Guide to the Convene Study dataset

Dataset characteristcs

Dataset consists of 27 transcripts - each one based on an audio recording of an entire antenatal appointment.

Background

In England, all pregnant women are offered screening for Down's syndrome, Edward's syndrome and Patau's syndrome at their booking appointment. Midwives are uncertain how to help women make an informed decision without being seen as directive. Evidence around effective informed choice training for midwives in this area is limited.

Aims

To apply Conversation Analytic Role-play Method' (CARM) to video-recorded interactions between midwives and women at the booking appointment to identify which conversational practices lead to informed decision-making, to support future evidence based training.

Method

27 entire antenatal booking appointments were video/audio recorded within clinics in Northern England. Transcribed data were analysed using conversation analysis (CA), a qualitative method for analysing real interactions. Analysis focused on how midwives laid the interactional foundations for women to make an informed decision around screening.

Procedure/Ethics

Women aged over 16 years from a general antenatal population with singleton pregnancies, who had booked for maternity care within the participating NHS Trust

participated, along with their midwife and partner/ support if also attending. All women were attending their initial antenatal (or 'booking') appointment, where antenatal screening for Down's syndrome, Edwards' syndrome and Pataus' syndrome is discussed.

Twenty-seven booking appointments were recorded between September-December 2019, within 6 GP practices and two large obstetric units in northern England. Twenty-seven women were recruited, ten of which attended with their partners. Eleven recordings were obtained in hospital clinics, and sixteen within GP practices. Twelve midwives participated, and were included within a range of one to six of the recordings. Booking appointments took place in both the community (GP practices) and hospital settings. Community appointments were attended by women without a significant health issue, and hospital appointments were for those with a medical history requiring obstetric review or requesting maternity care in the unit and living outside of the geographical area. To account for diversity in the sample, recruitment was planned across six GP practices within a wide range along the index of multiple deprivation (IMD) scale. Women attending hospital booking appointments reflected a natural variation IMD, as accommodating women across all areas of a large city.

Community and hospital midwives were invited to participate prior to the recruitment phase, **and w**omen were invited to participate (and partners/ support if present) on arrival to hospital and community booking appointments being conducted by those midwives who had agreed in advance to participate. Study information was discussed, and the option offered of being video and/or audio recorded. Twenty women agreed to both video and audio, and seven to audio only. Written consent was obtained from the woman, partner/support if present and midwife before the booking appointment commenced. All attending the appointment were informed where the recording devices had been discretely placed within the clinic room, the researcher started/stopped the recorders at the beginning and end of the appointments and remained outside of the clinic room during the entire appointment.