The Childbirth Experience Questionnaire (CEQ) - validation of its use in a Danish-speaking population of new mothers stimulated with oxytocin during labour

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Background

We need standardised methods to measure and quantify patient reported outcomes.

No robust Danish tool for evaluating childbirth experience exists.

We aim to perform a transcultural adaptation of the original Swedish Childbirth Experience Questionnaire (CEQ) into a Danish context. For 19 of the items the response format is a 4-point Likert Scale whereas the last three items use a visual analogue scale (VAS).

Methods

Translation of the CEQ from Swedish to Danish in accordance with COSMIN

The Danish CEQ was tested for content validity among 10 new mothers.

In a population of women who have had their labour induced with oxytocin (April 2016 – December 2018), we assessed the electronic questionnaire for validity and reliability using factor analytical design, hypothesis testing, and internal consistency.

Based on these data, we determined criterion and construct responsiveness in addition to floor and ceiling effects.

Results and Conclusion

Item	Statement (Danish)	Statement (English)
1	Fødslen forløb som jeg havde forestillet mig	The labour progress went as I had expected
2	Jeg følte mig stærk under fødslen.	I felt strong
3	Jeg følte mig bange under fødslen.	I felt scared
4	Jeg følte mig i stand til at gennemføre fødslen.	I felt capable
5	Jeg var træt under fødslen.	I felt tired
6	Jeg var glad under fødslen	felt happy
7	Jeg har mange positive minder fra fødslen	I have many positive memories from the labour process
8	Jeg har mange negative minder fra fødslen	I have many negative memories from the labour process
9	En del af minderne fra fødslen kan få mig til at føle mig nedtrykt	Some of my memories from the labour process make me feel depressed
10	Jeg følte, at jeg havde mulighed for at påvirke, om jeg skulle være oppe og røre mig eller ligge ned	I felt I could choose whether I should be up and moving or lie down
11	Jeg følte, at jeg havde mulighed for at påvirke fødselsstillingen	I felt I could choose the delivery position
12	Jeg følte, at jeg havde mulighed for at påvirke valg af smertelindring	I felt I could choose which pain relief method to use
13	Jordemoderen brugte tilstrækkelig tid på mig	My midwife devoted enough time to me
14	Jordemoderen brugte tilstrækkelig tid på min partner	My midwife also devoted enough time to my partner
15	Jordemoderen informerede om, hvad der skete under fødslen	My midwife kept me informed about what was happening during labour and birth
16	Jordemoderen forstod mine behov	My midwife understood my needs
17	Jeg følte, at jordemoderen behandlede mig godt	I felt very well taken care of by the midwife
18	Mit indtryk af sundhedspersonalets faglige kompetence gjorde mig tryg	My impression of the medical competence made me feel secure
19	Jeg følte, at jeg håndterede situationen godt	I felt that I handled the situation well
20	Hvor smertefuldt oplevede du generelt fødslen ¹	Experienced level of labour pain, VAS**
21	Hvor meget kontrol følte du, at du generelt havde under fødslen?¹	Experienced level of control, VAS**
22	Når du tænker tilbage på fødslen, hvor tryg følte du dig generel ${\sf t}^1$	Experienced level of sense of security; VAS ¹

The electronic questionnaire was completed by 377 of 495 women (76.2%).

The original Swedish CEQ was four-dimensional, however an exploratory factor analysis revealed a threedimensional structure in our Danish population (Own capacity, Participation, and Professional support).

The internal consistency (Cronbach's alpha) ranged between 0.75 and 0.89 and the ICC between 0.68-0.93.

We found ceiling effects of 57.6% in the domain Professional support and of 25.5% in the domain Participation.

The Danish version of the CEQ demonstrates construct validity and reliability.

A significant ceiling effect especially in the domain Professional support, needs to be acknowledged when considering implementing the CEQ into trials and clinical practice.



