

**Dr Annabel Jay, Senior Lecturer  
(Midwifery) University of Hertfordshire  
England.**

### Background

Induction of labour accounts for around 1:4 births in UK hospitals (1) and is a major source of service-user complaints. In view of the current drive towards woman-centred care, a study was undertaken to explore induction from the woman's perspective. One of the key findings demonstrates how conceptualising induction as a state of liminality may offer a new way of understanding induction, leading to improved care and increased client satisfaction.

### The concept of liminality

The early 20<sup>th</sup> Century ethnologist Van Gennep (2) identified rites of passage as cultural practices occurring at significant life thresholds in order to assist the passage from one state to the next (3). These typically involve removal to a special place to prepare for transition (3, 4). During the transitional phase, a liminal state is entered, in which normal order is suspended and the person is displaced from their everyday context. Latter-day anthropologists (5) have developed Van Gennep's theory and applied it to the experience of labour. This paper argues that induction may be viewed as a separate and hitherto unrecognised phase of liminality.

'...the scary bit is you're going to start labour totally alone, surrounded by strangers' (Emily)

### Induction as a state of liminality

Induction was generally unanticipated by women and arranged just days in advance, allowing little time to adjust their expectations of labour. In hospital, women were separated from loved ones at night and displaced from their everyday context, creating a sense of powerlessness. Some women reported being ignored by staff and deprived of information. Sensations of starting labour were not always acknowledged by staff. A state of limbo existed: women were not classed as being in labour or unwell, but were unable to go home or to progress to the labour suite without permission. Delays and interruptions in the induction process caused added confusion and stress, which is known to have an adverse effect on the progress of labour (6).

### Method

Following ethical approval, a purposive sample of 21 primiparous women was recruited from a maternity unit in England. All had been induced, mostly for post-dates pregnancy. Women were interviewed at 3-6 weeks postnatally. Interview data were audio recorded, transcribed and thematically analysed. Themes relating to the in-patient experience were interpreted using anthropological theories of rites of passage and liminality.

*NB all names below are pseudonyms.*

## Labour or limbo? experiencing induction on an antenatal ward: findings of a qualitative study

### Imagine....

**....you are in an airport. You are waiting at the boarding gate, but just as you are expecting to board the plane, your flight is inexplicably and indefinitely delayed. You feel trapped in a noisy, crowded, uncomfortable place full of strangers. There is limited access to refreshments and only basic hygiene facilities. You are at the mercy of well-meaning, but powerless staff who keep you and the other travellers under their constant gaze, but can do nothing to expedite your departure or tell you when you will board the plane.**

**This is what induction of labour on an antenatal ward can feel like!**

'...I said [to midwife] 'well, I'm in labour' and she said 'no you're not' (Nina)

'...why are we being forgotten?...' (Vicky)

### Conclusion

Conceptualising in-patient induction as a liminal state offers a better understanding of women's experiences and may encourage a more woman-centred approach to care, leading to fewer complaints.

(1) Birthchoicework professional. 2015. Induction Rates [Online]. Available:

<http://www.birthchoicework.com/professionals/frame.htm>

(2) Van Gennep, A. (1960). *The rites of passage*. London: Routledge and Kegan Paul

(3) Kenworthy-Teather, E. (Ed.). (1999). *Introduction: geographies of personal discovery*. London: Routledge.

(4) Winchester, H., McGuirk, P., & Everett, K. (1999). *Schoolies week as a rite of passage: a study of celebration and control*. In E. Kenworthy-Teather (Ed.), *Embodied geographies*. London: Routledge.

(5) McCourt, C. (2009c). "How long have I got?" *Time in labour: themes from women's birth stories*.

In C. McCourt (Ed.), *Childbirth, Midwifery and Concepts of Time*. New York & Oxford: Berghahn Books.

(6) Hodnett, E., Gates, S., Hofmeyr, G., & Sakala, C. (2013). *Continuous support for women during childbirth*. *The Cochrane Library*(7). doi: 10.1002/14651858.CD003766.pub5.