lord B, Reed R, Crimmins G. Women’s experience of unplanned out-of-hospital birth in paramedic care. *BMC Emerg Med*. 2019;19(1):54.
11. Fouché MS, James S. Experiences of Mothers Who Give Birth Before Arrival at the Birthing Unit Africa *Journal of Nursing & Midwifery*. 2018;20(1):1-15.
12. Rowe RE, Kurinczuk JJ, Locock L, Fitzpatrick R. Women’s experience of transfer from midwifery unit to hospital obstetric unit during labour: a qualitative interview study. *BMC Pregnancy Childbirth*. 2012;12(1):129.
13. Vik ES, Haukeland GT, Dahl B. Women’s experiences with giving birth before arrival. *Midwifery*. 2016;42:10-5.
14. Ayers S, Bond R, Bertulles S, Wijma K. The aetiology of post-traumatic stress following childbirth: a meta-analysis and theoretical framework. *Psychological medicine*. 2016;46(6):1121-34.
15. Findlay HJ, Anderson JK, Francis KL, Clegg LM, Maria, SJ. The significance of paramedic communication during women’s birth experiences aetiology of post-traumatic stress following childbirth: a meta-analysis and theoretical framework. *Australasian Emergency Care*. 2024;27(3):218-226.

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