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Perceptions and Expectations of Women Who Experienced Near Miss Events - A Phenomenological Study

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Abstract: ***Pregnancy is a significant phase in a woman's life, bringing joy and fulfilment through the experience of motherhood. However, pregnancy also involves profound physical and emotional changes that can have a lasting impact on a woman's life and perspective. This phenomenological study was conducted to explore the perceptions and expectations of women who experienced a maternal near-miss event during pregnancy. The study included 20 pregnant women who experienced near-miss events at Maternity Hospital, selected using a purposive sampling technique. Data were collected through semi-structured interviews, and thematic analysis was carried out using recorded verbatim transcripts. Among the participants, 40% were Christian, 40% Hindu, and 10% Muslim. Nearly 45% were graduates or above, and 85% were housewives. More than half (55%) were primiparous women. Regarding gestational age, 45% delivered between 35–40 weeks, 25% between 29–34 weeks, and 30% before 28 weeks of gestation. In terms of pregnancy outcomes, 55% delivered live babies, 20% experienced abortion, 15% had intrauterine fetal death, 5% had neonatal death due to fetal distress, and 5% delivered a stillborn baby. Thematic analysis revealed four major themes: self-appraisal, provision of care, predisposition of healthcare services, and social support. With respect to expectations, participants highlighted that availability of resources, accessibility, cost of healthcare, and healthcare providers' behaviour significantly influenced the utilization of maternal health services. The study findings indicate that social support played a crucial role in protecting women from adverse health outcomes. Despite experiencing severe and acute complications, most women expressed relief at having survived the event and demonstrated optimism toward resuming their normal lives.***

Keywords: Perceptions, Expectations of Women, Near Miss Events

1. Introduction

Pregnancy and childbirth are significant life events, often associated with hope, fulfillment, and anticipation of motherhood. However, some women face severe obstetric complications that pose a serious threat to survival. A maternal near-miss event refers to a situation in which a woman nearly dies but survives a life-threatening complication during pregnancy, childbirth, or the postpartum period. These events are important indicators of the quality of obstetric care and the effectiveness of health systems in managing critical maternal complications.

Women experiencing maternal near-miss events endure profound physical and psychological stress. Beyond the immediate medical crisis, these experiences influence emotional well-being, perceptions of healthcare, and expectations regarding future pregnancies and maternal care. Feelings of fear, uncertainty, gratitude, and loss are common and may have long-term implications for maternal mental health and quality of life.

While maternal mortality has traditionally served as a key indicator of maternal health, studying maternal near-miss events provides valuable insights into preventable factors, gaps in healthcare delivery, and women's lived experiences. A phenomenological approach allows for an in-depth exploration of how women perceive and interpret these events, offering a humanistic perspective that complements clinical and epidemiological data.

Globally, maternal near-miss events are far more frequent than maternal deaths, yet they remain underexplored. Despite advancements in obstetric care, many women continue to experience severe complications affecting their physical, emotional, and social well-being. Understanding women's perceptions and expectations is essential for improving the quality, accessibility, and responsiveness of maternal healthcare services.

Examining women's perceptions and expectations can identify gaps in communication, resource availability, accessibility, cost of care, and provider attitudes. Moreover, understanding the role of social support during these events can guide the development of comprehensive, woman-centered care models.

Therefore, this study aims to explore the perceptions and expectations of women who experienced maternal near-miss events, providing insights to guide nurses, midwives, and healthcare professionals in delivering holistic, empathetic, and responsive maternal care. The findings may also inform policy development, professional training, and quality improvement initiatives to reduce maternal morbidity and enhance maternal health outcomes.

2. Materials and Methods

Research Design: The present study adopted a qualitative - phenomenological research design to explore the perceptions and expectations of women who experienced maternal near-miss events.

Setting and Sample: The study was conducted at a selected maternity hospital in Hyderabad, Telangana. A total of 20 women who experienced near-miss events associated with severe anemia, pregnancy-induced hypertension (PIH), eclampsia, puerperal sepsis, ectopic pregnancy, abortion, and

haemorrhage were selected using a purposive sampling technique, based on the predetermined selection criteria.

Data Collection Tool: Data were collected using a semi-structured interview schedule comprising three sections.

Section I: Demographic Data
Included age, religion, education, occupation, parity, weeks of gestation, mode of delivery, diagnosis, and pregnancy outcome.

Section II: Perceptions of Near-Miss Events
Consisted of semi-structured interview questions exploring women's perceptions of their near-miss experiences.

Section III: Expectations of Emergency Obstetric Care
Included semi-structured interview questions focusing on women's expectations regarding emergency obstetric services.

Data Collection Procedure: Data were collected through face-to-face interviews, each lasting 45 minutes to 1 hour, conducted over a minimum period of three days. Interviews were carried out in the language preferred by the participants. All conversations were audio-recorded with consent and transcribed verbatim in the respondents' language.

3. Results & Discussion

Demographic Profile of the Participants
Out of the 20 women included in the study:

- Age: 8 (40%) were above 28 years, 7 (35%) were between 23–27 years, and 5 (25%) were between 18–22 years.
- Religion: 10 (50%) were Christian, 8 (40%) Hindu, and 2 (10%) Muslim.
- Education: 9 (45%) were graduates or above, 6 (30%) had completed secondary education, 3 (15%) had higher secondary education, and 2 (10%) had primary or no schooling.
- Occupation: 17 (85%) were housewives, and 3 (15%) were employed.
- Parity: 13 (65%) were primiparous, 3 (15%) multiparous, and 4 (20%) grand multiparous.
- Gestation: 9 (45%) delivered at 35–40 weeks, 5 (25%) at 29–34 weeks, and 6 (30%) before 28 weeks.
- Mode of Delivery: 9 (45%) underwent LSCS, 4 (20%) normal vaginal delivery, 5 (25%) instrumental delivery, 1 (5%) emergency laparoscopic procedure, and 3 (15%) had abortion.
- Diagnosis: 6 (30%) had severe anemia, 4 (20%) PIH, 2 (10%) sepsis, 4 (20%) abortion, and 2 (10%) severe hemorrhage.
- Pregnancy Outcome: 11 (55%) delivered live babies, 4 (20%) had abortion, 3 (15%) experienced intrauterine death, 1 (5%) had a baby with fetal distress who died, and 1 (5%) delivered a stillborn baby.

Section II: Perceptions of Women Who Experienced Near-Miss Events
The thematic analysis of the semi-structured interviews revealed four major themes:

1) Self-Appraisal of Maternal Near-Miss
Women reflected on their experiences and assessed the impact of the near-miss events on their physical, emotional, and spiritual well-being. Four subthemes emerged:

- Loss of Functionality: Women reported significant physical limitations, including difficulty in breathing, chest pain, lethargy, swelling, vomiting, back pain, fever, and severe bleeding. Pregnancy loss and complications such as pre-eclampsia, eclampsia, and acute renal failure contributed to these functional losses. Some women experienced altered levels of consciousness and were unaware of the events during childbirth.
- Emotional Turmoil: Women experienced fear, anxiety, confusion, and a sense of impending death, often centered on their survival and that of their babies. Negative emotions were heightened during surgical interventions, ICU admissions, and other life-saving procedures. Some women expressed reluctance to become pregnant again due to traumatic experiences.
- Religious Reasoning: Many women relied on religious faith to cope with their experiences. Concepts such as 'redha' (contentment with God's will) provided comfort and a sense of meaning, helping them accept the events and feel grateful for survival.
- Maternal Disposition: Women expressed hope for recovery and concern for future pregnancies, demonstrating resilience despite traumatic experiences.

2) Perceptions of Quality of Care
Women's perceptions of care included three subthemes:

- Provision of Care: Most participants were satisfied with the competency and promptness of the healthcare providers. Expert care, accurate diagnosis, and timely interventions increased trust and confidence.
- Provider-Patient Communication and Relationships: Interpersonal interactions, empathy, and clear explanations were highly valued. Women appreciated the attention received in the ICU and the continuous monitoring, though a few noted harsh or abrupt communication from staff during emergencies.
- Human and Physical Resources: Availability of necessary medical equipment, staff, and intensive care facilities influenced perceptions of the quality of care.

3) Predisposition to Seek Healthcare
Factors influencing women's healthcare-seeking behavior included:

- Accessibility: Travel time to healthcare facilities varied, with primary care centers 15–20 minutes away and hospitals within an hour. Difficulties in transportation and distance affected timely access.
- Attitudes Toward Healthcare: Women's willingness to seek care was shaped by prior experiences, trust in providers, and perceived quality of care.
- Cost: Unexpected medical expenses for blood transfusions, surgeries, and prolonged hospital stays posed financial challenges, sometimes delaying care.
- Cultural and Traditional Influences: Social norms and family practices affected decisions regarding seeking emergency care.

4) Social Support

Support from family and relatives emerged as critical in coping with maternal near-miss events. Two subthemes were identified:

- Emotional Support: Husbands, mothers, and other family members provided reassurance, empathy, and companionship, which helped women manage stress during hospitalization.
- Practical Support: Family members assisted with hospital logistics, daily needs, and post-discharge care. Adequate social support was associated with reduced stress, improved mental well-being, and faster recovery.

Themes

Initial context	Subthemes	Themes
• **Loss of physical function** • **Loss of blood**	1. Loss of functionality	1.Self-appraisal of maternal near miss
• **Fear** • **Impending death** • **Anxiety** • **Discouragement**	2.Emotional turmoil confusion, disturbance; agitation	
• **Strong beliefs**	3. Religious reasoning	
• **Child as a motivator to seek treatment** • **Child as a source of strength**	4. Maternal disposition	
• **Competency of care** • **Promptness of care**	1. Provision of care	2.Perceptions of the quality of care
• **Interpersonal interactions** • **Information-sharing**	2. Provider-patient communication and relationships	
• **Adequacy of staff** • **Physical infrastructure** • **Provision of transport**	3. Human and physical resources	
• **Distance and transportation** • **Cost**	1. Accessibility of healthcare facilities	3.Predisposition to seek healthcare
• **Emotional**	1. Emotional support	4.Social support
• **Practical**	2. Practical support	

4. Conclusion

The study revealed that women's experiences of maternal near-miss events were shaped by physical limitations, emotional distress, religious coping, perceived quality of care, access to healthcare, financial considerations, and social support. Despite severe complications, women demonstrated resilience and gratitude for survival, highlighting the importance of holistic, woman-centered maternal care.

References

[1] Okong P, Byamugisha J, Mirembe F, Byaruhanga R, Bergstrom S. Audit of severe maternal morbidity in Uganda - implications for quality of obstetric care. Acta Obstet Gynecol Scand. 2006;85(7):797–804.
[2] Say L, Souza JP, Pattinson RC. Maternal near miss - towards a standard tool for monitoring quality of maternal health care. Best Pract Res Clin Obstet Gynaecol.2009;23(3):287–96.
[3] WHO. Evaluating the quality of care for severe pregnancy complications: the WHO near-miss approach for maternal health. Geneva: World Health Organization;2011.