

**Submission Id:** 5093

**Title**

*Influence of pregnant women in contexts of vulnerability' relationship with nurses on their prenatal nursing care experience*

**Priority 1 (Research Category)**

Qualitative research

**Presenters**

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**Abstract**

Context: Developing a relationship of trust with pregnant women is very important during prenatal primary care. This is especially true for women in contexts of vulnerability, to ensure they feel comfortable expressing their concerns and challenges. This relationship of trust will guide nurses throughout their interventions. Considering that pregnant women frequently present a combination of vulnerabilities, we need to better understand their experience of their relationship with nurses during prenatal primary care. The research question was “How does the nurse-pregnant woman relationship influence prenatal care experience?” Study design: We used a qualitative interpretative descriptive research design (Thorne, 2016). Setting: Community health services ensuring vulnerable pregnant women’s follow-up in the Province of Quebec (Canada). Population studied: Pregnant women in contexts of vulnerability, 16 years old and over, in their second or third trimester, or having given birth in the previous year, who received prenatal nursing care through community health services. Recruitment was conducted using a purposive sampling. Outcome measures: We conducted 24 semi-structured interviews with pregnant women in contexts of vulnerability on their prenatal nursing care experience. Analysis was performed using the Qualitative Analysis Guide of Leuven (QUAGOL) approach from De Casterlé, Gastmans, Bryon and Denier (2012). The analysis method included a constant comparative process and co-coding to ensure study credibility. Results: Women characterized the relationship by the presence or absence of reciprocity, trust, and decision-making authority. These characteristics were not exclusive. A perception of a positive relationship with nurses included comfort in confiding in the nurse, responsiveness to the pregnant women’s expectations and needs, the women’s limitation in the consultation of other informational resources, motivation to see the nurse again, and the decision to continue prenatal follow-up. Conclusions: The Nurse-pregnant women in contexts of vulnerability’s relationship influences the experience of prenatal nursing care. A positive relationship was one of the elements that the women appreciated most during their follow-up. However, this was not the case for all women. Development of this relationship should take into account each woman’s expectations and needs.