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Physical activity and sleep were measured using accelerometers attached to the thigh and lower back. Except for two participants, all consented to wear the accelerometers for 7 days at baseline.

**Conclusions:** Progression criteria was met. Results from the pilot study support the feasibility of a full-scale RCT.

### The implementation of a national recommendation concerning obstetric and neonatal emergency training in Finnish maternity hospitals

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**Introduction/Purpose:** Patient safety is the priority of maternity care, but the preparedness to face emergencies may be weak if emergency care routine and regular training are missing. In 2020, most Finnish hospitals (16/23) had less than 2000 deliveries, but the number varied from 243 to 8555.

To ensure patient safety in all hospitals, a quality project conducted by the Finnish Perinatal Society was launched.

**Methods:** National obstetric and neonatal working groups were set to harmonize the status of maternity hospital emergency training. The work was done between September 2020 and April 2021. After a survey concerning the current training status, patient safety-centered goals were set for personnel training. The ultimate goal was the preparation and implementation of a national recommendation concerning obstetric and neonatal emergency training.

**Results:** Significant differences in the emergency training were identified between hospitals. A national recommendation concerning trainer education, target groups, quality, quantity and content of training was given in 2021. The importance of regular simulation trainings and skills stations together with the training of non-technical skills and teamwork was emphasized. Comments from the patient associations and the Ministry of Social Affairs and Health were considered in the final summary. The importance of regional training collaboration with university hospitals was highlighted. Based on an inquiry made in 2023, the recommended simulation and skills station trainings were utilized in 19/23 hospitals.

**Conclusions:** As a result of national collaboration, a freely available and patient safety-centered national recommendation concerning emergency training in maternity hospitals was made and successfully implemented.

### Women's negative childbirth experiences and socioeconomic factors: results from The Babies Born Better survey

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**Introduction/Purpose:** To investigate the association between women's socioeconomic status and overall childbirth experience and to explore how women reporting an overall negative birth experience describe their experiences of intrapartum care.

**Methods:** We used both quantitative and qualitative data from the Babies Born Better (B3) survey version 2, including a total of 8317 women. First, we performed regression analyses to explore the association between women's socioeconomic status and labor and birth experience, and then a thematic analysis of three open-ended questions from women reporting a negative childbirth experience ( $n=917$ ).

**Results:** In total 11.7% reported an overall negative labor and birth experience. The adjusted odds ratio (OR) of a negative childbirth experience was elevated for women with non-tertiary education, for unemployed, students and those not married or cohabiting. Women with lower subjective living standard had an adjusted OR of 1.70 (95% confidence interval [CI] 1.44–2.00) for a negative birth experience, compared with those with average subjective living standard. The qualitative analysis generated three themes: (1) uncompassionate care – lack of sensitivity and empathy, (2) impersonal care – feeling objectified, and (3) critical situations – feeling unsafe and loss of control.

**Conclusions:** Important socioeconomic disparities in women's childbirth experiences exist even in the Norwegian setting. Women reporting a negative childbirth experience described disrespect and mistreatment as well as experiences of insufficient attention and lack of awareness of individual and emotional needs during childbirth. The study shows that women with lower socioeconomic status are more exposed to these types of experiences during labor and birth.