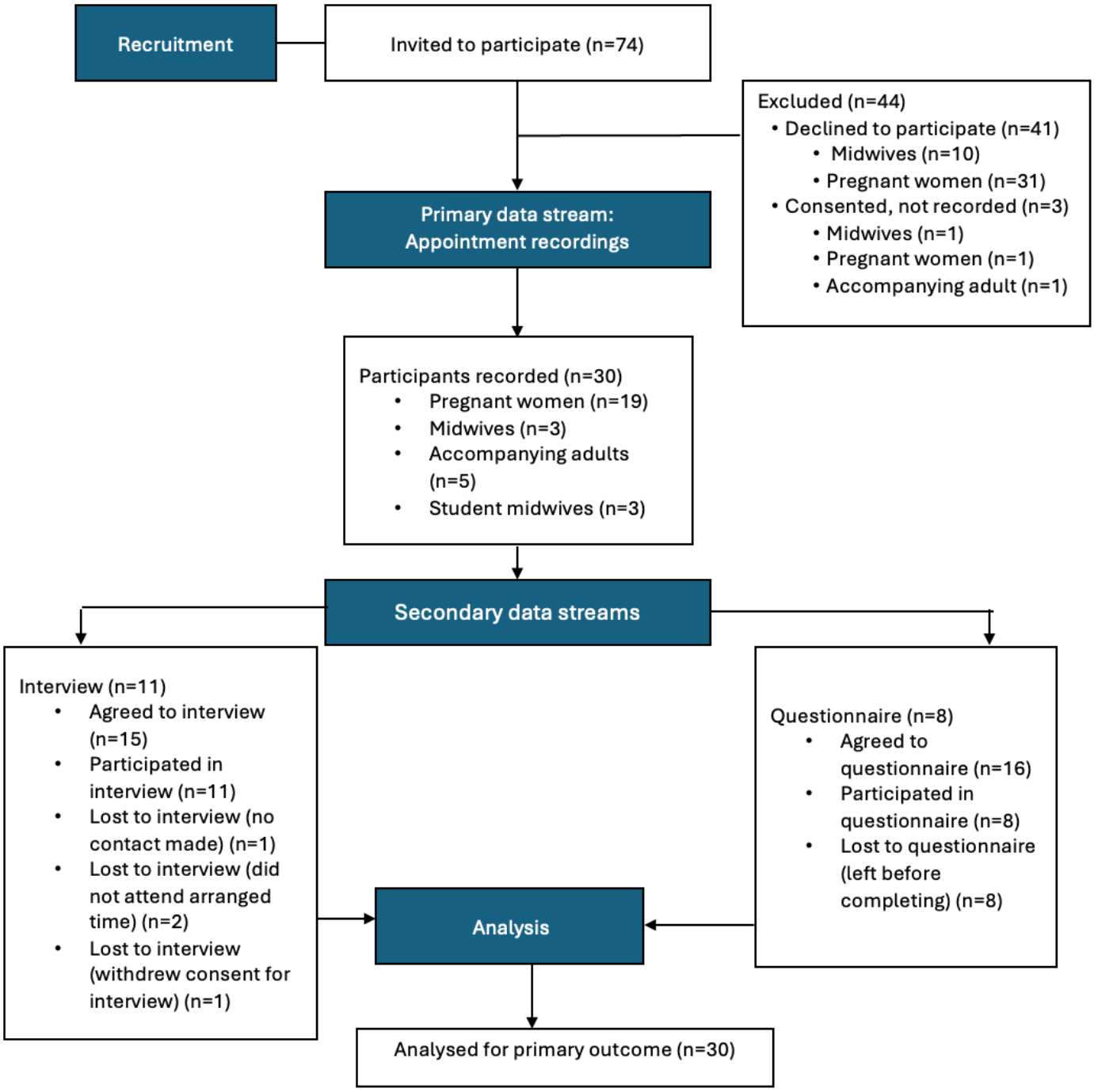
ISRCTN17016197 - Exploring communication in antenatal care for Black pregnant women Summary of Results

Scientific Title: Exploring the relationship between communication, experience and outcome for Black pregnant women receiving midwifery antenatal care: a conversation analytic study.

1. Participant flow



2. Baseline characteristics

Demographic information*		Pregnant women (PW)	Midwives (MID)	Student midwives (STM)**
Age	18-24	2 (10.5%)	0	1 (33.3%)
	25-29	2 (10.5%)	0	1 (33.3%)
	30-34	8 (42.1%)	0	
	35-39	5 (26.3%)	1 (33.3%)	
	40-44	2 (10.5%)	0	
	45+	0	2 (66.7%)	
Ethnicity	M - Black or Black British – Caribbean	4 (21.1%)	N/A	
	N - Black or Black British – African	10 (52.6%)	N/A	
	P - Black or Black British – Any other Black background	1 (5.3%)	N/A	
	D -Mixed – White and Black Caribbean	3 (15.8%)	N/A	
	E - Mixed – White and Black African	0	N/A	
	G – Any other mixed Black background	1 (5.3%)	N/A	
	A - White – British	N/A	3 (100%)	
	B – White - Irish	N/A	0	
	C - Any other White background	N/A	0	1 (33.3%)
	Other	0	0	1ˆ (33.3%)
Parity	Nulliparous	6 (31.6%)	N/A	
	Primi-/multiparous	13 (68.4%)	N/A	
Years of service	Less than 2 years	N/A	1 (33.3%)	
	2-5 years	N/A	0	
	6-10 years	N/A	1 (33.3%)	
	11-20 years	N/A	0	
	21-30 years	N/A	0	
	31+ years	N/A	1 (33.3%)	

*Demographic information was not collected for accompanying adult participants.
** Demographic information not available for one STM.
ˆParticipant indicated ethnicity as Algerian.

3. Outcome measures

Primary outcome: In this inductive study, Conversation Analysis was applied to identify interactional phenomena of analytic interest and their interactional outcomes in relation to patient centred care.

Interactional phenomena identified	Tokens found	Phenomena description	Sub-phenomena	Sub-phenomena description
Invocations of prior pregnancy (IoPPs)	24	An IoPP is defined the first turn in a sequence in which a PW orients to a prior pregnancy or subsequent sequential turns where that invocation is performing a different communicative action. Invocations of prior pregnancy by MIDs are not included in the analysis. This primary outcome is triangulated by secondary outcome measures (interview themes).	**Accounting IoPPs**	Accounting IoPPs are used to by PWs to account for dispreferred responses or noticeable absences to MID FPP enquiries. More frequently, and more unusually, PW's also use accounting IoPPs as post-positioned, anticipatory or late accounts for preferred responses. Accounting IoPPs align with the interview data sub-theme, that primi/multiparous women believe their prior experience gives them agency in antenatal appointments.
			Resisting IoPPs	Resisting IoPPs disalign with MID's prior turns and are used by PWs to resist an initiating action, or an epistemic stance displayed in that initiating action. Resisting IoPPs align with the interview data sub theme, that primi/multiparous women believe their prior experience allows them to advocate for themselves in antenatal care.
Maximising symptom reports (MSRs)	40	Symptom reporting turns in the dataset were either neutrally formulated or contained minimising or maximising elements. A symptom report was identified as an MSR if it contained one or more of the	**Agenda setting MSRs**	MSRs are used by PWs as a resource for aligning speakers as agenda-setter/agenda-recipient, by presenting symptoms as agenda-worthy. Agenda setting MSRs are often used to pursue a particular treatment or interactional outcome, or to introduce non-biomedical topics to the agenda. MID resistance to agenda-setting MSRs delays appointment progressivity.

		following elements: evocative lexical selection, extreme case formulation (ECF), hyperbolic description, intensifiers, metaphors/idioms, prosodic emphasis, temporal emphasis or upgrading.	**Accounting MSRs**	Accounting MSRs are used by PWs to account for dispreferred responses and noticeable absences following FPP enquiries and advisings in the context of talk which reveals them to be non-compliant with institutional procedures, medical or lifestyle advice. In so doing, PWs use accounting MSRs to manage face. MIDs' neutral responses to MSRs support progressivity, while MIDs' active co-operation in facework is observably patient-centred, and results in commitment to compliance. MID resistance to accounting MSRs causes PWs to extend, repeat or upgrade the MSRs, resulting in disaffiliative sequences and delays to progressivity.
			MSRs in affiliative clusters	MSRs are used by PWs in affiliative assessment clusters, to indicate that intersubjectivity has been reached by speakers regards some non-locally produced prior MSR.
'I know' responses to negative evaluations	19	Turns where a second speaker responds 'I know' to a negative evaluation (NE) made by the first speaker, where the stance object is some aspect of antenatal care (AOAC), such as diagnostic testing methods, practical organisation of care, the assigned care pathway, or lifestyle advice. NEs may be formulated as the action of assessing	**MID speaker (troubles attentive)**	MIDs were observed to variously balance the normative interactional requirement of affiliating/agreeing with PW's NEs, with the institutional responsibilities of appointment progressivity and promoting AOAC compliance. MIDs selected one of three post-positioned troubles-oriented expansions: optimistic expansions (affiliation + progressivity), mitigation attempts (affiliation + institutional responsibilities), reciprocal disclosures or affiliative second assessments (affiliation only). These troubles attentive sequences resulted in PW acceptance of AOAC.

	or layered on as a negative evaluative stance or negative affective stance. In 13 cases PW is the NE speaker and MID responds 'I know', in 6 cases this is reversed.	**MID speaker (troubles disattentive)**	When MID did not follow the 'I know' response with a troubles-attentive post-expansion, but instead attempted transition straight back into business as usual, affiliative 'I know' was hearable as performative. Either no acceptance was pursued or where it was, this led to passive resistance by PW and a prolonged route to reluctant acceptance.
		PW speaker	In 6 cases MID makes the NE about some AOAC, and the PW responds with 'I know'. PW 'I know' responses occur either following MID reformulations or upgrades of NEs originally made by the PW or following NEs first displayed by the midwife.

4. Adverse events

No adverse events were reported in this study.