



Epidurals during normal labour and birth – Midwives' attitudes and experiences



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ABSTRACT

Background: Midwives have their own beliefs and values regarding pain during childbirth. Their preferences concerning labour pain management may influence women's choices.

Aim: To gain a deeper understanding of midwives' attitudes and experiences regarding the use of an epidural during normal labour.

Methods: A qualitative approach was chosen for data collection. Ten in-depth interviews were conducted with midwives working in three different obstetric units in Norway. The transcribed interviews were analysed using Malterud's systematic text condensation.

Findings: The analysis provided two main themes: "Normal childbirth as the goal" and "Challenges to the practice, knowledge, philosophy and experience of midwives". Distinctive differences in experiences and attitudes were found. The workplace culture in the obstetric units affected the midwives' attitudes and their midwifery practice. How they attended to women with epidural also differed. An epidural was often used as a substitute for continuous support when the obstetric unit was busy.

Discussion: Midwives estimate labour pain differently, and this might impact the midwifery care. However, midwives' interests and preferences concerning labour pain management should not influence women's choices. Midwives are affected by the setting where they work, and research highlights that an epidural might lead to a focus on medical procedures instead of the normality of labour.

Conclusion: Midwives should be aware of how powerful their position is and how the workplace culture might influence their attitudes. The focus should be on "working with" women to promote a normal birth process, even with an epidural.

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Statement of significance

Problem

Midwives have their own beliefs and values regarding pain during childbirth. Their preferences and interests concerning labour pain management may influence the women's choice

What is already known

An epidural leads to the medicalization of normal births and the birth transforms from a physiological process to a medical procedure. In general, there is a higher frequency of epidural use in obstetric units compared to units with midwife-led care. Midwives' attitudes may be affected by the attitudes of other health personnel at the labour ward.

What this paper adds

The distinctive differences in experiences and attitudes towards epidural in a normal birth process is an interesting finding. The workplace culture in the obstetric units affected the midwives' attitudes and their midwifery practice. How midwives supported women with epidurals also differed and when the obstetric unit was busy, an epidural was often used as a substitute for continuous support.

Introduction

Unlike other types of pain, labour pain is not associated with tissue damage but is a natural part of childbirth [1,2]. Several factors, such as mobility, anxiety and support received influence the women's pain perception [1]. Epidural is the most invasive type

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of pain management [2] where a mixture of local anaesthetic and opioid is given continuously into the epidural space [3]. An epidural is effective in reducing pain during labour and birth. Research has shown that women who have an epidural report less pain compared to women that have no analgesia or parenteral opioids [1,4]. In Norway, an epidural was used in 34% of labours in 2018. The hospital with the highest rate used it 43% of the time [5]. Research suggests that the frequency of epidural use in labour is still increasing, both in Norway and in other western countries [2,5].

Studies have shown a significant increase in instrumental vaginal births when an epidural is used [1,4]. A recent study showed that women who receive epidural analgesia have four to five times increased risk of vacuum extraction [6]. There is also an increased risk of oxytocic use, longer birth phase, hypotension, urinary retention, fever, motor blockade [1,4] and an increased risk of having a less positive birth experience [7,8]. The National Institute for Health and Care Excellence (NICE) [9], Jones et al. [1] and Lindholm and Hildingsson [8] emphasize that midwives must inform women about the risks and benefits of having an epidural and how this might affect her labour.

The International Confederation of Midwives (ICM) [10] supports the following definition of normal birth: “Normal birth is where the woman commences, continues and completes labour with the infant being born spontaneously at term, in the vertex position at term, without any surgical, medical, or pharmaceutical intervention”. ICM highlights that promoting normal births is an important strategy in which midwives play a central role. One of the World Health Organization’s (WHO) principles of perinatal care is the demedicalization of normal births [11]. An epidural leads to the medicalization of normal births and the birth transforms from a physiological process to a medical procedure. It requires technological equipment and trained personnel [12]. This might affect the midwifery care because the focus is moved from the normality of labour to medical procedures [2,7]. Where a woman in Norway gives birth is thoroughly selected after consideration of the risk factors. Obstetric units have responsibility for women with both high and low risks during pregnancy and birth [13]. In general, there is a higher frequency of epidural use and other interventions in obstetric units compared to units with midwife-led care [8,14]. It has been shown that midwives have a greater personal preference for physical and psychosocial methods of pain relief, while obstetricians have a greater personal preference for pharmacological methods, such as epidurals [15]. Midwives’ attitudes may be affected by the attitudes of other health personnel at the labour ward [16]. The National Institute for Health and Care Excellence (NICE) [9] points out that midwives must be aware of their own beliefs and values regarding pain during childbirth. The midwives’ preferences and interests concerning labour pain management should not influence the women’s choice [8].

The aim of this study was to investigate midwives’ attitudes and experiences regarding the use of epidurals during normal labour.

Method

Data collections

A qualitative approach is suitable for gaining knowledge of subjective experiences and attitudes. This method allows participants to speak freely in safe surroundings and is suitable for gaining a deeper understanding of midwives’ experiences and thoughts regarding the use of an epidural during normal childbirth [17]. Individual in-depth interviews were conducted for data collection.

Table 1
Interview guide.

1. Can you tell us about your experiences with pain management during labour?
2. Can you tell us about your experiences with an epidural as a pain relief method during a normal labour?
3. Can you describe what happens after the woman receives an epidural?
4. Reflect around women’s knowledge and attitudes regarding pain management during labour
5. Reflect around midwives’ knowledge and attitudes regarding pain management during labour

Participants

The inclusion criteria were midwives who were permanently or temporally employed at the hospital and had a minimum of two years of experience from the labour and birth ward. They had to work directly with labouring women in their current job. The head midwives of three obstetric units in different parts of Norway were contacted by e-mail and telephone. At one of the clinics, the researchers showed up personally to give information about the study. A total of ten midwives were recruited, four from one hospital and three from each of the other hospitals. The midwives had from four to over 30 years of experience and were from approximately 30–60 years of age. They had different experiences; some had worked in both large obstetric units and small midwife led-units, and some had also worked in antenatal care. An interview guide with five open-ended questions was developed (Table 1) and was used in all the ten interviews to keep the conversation on the chosen topic [17]. The individual in-depth interviews were conducted at the participant’s workplace and lasted about 30–45 min. When necessary, follow-up questions were asked, to clarify and elaborate the answers. The midwives spoke freely, and the data collected was rich in content. After ten interviews, data saturation was achieved.

Ethical statement

The study was approved by the Norwegian Centre for Research Data (ref. no. 54601). The midwives volunteered to participate in the study after receiving written and oral information about the study. They were informed about confidentiality, and their right to withdraw from the study at any time. Written consent was collected.

Data analysis

The interviews were tape-recorded and transcribed verbatim. The transcribed interviews were analysed using systematic text condensation, which is an explorative and descriptive method for the analysis of qualitative data. This is a four-step method developed by Malterud [17], inspired by Giorgi’s [18] phenomenological analysis. Malterud’s four steps were as follows: (1) The authors read all the data collected to obtain a general impression. The researchers looked for themes that represented the midwives’ experiences and attitudes regarding epidural during normal labour. (2) The material was systematically reviewed and meaning units were identified and coded. (3) The coded subgroups were condensed, abstracted and summarised. (4) The fundamental aspects of each code group were synthesized into themes with descriptions of the midwives’ experiences and attitudes. To enhance internal validity, all the authors participated in the whole process of analysis. An effort was made to bracket hypotheses, preconceptions and the theoretical reference framework. Decontextualisation allows parts of the subject matter to be investigated more closely, together with other elements across the material.

Recontextualisation will make sure that the patterns still agree with the context from which they were collected [17]. Quotes from the interviews were used to support the findings in this study. To ensure confidentiality and anonymity, pseudonyms were used.

Findings

From the findings in this study, two main themes emerged: “Normal childbirth as the goal” and “Challenges to the practice, knowledge, philosophy and experience of midwives”. From these main themes, four sub-themes unfolded.

Normal childbirth as the goal

This theme concerns the midwives’ attitudes to labour pain and epidurals, in addition to how an epidural influences the course of labour.

Attitudes to labour pain

All the participants agreed that an epidural provides good pain relief and is especially beneficial for exhausted women with prolonged labour and for women who are frightened. Some midwives emphasized the importance of understanding pain as a normal part of labour, and that it is a positive pain. They highlighted that midwives should be aware of this and not be afraid of being with women in pain. They should “work with” women to cope with pain, instead of just using medical pain relief. It was pointed out that almost all women want an epidural when they are seven to nine centimetres dilated, including women who originally want to go through labour without an epidural. It was highlighted that midwives could be more aware of their impact on the motivation of women during labour and how this might influence their need for an epidural. Several of the participants said that women have individual needs for pain management during labour, and you have to give advice based on the woman and her situation. They highlighted that pain management should be on the woman’s premises and not because the midwife thinks it is a challenging situation.

“We have quite a lot of power in our position. Many times, it is a bit dangerous to push them too much, because it is not always the case that the woman and the midwife have the same experience.”

Midwife Elida

Many of the midwives did not see why women should be in pain when they have the opportunity to give them an epidural for pain relief. It was pointed out that an epidural could be a good alternative if the midwives have knowledge about the possible consequences it can lead to and have this in mind when promoting a normal labour. Several midwives thought that an epidural could be included in the definition of a normal birth. This was based on the attitude that having an epidural is easy and commonplace nowadays. Other midwives thought that an epidural was an invasive procedure that could not be included in the definition of a normal birth. They pointed out the importance of believing in a woman’s ability to give birth without any interventions. Even though they saw an epidural as an intervention, some midwives said they did not see any disadvantages.

“We have almost come to believe that it is normal both to have an epidural and to stimulate a birth medically. But it is not normal. I think that a normal birth is a birth without interventions.”

Midwife Ingrid

“After all it is also a part of our job, to contribute keeping births normal.”

Midwife Shelley

Most of the participants said that in their experience, labouring women listened to the midwives’ advice. They pointed out that women are in a vulnerable position and therefore are responsive to advice. Some also said that the midwives’ experiences and attitudes impact what kind of pain relief the women receive. It was emphasized that the midwives have a central role in promoting non-medical pain relief and keeping labour normal.

“But it is obvious, if you inform her well enough you can get her to do almost anything”. So sometimes I offer an epidural simply to reach the goal.”

Midwife Carina

Many of the participants emphasized that after the woman received an epidural, there was a calm and good atmosphere in the birth room. The woman was happy and able to relax. It was explained that an epidural could take the women’s focus away from the birthing process, and it was questioned whether this could disturb the process. Some of the participants pointed out that giving the woman an epidural for pain relief might lead to a positive birth experience. Other midwives had experienced the opposite, that women who received continuous support and had been motivated by the midwife to make it through labour without an epidural had a good birth experience.

“It is not up to me to decide what a good birth is, an epidural birth can be a good birth for many.”

Midwife Ingrid

The influence on the course of labour

Several midwives had experienced that the use of an epidural could shorten the duration of labour due to the woman being more relaxed. Other midwives experienced that an epidural prolonged the course of labour and often led to more interventions such as oxytocin, the monitoring of mother and baby, and operative deliveries. It can also lead to urine retention, which leads to more catheterization during and after labour. Several midwives pointed out that women with epidurals were less mobile and stayed in bed. The women were therefore not able to use their natural body movements to promote a normal birth process. The midwives also mentioned that an epidural could prevent the women’s natural urge to push. Several believed that they might be affected by a workplace culture where they expect progress in labour, and that this might lead them to intervene in the normal labour. They explained how they are used to pathology in obstetric units, which resulted in medicalisation of birth with more epidurals, oxytocin and foetal monitoring, even in normal labour.

“It is questionable whether we manage to keep normal births normal, when we are used to working in a ward where it is common to just give an epidural, break the water, give oxytocin and so on.”

Midwife Melia

Some of the midwives emphasized the importance of mobilization after women had received an epidural, to promote a normal birth process. The participants explained that women are more immobile, and the foetus often does not rotate as well as it should. It is therefore essential that the midwives know the position of the foetus, so they can help the women to mobilize in a way that promotes normal rotation and progress in labour. The midwives highlighted that if women are not able to stand on their feet, the midwives should not give up on mobilizing them, but must work actively and use their knowledge to help them change positions in bed. Other midwives did not focus on the importance of activity for women with epidurals. They said that women often stay in bed and that the focus is frequently rest and nutrition. The midwives also explained that the labour often becomes more passive, for both woman and midwife.

“That is where I think we go wrong when we give an epidural. Everything seems good, the mother is relaxing in bed, and we forget that we have to work.”

Midwife Elida

Challenges to the practice, knowledge, philosophy and experience of midwives

This main theme involves how the midwives experienced an increased customer focus during labour, and that an epidural made it easier for them not to be continuously present.

Fulfilling the woman's wishes and needs

Some midwives had experienced a change in attitude towards labour and labour pain among women. They described how in past years labour pain was considered positive, but now women are more scared and expect to be in as little pain as possible.

“They are all aware of that medical pain relief exist, so they want to be without pain. As easy as possible.”

Midwife Gyda

During the interviews, two types of labouring women were presented. Some women had an open attitude to seeing what labour brought and others were set on having an epidural. It was emphasized that this could lead to a customer focus where the midwife simply fulfils the women's wishes. Some of the midwives said that they had liberal attitudes to medical pain relief, such as an epidural. This was because they thought it was up to the women to decide what they want, and if they want an epidural the midwives would give them that without further questioning or information. Other midwives said that they always informed women about the risks and benefits of an epidural to be certain they have enough information before making a decision. It was highlighted that it is often difficult and even too late to inform women when they are in labour pain. However, some had an experience of how good information had led to women wanting to continue labour without an epidural.

“When they say they want an epidural, I do whatever I can to fulfil that wish.”

Midwife Melia

The participants experienced different levels of knowledge among women and that a big part of the information was received through non-medical webpages and persons. Nearly all women knew about the good pain relief of an epidural, but many had a lack of knowledge about risks and complications. They also mentioned that many women did not have knowledge regarding non-medical pain relief. It was emphasized that midwifery is a profession and in many cases, midwives have more knowledge than women about when different pain methods work best. Several participants believed that some midwives are afraid of not supporting the woman in her choices if the woman wants an epidural and does not get it. They emphasized that it is important to remember that it is the woman's labour, and that the midwife should work together with the woman.

“But sometimes there are alternatives that might be better, and you must dare to present them.”

Midwife Shelley

“I have a duty in my profession. It should not be an easy solution to give her an epidural because it makes it easier for me. Because it does not have to get easier for her.”

Midwife Aase

Substitute for continuous support

Several midwives said that an epidural affected their role as a midwife, and that their focus became more medically centred. It was highlighted that midwives did not have to focus as much on “working with” the women if they had an epidural. They felt that

women were calmer and in control of the situation, and they believed that an epidural reduced the need for continuous support. Other midwives pointed out continuous support as an important method to help women through labour, and that this could affect their need for medical pain relief, such as an epidural.

“If you give an epidural, you do not need to work that active, as a midwife either.”

Midwife Aase

Several participants pointed out that midwifery is a demanding profession. They highlighted that as a midwife you have to “work actively with” the women, and that this was especially challenging during night shifts. The midwives expressed that when it was busy and during night shifts more women had an epidural. Some also said that they more often offered and presented an epidural as a good option at times like this. The participants said that it is easier to “work together with” women who have an epidural because they are calmer. Some of the participants highlighted the importance of continuous support, but due to time pressure this was not always achievable. They also felt that they could leave the birth room to do other work tasks if the woman had an epidural.

“You might offer an epidural earlier because you do not have the time to be there. We know that we should hurry up and finish, so we can support other women.”

Midwife Ingrid

Discussion

All the midwives in this study agreed that an epidural provides good pain relief, which other research also supports [4,19]. Despite this, the midwives had different attitudes to the use of an epidural in normal labour and whether an epidural could be included in the definition of normal labour. It was emphasized that having an epidural is common and several midwives did not see why women should be in pain when an epidural is available. Others highlighted pain as a normal part of labour and that midwives should believe in women's ability to give birth normally. ICM [10] states that medical or pharmaceutical intervention is not included in the definition of normal birth. The participants said that midwives have to “work with” women and their individual needs in order to promote a normal labour without medical pain relief. It was mentioned by the midwives that an epidural is an invasive procedure, so it could be helpful for the midwives to have knowledge about the possible consequences it can lead to, so they have this in mind when promoting a normal birth process. Sanders and Lamb [2] highlight that midwives have a central role in helping women to cope with pain and help them make individual choices regarding pain management. To do so, midwives need knowledge about normal pain responses in labour and must work in a holistic and woman centred way [2,7].

A recurring theme during the interviews was the midwives' impact on women during labour. The participants emphasized that women are in a vulnerable position, and that midwives can persuade them to do almost anything. Pairman [20] describes that traditionally, the relationship between health professionals and clients is hierarchical, where the health professional is the “expert”. The professional role of being a midwife is a powerful one and the midwife must be aware of this and not misuse it. She further presents that midwives and women should be viewed as equal individuals with equal power, and they should work in partnership. ICM [21] highlights in their “International Code of Ethics for Midwives” that midwives should work in partnership with women. The participants in the present study believed that midwives' experiences and preferences could impact the woman's choice of pain relief. It was highlighted that the midwives should not be afraid to work with woman in pain and an epidural should not be used because the midwife thinks it is a challenging

situation. Midwives estimate labour pain differently, and this might impact the midwifery care [22]. Lindholm and Hildingsson [8] highlight that midwives' interests and preferences concerning labour pain management should not influence women's choices. Midwives must support women's choices and be aware of their own values and beliefs regarding labour pain [9] and pain management during birth [7]. Based on the present study and the material presented above [7–9,20,22] it is important that midwives are aware of their own attitudes and how they might impact women's choices regarding pain relief during labour.

Some of the midwives expressed that an epidural often led to prolonged labour and an increased risk of interventions. These experiences correspond with the findings in several studies [1,4,6]. How the midwives were affected by the workplace culture was a recurring theme during the interviews. Wiklund et al. [16] conclude that midwives may be affected by the attitudes in the obstetric unit where they work and demonstrates that midwives working in low-risk units have a greater belief in normal labour and that primiparas can give birth without an epidural. Another Swedish study showed a higher frequency of epidural use and other interventions in larger clinics compared to midwifery-led units [8]. The midwives in the present study represented a workplace culture where they expected progress in labour and where interventions were frequently used, including normal labours. It was questioned whether a culture like this lead to unnecessary interventions and prevented them from maintaining a normal birth. Hunter [23] argues that midwives are affected by the setting where they work, and that working in a hospital setting often consists of medical procedures and a focus on efficiency. The WHO [12] states that epidurals lead to the medicalization of normal births and requires technological unit and trained personnel. The WHO's principle of demedicalization of normal birth [11] may be challenging to adhere to in a medically oriented culture. During the interviews, it was pointed out that the midwives' focus became more medically centred when the woman had an epidural. Research highlights that an epidural might lead to a focus on medical procedures instead of the normality of labour and will therefore influence the midwifery care [2,7].

The participants described how women often become more immobile after receiving an epidural and both the woman and midwife are often less active in promoting a normal labour and birth. Research has shown that an epidural might lead to a prolonged labour and motor blockade [1,4]. Desseauve et al. [24] explain that motor blockade is a frequent and frequently ignored consequence of an epidural, and due to this, women often lie horizontally in bed. Nevertheless, the midwives at one of the obstetric units in the present study in particular stressed the importance of mobilization to promote a normal birth for women with an epidural. The participants at this clinic emphasized the importance of knowledge about the babies' position and that the midwives have to work actively with mobilization to promote progress in birth. A Cochrane review concluded that upright positions and walking shortens the duration of labour [25]. The WHO [12] explains that midwives should encourage women to experiment with different positions rather than lying in a supine position over a long period of time.

The midwives in this study had experienced a change in attitude to labour pain among women. The participants presented an increasing customer focus, where the midwives' job is to fulfil the women's wishes. Some participants believed that midwives might be afraid of not doing a good job if they do not fulfil the women's wish for an epidural. It was also highlighted that an epidural could lead to a positive birth experience. This does not correspond with research which has shown that women given an epidural had a significantly increased risk of having a less positive birth experience, independently of her preferences towards the use

of epidurals [7,8]. The participants in the present study argued that midwifery is a profession with considerable knowledge about pain management, and midwives should not be afraid of using this knowledge and their experience to work in women's best interests. In ICM's [26] definition of the midwife, they highlight that a midwife should work in partnership with women and give advice during pregnancy and labour.

The pregnant and labouring women's lack of knowledge about the risks and complications of an epidural was a recurring theme in this study. Some midwives highlighted the importance of information so the women could make an informed decision. Others said they gave an epidural without further questioning or information, because they thought it was up to the women to decide. Both research [1,8] and NICE's [9] guideline states that midwives must inform women about the risks and benefits of having an epidural and how this might affect their labour. The midwives emphasized the difficulties of giving information to women in pain during labour and highlighted that it was often too late to give information when they arrived at the labour ward. This is supported by Sanders and Lamb [2], who noted that during labour, the woman might be in such pain that she is not in an emotional state to understand the pros and cons of different pain relief methods. With this in mind, it is important to have a greater focus on coping with labour pain and different pain relief methods, both medically and non-medically in antenatal care.

This study demonstrates that most of the midwives found it easier to leave the birth room to do other work tasks when the women had an epidural. The midwives based this upon their belief and experience that women are calmer and therefore have less need for continuous support. Payant et al. [27] examined the determinants of intentions to practice continuous labour support. The authors concluded that the intentions to provide continuous support are lower for women receiving epidural analgesia and are influenced by the perceived social pressure on their unit. There was an expectation not to stay in the woman's room once she was comfortable with an epidural but be available to help with other tasks. This practice does not correspond with other research that points out that epidurals are associated with a lack of control for women [28] and that continuous support is especially important for the first one to two hours after an epidural is activated [7]. In contrast, a Cochrane Review concluded that women receiving continuous support are more likely to have a spontaneous vaginal birth, positive birth experience and less use of regional analgesia [29]. In the present study, some of the midwives highlighted the importance of continuous support, but due to time pressure this was not always achievable. Most of the midwives mentioned that it was often very busy at the obstetric unit and that nightshifts were particularly demanding. At times like this, there seemed to be a higher use of epidurals and some midwives also said they offered it more often because of the increased workload. The WHO [12] states that pharmacological pain relief should never replace midwives' support in labour and The Norwegian Directorate of Health [13] recommends continuous support from the midwife during active labour. Based on the present study's findings, these recommendations are difficult to achieve when the obstetric unit is busy, and the midwives use an epidural as a substitute for continuous support in certain situations. Aune et al. [30] also found that the midwives did not always have time to provide continuous support and that an epidural was given as a substitute.

Limitations

In this study, the experiences and attitudes of a small group of midwives working in Norwegian obstetric units were investigated. This is a qualitative study with a limited number of participants. However, the midwives worked at different obstetric units and

they gave rich and detailed descriptions of their experiences. For this reason, the findings should be considered relevant.

Conclusion

This study has provided some insight regarding midwives' experiences and attitudes towards epidurals in a normal birth process. Distinctive differences in experiences and attitudes were found. The workplace culture in the obstetric units influences the midwives' attitudes and their midwifery practice. Some midwives did not see why the women should be in pain when an epidural was available, while others saw it as an intervention. How they supported women with epidurals also differed. Some midwives focused on working actively with mobilization to promote a normal birth process, while others said they become more passive and medical centred. When the obstetric unit was busy, an epidural was often used as a substitute for continuous support. Midwives should be aware of the power in their position and how the workplace culture might influence their attitudes. They should "work with" women to promote a normal birth process, even with an epidural. This research indicates that there should be a greater focus around organisational factors and workplace cultures that lead to the offer and uptake of intrapartum epidural analgesia. Although this study is small-scale it should form the starting point for further and more widespread investigation into this topic and its relevance for midwifery practice and midwifery education.

Ethical statement

The study was approved by the Norwegian Centre for Research Data (ref. no. 54601) June 23, 2019.

Conflict of Interest

There is no conflict of interest

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