The role of language in power and coercion in maternity services

Other

How to cite:

Hobbs, Lindsay (2021). The role of language in power and coercion in maternity services. Postgraduate Research Poster Competition, The Open University.

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Version: Poster

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The role of language in power and coercion in maternity services
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Background
A body of evidence suggests that women may experience a lack of autonomy, feel unable to exercise informed choice, or find decisions are made for them when induction of labour is the recommended plan of care (Coates et al 2020, Lou et al 2019). This may be because pregnant women are not being provided with the information they need, women may not understand the language used by healthcare professionals, or the language used by health care professionals may suggest a preferred option.

Research Questions
Does the language used by midwives and obstetricians influence the decision making of pregnant women being offered induction of labour?
Do midwives and obstetricians indicate a preference for or against induction of labour through the linguistic strategies they use in their discussions with pregnant women?

Data Collection
Observation of consultations about induction of labour between pregnant women and midwives or obstetricians will take place in a hospital and community antenatal clinic environment.

Semi-structured interviews will take place with pregnant women, midwives and obstetricians.

Documents which refer to induction of labour such as national and local guidance and information leaflets given to pregnant women will be examined.

Implications for Practice
A deeper understanding of the linguistic strategies used by midwives and obstetricians when offering induction of labour may lead to educational interventions aimed at improving how information is presented to women.

Information which is presented in an unbiased way, which includes alternative options and time for women to consider their own values and preferences, may support women better in the decision making process.