Research Project

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Rachael Maunder

Childbirth matters: interpretative
phenomenological analysis of British
women's birthing experiences via
emergency caesarean section, recounted on
"YouTube".

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Abstract

The study examines YouTube video accounts of women's birthing experiences via emergency caesarean section using interpretative phenomenological analysis. Using an interpretivist theoretical perspective and a phenomenological methodology to gain an insight into their sense making during the birth of their child. A search on YouTube using the keywords "emergency c-section", "emergency caesarean section", "birth story emergency c-section" returned videos that matched the first criteria of the study; these were mainly women who had experienced a caesarean. However, the searches returned some elective procedures. A homogeneous sample was achieved by skimming through the videos and matching them with the inclusion criteria specified. Texts were transcribed and coded, then themes were identified across the texts. A screenshot from each text was taken to apply multimodal analysis when interpreting the experiences. Three master themes are discussed: "being medicalised", "experiences with medical staff", and "the experience of feelings"; along with their sub-themes, focussing on how women experienced each theme. The study is limited within its data collection method and analysis; however, it also offers strengths for future research. Future study should include discourse analysis around birth.

Keywords: childbirth, caesarean, birth stories, women's experiences, birthing

Introduction

Childbirth for many women is simple and straight forward. Still, for some, 42% in 2018 (National Health Service (NHS) patient survey program 2019), it can be a complex event that requires assistance from healthcare professionals. Such as forceps, ventouse, episiotomy (National Health Service 2020a), caesarean section (National Health Service 2019), induction

using synthetic oxytocin (National Health Service 2017), and foetal monitoring using an ultrasound or electrodes attached to baby's scalp (National Health Service 2020b). Moreover, 33% of women describe their childbirth experience as negative or traumatic, according to Chabbert et al. (2021). Koster et al. (2019) define a traumatic delivery as one which causes deep distress or psychological disturbance. Unassisted vaginal delivery rates have gone down from 62% in 2013 to 58% in 2018 (NHS patient survey program 2019), meaning that more women require some type of medical intervention to help them deliver their child. This research project aims to explore women's subjective experiences relative to their emergency caesarean section (ECS) births and the events leading up to them, using an interpretivist theoretical perspective and a phenomenological methodology to gain an insight into their sense making during the birth of their child (Smith et al. 2009).

The experience of a satisfactory delivery is not synonymous with a painless delivery (Salmon and Drew 1992), as many factors contribute to childbirth satisfaction and successful birth. For example, anxiety, ante-natal preparation, emotional preparation, and medical intervention contribute to a woman's perceived success in childbirth (Chabbert et al. 2021). Furthermore, Salmon and Drew (1992) identified three main dimensions to childbirth: emotional distress, physical discomfort and fulfilment concerning the event. Many articles find that the experience of ECS is perceived as a traumatic experience (Smarandache et al. 2016; Nystedt and Hildingsson 2017). Moreover, research from Karanci and Dirik (2003) concludes that women are at higher risk than men to experience preoperative anxiety before emergency abdominal surgery (unrelated to childbearing). Resulting in an increased physical healing time, in addition to the psychological distress that they experience (ibid).

Research on childbirth suggests that between 9% and nearly 30% of women found birthing to be traumatic, leaving them at higher risk of postpartum traumatic stress disorder (PPTSD) (Koster et al. 2019). Furthermore, Ayers (2017) posits that 4% of women suffer from (PPTSD) after giving birth to their child; however, she states that PPTSD can be prevented with the correct tools and support. Handelzalts et al. (2017) identify that negative birth experience is directly associated with emergency and unplanned interventions and argue for follow up care to ensure maternal wellbeing. Whereas Molgora et al. (2020) favour the argument for maternal support as a preventative tool for positive maternal mental health, supporting Ayers (2017). However, Karlström et al. (2015) assert that positive births emanate from a culture of belief in the woman's competency to birth her child, where support is centred around her and tailored to her needs and desires. Additionally, Molgora et al. (2020) assert that fear of childbirth predicts a negative birth experience and increases the likelihood of an ECS being carried out. Admittedly their systemic review was inconclusive; however, they emphasise the importance of maternal support as a tool to prevent fear of childbirth. Their review included two research projects in the Netherlands and Israel. Two were meta-analyses of studies in various countries and therefore does not give an accurate reflection of maternal care in the United Kingdom (UK). Thus, the current research will analyse women's experiences of childbirth in the UK via ECS to explore the subjective experience leading up to the procedure and throughout. Childbirth can be a distressing experience, and there are psychological disorders associated with childbearing, such as postnatal depression, postnatal anxiety, PPTSD and rare occurrences of puerperal psychosis (VanderKruik et al. 2017; Powell et al. 2020). These illnesses are associated with past experiences of poor mental health, anxiety and depression in pregnancy, also trauma during childbirth (Turkstra et al. 2013). The present study aims to examine the subjective experiences of women who undergo ECS to determine the

effects of an emergency intervention on women's perceptions of their birthing experiences. This study will use online data from YouTube's social media platform to pursue this aim.

Hookway (2008) notes that online research opens up new possibilities for qualitative studies, particularly now due to restriction imposed by the current pandemic. Some examples of online research are Bowker and Tuffin (2004), Beck (2005), O'Hare and Coyne (2020) (see appendix 1). Although these are unrelated to the current topic, they identify barriers and bridges to online study and support the present study's methods in data collection. Additionally, they highlight an opportunity for understanding experience. In comparison, Goodall et al. (2009) used interpretative phenomenological analysis (IPA). They identified four themes related to women's perception of health professionals' influence on decision-making. These were "lack of knowledge", "generalised information", "latent communication", and "loss of control" (ibid). Confirming that IPA can create an opportunity for understanding women's experiences in medical settings. However, there are no studies currently (to the author's knowledge) that use online data to analyse women's childbirth experiences. Therefore, this study will use online content to collect existing data that are naturalistic (Gough 2017), to provide a data set that is unaffected by the presence of a researcher (Hookway 2008) and free of the potential for psychological harm that this sensitive topic could have on participants. Thus, providing an opportunity for the medical field to gain an untapped insight into women's perceptions of childbirth via ECS from media texts that are user-generated.

Methodology

This study is concerned with the phenomenon of childbirth and the experiences of women who undergo an ECS to give birth to their child. It examines the sense-making of women, based on their birth stories, shared on YouTube. Five media texts from the social media platform were selected, transcribed and reviewed using iterative cycles of analysis to identify themes and master themes across the texts (Smith et al. 2009; Jewitt 2012). According to Smith and Osborn (2015), IPA is a valid method of analysis for the experience of pain. Moreover, Smith et al. (2009) state that IPA is helpful in the analysis of psychological distress and transitions of identity. Therefore, IPA was deemed to be an appropriate method of analysis for this study due to the phenomenon of childbirth involving pain (Callister et al. 2003), psychological distress (Smith et al. 2009; Silverstein et al. 2019) and a transition of identity (Smith et al. 2009; Smith 1999). Furthermore, a study of music therapy videos demonstrates how IPA can be used to examine media texts (Lee and McFerran 2015), further supporting IPA's suitability for this media text study. The current study will refer to Bezemer and Mavers (2011) and Jewitt (2012) to guide its use of videos in social science research.

YouTube

The data for the current study were collected from a publicly available source: "YouTube". YouTube is a social media platform that can be used freely by anyone who wishes to upload videos of anything they like such as, tutorials, funny videos and video logs. Anyone can view these videos, providing the target video is set to "public". Furthermore, people can subscribe to the channel of a particular person and regularly see their content. Also, watchers can comment on videos and interact with each other. Consequently, this makes YouTube a popular place for individuals to share their experiences, wisdom and humour. A search on

YouTube using the keyword "birth story" returned many results from all over the world, making it a rich data source. Additionally, people can view videos without signing up for an account or subscription. The privacy policy (Google ND) states that people can share videos both privately and publicly, and people can remove their videos at any time. The privacy policy is published by Google (ND) and states that since video texts can be withdrawn at any time, that the sharer has consented to their content being consumed. Furthermore, Legewie and Nassauer (2018) discuss similarities between observations in a public place such as a park or shopping mall and social media (being a public forum), where it is impossible to obtain informed consent from every member of the public. They also point out that consent is not mandatory by law (ibid). The terms of service on YouTube (2020) talk in detail about content creation and what people can share; it does not go into depth about how viewers can use data. However, it does state that any person may access and use the service providing the user complies with the terms and laws around GDPR (Information Commissioner's Office 2018). Point 1 of the terms of service: states that reproduction of any material is prohibited except as expressly permitted by the service, for example, for personal and non-commercial use. In this case, the project falls under personal use, and no monetary gains will be made. Therefore, transcription will not be an issue. The terms also state that content may be removed from the platform at any time; this is in line with Information Commissioner's Office (2018) as it allows users to withdraw their consent. Therefore, if a video is removed from the public domain, this will be treated as a withdrawal from the study. The privacy policy is generated by Google (ND). It states that users may share content with others privately or publicly and inform them that it will be available in search engines once shared publicly. Information is therefore only shared with consent. Users are given the opportunity again, within the privacy policy, to delete information that they wish to remove from the public domain. YouTube discusses the option of using data for "fair use", which includes criticism and review (YouTube 2020). Therefore,

this project falls within the remit of fair use (Information Commissioner's Office 2018). The participants have willingly shared their stories publicly and can remove this from the public platform at any time. Therefore, it is unnecessary to inform participants of their involvement in this study due to the accessibility of the data they are providing.

Data collection on YouTube was carried out by using the key terms "emergency c-section", "emergency caesarean section", "birth story emergency c-section". The data quality was ensured by selecting data that are only inclusive of the phenomenon being researched, "women's experiences of emergency c-sections in the United Kingdom". To ensure quality, the researcher watched any returned videos from the keyword searches above and looked for exclusions. Such as videos from outside of the UK, elective caesarean stories, recounts from people other than the patient herself and "in the moment" video logs where the actual birth is recorded and shown (these were excluded as a reflection of the event may not have been processed yet and sense-making for the woman may not have taken place). Any elective caesarean and vaginal birth accounts were excluded as the study is only interested in the sense-making that mothers experience during an ECS procedure. This study purposely selected birth stories from British women of childbearing age who experienced an ECS for the birth of their child. Media texts that describe an experience that is older than five years from the event were also excluded so the memory of the event would be as recent as possible (Rijnders et al. 2008). In addition, many changes may have been implemented in the way ECS deliveries are carried out in the last five years. The research only uses publicly available media texts for ethical reasons and in compliance with YouTube's policies (YouTube 2020). The videos selected are from British women of childbearing age. This information was checked in their "about" section on YouTube, where content creators add their profile information, including country of

residence. For each chosen text, the researcher watched each video and checked that all stories came from British women, ostensibly describing their experiences of their ECS due to complications of their original plans. As such, the researcher excluded all media texts which describe elective caesarean sections or vaginal births and excluded male's recounts (or anyone else present), ensuring the sample remained consistent. The research is only interested in the experience of the women who were subject to an ECS during the birth of their child; therefore, the texts constitute a homogenous sample of data. Only texts spoken in the English language were used for ease of analysis.

An appropriate number of texts for a student project, such as this study, using IPA is between three and six (Smith et al. 2009 p51); this was why five texts were selected from YouTube. The study aimed to gain a rich insight into the phenomenon; therefore, it was deemed that five texts would be an appropriate number to achieve this goal. Furthermore, the length of the data ranged from 11:02 minutes to 33:47 minutes. However, some data were removed due to one video cutting to "in the moment" footage where some of the hospital experience was filmed during Sophie's recount of her experience; therefore, around 14:00 minutes of text were discarded from the longest video (33:47). Also, data were removed from Salma's text because she continued to talk in detail about the birth of her second child, who was born by VBAC (Vaginal Birth After Caesarean). Therefore, the transcription was discarded after 13:38 minutes because it did not meet the criteria of the current study.

The transcription tool on YouTube was used to collect the data; however, issues in the transcription were apparent. There were several mis-transcribed words, and pauses were not included. Additionally, the transcription tool only shows written words. It, therefore, omits the

richness of facial expressions, glances away from the camera and the setting in which the person has chosen to settle to tell their birth story (Jewitt 2012). The researcher used the setting option on YouTube to reduce the playback speed to 0.5 of normal play speed and, with the use of headphones, corrected any errors that the automatic transcription held. Pauses were added, and a description of the environment was provided at the beginning of each transcription. Finally, a screenshot was taken at a moment in the text where the researcher felt a particular intensity in the experience. These images were used to support the analysis of the words used in that specific moment.

The researcher read the transcripts until she familiarised herself with the text, and then words and sentences of interest were highlighted and coded with codes in the first instance (Smith et al. 2009). Once all the transcripts (appendices 11, 12, 13, 14 and 15) were coded in this way (see appendix 2), the themes were then written onto post-it notes and were stuck to the wall (see appendix 3). Emergent and master themes emerged across the transcripts when commonalities were identified. Once there was no further movement of the post-it notes, and the researcher felt that all the themes were completed and named, the data from the post-it notes were added into a table of themes using Microsoft Excel. Then moved to Microsoft word (see appendix 4) for ease of attaching in the appendices section. The analysis was carried out using IPA to code and identify themes across all the transcripts (Smith et al. 2009). Although the data source and collection differ significantly from IPA's traditional use of face-to-face interviews, the analysis of the current study follows Smith et al. (2009), which can also be seen in practice in Connerty et al. (2016). The research includes screenshots taken from the videos at critical points of the texts (Bezemer and Mavers 2011). One specific point of each video was selected, and screen printed to evidence a visual dimension of the research. Bezemer and Mavers (2011)

describe this as multimodal transcription, meaning that the text and analysis contain more than one mode of communication: in this case, written speech and image of facial expression. Each screenshot was taken at a point when the researcher felt an elevated response to the experience occurred, so that words could be supported with visual evidence (Jewitt 2012).

Ethical considerations

The study worked within the parameters of the four principles outlined by the British Psychological Society (BPS) (BPS 2018). Namely: Respect, Competence, Responsibility and Integrity. Per the Ethics Guidelines for Internet-mediated Research (BPS 2017), the following guidelines have been examined: Respect for the autonomy, privacy and dignity of individuals and communities, Scientific integrity, Social responsibility and Maximising benefits and minimising harm.

The nature of the study is highly sensitive, and therefore the option of using media texts allows the research to avoid distress and psychological harm (BPS 2021). It eliminates the power imbalances that interviews and focus groups experience. It gives the data additional validity since no social desirability can occur due to the lack of interaction between the researcher and the person who is sharing their experience through the media text (BPS 2017). To ensure ethics were maintained, the study's proposal was presented to the University of Bradford ethics board and after some minor revisions, the proposal passed the ethics review panel.

After the initial transcription collection, one data set was removed from the public platform before the research was written up; therefore, the researcher treated this as a withdrawal and deleted the data from the study. A further search using the same search terms was carried out to find a fifth text to replace the withdrawn data. Therefore, ethical considerations on informed consent were followed due to the individual no longer consenting to their video being in the public forum, under BPS ethical guidelines (BPS 2018), YouTube's terms (YouTube 2020) and GDPR (Information Commissioner's Office 2018). A final check on YouTube was performed before the write-up of findings to ensure that the data used was still available in the public forum.

The data were stored on a password secure and locked device and deleted once the findings were written. Because of the public availability of the videos, the names of the women in the media texts did not need to be changed to provide anonymity due to them being in the public forum by their admission. Additionally, in line with academic integrity, the references to the videos used are available in the reference list below, rendering the need for anonymity redundant. Any names of people or organisations included in the text but who did not overtly consent to their data being shared will be anonymised using words such as "Nurse", "Husband", or "Baby". The NHS could be implicated, as this is the primary source of care for women in the United Kingdom. However, it is impossible to determine from the texts alone whether the experiences took place in a private or NHS hospital. Therefore, caution should be taken when applying the results to the broader population or any specific healthcare provision. For this reason, the data was dealt with as sensitively as possible.

The researcher has completed modules in both years one and two in qualitative research and has gained some practical experience of qualitative research, being in the third year of BSc Psychology at the University of Bradford. Further, having covered "Introduction to Research Methods in Psychology" in year one and, more specifically, "Methodological Issues and Qualitative Research" in year two. This learning is applied to the current project. Moreover, the researcher is interested in women's issues around motherhood which stem from personal experiences, including first-hand experience of an ECS. Therefore, the current research is of personal interest to the researcher and acknowledgement of this is accounted for throughout the study. The researcher recognises that the analysis of the texts is an inductive process but equally a joint product of the data and the interpretation of the analysis per Smith et al. (2009). There is no relationship between the researcher and videos or women in the videos, other than one of publisher and consumer of YouTube content. Albeit for review and critique purposes as per the "fair use" terms of YouTube (2020). The researcher's wellbeing throughout the study was primarily self-monitored. Additionally, fortnightly supervisory meetings were attended to discuss any areas of concern, progress and support. These meetings also provided a chance to discuss projects with peers, which supported the researcher's mental wellbeing throughout the project. Furthermore, one-to-one supervisory meetings were arranged to discuss more project-specific issues.

Due to the origins of the data, it was not feasible to contact the participants to check that the coding and themes matched their experience. Therefore, data were triangulated against theory and research from existing work in the field. Furthermore, a peer examined the final table of themes and confirmed that they matched the coding of the transcripts. Additionally, a clear audit trail has been documented (Smith et al. 2009), from initial proposal to write up. To

show how the researcher came to the results and findings in this study. To ensure researcher bias was mitigated against, the work was carried out under supervision and drafts of the literature review and findings were submitted for review by the project supervisor. This practice proved incredibly valuable for the researcher's development but also helped steer the project's transparency and reliability.

Discussion and Results

This study aimed to examine women's subjective experiences who undergo ECS and explore their perceptions of their birthing experiences. The analysis identified seven master themes using IPA of five women's childbirth experiences via c-section. The analysis shows that childbirth is a complex experience constructed by the woman, her expectations, concerns, feelings, perceptions, and support network, including the medical team who assists her. Additionally, there is a social expectation that childbirth should occur in a hospital which influences the way women experience childbirth. Parry (2008) asserts that women who question medical staff or attempt to gain some agency over their reproductive autonomy are deviant. For this paper, the discussion will centre around "being medicalised", "experiences with medical staff", and "experience of sensations" (see appendix 4) and (appendix 5), owing to the strong recurring presence of these themes in over half the sample (Smith et al. 2009).

Being medicalised

The master theme "being medicalised" includes emergent themes: "physical interventions", "check/ sweeps", "measures of progress", and "drugs". Although women are not consciously aware that they are subject to medicalisation, they experience the pressures

that accompany the normalisation of birth as a medical practice. For example, the theme "physical interventions"; women are told what interventions will be performed on their bodies with little to no explanation of what these procedures entail. Leaving women feeling disempowered and undermined; losing their autonomy and agency during the process of birth. This power imbalance is present in their use of language: "we're going to do...", "we have to..." and "our advice is to..." (see appendix 4). An example of this is shown in the text from Sophie, who talks about how her Doctor wanted to try a procedure that he had no faith would work:

"the doctor said well what we're gonna try first is an episiotomy [...] and a forceps delivery but I don't think that's gonna work and then we'll try a c-section and I was like wait a sec absolutely not that's not happening" Sophie, Line 127-130

This suggestion seems quite upsetting to Sophie, who questions the decision and claims back some advocacy over her options, crossing over into the theme "declining medical interventions". The over-medicalisation in this instance is an apparent attempt to enable the woman to deliver vaginally and avoid ECS. However, the Doctor's professional judgement that an episiotomy and forceps would be unsuccessful raises the question of why the procedure would be attempted if it were to disempower the individual further and cause a more complex recovery. Furthermore, the talk around checks and sweeps suggests that they are carried out excessively as well and sometimes without prior consent.

Checks and sweeps are often recommended, but women seem to be unaware of their rights to refuse the process; they talk about being examined, checked, or "they did a sweep". The experience of women in this instance is one of being processed. One woman is given a sweep and informed of this after it has taken place, meaning that consent was not requested, and her autonomy was overruled:

"... he said I've given a good sweep while I was there..." Amanda, Line 64

The current study shows that it is an invasive procedure that women feel uncomfortable with:

"I was overdue and I was like ok then [short pause] let's just do it so she said that obviously the sweep is gonna help [short pause] get things moving [...] so I was quite uncomfortable [screenshot image 2:54] this is quite quick erm.. not very pleasant to be honest" Salma, Line 30-36

Salma talks about her discomfort throughout the sweep and while her words describe discomfort, the image included in this analysis shows one of disgust (see appendix 6). Suggesting that not only is this invasive procedure uncomfortable, but it is equally an area sensitive to dignity and privacy and should therefore be carried out sensitively. The checks and sweeps performed on women contribute to a complex experience that includes feelings of discomfort, disgust, feelings of being helpless and, to some extent, feelings of being violated. Examples of these appear later in the emergent theme "relinquishing dignity and control". Avdiyovski et al. (2019) found that membrane sweeping is effective and safe, preventing the need for artificial induction. However, they also state that further research should be conducted to investigate women's experiences of this procedure and the impact on decision-making. Additionally, it creates feelings of responsibility to dilate despite there being no way a woman could purposely contribute to this involuntary phenomenon. Equally, procedures that measure progress can affect women's experiences.

There is pressure on women to become dilated to a specific measurement in centimetres (measures of progress) before they are admitted to the hospital, assisted in having their waters broken, or allowed to push. Thereby putting pressure on women to become further dilated,

affecting their internal measure of success. However, dilation is an involuntary response to initial labour, meaning that women have no control over how quickly their cervix softens. Ultimately, this affects women's perceptions of their adequacy to give birth. Additionally, the process of checking for dilation causes pain, discomfort and a feeling of being assaulted:

"..they checked how far dilated I was which I'm not gonna lie if felt I was being fisted it was horrendous" Kristina, Line 86-87

Highlighting how these procedures cause discomfort and border on the sense of being violated (Rost et al. 2020). Furthermore, the guideline for low-risk labour is that women should dilate by around one centimetre per hour. However, the World Health Organisation (2018) advised that this was not a reliable measure of progress and that each woman and labour are unique. Measuring the cervix compared to this benchmark has led to an increased rate of unnecessary c-sections. Additionally, this measure of progress also seems to be deterministic of how well the woman is doing, making women believe that they are responsible for how far they dilate. Examples of the pressures to dilate emerge across all the texts, two excerpts, in particular, emphasise how this measure of progress is wrongly deterministic of the effort made by each woman:

"...they told me that I was three centimetres dilated which I'm quite proud of I managed to do that all on my own" Kristina, Line 87-88

and

"I remember laying there going one centimetre that's shit I've done shit [...] I just remember when Husband was like you haven't that's really good I was like no it's not that's rubbish" Sophie, Line 97-100

Women perceive their dilation measurement as a direct reflection of their ability to progress through childbirth, experiencing pride when they perceive their progress to be further than they had hoped and disappointed when they wished to go further. There are drugs such as oxytocin that can help with labour progression, but they too, affect women's experiences.

Most women chose to take gas and air to help manage their pain; however, one woman decided that she did not want any drugs and only had an epidural before her c-section. Other women had gas and air, synthetic oxytocin and epidurals. The range of views on the use of drugs is varied:

"I didn't want gas and air, I didn't want anything" Salma, Line 100

"Wasn't saying no drugs don't offer I was saying ok but I would like to go without"

Sophie, Line 63-64

"Honestly girls, you need to take gas and air" Kristina, Line 94

Women also describe the experience of being on and off drugs that assist labour progress:

"They put me back on the drip" Sophie, Line 100

Sophie explains that the oxytocin drip was suspected of causing her baby's heart rate to drop, giving her and medical staff concerns. Therefore, a decision was made to remove the drip for some hours and then she was returned to the drug, triggering a sudden onset of labour. She experienced relative stress and pain. Her experience prompted her to share the message with other women to refuse an early induction; evidence of this is present in the theme "declining medical interventions".

Childbirth has become perceived as an illness that requires medical intervention in its move from the home to the hospital (Jolly 2018). Consequently, women's expertise over their bodies is invalidated and overridden by qualified doctors (ibid). Furthermore, the process has become over-medicalised in the sense that interventions are carried out excessively and remove some autonomy from women (World Health Organisation 2018), placing them at risk of being disempowered in the process of birth (ibid). Additionally, according to Martucci (2018), women are marginalised, and their fear of childbirth is due to the medicalisation they experience. Moreover, Koster et al. (2019) find that women are estranged from the event. They may not explicitly be aware of this since the medicalisation of birth has been normalised in western society. Hill (2019) uses the analogy of a fish in water that does not know it is in water until it no longer is. Women who undergo medicalisation as a societal norm have no basis for comparison and therefore experience medicalised births to varying degrees with no knowledge of anything other than the experiences they perceive between themselves and medical staff.

Experiences with medical staff

In the master theme "experiences with medical staff", the following themes were found: "declining medical interventions", "unsupported", and "supported by staff". Women experience a mix of positive and negative instances with the staff. Some women talk about a friendly midwife, and in some cases, women speak about being undermined or blamed for not trying hard enough to deliver their baby. Women also talk about the difficulties of declining medical advice. The experience of declining medical assistance or intervention seems very difficult for them to do. It seems that going against the grain gives the women a feeling of deviance from the norm:

"...the last time I saw her she she asked me if I was wanted to get a sweep and I didn't and I said no erm.. I'm just gonna wait erm.. just basically wait and just [pause] see what happens..." Salma, Line 28-30

Salma felt the need to justify her decision to decline a sweep and talks about this at length during her video. Moreover, Sophie talks in particular about going against advice, knowing that the medical staff have trained for years and are experts in their field. She discusses the difficulties that women experience in turning down their direction and the inner conflict that women feel when making their own choices over their birth event:

"I think it's important to talk about because I would like to hope that [short pause] you know maybe one day someone watching this [short pause] might refuse an early induction in the future if they don't think there's a reason to be induced obviously it's difficult to go against medical advice hence why we ended up being induced because [short pause] you know these people train for years and years and years and [short pause] who am I to say well no actually I'm gonna go against your advice and I'm gonna do what I wana do" Sophie, Line 199-204

Sophie states that she hopes to empower other women to decline interventions that they believe to be unnecessary. Her experiences left her feeling undermined, disempowered, stressed, deviant and unsupported.

In the theme "unsupported", a negative occurrence with staff is when woman feel undermined or blamed for their lack of progress or inability to push during labour.

"I just didn't think they were taking me seriously and they were kind of telling me off a little bit erm.. and they said we can't do this because you're not pushing properly you've

got to push here push through your bum and they were holding my legs you're not pushing properly not pushing properly telling me off off off off they're like right we got to go to theatre and do a suction cup erm.. cup because we can't get him down he's not far enough down you're not pushing enough" Amanda, Line 110-115

Another woman talks about being undermined and made to feel like she is untruthful in her experience of being given an epidural:

"...they spray you with like an ice cold spray [short pause] and say can you feel that that's cold [pause] and I was like yes and he sprayed it on my belly and I was like yes I can feel that's cold he went no no I know you can feel there's spray there I know you can feel the sensation of the spray but can you feel that it's cold [short pause] I was like yes I can I can feel that it's icy [short pause] and so then he sprayed it down my legs and got further and further down and sprayed it further up and was trying to kind of work out where the epidural was working and I could feel it everywhere [short pause] so then he pinched me on the stomach and said can you feel pain [short pause] when I pinch you and I said yeah [short pause] he was like no I know you can feel the pinch but can you feel pain [emphasis] I was like yes [emphasis] I can feel everything you're doing to me like I can feel the pain I can feel the cold I can feel it all [short pause] and he was kind of quite sceptical I was high [short pause] as a kite so fair enough he probably thought I didn't know what was talking about" Sophie, Line 142-153

Koster et al. (2019) find that women are undermined in their study. This is evidenced in the current research within the theme "unsupported", where women describe their experiences of feeling undermined and even blamed during labour. However, Johanson et al. (2002) suggest that midwives operate in a culture of blame, therefore, adopt defensive practices. However,

Olza et al. (2018) conclude that a birth experience with supportive staff empowers women and aids their transition to motherhood.

An extension of women's personal support network is the medical team looking after her in the hospital, evidenced in the theme "supported by staff". Women feel that they can trust their medical team to have their best interests at heart; this could be related to the earlier mention that "they have trained for years", inciting a sense of confidence and competence in their ability to assist the women under their care. Additionally, their personable actions make women feel supported and cared for:

"They put a blanket on me" BrummyMummyof2 – Emma, Line 92

"Had this lovely midwife hugging me" Amanda, Line 120

These simple actions ensure that women feel valued and help women recall a positive aspect of their experiences when recounting it on YouTube. However, these occurrences still reside in a system of medicalisation where women rely on their experiences with medical staff being of a positive nature. Ultimately, the pressures on staff cause defensive practices (Johanson et al. 2002), which disempower women further and causes them to experience less than a satisfactory birth event, suggesting the need for changes at a systemic level. Moreover, Jolly (2018) states that women are more inclined to accept an ECS and less likely to resist or decline medical intervention. Hill (2019) attributes this to fear of birth in a patriarchy, in which risk overrides autonomy.

Experience of sensations

The master theme: "The experience of sensations", comprises five emergent themes. "Physical feelings", "grief and loss", "mental state", "memories or lack of" and "relinquishing dignity and control". Women experience distress, grief and a sense of giving in to the medical process. In some instances, women describe abusive practices that would be deemed unlawful under other circumstances. All of the women in this study describe physical pain or discomfort at some point in their stories. They seem to experience pain mostly during contractions:

"it is quite disturbing distressing I don't know what you want to call it but erm.. yeah they were painful [screenshot image 8:54]" Kristina, Line 108-109

In the screen print for this excerpt (see appendix 7) Kristina, describes the pain of contraction and almost seems to be pleading for watchers to understand the extent of the pain she experienced. Additionally, some women experience a sense of loss.

Women experience a sense of loss of what could have been. They long for a positive experience and grieve when this does not occur as they hoped. Women discussed their sadness of never getting a chance to take their first photographs after the birth of their child. In this instance, Amanda talks about missing the moment her child was born; she was feeling disconnected and described herself as being half passed out:

"I'd miss it and like [crying, wiping eyes] [crying] missed that moment [screenshot image 11:10] [long pause] he was there" Amanda, Line 136-138

The screenshot taken at this point of the text shows Amanda wiping her eyes and showing blatant facial expressions of sadness and deep regret (see appendix 8). Her voice also changes at this point to one that is quavering and sad in tone. This feeling of loss can be linked to women's mental state during and after the birth event.

Women describe their mental state as being disconnected and high. The latter could be related to the drugs given to help with the pain of childbirth. Also, they experience psychological feelings such as stress, trauma and the worst experience in life. Additionally, one woman talks about being determined to overcome her sadness:

"I found this kind of inner [screenshot image 8:47] strength where I was like I'm not gonna cry I'm gonna be ok" BrummyMummyof2 – Emma, Line 100-102

The image (see appendix 9) clearly shows Emma frowning as she is describing her experience of finding her inner strength, which helped her to get through the birth of her child. Whereas Sophie explains the stress of being surrounded by several professionals who were responding to the emergency aspect of her story:

"all of the doctors rushed in there was about [short pause] ten people in the room which is [screenshot image 24:21] really [emphasis] stressful" Sophie, Line 124-125

Sophie is looking defiant towards her camera as she emphasises how the experience made her feel (see appendix 10).

Women's experiences of compromised capacity and a sense of disconnection to the events also feature in their sense-making:

"it's hard for me to remember because I was high as a kite" Kristina, Line 96-97

"I was high [short pause] as a kite so fair enough he probably thought I didn't know what was talking about" Sophie, Line 152-153

"I couldn't really take it in [pause] I was just completely I just didn't know what was going on and Husband kept bringing him up to me and I just kept turning like side to side I couldn't function" Amanda, Line 139-141

Olza et al. (2018) find similar results in their study where they state that women experience a sense of disorientation and a loss of time. Feeling that they are disconnect from other people in the room. Supporting the current study's findings that women experience a sense of disconnect. In addition, women experience a difference in their ability to remember events.

Women experience hazy memories of the event, often calling on their support network to fill in the gaps. Possibly because of medications given to help with the pain, but equally, it could be due to exhaustion or a desire to block out some of the events, this is evidenced in "memories or lack of":

"I have forgotten a lot" Amanda, line 166

"Don't remember any of this" Kristina, Line 183

"I remember bits, I've pieced things together" Sophie, Line 134-135

Although none of the women in this sample seem to be any better or worse off because of their inability to remember parts of the birth event, there is no research around memory during childbirth. However, some research suggests that women's memories from the birth of their child are accurate for several years later (Rijnders et al. 2008). Conversely, Waldenstrom (2003) asserts that this is not the case; however, this research is dated. Similarly, women's autonomy and control are taken from them.

The sub-theme "relinquishing dignity and control" shows some instances where women have been mistreated by medical staff and have lost some dignity, which could have impacted their ability to experience a positive birth. The themes "concerns for baby" links into this because women give away their autonomy in exchange for their baby's wellbeing:

"...another hand to do a little sweep by this time I was inviting the cleaner, and would you like to put your hand up for me and have a sweep erm.. my boss at work do you fancy coming and having a look [short pause] such was so many hands in my private parts" BrummyMummyof2 – Emma, Line 64-66

To some extent, women feel dehumanised:

"I remember them strapping down my legs and I went from screaming to almost [long pause] not passed out I was awake but I wasn't awake" Amanda, Line 128-130

And undignified:

"...they said that I wasn't pushing properly so they were gonna have to cut me and use forceps and at that point I didn't care I really didn't care I was laying there in a bra coz I was wearing a onesie when my erm.. when my waters broke and I didn't care they were like do you wanna to put a gown on I didn't care I really I think you get to that point and you don't care and I was dripping in sweat erm.. I just didn't didn't care at all [sigh] so erm.. [...] distraught I kept shouting at people coz I just didn't think they were taking me seriously and they were kind of telling me off" Amanda, Line 104-111

Rost et al. (2020) discuss the maltreatment of women during childbirth and posit that to care for women during birth, the medical professionals must be first able to recognise women's needs and experiences and then be willing and able to act upon them. Hill (2019) observes that risk trumps autonomy, and therefore women are open to relinquishing control because of this.

Conclusion

The current study relies on user-generated data and therefore fails to include any direction from an interview in which specific questions are asked. The raw data held off-topic information and omitted the opportunity to clarify events further. However, this data source provides an abundance of person-led data, only including details that she is comfortable sharing. Thus, ethically, the women in this study are kept safe from psychological harm. As a result, the research holds a higher level of validity.

The study included some elements of multimodal analysis, but due to the large amount of text, it was limited on the number of modes and analysis that could be conducted. Further research could focus on a smaller sample and analyse in-depth alongside the words used to describe the experience shared.

The texts analysed in this study were all from women in the (UK). While the main supply of healthcare in the UK is the NHS, it is impossible to determine if these women's experiences existed within the NHS or private healthcare provisions.

The study collected data published as close to the birth experience as possible. However, one woman does not specify her child's age, while another gave birth five years before sharing her story on YouTube. Also, the birth stories shared in this study had some level of complication, and therefore caution should be taken before results are generalised to all emergency caesarean section births.

Future study should analyse discourses in healthcare settings, including discourses of medical staff.

Women who deliver by ECS feel disempowered. They experience a loss of autonomy. They go along with their medicalisation for fear that their child's health could be compromised. They are sometimes exposed to procedures that are carried out for vaginal delivery to avoid an ECS, and if this fails, the ECS is carried out anyway. Therefore, a plethora of interventions can occur before the final intervention of ECS, making their experiences complex, over medicalised and open to a range of sensations, both physical and psychological. Thus, influencing their perceptions of the quality of interactions with their medical team. The study concludes that the woman should lead her birthing practices, and where possible, her desires should be supported and facilitated. Thus, handing back autonomy and control to women with the support of medical staff being centred around her decisions.

References

- Amanda Dawn (2018) *My labour and Birth story – induction and emergency c-section*. [video] You Tube. <https://www.youtube.com/watch?v=JTnwbNGLUN4> Accessed 04/01/21
- Avdiyovski, H., Haith-Cooper, M. and Scally, A. (2019) Membrane Sweeping at Term to Promote Spontaneous Labour and Reduce the Likelihood of a Formal Induction of Labour for Postmaturity: A Systematic Review and Meta-analysis. *Journal of Obstetrics and Gynaecology* 39(1), 54–62.
- Ayers S. (2017) Birth trauma and post-traumatic stress disorder: The importance of risk and resilience. *Journal of Reproductive and Infant Psychology* 35(5), 427-430.
- Beck, C. T. (2005) Benefits of Participating in Internet Interviews: Women Helping Women. *Qualitative Health Research* 15(3), 411-422.
- Bezemer J., and Mavers D. (2011) Multimodal transcription as academic practice: A social semiotic perspective. *International Journal of Social Research Methodology* 14, 191-206.

Bowker, N. and Tuffin, K. (2004) Using the Online Medium for Discursive Research About People with Disabilities. *Social Science Computer Review* 22(2), 228-241.

British Psychological Society (2017) *Ethics Guidelines for Internet-mediated Research*.

INF206/04.2017. Leicester: Author.

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Ethics%20Guidelines%20for%20Internet-mediated%20Research%20%282017%29.pdf> Accessed 12/11/20

British Psychological Society (2018) *The code of ethics and conduct*. ISBN: 978-1-85433-759-7. Leicester: Author. <https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct> Accessed 11/11/20

British Psychological Society (2021) *BPS Code of Human Research Ethics*. ISBN 978-1-85433-792-4. Leicester: Author.

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf> Accessed 30/04/21

BrummyMummyof2 - Emma (2016) *Birth story!: Emergency c section*. [video] You Tube.

<https://www.youtube.com/watch?v=GmHo1LmW1l0> Accessed 21/02/21

Callister, L. C., Khalaf, I., Semenik, S., Kartchner, R. and Vehvilainen-Julkunen, K. (2003) The Pain of Childbirth: Perceptions of Culturally Diverse Women. *Pain Management Nursing* 4(4), 145-154.

Chabbert M., Panagiotou D., and Wendland J. (2021) Predictive factors of women's subjective perception of childbirth experience: a systematic review of the literature. *Journal of Reproductive and Infant Psychology* 39(1), 43-66.

Connerty T.J., Roberts R., and Sved Williams A. (2016) Managing Life, Motherhood and Mental Health After Discharge from a Mother-Baby Unit: An Interpretive Phenomenological Analysis. *Community mental health journal* 52(8), 954-963.

Goodall, K. E., McVittie, C. and Magill, M. (2009) Birth choice following primary Caesarean section: mothers' perceptions of the influence of health professionals on decision-making. *Journal of Reproductive and Infant Psychology* 27(1), 4-14.

Google (ND) *Google Privacy and Terms*. Google. <https://policies.google.com/privacy?hl=en-GB&gl=uk> Accessed 18/12/20

Gough, B. (2017) Reflexivity in qualitative psychological research. *The Journal of Positive Psychology* 12(3), 311-312.

Handelzalts J.E., Peyser A.W., Krissi H., Levy S., Wiznitzer A., and Peled Y. (2017) Indications for emergency intervention, mode of delivery, and the childbirth experience. *PLoS ONE* 12(1).

Hill, M (2019) *Give birth like a feminist: your body, your baby, your choices*. UK: Harper Collins Publishers Limited.

Hookway, N. (2008) 'Entering the blogosphere': Some strategies for using blogs in social research. *Qualitative Research* 8(1), 91-113.

Information Commissioner's Office (2018) *Guide to the General Data Protection Regulation (GDPR)*. Information Commissioner's Office.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf Accessed 18/12/20

Jewitt, C. (2012) *An introduction for using video for research*. London: Institute of Education. http://eprints.ncrm.ac.uk/2259/4/NCRM_workingpaper_0312.pdf Accessed 12/11/20

Johanson, R., Newburn, M., and Macfarlane, A. (2002) Has the medicalisation of childbirth gone too far?. *BMJ (Clinical research ed.)* 324(7342), 892–895.

Jolly, N. (2018) Cutting through the discussion on caesarean delivery: Birth practices as social practices. *Health Sociology Review* 27(1), 31-44.

Karanci, A. N. and Dirik, G. (2003) Predictors of pre- and postoperative anxiety in emergency surgery patients. *Journal of Psychosomatic Research* 55(4), 363-369.

Karlström, A., Nystedt, A. and Hildingsson, I. (2015) The meaning of a very positive birth experience: focus groups discussions with women. *BMC Pregnancy Childbirth* 15, 251.

Koster D., Romijn C., Sakko E., Stam C., Steenhuis N., Vries D., Willigen I., and Fontein-Kuipers Y. (2019) Traumatic childbirth experiences: Practice-based implications for maternity care professionals from the woman's perspective. *Scandinavian Journal of Caring Sciences* 34(3), 792-799.

Kristina Juliett (2020) *My birth story - emergency c-section*. [video] You Tube.

<https://www.youtube.com/watch?v=mmpi2oHa3JY> Accessed 07/01/21

Lee J., and McFerran K.S. (2015) Applying Interpretative Phenomenological Analysis to Video Data in Music Therapy. *Qualitative Research in Psychology* 12, 367-381.

Legewie. N and Nassauer. A (2018) YouTube, Google, Facebook: 21st Century Online Video Research and Research Ethics. *Qualitative Social Research* 19(3), 32.

Martucci, J (2018) Beyond the Nature/medicine Divide in Maternity Care. *AMA Journal of Ethics* 20(12), E1168–1174.

Molgora S., Fenaroli V., Cracolici E., and Saita E. (2020) Antenatal fear of childbirth and emergency cesarean section delivery: A systematic narrative review. *Journal of Reproductive and Infant Psychology*.

National Health Service (2017) Inducing labour. National Health Service.

<https://www.nhs.uk/conditions/pregnancy-and-baby/induction-labour/> Accessed 27/10/20

National Health Service (2019) Overview caesarean section. National Health Service.

<https://www.nhs.uk/conditions/caesarean-section/> Accessed 27/10/20

National Health Service (2020a) Forceps or vacuum delivery. National Health Service.

<https://www.nhs.uk/conditions/pregnancy-and-baby/ventouse-forceps-delivery/> Accessed 27/10/20

National Health Service (2020b) What happens during labour and birth. National Health Service. <https://www.nhs.uk/conditions/pregnancy-and-baby/what-happens-during-labour-and-birth/> Accessed 27/10/20

NHS Patient Survey Programme (2019) 2018 survey of women's experiences of maternity care. United Kingdom: Care Quality Commission.

https://www.cqc.org.uk/sites/default/files/20190424_mat18_statisticalrelease.pdf Accessed 27/10/20

Nystedt, A., and Hildingsson, I. (2017) Women's and men's negative experience of childbirth - A cross-sectional survey. *Women and Birth* 31(2), 103–109.

O'Hare, A. and Coyne, J. (2020) Unschooling and the Self: A Dialogical Analysis of Unschooling Blogs in Australia and New Zealand. *Culture & Psychology* 26(3), 484–499.

Olza, I., Leahy-Warren, P., Benyamini, Y., Kazmierczak, M., Karlsdottir, S. I., Spyridou, A., Crespo-Mirasol, E., Takács, L., Hall, P. J., Murphy, M., Jonsdottir, S. S., Downe, S. and Nieuwenhuijze, M. J. (2018) Women's Psychological Experiences of Physiological Childbirth: A Meta-synthesis. *BMJ Open* 8(10), E020347.

Parry, D. C. (2008) "We Wanted a Birth Experience, not a Medical Experience": Exploring Canadian Women's Use of Midwifery. *Health Care for Women International* 29(8-9), 784–806.

Powell C., Bedi S., Nath S., Potts L., Trevillion K., and Howard L. (2020) Mothers' experiences of acute perinatal mental health services in England and Wales: A qualitative analysis. *Journal of Reproductive and Infant Psychology*.

Rijnders M, Baston H, Schonbeck Y, van der Pal K, Prins M, Green J, and Buitendijk S. (2008) Perinatal factors related to negative or positive recall of birth experience in women 3 years post-partum in the Netherlands. *Birth* 35, 106–117.

Rost, M., Arnold, L. and De Clercq, E. (2020) "boiling up the Problem of Violence" in Childbirth? - an Ethical Viewpoint on Medical Professional Responses to Women's Reports of Mistreatment in Childbirth. *Ethik in der Medizin* 32(2), 189–193.

Salma AMN (2018) *Birth story 1 emergency c section & 1 natural birth VBAC (new mum tips series p3)*. [video] You Tube. <https://www.youtube.com/watch?v=kTn-jPEESJk> Accessed 04/01/21

Salmon, P., and Drew, N. C. (1992) Multidimensional assessment of women's experience of childbirth: Relationship to obstetric procedure, antenatal preparation and obstetric history. *Journal of Psychosomatic Research* 36(4), 317–327

Silverstein, R. G., Centore, M., Pollack, A., Barrieau, G., Gopalan, P. and Lim, G. (2019) Postpartum psychological distress after emergency team response during childbirth. *Journal of Psychosomatic Obstetrics & Gynecology* 40(4), 304-310.

Smarandache, A., Kim, T. H. M., Bohr, Y., and Tamim, H. (2016) Predictors of a negative labour and birth experience based on a national survey of Canadian women. *BMC Pregnancy and Childbirth* 16(1), 1–9.

Smith, J. A. (1999) Identity development during the transition to motherhood: An interpretive phenomenological analysis. *Journal of Reproductive and Infant Psychology* 17(3), 281-299.

Smith J. A., Flowers P., and Larkin M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Smith, J. A., and Osborn, M. (2015) Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British journal of pain* 9(1), 41–42.

Sophie Callahan (2019) *My birth story (induction emergency c-section)*. [video] You Tube. <https://www.youtube.com/watch?v=u0CobqTiBMw> Accessed 04/01/21

Turkstra E., Gamble J., Creedy D. K., Fenwick J., Barclay L., Buist A., Ryding E. L., and Scuffham P. A. (2013) PRIME: Impact of previous mental health problems on health-related quality of life in women with childbirth trauma. *Archives of Women's Mental Health* 16(6), 561-564.

VanderKruik R., Barreix M., Chou D., Allen T., Say L., and Cohen L. S. (2017) The global prevalence of postpartum psychosis: A systematic review. *BMC Psychiatry* 17.

Waldenstrom, U. (2003) Women's Memory of Childbirth at Two Months and One Year After the Birth. *Birth* 30(4), 248–254.

World Health Organisation (2018) *WHO recommendations: intrapartum care for a positive childbirth experience*. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO. [file:///C:/Users/Student/Downloads/9789241550215-eng%20\(1\).pdf](file:///C:/Users/Student/Downloads/9789241550215-eng%20(1).pdf) Accessed 28/04/21

You Tube (2020) *Terms of Service*. You Tube. <https://www.youtube.com/t/terms> Accessed 18/12/2

Appendices

Appendix 1 - Examples of media text studies

Table showing summary of other media text studies.

Media text studies	Aim	Sample	Analysis
O'Hare and Coyne (2020)	Examine how unschooling bloggers author themselves and the ways in which they position themselves in relation to their audiences.	19 blog posts	Dialogical analysis
Beck (2005),	To examine the benefits to women who participate in qualitative email interviews	31 emails regarding the impact of participating in a study about birth trauma	Content analysis
Bowker and Tuffin (2004)	To highlight the benefits of using discourse analysis of media texts for people with disabilities	21 mostly email interviews – two participants used Internet Relay Chat and ICQ (I seek you)	Discourse analysis

Appendix 2 – Transcripts coded

Image of all transcripts after transcription

Appendix 3 – Photos showing process of analysis

Appendix 4 – Table of themes

IPA of women's experiences of c-section delivery from You Tube videos						
Master Themes	Emergent Themes	Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
Being medicalised	Physical interventions	I was gonna be induced Friday - Line 6	We're gonna call you in and induce you - Line 55	Had a procedure to flip him the right way - Line 10-11	My first baby ended as a c-section - Line 16	Went into hospital to be induced - Line 25

		They were gonna induce me - Line 12	No, you need a c-section - Line 70	We went to hospital to attempt to flip him - Line 15	Put me on a heart monitor - Line 126	CVS procedure - Line 29
		Went into hospital to be induced - Line 13	Had my c-section - Line 89	We tried three times to flip him - Line 17-18	Our advice is just to have a c-section - Line 128	Needle in your stomach - Line 30
		I was induced twice a day - Line 28	You have a catheter for 24 hours - Line 103	ECV didn't work - Line 20	Be safe to go for the c-section - Line 130	Consultant said they would induce - Line 40
		You're induced twice a day - Line 29		Maybe the ECV had an influence on him coming early - Line 30-31	Ended up having a c-section - Line 134	They decided to induce me - Line 43
		With an induction, they give two vaginal pessaries a day - Line 15-16		They got a scanner - Line 71		Started the induction - Line 45

		Induction started again on Wednesday - Line 47-48		They scanned bump to see if baby had moved - Line 72-73		Continue as we were, or they advised hormone drip - Line 56-57
		I was screaming for an epidural - Line 87		They scheduled me in for a c-section		They started saying they wanted to take me to theatre for a c-section - Line 125-126
		The epidural helped a bit - Line 96-97		Simultaneously had a catheter fitted while been cold sprayed - Line 159-161		We're gonna do an episiotomy first - Line 127
		They were gonna cut me and use forceps - Line 104		I'm guessing as soon as numb; they can cut me open - Line 163-164		A forceps delivery - Line 129
		We have got to go to theatre for a suction cup - Line 113-114				Then we'll try a c-section - Line 129-130

		They decided they were gonna go straight for a c-section - Line 118-119				Why can't we just go for a c-section - Line 132
		They had to do [epidural] a few times down my spine - Line 127-128				We ended up being induced - Line 202
		Had a catheter so I couldn't move - Line 168				
		They didn't actually cut me - Line 174-175				
		Would have needed a c-section - Line 182				

		Cannula in hand - Line 187				
		Have to break your waters - Line 59			Waters did not break - Line 102	They'd broken my waters - Line 50
		A day and a half wait to get waters broken - Line 61			Gonna break waters - Line 111	
		Your waters will probably go before then - Line 63			Broke my waters, gush of water came out and it was not clear - Line 113	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Drugs	Vaginal pessaries make your uterus contract - Line 16-17	I had the epidural - Line 87-88	Honestly, girls, you need to take gas and air - Line 94	Didn't take anything - Line 99	Wanted minimal drugs - Line 60

		Gave me a sleeping tablet - Line 21		Banging on gas and air - Line 94	I didn't want gas and air; I didn't want anything - Line 100	Minimal drugs - Line 62
		Had a muscle relaxant in - Line 22		I think it's down to the gas and air - Line 103		Wasn't saying no drugs of don't offer I was saying ok, but I would like to go without - Line 63-64
		Gave me sleeping tablets - Line 38		To give spinal - Line 130		Went on the drip - Line 66
		Only pain - relief at this stage is co-codamol - Line 38-39		Honestly didn't think gas and air was doing that much until that point - Line 136-137		They put me on the drip - Line 67
		I don't like everyday painkillers; I don't take them - Line 39-40		Gas and air really do help - Line 137		They advised to have an epidural - Line 70

		I did take them - Line 41		First needle numbs the second - Line 148-149		Went for the drip and epidural - Line 71-72
		No medication so my body can relax - Line 43		Had needle in my back - Line 153-154		Went on the drip - Line 74
		I'll bring you paracetamol - Line 75				Epidural kind of kicked in - Line 81
		Trying to sort out pain relief - Line 81				On gas and air - Line 85
		I was gonna do it all gas and air - Line 87-88				Given epidural - Line 88

		Gas and air - Line 90				On gas and air - Line 88
		Taking the gas - Line 98- 99				They advised to take me back off the drip - Line 90
		Had to do epidural several times - Line 127				I came off the drip - Line 92
		They sedated me - Line 127				Came off the drip - Line 93
		I had that much in me - Line 128				Three hours off the drip - Line 95

		Anyone who has had gas and air, it dried your throat out - Line 162-163				Epidural and everything - Line 98
		I went through two drips - Line 185				As far as we got off the drip - Line 100
						Put me back on the drip - Line 100
						I'd only gone back on drip 15 minutes ago - Line 108
						Trying to work out where the epidural was working - Line 147

						I can administer another, but it will take 10 minutes - Line 156
						We're gonna have to go for a general anaesthetic - Line 161
						Just gonna give some oxygen, they put a mask on my face - Line 177 - 178
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Measures of progress	Then I made some progress - Line 34	You're still not very far gone - Line 47		Not in labour - Line 67	Wasn't progressing - Line 52

		He'd started to drop - Line 34-35			Thought I was further along - Line 69	Started progressing quickly - Line 75
		He was trying to get down - Line 151			You've progressed quickly - Line 89	Hadn't gone any further - Line 96
					Haven't made any progress at all - Line 110	No, it's rubbish - Line 99
		Wasn't remotely dilated - Line 11-12	Labour started, became dilated - Line 30	They told me I was 3 cm, I managed to do that on my own - Line 88	Only dilated 2 cm - Line 68	2 or 3 cm dilated - Line 52
		Made me dilate a little bit but not a lot - Line 29	You have to be a certain cm dilated - Line 32-33	There was no examination to see how far dilated I was - Line 117-118	Just 2 - Line 74	2 or 3 cm dilated - Line 54

		You're not dilated at all still on day three - Line 48-49	You're only 2 cm you have another 8 to go - Line 34-35	I think I was 6 or 7 cm - Line 120	Not in active labour until 4 cm gone - Line 72	I think I was 7 cm - Line 90
		I was 3 cm dilated - Line 57-58	I was 5 or 6 cm - Line 58		Can't just be 2 - Line 77-78	Had done 1 cm - Line 96
		They need you to get to 3 cm to have waters broken - Line 58			6 cm dilated - Line 88	1 cm, that's shit, I've done shit - Line 97
		In that 45 minutes to 1 hour, I went from 3 cm to 7 cm - Line 84-85			Gone by 1 cm - Line 124	Had progressed from 7 cm to 10 cm - Line 102-103
		I was like 10 cm - Line 92			Now 7 cm - Line 124	Fully dilated in 15 minutes - Line 103

						You're only 7 cm - Line 107
						I was 10 cm in 15 minutes - Line 116
		First contraction came on - Line 69		Sure, this is an indicator of a contraction - Line 43	My contractions started - Line 17	Contractions got a lot stronger - Line 50
		3 contractions on 10 minutes - Line 69		At that point they were 10 minutes apart, lasting a minute - Line 46-47	Realised start of minor contractions - Line 48-49	A lot more regular - Line 51
				I said I think I'm having contractions - Line 48-49	Should only go when 3 contractions in 10 minutes - Line 51-52	I was contracting a lot - Line 51

				The contractions intensified - Line 107	Was having more in 10 minutes - Line 69-70	
				That wasn't a bad one - Line 110	4 contractions in 10 minutes - Line 71	
				They got a lot worse - Line 111	Contractions got stronger and closer - Line 76-77	
				Having another contraction - Line 143	I wasn't sure how strong the contractions would get - Line 83	
					Contractions felt strong enough - Line 84	

		They checked me - Line 57	Gonna do a sweep - Line 34		I had a sweep, so I was quite uncomfortable this is quite quick erm.. not very pleasant to be honest - Line 30-35	
		Given a good sweep while I was there - Line 64	Sweep, had another sweep - Line 34		Had the sweep - Line 33-34	
			Checked for dilation - Line 47		Ok if it works that quick - Line 38	
			Just have a check, gonna do a little check before we induce you - Line 58-59		Nurse checked me - Line 66	
			Another hand to do a sweep - Line 64		Got checked - Line 88	

			Another hand to do a sweep - Line 64		Check if the baby is coming - Line 103	
					Let me just check how far gone - Line 105	
					Just gonna check - Line 109	
					She checked me - Line 110	
					The doctor checked me - Line 123	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

Experiences with medical staff	Supported by staff	The hospital looks after you, bring you food - Line 25	They put a blanket on me - Line 92	As soon as a realised I was having contractions I called the maternity ward - Line 54	Went to see the midwife - Line 19	Our consultant - Line 40
		They encourage you to walk around and bounce on the ball - Line 35	They do tests - Line 92	Get yourself into hospital as soon as possible - Line 54-55	Last appointment with midwife - Line 19-20	They gave 2 options - Line 56
		We're trying to help you - Line 95	Tea and toast - Line 96	Husband, me and a woman next to me - Line 112	It was good that I could see midwife at GP - Line 24-25	They advised - Line 65
		Do you wana put a gown on - Line 106	You have tea and toast - Line 98	Woman came and said someone will come to collect you - Line 129-130	Saw midwife on that day - Line 26	Gone to get the Doctors - Line 105
		Had this lovely midwife hugging me - Line 120	Encouraged to breastfeed - Line 98-99	I screamed her name every time I had a contraction - Line 131-132	The nurse filled the tub (water birth) - Line 104	We'll talk to the midwife - Line 109

		They took him to check him - Line 146	you have to stay in hospital for an extra night - Line 105-106	They offered a wheelchair to go to surgery - Line 132-133	She called for a senior nurse - Line 106	All the Doctors came rushing in - Line 101
		I stayed in this room for an hour for anaesthetic to wear off - Line 157-158	They want to check that you can go to the loo even after c-section - Line 106-107	11 or 12 people in the room - Line 141	Called senior nurse - Line 108	You can start pushing now - Line 117
		Check I was ok - Line 158		They put a frame over my legs - Line 155	Called other Doctors - Line 118	Doctors rushed in - Line 123
		They're all coming in - Line 159		I was being stitched up and sorted out - Line 182	Ended up staying in hospital for two nights - Line 135-136	10 people in room - Line 124
		They all knew my story - Line 159		Next minute in a room with two machines on my legs - Line 184	Lady asked if I feel well enough to go home - Line 137	Drugs guy, he was like my best friend - Line 141

		Try some water - Line 158-159		Blood pressure machines on each leg - Line 185-187	Daytime nurses were good - Line 138	Thanks guys, well done - Line 175
		They're all lovely about it - Line 159-160		To get circulation going after being numb - Line 187-188		They moved me onto the bed - Line 176
		You're not allowed to drink straight away - Line 162				Hospital for two days - Line 224
						Sprayed down my legs further and further and further down - Line 146
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Unsupported	They looked sheepish - Line 149		She was a midwife, but I don't remember her being helpful - Line 112-113	didn't feel comfortable to stay - Line 142	(Doctor) I don't think that's gonna work - Line 129

				She just wrote notes - Line 113	If he's coming you would know - Line 103	His face looking at the surgeon - Line 155
				Don't know why she was there to be honest - Line 113-114	The midwife I had was a trainee because I was low risk - Line 106-107	For god's sake, what are you doing? Just knock me out - Line 159
				Just there to oversee - Line 114	Wasn't doing much for me - Line 108	
				3 hours on gas and air and no examination - Line 115-117	Night-time hardly anyone - Line 139	
				I think it's quite bad - Line 118	Didn't feel comfortable to stay - Line 142	

					Wasn't much help - Line 140	
		You're not allowed to leave hospital - Line 42-43		If I was close to birthing, they should really be checking - Line 118-120	Are you sure - Line 67	Asked about c-section, they said no - Line 70-71
		Because they'd just examined me, they didn't believe me - Line 70			Wasn't just imagining it - Line 88	You can feel spray, but can you feel the cold - Line 144
		They're like no your fine - Line 70-71				He was sceptical - Line 152
		Not gonna do anything - Line 76				He probably thought I didn't know what I was saying - Line 153

		They didn't believe me - Line 77				Lift your legs if you can feel them - Line 154
		They finally realised that there might be something wrong - Line 80-81				I lifted my legs - Line 154-155
		Telling me to calm down - Line 91				They must have thought I was a bossy boots - Line 160
		Everyone kept saying calm down - Line 94-95				Close the door (shut husband out) - Line 165-166
		I didn't think they were taking me seriously - Line 110				Every Doctor telling me there something wrong with baby - Line 190-191

						Me saying she's fine, I think she's gonna be fine - Line 191
		You're not pushing right - Line 95				
		Then they said I wasn't pushing properly - Line 104				
		They were telling me off - Line 110				
		They said we can't do this because you're not pushing properly - Line 111				

		You've got to push here through your bum - Line 111-112				
		You're not pushing properly - Line 112				
		Telling me off off off - Line 113				
		Not pushing properly - Line 113				
		You're not pushing enough - Line 115				

		They told me I wasn't doing it properly - Line 123				
		I'm not doing it properly and now he's dying - Line 123-124				
		I was pushing as much as I could - Line 152				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Declining medical interventions			Said no, I'll walk/run - Line 134	Previously declined a sweep to wait and see - Line 29-30	Doctor said try episiotomy first - Line 128
						Wait a sec, absolutely not - Line 130-131

						You're not cutting me down there then cutting me for a c-section - Line 131
						Not having stitches in every direction - Line 132-133
						Hope to inspire other women to refuse an early induction - Line 199-201
						If they don't think they need it - Line 201
						Who am I to say no - Line 203

						They train for years - Line 203
						Gonna do what I want, gonna go against advice - Line 204
						Don't let others persuade you into what you don't want - Line 216-217
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
Experience of sensations	Physical feelings	When people tell you inductions are painful, thought it was just labour was painful - Line 18	Rather uncomfortable - Line 22	Started to feel back pain - Line 31-32	Woke, needed to pee - Line 41-42	Was getting quite painful - Line 51

		They mean the whole induction is painful - Line 19	Rolled over and heard a pop - Line 25	Thought it was normal pains - Line 33	Same feeling - Line 43	Laying on side aggravated old injury - Line 80
		Doubled over in pain - Line 20	Physically inside there was a noise - Line 26	Kept getting pains - Line 34	Really uncomfortable - Line 75	Could move and feel legs - Line 83
		All muscle kind of undo - Line 22	Actual loud bang - Line 26	Had lower back pain - Line 35	Half of me was paralysed - Line 141	Remember pain in hip - Line 86
		Feels like everything tightened up so much - Line 22-23	They do hurt - Line 36	Actually, getting painful now - Line 37-38		Agony - Line 87
		It's in your middle - Line 23	Labour pains came - Line 36	Deep pain in lower hips - Line 44-45		My body is pushing - Line 111

		Wasn't as painful on the Monday - Line 30	But they do hurt - Line 37	Weren't agonising pain - Line 47-48		They spray you with ice cold spray - Line 142
		It was still painful but not as bad as Sunday - Line 31	Try to cope with the pain relief, not sure it helped - Line 43	Felt like I was being fisted - Line 87		Can you feel that - Line 142
		Crying in pain - Line 32	Still pain but something else to focus on (tens machine) - Line 44	Went from manageable pain to faster and more intense - Line 92		I can feel it's cold - Line 143
		You're in so much pain - Line 36	Having labour pains - Line 56	They were painful - Line 109		Sprayed it on belly - Line 143
		Felt like my hips were being slowly pulled apart - Line 36-37	You feel a strange tugging - Line 91	It was ridiculously painful - Line 121		Yes, can feel it - Line 143

		Agony - Line 68	I went very cold - Line 91	Felt like a heavy watermelon pulling down on perineum - Line 123-124		Can feel that it's cold - Line 145
		Was literally screaming in agony - Line 72	It's fairly painless - Line 91	Best I can explain what it feels like - Line 125		Could feel everything - Line 148
		I was already in that much pain - Line 79-80	You're numb from chest down - Line 94	Massive weight ripping through you - Line 125-126		He pinched me on the stomach, can you feel pain - Line 148-149
		This is so painful - Line 72		It's in my bum - Line 126-127		Yeah, can feel pain - Line 149
		It was just agony - Line 90		All my body goes numb - Line 149-150		Can you feel pain - Line 150

		The agony was crazy - Line 92		Needle in back made body numb - Line 152-153		I can feel everything that you are doing to me - Line 150-151
		Hands were numb - Line 143-144		All body goes numb - Line 154		Can feel the cold, pain. Can feel it all - Line 151
		I was numb - Line 144		She was going down each part of my side, asking if I could feel it - Line 162		In a lot of pain - Line 172
		Induction makes everything so much more painful - Line 182-183				
		The cut is really sore - Line 187-188				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

	Mental state	The most horrible experience of my life - Line 14	Incredibly cross, didn't want to share birthday - Line 16	It was strange - Line 35	Great for me - Line 22	Traumatic, off-putting - Line 17
		Let me relax - Line 22	It was kind of stressful - Line 99	Very surreal - Line 65	Not have to worry about transport - Line 25	Surprised - Line 41
		So uncomfortable - Line 24	I found this kind of inner strength - Line 101	I experienced labour - Line 80-81	By this time, you are tired - Line 33	Quite traumatic - Line 48
		I was worked up - Line 32	Pain in the bum - Line 106	It was horrendous - Line 87	Quite uncomfortable - Line 34	Didn't know how was going to cope - Line 61-62
		Felt really horrendous - Line 37		Quite proud of that - Line 88	Not very pleasant - Line 35	Because of trauma - Line 120-121

		Love that day - Line 42		Pre-warning, disturbing/ distressing - Line 108	Tired as usual - Line 39	Stressful and worrying - Line 124-125
		When that much pain everything is so deflating - Line 49-50		Thought it would take too long - Line 133-134	Tired - Line 40	Are you happy with that - Line 162
		I was getting frustrated - Line 54		Contraction without gas and air was absolutely horrendous - Line 138	Unsure - Line 83	Happy's not the word - Line 162
		It was so intense - Line 79		It was so weird - Line 139	Didn't feel quick - Line 90	I'm very angry - Line 167
		I was worried - Line 79		Terrified of needle - Line 144	Didn't want to talk - Line 98	Whole world of trauma - Line 168

		It was scaring me - Line 80		Very weird feeling - Line 187	Didn't want a conversation - Line 99	Trauma was over - Line 185
		Probably took a second but felt like an hour - Line 82		Quite a concern - Line 193	I was tired - Line 131	Scary - Line 186
		It probably was quite long - Line 82			In the zone - Line 132	Traumatic - Line 186
		Had to get into this rhythm - Line 97				Dramatic - Line 186
		Gonna have him by 6pm, then it was 6.30, 7pm - Line 101-102				I felt great - Line 188

		It's weird - line 102				Disappointed - Line 193
		Considering pain, time was going quick - Line 102-103				Don't feel traumatised - Line 209
		Distraught - Line 109				
		Was absolutely exhausted - Line 120				
		Absolutely exhausted - Line 122				

		Was really stressful - Line 124				
		On gas and air, hear what they are saying, high and its distressing - Line 125-126				
		I was that distraught, first thing I said was no more kids - Line 141-142				
		It was just horrendous - Line 142				
		Horrendous - Line 143				

		Shame we went through all that - Line 155				
		I think they realised the amount of pain - Line 160-161				
		I was exhausted - Line 161-162				
		It's really traumatic - Line 167				
		It's been frustrating - Line 168				

		Feeling restricted - Line 169				
		It's Just a shame - Line 173				
		I'm exhausted - Line 188				
		I was tired - Line 191				
		Completely knock you out - Line 38		I was high as a kite - Line 96		Off my face on gas and air - Line 98

				Hard to remember coz I was high as a kite - Line 97		I was high as a kite - Line 152
				I was just high - Line 103		Laying there drugged up - Line 159
				High as a kite - Line 127		Drugged up to the eyeballs - Line 173
						Away with the fairies - Line 184
						I was on all the drugs - Line 187-188

		I couldn't remember how to push - Line 121				Oblivious - Line 85
		I was awake but I wasn't awake - Line 130				Wonder what she looks like, I could have just looked - Line 183-184
		I didn't really know what was going on - Line 131				
		I knew he'd been born but I wasn't entirely aware - Line 131-132				
		I couldn't react - Line 133				

		I didn't feel happy or sad - Line 133				
		I knew he'd been born but couldn't acknowledge it - Line 135- 136				
		Couldn't take it in - Line 139				
		Didn't know what was going on - Line 139-140				
		I just kept turning side to side - Line 140				

		Like screaming - Line 78	Then the baby is pulled out - Line 92	Apparently that's what was coming out of my mouth - Line 127-128	I just signed the paper for the c-section - Line 133-134	I have no choice - Line 110
		Screaming blue murder - Line 89	I didn't know I had a catheter until they pulled it out - Line 103	I was begging for the needle - Line 146-147		At that point I was like, fine just do it - Line 126
		Screaming at the anaesthetist - Line 89		Could see reflection and saw that I had no knickers on - Line 156-157		Just do what you need to do - Line 127
		Just do it - Line 90		Don't know when underwear was removed - Line 158		
		At that point I didn't care, really didn't care - Line 104-105				

		Was laying in a bra coz was wearing a onesie when waters broke - Line 105-106				
		I didn't care - Line 106-107				
		I was dripping in sweat - Line 107				
		I think you get to that point and you don't care - Line 107				
		Didn't care at all - Line 108				

		I had to sign like forms whilst I was like so high - Line 108-109				
		I kept shouting at people - Line 109				
		Didn't swear once, polite screaming - Line 116-117				
		I was apologising for shouting at them - Line 160				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Grief and loss	I remember thinking I missed it - Line 134		Never gonna get to take these pictures again -Line 62		I slept through it all, I didn't know anything about it - Line 187

		Missed that moment - Line 136-137		We didn't have our phones so got no pictures - Line 180-181		
		I wanted to hold him, but I couldn't move hands - Line 143				
		He was born 9.30pm but didn't touch him until 11pm - Line 147-148				
		He'd been trying, I'd been trying for 4 days - Line 153-154				
		Finally got to hold him 11.30 pm - Line 163				

		He would have been fine and wouldn't have been induced - Line 181				
		I felt like I missed it - Line 190				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Memories or lack of	I have forgotten a lot - Line 166		I've got brief memories - Line 98		Cannot remember for the life in me - Line 21
		Trying to not forget - Line 188		Remember the feeling in the contractions - Line 122		I remember the room being empty, just me and Husband - Line 104
				Don't remember how I got from one room to another - Line 183		Just remember all the doctors rushing - Line 101

				Don't remember any of this - Line 183		Don't remember pain of contractions - Line 85-86
						It's all a bit of a blur - Line 92
						I remember bits, I've pieced things together - Line 134-135
						I remember the faces of the surgeons - Line 157-158
						I don't remember anything else - Line 178

						I remember coming round hazy - Line 179
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
Barriers	Stay Home		They said hang out for a bit - Line 29		Need to go home - Line 74	
			Come in a few hours - Line 29		We'll just go home - Line 75	
			Go home, went home - Line 36		Need to go home - Line 67	
			Go home - Line 47-48		We went home - Line 76	

			Drove to hospital - Line 56		Not sure we even stayed an hour - Line 79	Back to low risk - Line 40
			Got to the hospital - Line 57-58		Let's go back - Line 85	
			You get whisked into a room - Line 95		Got a cab back to hospital - Line 86	
					Found me a room - Line 90	
					Lady checks for a room to swap rooms - Line 94	

					Found me a room - Line 95	
					Moved to that room - Line 96	
					Move from midwife led unit - Line 118	
					Move you - Line 119	
					Move to Doctor led unit - Line 119-120	

					From birthing centre - Line 120	
					Moved me - Line 121	
					Same hospital, moved to another ward - Line 121-122	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Waiting	It was so busy; someone had been waiting for 24 hours - Line 59		Wait until you really need to go - Line 50-51	Chose to stay home - Line 52	We just had to wait - Line 49-50
		Guy came and said there is a massive queue - Line 62		Another woman went in first, meant I had to wait longer - Line 77-78	Wait until Fajr time - Line 54	

		Probably 24 hors till you get seen - Line 63		Could not wait - Line 147	I waited - Line 55	
		Don't mind waiting as long as there is progress - Line 65			Told to wait in waiting room - Line 59	
					Having a baby, why waiting room - Line 60	
					You have to wait in waiting room - Line 61	
					Something that never crossed my mind to wait in waiting room - Line 62-63	

					Told to wait - Line 64	
					What do you mean, take a seat - Line 64	
					So, I waited - Line 65	
					Not sitting in waiting room - Line 74	
					Sent to waiting room - Line 86	

		You have to stay on your own - Line 26	Rolled over which is no mean feat for a pregnant woman - Line 24	Costs so much to park and never any space - Line 69	A bit crazy - Line 69	Didn't fit onto the scale they wanted - Line 38-39
		If it's this painful, I'm not gonna get through labour - Line 32	Muttering amongst staff - Line 60	Even in labour, there's nowhere to park - Line 69-70	It didn't work - Line 81	Thought everything was fine - Line 41
		Going to end in a c-section - Line 52	When you hear muttering, it's bad - Line 60-61	That did not happen - Line 85	That's what ended up happening - Line 133	Things got a little bit hairy - Line 47
		All the mess up with the dates - Line 53	You don't mutter good things - Line 61-63	Then she left and I started to bleed - Line 89	Really wanted to leave - Line 137	The problem was that I was hypno-birthing - Line 66
		I don't know what's gonna happen - Line 52	Muttering is bad - Line 63	Walking to surgery, I wouldn't have gas and air - Line 134-135	Struggled a bit at night - Line 140	It would send contractions through the roof - Line 67-68

		He's not ready - Line 53	Scuttling off and back with a Doctor - Line 63-64	I had three contractions without gas and air - Line 135-136	First night especially struggled - Line 142	Hypno- birthing techniques wouldn't keep up - Line 68
		People in cubicle next door with family - Line 71	All whilst having contractions - Line 73	Let me know when it's stopped so I can get needle in - Line 143	The bed at home is not adjustable - Line 146-174	I wouldn't be able to deal with the pain - Line 69
		I was already screaming - Line 79		When I thought it was going to be planned, the needle would have been the only pain - Line 145-146	Bed at home uncomfortable - Line 149	Epidural didn't work - Line 82
		Went crazy - Line 85		They told me to lay on my back - Line 154	Couldn't sleep on side - Line 149	Wasn't supposed to be able to move my legs - Line 83
		Having to hold/ pull bed - Line 98		Spent birthday in hospital - Line 199		Nothing they could do - Line 87-88

		Just as it built, it just got worse - Line 99-100				Things went absolutely haywire - Line 101
		Screaming blue murder all the way through the corridor - Line 115-116				I don't know where they had gone - Line 104
		Went from screaming to almost passed out - Line 129				Whole pregnancy she had been in perfect position - Line 118
		Had 12 hours sleep in a week - Line 170				They cut you open down there - Line 128
		We went through all that - Line 173-174				We found out the epidural hadn't worked - Line 139

		It would have stopped a lot of the trauma/ pain/ stress/ exhaustion - Line 184				This isn't working on her - Line 156
		All my body had gone through - Line 185				That's what they did - Line 161
						Whole situation - Line 169
						Gonna have to move to other bed - Line 171
						That's not gonna happen - Line 172

						Can move legs but can't stand on them - Line 173
						That's why we had all the problems - Line 206
						That's why we ended up with a c-section - Line 206-207
						Least desirable outcome - Line 207
						If I'd had an elective, would have been less traumatic - Line 217-218
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

	Difficult		Bit of a struggle - Line 88		I personally found it difficult - Line 146	It was hard - Line 194
			Previous operation made it hard to get anaesthetic in - Line 88		First few nights at home were a struggle - Line 149-150	First couple of days were hard, physical recovery and mental recovery - Line 195-196
			It's difficult to hold baby - Line 93			Difficult to deny medical advice - Line 201-202
			The recovery from c-section is more difficult - Line 102			It's hard - Line 205
						It's really hard - Line 205

		Couldn't lift my neck - Line 145				Laying on the bed - Line 170
		Couldn't move my hands - Line 145-146				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Concerns for baby	Hadn't grown - Line 9	Water is coming out, there's nothing surrounding baby - Line 52-53	Had to rub tummy and chest before he cried - Line 173	Baby can get distressed - Line 125	High nuchal reading - Line 26-27
		Last scan predicted 7lbs5, this scan predicted 7lbs3 - Line 9-10	Can get infections - Line 54	Baby had anti-biotics in hands - Line 196	Can be risky to the baby - Line 125	Bleed early on, thought we'd lost baby - Line 27

		Felt bad for him being induced - Line 56	No water, nit very healthy for baby - Line 54	He was a low birth weight - Line 197	Baby's heart rate was playing up - Line 126-127	We hadn't thankfully - Line 27-28
		Baby was tired - Line 56	It's not a head - Line 67	Anti-biotics for a few days - Line 198	Heart rate going up and down - Line 127	High nuchal reading - Line 28
		Everything goes through your head - Line 57	It's baby's bottom - Line 68-69	Blood sugars were low - Line 198	c-section just to be safe and sure that the baby is safe because the heartbeat is not steady - Line 128-129	Chance of down syndrome - Line 29
		Kept saying there's something wrong - Line 94	Do we turn baby - Line 69-70		probably be safe just to go for the c-section - Line 130	Came back all clear - Line 30-31
		Didn't know if there was something wrong - Line 133	If baby is breech and trying to come out, dangerous - Line 74			Weren't sure why the reading was high - Line 32

		Head would have been coned for a while - Line 180	Baby can get stuck - Line 75			They thought everything was fine - Line 36
			You just want baby out quick and safe - Line 100			Growth scans showed she wasn't growing - Line 37
						Towards end she started growing - Line 38
						Concerns as baby's heart rate was dipping - Line 72
						Advisable to get labour going - Line 74

						Her heart rate started dropping - Line 76
						Weight of baby can cut off oxygen to baby - Line 78-79
						Baby's heart rate going down - Line 89
						Drip might be causing baby's low heart rate - Line 91
						Baby's heart rate went back up - Line 94

						Heart rate was really low - Line 112-113
						Make sure no cord prolapses - Line 113-114
						No cord around baby's neck - Line 114
						They couldn't work out why heart rate low - Line 115
						Heart rate was really low - Line 157
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

Emergency risk and rush	I had to sign forms whilst I was high off gas and air - Line 108-109	When you have a c-section, it is an emergency you are rushed to surgery - Line 71	Leaving it until I have to deliver naturally, it can harm me and baby - Line 52-53	Low risk - Line 107	They rushed me to theatre - Line 133
		Within an hour I had gown on and epidural - Line 72-73	I think she was there to make sure I didn't bleed to death - Line 114-115	Risky - Line 115	We don't have 10 minutes - Line 158
		There was an emergency - Line 76		Trying to assess level, 1,2 or 3. They decided it was closer to a 3 - Line 115-117	
		Sat in a room signing scary documents - Line 77-78		More risky - Line 117	
		They talk about the dangers - Line 78		Pressed the alarm - Line 117-118	

			It was an emergency - Line 99		Signed for c-section - Line 134	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Complications	Contractions came, this is not right - Line 74		Baby was breech - Line 10	Baby had done a poo - Line 114	Meconium in waters - Line 73
		If there hadn't been problems would have been born in the hour. But there were problems - Line 93		He was head up but should have been head down - Line 16-17		My labour just stopped progressing - Line 94
		We can't get him down - Line 114		Because baby was breech, in normal circumstances you'd just wait it out - Line 49-50		Baby's heart rate dropped - Line 102

		He's not far enough down - Line 114-115		Because baby was breech it would have been unsafe to leave it - Line 51-52		Heart rate went from 140 to 30 - Line 102
		I knew something was wrong - Line 119		Everyone new that baby was breech - Line 71		Baby's heart rate was going down - Line 105
		His heart rate dropped to 60 bpm and I could hear it - Line 122		Unfortunately, he was stuck head up, bum down - Line 75		Literally in last minute she had turned - Line 120
		Face had turned the wrong way - Line 150		Because he was breech, there was an issue with his breathing - Line 171		something to do with my old injury that my pelvis couldn't open up enough - Line 122-123
		His head was back pushing against my spine - Line 150-151		He was breech - Line 194		After all these complications - Line 190

		His head was completely pointed - Line 153				
		They told me he had stopped growing - Line 178				
		Head was coned, small measurement - Line 178-179				
		Weren't getting urine out - Line 186				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
Conclusion	Desire for a conclusion	Breaking waters helps you go into labour - Line 59	Get this child out of me - Line 19-20		The sweep is gonna help - Line 31-32	Just get this baby out of me - Line 160

			Help this process along - Line 55		To get this moving - Line 32	
			Just wanted baby out - Line 79		Ok, let's just get things moving - Line 33	
					People go into labour 24 to 48 hours after sweep - Line 37	
					To get things moving - Line 112	
					Eager to get out of hospital - Line 146	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

	Desired outcome	Could have just has a c-section - Line 53	Didn't want to share my birthday - Line 17	It wasn't as strait forward as hoped - Line 12	No facility for a water birth - Line 91-92	Go into labour naturally - Line 42
		Natural water birth - Line 88	Fingers crossed she's overdue - Line 18	Wasn't going to be a natural birth, was going to be a c-section - Line 21	Actually, wanted a water birth - Line 92	Be allowed to have the pregnancy run its course - Line 42
		Really positive - Line 88	Wanted a water birth but went by the wayside - Line 122	We arranged for baby to be delivered by planned c-section - Line 21-22	That's what I have in my planner - Line 92-93	I had wanted a hypno-birth - Line 59
				They hoped baby had moved to head down - Line 74-75	Just a vague plan - Line 93	Wanted all calm - Line 60
				So, I could potentially deliver naturally - Line 75		My hope was for minimal drugs - Line 62-63

				Had ECV and told planned c-section, so was thinking planned c-section before due date - Line 82-83		Wanted a birthing pool - Line 64-65
				Won't experience labour, won't feel contractions, won't feel pain - Line 84		Water birth didn't happen - Line 65
				Just needle and slice open, pull him out - Line 85		Do it naturally - Line 67
				Thought I'd be a hard man and deal with pain - Line 95		Head down, back-to-back - Line 119-120
				Had a c-section, not a natural birth - Line 194		Wish it had gone differently - Line 198

						Do wish it had gone differently - Line 210
						I wanted an elective - Line 211-212
						Would prefer an elective - Line 212-213
						Always mentioned an elective - Line 214
						Wish I'd gone with my gut - Line 214
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

	Meeting baby	I could hear him - Line 124	Baby is held above you - Line 93	Wanted to know what she looked like and sounded like - Line 106		Whose baby is that - Line 180
		He came out squeaking - Line 132		Didn't hear him cry, didn't know he'd been born - Line 170-171		He put her next to me - Line 181
		He was there - Line 137		Asked how he is, he's so pretty but no hair - Line 175		Put her next to me swaddled - Line 182
		He'd been out for a while - Line 138		Nurse brought him to me - Line 179		In her little blanket - Line 183
		Suddenly there's a baby - Line 165		Gave him a kiss and cuddle - Line 180		

				Then had cuddles - Line 188-189		
				First proper cuddles - Line 189		
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Conclusion from the experience	No way I would have delivered naturally - Line 149-150		He's healthy and happy - Line 13	Got there in the end - Line 150	I was out of it - Line 182
		No way he was gonna get down on his own - Line 151		Nevertheless, we have our boy - Line 13		Best moment of my life - Line 185
		No way he was gonna get out - Line 152-153		I love that he's a character - Line 178		It was all done - Line 186-187

		No way I would have delivered naturally - Line 156-157		He's completely worth it - Line 199		She was here - Line 188
		I would have needed a c-section all along - Line 156		I enjoyed it coz I have a baby now - Line 201		She was perfectly healthy - Line 190
		Not gonna let it put me off, I will have more children - Line 167		Taken a few months to get used to being a mum - Line 202-203		We needed that time - Line 194
		Trying to do everything with him - Line 169				We'd been through so much - Line 196
		Absolutely perfect - Line 170-171				Needed time - Line 197

		He's fine from it - Line 172				She wasn't ready to come - Line 205
		Very easy baby - Line 173				I'm healthy, she's healthy - Line 208
		He's the most amazing thing - Line 189				I can't complain - Line 208
		I don't want it to put me off more kids - Line 189				Trying to be positive - Line 209
		He's here - Line 190				I will be 100% having a c-section - Line 211

		Had a really good first day - Line 190				We're getting through it - Line 225
		He's amazing - Line 191				Not the end of the world - Line 225
		Everyone thinks he's got my nose - Line 192				
		Getting darker by the day - Line 193				
		He's 3 days old now - Line 194				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

Support network	Husband	I always sent husband home - Line 27	Ensnue major panic from husband - Line 27	Left husband in bed - Line 39	Not gonna wake him - Line 53	Husband reassured; you have done good - Line 99
		We're having a baby; you need to get some sleep - Line 27-28	Coped by getting husband far away - Line 37-38	Didn't mention anything to him - Line 39-40	It wasn't long to go before he woke for fajr - Line 55	No, you can't push - Line 107
		Laughed with husband - Line 67	Go away - Line 39	Husband says it happened this way - Line 97-98	Woke him about fajr time - Line 55-56	Wait for the midwife - Line 109
		He just sat down in the end - Line 97-98	Face is annoying, smell making me sick - Line 40	Told husband to record labour and pain - Line 104-105	He got up and prayed - Line 57	Husband was terrified - Line 125
		He had to wait outside while hearing me scream then go quiet - Line 117	Still annoyed with husband - Line 56-57	Husband was in front while they took gown off - Line 142	Husband tried to get breakfast - Line 78	He put on his scrubs - Line 134

		I could see husband holding baby - Line 138-139	How dare you. Leave - Line 57	Husband was next to me - Line 169		Went to put scrubs on - Line 136
		Husband kept bringing him to me - Line 140	Funny story about husband - Line 77	Doctor grabbed husband to meet baby - Line 169-170		Standing at the door in scrubs and got shut out - Line 163-165
		Husband heard it too - Line 176	He was very upset - Line 80	He saw him and cried - Line 173-174		No one told him why - Line 165
		Spit of his dad - Line 192	Was really worried - Line 81	First time I've seen him cry; it was lovely - Line 174-175		Taken back to delivery room and left - Line 166
			Husband thought he was meant to be naked under scrubs - Line 81-87			Needs counselling - Line 169

			Stripping off while crying - Line 86			He's got PTSD - Line 169
						Standing there with baby in arms - Line 179- 180
						It's ours - Line 181
						Husband said, you're not doing that again - Line 219
						No more labour for you - Line 220
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

	Self-management	I walked loads - Line 43	Had a tens machine - Line 41	Got pregnancy ball out to roll on - Line 32	I rested - Line 40	I am pushing this baby out - Line 111
		Walking round car park for an hour - Line 44	Press it at same time as contractions - Line 42	Had downloaded an app, track contractions - Line 45	Start timing - Line 46	
		Gonna walk, bounce on ball - Line 45	They said keep an eye on it - Line 48-49	Started to time them - Line 46	I decided that I had tried to stay home - Line 80-81	
		Did everything I could - Line 46		I was organised, bags were packed - Line 56	I realised the facility I wanted was not there - Line 91-92	
		Calmed down as much as I could - Line 91		Baby's bag was packed - Line 57	Did nothing - Line 98	

		My legs were cycling, only way I could keep calm - Line 99		Had a shower, makeup, curled hair - Line 57-59	Just sat down - Line 101	
					Breathing in and out - Line 101	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Mother			Messaged mum to come to hospital - Line 190-191	Had my mum as well - Line 96	
				She didn't even know I was in labour - Line 191	Mum came over - Line 97	
				Messaged mum to come meet him - Line 195		

				Next thing, she's there - Line 195-196		
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Wider family and friends	Parents visited and had lunch in hospital restaurant - Line 46-47		Only told two people - Line 192		
		Updating family - Line 164		Didn't want to worry anyone - Line 192-193		
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	God	Thank God - Line 37			Thank God - Line 88	

		Oh my God - Line 72				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
Sharing stories	Honest account	I wanna be honest - Line 15	Chatty video - Line 7	Can't stress that enough - Line 137-138	Personal experience - Line 9	Trigger warning - Line 14
		Don't like scaring people - Line 15	Can tell coz I'm in my bedroom - Line 7-8		Talk about my childbirth - Line 5-6	Gonna tell you exactly - Line 16
			Feel comfortable chatting in my bedroom - Line 8		If you're interested in that content - Line 11	If you are not looking for traumatic stories, watch this after you have given birth - Line 17-18

			It's a bedroom chat - Line 9		Childbirth - Line 13	Why I stopped filming - Line 24
			Surprised to see so many requests for birth story - Line 11		To be honest - Line 56	I haven't look at footage yet - Line 22
			I could fib and say it's lovely - Line 37		To be honest - Line 122	Stopped filming coz it was last thing on our mind - Line 48-49
			Encourages others to share in comments - Line 71		To be honest - Line 131	Probably going to get graphic - Line 53
			Encourages others to share in comments - Line 120-121		To be honest - Line 144	Important to talk about - Line 199

					If I knew I would have stayed in - Line 144-145	
					Encourages others to share in comments - Line 159	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Not a conventional story		It's similar to normal labour from this point - Line 95	This is where my birth story differs to others - Line 11-12	Not usual - Line 46	
			Not a conventional birth story - Line 120			
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

	Advice for others	Take everything with a pinch of salt - Line 177-178	Don't get scared, it is not normal - Line 45	Bleeding is quite normal after you've been examined - Line 90	It's not bad if you want the baby out - Line 36	About to give birth, look for positive birth stories - Line 14-15
			Head is what pushed the body out - Line 76	You should definitely take advantage - Line 96	It's worth doing - Line 36	Not the video to watch - Line 15
			If you know you are having a planned c-section, don't worry - Line 90-91		Biggest tip, try and relax - Line 152-153	Hormone drip next-levels your labour - Line 59
			If you had a traumatic c-section, planned is much nicer - Line 113-114		Trust nature - Line 153	They use a blanket to move you - Line 174
					Go with an open mind - Line 154	You know your body - Line 215

					Don't have expectations - Line 154	You know how you deal with things - Line 216
					If you trust Doctors, take advice - Line 154-155	
					Best to help you and your baby - Line 155	
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	Other birth stories	Mum had quick labours - Line 85-86			Met another mum who was trying to stay in hospital as long as possible - Line 143-144	Mum had three horrendous births, put me off - Line 231

		This is going to be quicker - Line 86				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
	No experience	First time mum, no idea what to expect - Line 43-44			Obviously being first baby - Line 82-83	Had no idea how labour would feel - Line 61
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie
Timeline	Time	Half an hour after pessary until midnight when it eased - Line 20-21	Got to 3 days overdue - Line 18	In a short space of time, felt pain in lower back - Line 41-42	Late by 5 days - Line 17	I say quick, it wasn't quick, was a 14-hour labour - Line 47
		Literally that quick - Line 67		20 minutes after spray, baby was delivered - Line 166	I was overdue - Line 26	4 hours after they had broken waters - Line 55-56

		Happened that quick - Line 68			It's quite quick - Line 35	Quickly - Line 68
		Could see the clock - Line 100			In that short time - Line 124	Slightly too quickly - Line 75
		4 hours this went on for - Line 103				
		Four days of pushing - Line 154-155				
		It was all really quick - Line 165-166				
		Text 1 - Amanda	Text 2 - Emma	Text 3 - Kristina	Text 4 - Salma	Text 5 - Sophie

Appendix 5 – Themes in diagram format

Attached as a separate document due to formatting – see attached documents

Appendix 6 – Screen print of faces (Salma)

Appendix 7 – Screen print of faces (Kristina)

Appendix 8 – Screen print of faces (Amanda)

Appendix 9 – Screen print of faces (BrummyMummyof2 - Emma)

Appendix 10 – Screen print of faces (Sophie)

Appendix 11 – Transcripts (Salma)

Attached as a separate document due to formatting – see attached documents

Appendix 12 – Transcripts (Kristina)

Attached as a separate document due to formatting – see attached documents

Appendix 13 – Transcripts (Amanda)

Attached as a separate document due to formatting – see attached documents

Appendix 14 – Transcripts (BrummyMummyof2 - Emma)

Attached as a separate document due to formatting – see attached documents

Appendix 15 – Transcripts (Sophie)

Attached as a separate document due to formatting – see attached documents

Appendix 16 - Glossary of key terms

Birth story: a parent's account of the events that took place during the birth of their child.

Caesarean section: abdominal surgery to deliver a baby.

Dilate/ dilation: The cervix softens and opens to allow the baby to pass down the birth canal.

ECS (Emergency Caesarean Section).

Elective Caesarean: a planned caesarean where a date for the procedure has been arranged prior to labour starting, usually takes place after the 39th week of pregnancy.

NHS (National Health Service).

Oxytocin: A hormone that is naturally produced that initiates labour. It is also available in synthetic form and is used in a drip to initiate and sustain labour.

Sweep: A procedure to induce labour in which a midwife sweeps a finger around the opening the cervix.

Traumatic: causes deep distress or psychological disturbance.

Vaginal birth: when a baby is born via the birth canal. NB, a vaginal birth can require emergency assistance.