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RESEARCH ARTICLE

QUALITATIVE STUDY TO EXPLORE CHILDBIRTH EXPERIENCES AMONG PRIMIPAROUS MOTHERS IN SELECTED COMMUNITY HEALTHCENTRE, UTTAR PRADESH

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Abstract

Aim: This study aimed to explore the childbirth experiences of primipara mothers in selected community health centre of Noida, Uttar Pradesh. Design: Qualitative exploratory study.

Methods: The study was conducted among 10 primiparous women using semi structured interviews on 3rd day of delivery.

Results: Data analysis led into two themes and seven sub- themes. The themes include low self-esteem and unrealistic childbirth expectations. Low self esteem theme consisted of self-blame, poor self-confidence, ambivalent feelings, novel experience and the theme of unrealistic childbirth expectations the subtheme are unfamiliar environment, pain, medical intervention. Women's low childbirth self-efficacy can be the result of negative childbirth experience. Therefore, it seems that providing positive childbirth experience plays an important role in improving women's self-efficacy and self-esteem, which requires cooperation and effort at the level of the individual, family, education system and health care system.

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Introduction:-

During labour, women acquire crucial experiences that they carry with them for the rest of their lives. The mother and her child's health, the mother-child relationship, and the spouse are all impacted by the quality of these experiences.¹

Childbirth experience is multi-layered, so it is difficult to explain and portray. Evaluations of childbirth experiences have taken into account a number of variables, such as the support of the midwife, the length of the labour, the pain, the expectations of labour, the involvement and participation of labour and the use of invasive methods like episiotomies, forceps and emergency caesarean sections.²

Hosseini et al in a systematic review demonstrated that individual factors (age, parity, participation, control, expectations, preparation, fear and self-efficacy), interpersonal factors (care provider support, husband support) and unexpected medical problems for mother and child influence the prevalence of negative childbirth experiences across communities.³

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Increased self-esteem, self-efficacy, skills, maternal and infant attachment and improved acceptance of the maternal role are all outcomes of a positive childbirth experience.⁴ When a woman has a bad experience giving birth, she decides to have a caesarean section or have an abortion for the next pregnancy. Negative experiences decrease fertility and lengthen the time it takes to conceive again, both of which are influenced by it.⁵

Studies highlighted that childbirth fear leads to decrease self-efficacy and also increase negative childbirth experience. It also leads to choosing caesarean section for next delivery.⁶ Malender in her study reported that one of the major reasons for childbirth fear is heard negative stories shared by others women.⁷ When women's quotes from different societies are shared, childbirth is made to feel like an important event in the lives of women and a chance to talk about fears, worries, feelings of hopelessness, inadequacy and the resources women have. The service provider ought to give women a chance to share quotes about positive birth experiences.⁸

In various nations, there have been some studies on the experiences of giving birth. Positive childbirth experiences are influenced by a number of factors, according to the findings of a Swedish qualitative study. These factors include trusting one's body to deal with delivery pain, mind body interaction, spouse and health care provider support.⁹

Support and care from health care provider were found to have an impact on childbirth experiences in a Ugandan study. Physical and psychological support lead to positive experience and inappropriate or no communication and care from health care professional may lead to negative childbirth experiences.¹⁰ Attanasio et al. conducted study that revealed that proper communication between health care professional during labour had a positive effect on childbirth experience.¹¹

Since there has been no qualitative study on childbirth experiences of women in Uttar Pradesh, the aim of the study was to explore the themes related to perception of positive childbirth experiences to provide useful information to health care providers and policy makers that promote positive childbirth experiences.

Methods:-

Aim & design:-

This is a qualitative study with a content analysis method conducted on ten primiparous women on 3rd day of delivery. The inclusion criteria included were primiparous women, uncomplicated delivery, no history of mental illness. In order to attain maximum variation, women with different parity, age and different education background were selected. Data collection was done in the month of march-may 2021 in selected community health centre of Noida, Uttar Pradesh. Purposive sampling technique was adopted and face to face in-depth interview lasted approximately for 35-40 minute. After ten interviews, the data were saturated and no new data were obtained. In the beginning, general questions were asked to begin the interview and questions were by the participants responses to the interview process. Initial question asked were "How was your perception of childbirth", "What feelings you have after vaginal delivery". The in-depth interview was conducted in Hindi and then were translated into English.

Ethical approval was given by the research council and the ethics committee of Swami Rama Himalayan University and administrative permission was obtained from CMO, community centre, Uttar Pradesh. Before initiating the interview, researcher explained the purpose of the study and confidentiality of the participants responses. Study participation was purely voluntary and at any point of time the participants were free to withdraw from the study. Informed written consent for participation in the research along with permission to record the interviews was obtained.

Graneheim&Lundman's (2004) description of content analysis served as the foundation for the data analysis process. In the first step, the interview was taped and then typed word for word by the author on paper. The transcripts were then read several times to make sure everyone understood what was being said. Semantic units were regarded as words and sentences containing information about the research question in the second step. The meaningful units were abstracted and coded in the third step. The codes were also grouped into categories and compared to one another in terms of similarities and differences in the fourth step. In the final step, themes based on the research teams categories are chosen.

Long term engagement, insight into data collection, supervision review, and continuous data comparison were some of the factors used to validate the data. Dependency indicates the data's consistency and reliability. The ability to transplant the findings was determined by reporting into two experts and obtaining the same result. The study's transferability was demonstrated by detailed data descriptions.¹²

Table 1:- Demographic characteristics of the participants.

Variable	N (%)
Age	
18- 22 year	01(10%)
22-26 year	03(30%)
26-30 year	06(60%)
Education	
Primary	07(70%)
Secondary	03(30%)
Education of husband	
Primary	03(30%)
Secondary	07(70%)
Occupation of women	
Farmer	03(30%)
Labourer	06(60%)
Housewife	06(60%)
Occupation of husband	
Farmer	03(30%)
Labourer	06(60%)
Private employee	01(10%)
Religion	
Hindu	07(70%)
Muslim	03(30%)
Type of family	
Joint	07(70%)
Nuclear	03(30%)

Results:-

Two main themes and seven sub- themes emerged from the data analysis. The two themes derived were low self esteem and unrealistic childbirth expectations. Self-blame, poor self-confidence, ambivalent feeling, novice experience made up the low self-esteem theme. Unfamiliar environment, pain and medical intervention were three sub themes under theme of unrealistic expectations.

Primiparous women were between 18-30 years of age and majority of them i.e., 6(60%) of them were between 26-30 years of age. Majority of them live in joint family 7(70%) and most of them were between 37-39 weeks of gestation 7(70%). The characteristics of selected participants are mentioned in Table 1.

Low self- esteem

The data interpretation shown below consist of experiences reported by primiparous women on 2nd and 3rd day of delivery. During in-depth interview the focus was identify the childbirth experiences of primiparous women. The sub-themes under low self-esteem and self-blame identified were as follows:

Self blame

Data interpretation revealed that the women who underwent caesarean section were experiencing low self-esteem and were blaming self for birth outcomes. They felt that their act has led to embarrassment for family. One of the participants reported:

P01 "I am ashamed of my behavior. Nurse told my mother-in-law and husband that I am not co-operating during delivery. They asked me to keep legs wide open but due to intolerable pain I was closing my legs". One primigravida also reported that

P03“My mother-in-law told me that when I was screaming of pain...others were laughingatme”

Low self-confidence

In-depthinterviewshowedthatself-confidenceis animportantpartof childbirthpreparation.Primiparous women whowere notconfidentduringantenatal periodabout their childbirth found themselves weak and unable to perform during childbirth.One participant reported

P10“During pregnancy itself I knew that I won’t be able to pushthe baby as I am very weak. Due to pain, I felt I will die and was not able to controlpainandpushthebaby”

Ambivalent feelings

Some women narrated that they focused on encouraging words of their husband ormother-in-law during labour which motivated them exert self-control and tolerate pain but sometimes they get anxious about the childbirth.

P02“I kept on remembering words of my mother.Shetoldme“You are strongandyoucando it”andIdid.”(Smiles)

P04“I hadfaithinmyselfandalmighty.But I am worried and anxious about my baby”

Novel experience

Most of the women indicated thatas itwas theirfirstexperience; they were notprepared for it. They knew childbirth would be difficult but never expected to be aterrible experience. Participant shared

P05“For me the entire birthing process was new. I didn’tknowhowtopush?Whentopush?Andhowtopush?”

Unrealistic childbirth expectations

In-depth interview explored that primigravidae had some unrealistic expectation which emerged as subthemes and are as follows

Unfamiliar environment

Participants shared that instead of hospital environment they would be much comfortable in-home environment. The strange, unfamiliar environment, unrecognizable people, equipment increase anxiety among the women. One of the women stated

P09“Hospital environment was very noisy and crowded. I was listening to sound of other women shouting and screaming in pain and nobody was with her to support. Her screaming made me anxious.”

Pain

Participants had dual feeling related to childbirth pain. Some perceived it to be crucial and very important in order to have a vaginal delivery and for some it turned out to be negative experience. The mixed responses stated by some participants were

P07“In case if I undergo the process again, I would like to take drugs to control that horrible pain”

Another participant said

P04 “Pain is important, without pain how the baby will come out. I cried, screamed during my delivery but tolerated the pain for sake of my baby”

Medical intervention

Most of the primiparous women had no idea about what is expected from them during process of childbirth by health care professionals. Many women felt that in case they were aware about the expectations they would have much smoother labor. Participants quoted

P06“I wanted to move inside the room but it was very crowded. They asked me to lie down over a table and exposed my body (lower part). Flexed and tied my legs to a rod fixed on table. Sight of those instruments, blood-stained hands made me frightened”

P08 “Repeatedly inserting fingers (inside vagina) was very uncomfortable. I asked her several times, how much time it will take? But she did not inform a word”

Discussion:-

The present study explored the childbirth experiences among primiparous mothers and the meaning of such experiences. The themes emerged focused on low self-esteem and unrealistic expectation.

Low self-esteem.

Raudasoja M, Sorkkila M, Julkunen K, Tolvanen A, Aunola K studied the role of self-esteem on childbirth fear and birth experience among 125 nulliparous Finnish women who were in third trimester of their pregnancy up to 4-8 post-partum weeks. Study findings revealed that self-esteem is related to fear of childbirth and childbirth experience of women. Study highlighted that lower the self-esteem, stronger the negative association and higher the self-esteem weaker will be fear of childbirth and negative childbirth experience. Study further supported the findings of present study that negative childbirth experiences may result in low self-esteem of primiparous women.²¹

Across all forms of discomfort, psychological processes like guilt, avoidance, and adjustment problems were observed. Giving birth and breastfeeding were seen by women as the keystone experiences of motherhood. There were found to be four underlying themes. Unwanted negative feelings and challenges in adjusting to their new roles were experienced by women. "Living with an undesirable beginning" refers to the unwelcome emotions that mothers experienced at the beginning of their new lives with their babies, frequently in the context of labour and breastfeeding challenges. In the segment on "Relationships in the Healthcare System," all of the women discussed how crucial their postpartum healthcare experiences were. Women's struggles adjusting to motherhood's demands are described in "The shock of the new," and in "Meeting new support needs," where women emphasised the significance of social support. Study concluded with the findings that emphasise the necessity to investigate psychological processes like self-blame, guilt, and distance in relation to various emotional disorders since they may make good therapeutic targets. The two main issues that women thought they needed support for but could not easily access breastfeeding and birth trauma.²²

Unrealistic Expectations

Study conducted by Hodnet ED. et al also supported the finding of the present study. Most of the primiparous women do not have enough information which affect their expectation related to behaviour during labour. Study revealed that women have unrealistic expectation about their labour coping ability. Study concluded that inconsistencies related to expectations of women and their coping ability during labour may be enhanced by positive childbirth experiences and reinforcement to cope with pain of parturition.²³

Conclusion:-

Individual mothers' childbirth experiences were distinct and produced individual sentiments, responses, and obstacles; as a result, women needed to be properly assessed and understood in order to receive individualised care. It is crucial to remember that pain management during labour is both a requirement and a right of a woman to have a pain-free labour and delivery for those who choose to practise it. Creating a positive birthing environment with medical professionals who are skilled, sympathetic, and supportive of their patients fosters trust and confidence in them, their services, and the institution as a whole, which supports a woman's overall welfare throughout labour. Understanding how society views the experience of childbirth paves the way for discovering and developing intervention for enhancement of positive childbirth experiences.

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