Assessment of Women's Expectations and Experiences during Childbirth

Eman Shaban Mohammed*, Sabah Metwally Mohamed, Amal Fatthy*****
Sc. Nursing Sciences 2004*, Professor of Maternity and Gynecological Nursing, Faculty of Nursing**, Lecturer of Maternity and Gynecological Nursing, Faculty of Nursing** *
Ain Shams University-Cairo-Egypt.

Abstract

Background: The effects of a birth experience can be positive and empowering, or negative and traumatizing. Nurses, midwives and obstetricians require a deep understanding of the emotional aspects of childbirth in order to meet the emotional and psychosocial needs of laboring women. **Aim of the Study:** The study aimed to assess the women's expectations and experiences during childbirth. **Research Design:** a descriptive design utilized in carrying out this study. **Setting:** The study conducted at the antenatal clinic and at postnatal room, Ain Shams University Maternity Hospital. **Sample:** Convenient sample, sample was 500 pregnant women. **Tools: (I)** A structured interview questionnaire sheet assess socio-demographic characteristics of the study sample include age, education level, occupation, place of residence, and phone number. Moreover, to asses obstetric history of study sample includes previous pregnancy and delivery, parity, previous pregnancy outcome, type of delivery, number of abortions, and place of the previous delivery. It has involved information about present pregnancy as gestational age; any complications with a previous pregnancy, antenatal follow up, **(II)** the expectations of childbirth experience questionnaire, **(III)** the expectations of nursing support during labor and birth and **(IV)** childbirth experience questionnaire. **Results:** 62.6% of the studied sample was had negative expectations toward childbirth. 58.3% of the studied sample was had negative expectations toward nursing support.62.6% of the studied sample was had negative experiences toward childbirth. **Conclusion:** It was found that, slightly two thirds of the studied sample were had negative expectations toward childbirth. More than half of the studied sample were had negative expectations toward nursing support. In addition to the slightly two-thirds of the studied sample were had negative experiences toward childbirth. Also, there was highly significant correlation between total childbirth expectations score, total nurse expectations score of studied sample & their total childbirth experiences. **Recommendation:** The study recommended with conducting an educational programs to expectant mothers about what actually happens during labor.

Key words: Expectations, Experiences, Childbirth, Women's

Introduction

Childbirth is an important event in women's life, also known as labor or delivery and it is the ending of pregnancy by one or more babies leaving a woman's uterus **(Truijens et al., 2018)**.

Labor is a complex interaction between the mother and fetus **(Lukasse et al., 2015)**; and this is the process of delivering a baby and the placenta, membranes and umbilical cord from the uterus to the vagina to the outside world **(Carol and Green, 2016)**.

Childbirth is described as multifaceted experience. Sense of security and perceived control, experienced level of labor pain, personal support, nursing care, experience of earlier deliveries, intrapartum analgesia, information given and involvement in decision making contribute to the childbirth experience **(Milton and Isaccs, 2017)**.

Expectation is defined as believing that something is going to happen or believing that

something should be a certain way **(Terwee et al., 2016)**, maternal childbirth expectations play an important role in determining a woman's satisfaction to her childbirth experiences **(Marshall, 2018)**.

Women's expectations for her childbirth experience can also influence birth satisfaction. Unrealistic expectations may lead to a decrease in birth satisfaction and an increase in the possibility of postpartum depression **(Gamal, 2016**).

The experience of birth is likely to play an important role in psychological outcome. Although the majority of women are satisfied with their experience of giving birth, high experiences of control during labor and birth increase birth satisfaction and decrease the incidence of traumatic perceptions of birth and postpartum depression **(Bell and Andersson, 2016)**.

Birth satisfaction refers to a women's satisfaction with her birth experience throughout labor and birth, it is assessed by measuring the woman's expectations of care received, maternal control, personal control, personal support, medical intervention and overall health. Issues of control during pregnancy and childbirth manifest themselves in the three ways include prenatal of fetal health during pregnancy, expectations of control of labor and actual control experience during childbirth **(Perriman and Davis, 2016)**.

Nurses play an important role in supporting women during labor and birth, they provide physical, emotional, and informational and confidence support and they could better prepare women appropriately for childbirth **(Uludag and Mete, 2015)**.

Significance of the Study

Childbirth is a crucial experience in women's life as it has a substantial psychological, emotional and physical impact. Expectations of childbirth have been linked to women's satisfaction with the childbirth. A positive experience during labor is important to the women, infant's health and mother-infant relationship.

A women's satisfaction with childbirth experiences may have immediate and long-term effects on their health and their relationship with their infants ,but there is a lack of current research in this area.

In Egypt, the large maternity governmental hospital is facing serious challenges in providing care. Health care providers perceived load as the leading challenge to quality care. The case load observed included obstetric emergencies, high risk cases, caesarean sections in addition to normal delivery. Their main concern is how to manage the cases with minimum loss. Furthermore limited facilities, the current nursing shortage, nurse job dissatisfaction and inequality of distributed cases over the day are causing staff overloading at peak intake. This surrounding environment minimizing the chance to stop for minutes and think about woman's expectations and how to be enjoyed with her birth experience ***(Abdel Ghani, Berggren, 2011)***

Furthermore, nurses, midwives and other maternity health-care providers need to help women to develop realistic expectations, and

also to examine their role in perpetuating a technical approach to birth. Therefore, nurses and other health care providers should focus their supportive interventions, women's achievement of personal control and meeting expectations. To assist women in meeting their expectations, assessment and discussion of their wished and expectations should be done throughout pregnancy, resulting in a birth plan for the actual labor and delivery ***(Pillitteri, 2014).***

A women's satisfaction with childbirth experiences may have immediate and long-term effects on their health and their relationship with their infants, but there is a lack of current research in this area.

Aim of the study

This study aimed to assess women's expectations and experiences during childbirth.

Research question:

What are the women's expectations and experiences during childbirth?

Research design

A descriptive design was used to conduct this study.

Study Settings

The study conducted at the antenatal clinic Ain Shams University Maternity Hospital and labor department, after delivery.

Subjects

o A convenient sample composed of 500 women, according to the formula Sample size calculated by using OpenEpi, Version 3, and open-source calculator and based on a study carried out by ***(Atiya, 2016).*** The study reached 350 women as 150 women were dropped out throughout the study.

$$\text{Sample size} = \frac{Z_{1-\alpha/2}^2\, p(1-p)}{d^2}$$

Here

$Z_{1-\alpha/2}$ = Is standard normal variate (at 5% type 1 error ($P<0.05$) it is 1.96 and at 1% type 1 error ($P<0.01$) it is 2.58). As in majority of studies P values are considered significant below 0.05 hence 1.96 is used in formula.
p = Expected proportion in population based on previous studies or pilot studies.
d = Absolute error or precision – Has to be decided by researcher.

with the following inclusion criteria:

- Multipara or primipara
- 37th week of pregnancy
- Normal vaginal delivery
- They have a telephone or cell phone.
- Pregnant women without any complications and medical problems during pregnancy

Technical Design

Tools of data collection

Data collected through use of the following tools:

I. Interview questionnaire: this tool was from whom by the researcher and written in simple Arabic language based on scientific literature review it included two parts to assess data about the following:

I. **A Structured Interview Questionnaire Sheet:** It designed by the researcher after reviewing the related current and previous literature to collect data from a study sample that covers the aim of the study. It composed of two parts:

Part I. It designed to assess Socio-demographic characteristics of the study sample include age, education level, occupation, place of residence, (phone number).

Part II. It designed to asses' obstetric history of study sample includes previous pregnancy and delivery, parity, previous pregnancy outcome, type of delivery, number of abortions, and place of the previous delivery. It has involved information about present pregnancy as gestational age; any complications with a previous pregnancy, antenatal follow up.

II. Expectations of Childbirth Experience Questionnaire (ECBE): It adopted from ***(Oweis and Abusheikh, 2004)*** and used to assess women's expectations during childbirth, it includes the following: dimensions

- Expectations related to the previous experience (6 items)
- Expectations related to feelings during labor (9 items)
- Expectations related to the baby (3items)
- Expectations related to women's behaviors when labor intensified (4 items)

❖ **Scoring system:**

There are two possible answers "Yes" scored as "1" and No was scored as "0" showed positive expectations of childbirth, Reverse scoring considered for statements reflecting negative expectations for childbirth. Item scores added for each participant and the total score obtained, maximum score divided the total score (22)*100 to obtain percent score; the percentage score converted to expectations levels as follow: positive expectations if the percent score was 75% or more and negative expectations if the percent score was less than 75%.

I. **The Expectations of Nursing Suppsxort during Labor and Birth (ENSDLB):** It adopted from ***(Oweis, Abushieikh, 2004)*** and used to assess women's expectations of nursing support during labor and birth at the antenatal clinic; it consisted of nine items

❖ **Scoring system:**

The scoring system is as follow strongly disagree, disagree, agree and strongly agree.
Is 4 points Likert scale; the scoring system is as follow: 1= strongly disagree 2=Disagree 3=Agree 4=strongly Agree; Reverse scoring will be considered for statements reflecting negative expectations for childbirth. Item scores added for each participant and the total score obtained, the total score divided by maximum score (36)*100 to obtain percent score; the percentage score converted to expectations levels as follow: positive expectations if the percent score was 75% or more and negative expectations if the percent score was less than 75%.

I. Childbirth Experience Questionnaire (CEQ): It adopted from ***(Walker et al., 2015)*** and used to assess women's experiences after delivery. It consisted of 22 statements assessing 4 main domains of the childbirth experience:

- Experience of own capacity **(7 items)**
- Experience of professional support (5 items)
- Experience of Perceived safety (5 items)
- Experience of participation (3 items)

❖ **Scoring system:**

Childbirth experience questionnaire is a 4 points Likert scale; the scoring system is as follow: one= strongly disagree two=disagree three=agree four=strongly agree; reverse scoring considered for statements reflecting negative experience for childbirth. Item scores added for each participant and the total score obtained, the total score divided by maximum score (80)*100 to obtain percent score; the

percentage score converted to experience levels as follow: positive experience if the percent score was 75% or more and negative experience if the percent score was less than 75%.

Content and face validity and reliability of the data collection tools.

- **Content validity:** It was ascertained by a group of experts (3) in the field of maternity and gynecological nursing specialty that reviewed the tools for clarity, relevance, comprehensiveness, applicability and according to their opinion, no modifications considered.
- **Content reliability:** The tool tested to ensure that an assessment tool produces stable and consistent result overtimes reliability of the study tools was by Alpha Cronbach test (0.92).

$$\alpha = \frac{N.\ r}{1+(N-1).\ r}$$

N: is equal to the number of items and r- the bar is the average inter-item correlation among the items.

Limitation of the study

150 women were exhausted from the study because of the difficulty of communicating with them via telephone or birth in other places

Administrative Design

Approval obtained through on issued letter from the Dean of Faculty of Nursing, Ain Shams University to directors of the previously mentioned settings. The researcher then met the Leprosy Colony director and explained the purpose and the methods of the data collection.

Ethical Consideration:

- Informed written and oral consent was obtained from each participant after explaining the purpose of the study.
- Each participant had the right to withdraw from the study at any time.
- Tools of data collection were not touching moral, religious, ethical and cultural aspects of the study sample studied.
- Data was confidential and using the coding system from data.
- Tools of data collection were burnt after statistical analysis.

Operation Design

The operational design for this study consisted of three phases, namely the preparatory phase, pilot study, and fieldwork.

Preparatory Phase

This phase included reviewing national and international related literature about the various aspects of the research problem. This helped the researcher to be acquainted with the magnitude of the problem and guided her to prepare the required data collection tools. The developed tools reviewed for the appropriateness of items and measuring the concepts through an expert jury panel.

Pilot Study

This was carried out on 10% of women for the testing arrangement of the applicability of the items of the data collection tools and time-consuming for each tool. The sample reached 50 women. This group of women excluded from the study sample. Data obtained from the pilot study analyzed and modification of the interviewing form done as appropriate.

Fieldwork

- The data collected after obtaining the official approval for data collection within about six months from February 2017 to July 2017. The researcher attended the previously mentioned setting three days per week from 9 a.m. to 2 p.m. At the beginning of the interview, the researcher introduced herself to women, explained to the participants the aim of the study and then the oral consent of the women was obtained. The researcher interviewed each woman individually to fill questionnaire sheets. The average time taken for filling questionnaire sheets was about 15-20 minutes the researcher contacted the studied sample directly after birth (postnatal room) to fill out a childbirth experience questionnaire form within 10-15 minutes. If the interview is not possible after the birth, the researcher called them (by telephone) to fill the form within 10-15 minutes.

- The researcher completed the questionnaire sheets for illiterate women.

Statistical Analysis

The data obtained were synthesized, analyzed, and presented in the form of tables and figures using the Statistical Package for Social Sciences version 20.0 (SPSS). Qualitative variables presented in the form of frequencies and percentages; quantitative variables presented in the form mean and SD. Test of significance used to find out associations between study variables. Spearman's rank correlation coefficient (r) used to assess the degree of association between two sets of variables if one or both of them skewed. The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value considered significant as the following:

- P value $\leq$0.05 was considered significant.
- P value $\leq$0.001 was considered as highly significant.
- P value >0.05 was considered insignificant.

Results:

Table (1): shows that, 61.7% of the studied sample their age ranged between 20 to 30 years. Slightly more than one-quarter of the studied sample, (25.7%) reads and writes. Almost two-thirds of the study sample (63.1%) & (68.0%) were homemaker & from rural area respectively.

Table (2): shows that, 39.4% of the studied sample was primigravida. Three-quarters of the studied sample was (76.2%) did not have a history of abortion. The majority of the study sample (84%) were follow-up their present pregnancy**.**

Table (3): demonstrates that there was a highly significant weak negative correlation between total nurse expectations score of studied sample & their total childbirth experiences (p-value <0.01).

Table (4): demonstrates that, there was a highly significant correlation between total childbirth expectations score of studied sample & their total childbirth experiences (p-value <0.01).

Table (1): Frequency distribution of the study sample according to their general characteristics (n=350)

-General characteristics	(n=350) No.	%
Age (years)		
• <20 years	53	15.1
• 20 to 30 years	216	**61.7**
• 31 to 40 years	59	16.9
• >40 years	22	6.3
• Mean± SD	27.8±5.2	
Education		
• Illiterate	73	20.9
• Reads and writes	90	**25.7**
• Preparatory	75	21.4
• Secondary	68	19.4
• University education	44	12.6
Occupation		
• Work	129	36.9
• Housewife	221	**63.1**
Residence		
• Urban	112	32.0
• Rural	238	**68.0**

Table (2): Frequency distribution of the study sample according to their of obstetrical history (n=350).

Obstetrical History	(n=350) No.	%
Gravidity		
• 1	138	**39.4**
• 2	81	23.1
• 3	93	26.6
• ≥3	38	10.9
Number of abortion		
• None	267	**76.2**
• One	49	14.0
• Two	24	6.9
• Three & more	10	2.9
Follow-up during present pregnancy		
• Yes	294	**84.0**
• No	56	16.0

Table (3): Correlation between total nurse expectations score of the studied sample & their total childbirth experiences (n=350).

	No.	%	r	P
Total nurse Expectations				
Positive	146	41.7		
Negative	204	58.3		
Total Childbirth Experiences			**0.71**	***0.02**
Positive	120	34.3		
Negative	230	65.7		

Significant P ≤0.05

Table (4): Correlation between total childbirth expectations score of the studied sample & their total childbirth experiences (n=350).

	No.	%	R	P
Total Childbirth Expectations				
Positive	131	37.4		
Negative	219	62.6	**0.83**	****0.001**
Total Childbirth Experiences				
Positive	120	34.3		
Negative	230	65.7		

Discussion

General characteristics of the studied sample, almost two-thirds of them their age ranged between 20 to 30 years. Slightly more than one-quarter of the studied sample was reads and writes. Almost two-thirds of the study sample were homemaker & from a rural area**.** This study finding contrasts with ***Mohammadet et al., (2014)*** who studied the Jordanian women's dissatisfaction with childbirth care found that, the mean maternal age was the range, 17-36 years and most of the women were aged younger than 25 years. One-third of women primary school, and one third graduated from high school and among all patients, the majority of them were unemployed. This result agrees with ***Pirdel & Pirdel, (2015)***in candaa who compared of women's expectations of labor and birth with the experiences in primiparas and multiparas with normal vaginal delivery; found that the mean ages of the women were 22.8 ± 3.9 and 27.7 ± 6.6 years. The previous study finding also was in accordance with a study done by ***Ozlem and samiy, (2018)*** who studied women's expectations from delivery nurses of vaginal birth and found that, the mean age of the twelve women was 27.64 ± 5.03 years.

Regarding the obstetrical history of the study sample, the results of the present study revealed that, almost one-third of the studied sample were primigravida; three-quarters of the studied sample did not have a history of abortion. The majority of the study sample was a follow-up to their present pregnancy. This study was in the same line with ***Sandall, et al., (2016)***, studied in Iran the, midwife-led continuity models versus other models of care for childbearing women reported that, all of the women were primiparous and stated that, the antenatal care was considered adequate in the majority of the women.

Concerning Correlation between total nurse expectations score of studied sample & their total childbirth experiences, the results of the present study illustrated that, there was a highly significant correlation between total nurse expectations score of studied sample & their total childbirth experiences. This finding was similar to the study conducted by ***Nilsson et al. (2013)*** conducted in Sweden to identify the factors influencing positive birth experiences for first-time mothers indicated that, support and a feeling of being empowered was due to the presence of trustful relationships with the professionals

Regarding the relation between total childbirth expectations score of studied sample & their total childbirth experiences, the results of the present study illustrated that, there was a highly significant correlation between total childbirth expectations score of studied sample & their total childbirth experiences. This study finding was in agreement with ***Reed, Barnes and Rowe, (2016)***, who study the women's experience of birth mentioned that, the childbirth has a rite of passage positive perceptions of their own coping strategies and confidence in their ability to go through birth were linked to women's positive experience of birth. This finding was similar to the study conducted by ***Zhang, and Lu, (2014),*** who studied the, childbirth expectations and correlates at the final stage of pregnancy in Chinese expectant parents concluded that, a

significant association between expectations and experiences. Negative expectations were associated with a negative experience in both groups.

This could be due to, the Most of the negative expectations often achieved and experienced in women who expected them to happen.

Conclusion

Based on the study finding and research question it concluded that slightly two-thirds of the studied sample was had negative expectations toward childbirth. More than half of the studied sample was had negative expectations toward nursing support. In addition to slightly two-thirds of the studied sample had negative experiences toward childbirth. Also, there was a highly significant correlation between total childbirth expectations score, total nurse expectations score of studied sample & their total childbirth experiences.

Recommendations

Based upon the results of the current study the following recommendations suggested:

- Establishment of childbirth education classes by nurses can have a positive possible responsibility for the birth experience of women.
- Educational programs are contributing factors in rising reasonable knowledge and awareness to expectant mothers about what happens during labor.
- Application of additional research to assess women's expectations and birth ideas to establish positive and realistic expectations of actual birth experience.
- Further research on a more repeat this study on a more likely sample on different geographical locations in the Egypt and conduct further researches.

Further qualitative research about women's views and expectations of childbirth including pain management, expectations about the baby of women's behavior when labor unsatisfied.

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