

Mother Feeling towards Childbirth: A Phenomenological Study

Kumari J¹, Rana A²

¹MSc Nursing Student , National Institute of Nursing Education, PGIMER, Chandigarh, India

²Lecturer, National Institute of Nursing Education, PGIMER, Chandigarh, India

Abstract: *Childbirth is one of hardest, parts of Pregnancy and realizing the vision of having a child. The goal of the current study was to explore the mother's experience of child birth. Quantitative approach is implicated in the study which uses an hermeneutic phenomenology based on Van Manen's method. The twelve mother included in the study, who had normal process of child birth by using purposive sampling. Data were collected using 'semi - structure interviews'. The thematic analysis followed the method as suggested by Max Van Manen for isolating themes. Seven themes emerged i.e Reasons for choosing this hospital, difficulties faced during admission, care received during labour, information provided regarding the progress of labour , problem faced in labour room, support in labour room and initiation of breast feeding. The findings illuminate the meaning of childbirth as experienced by mother and highlight the need for its management. The generated knowledge can be used by the health care professionals to develop the policy involving male partner actively in child birth process.*

Keywords: child birth, experience, labour, phenomenology, thematic

1. Background

The experience of childbirth has a long impact on women's health and well being. Being a mother is like a dream not only of woman but also of whole family that's why motherhood is called as the utmost, holiest service assumed by human being and the meaning of dignified service. It's both a irresistible responsibility and splendid opportunity. The blessed role of motherhood is a gift from God, and key to his plan of happiness for all his children!^[1]

The word 'pregnancy' equates to the magic images of, "gleaming pregnant women", smiling and gurgling baby. It is a word that symbolizes joy, hope for the future, dreams yet to be realized and perhaps, the next stop on the ladder of the life. It represents the fulfilment of a life time goal.¹ Child birth is a complex act of love, pain and emotions. Love to understand and feel growing life inside the womb, pain during child birth is the most hurting pain that hasn't been understood and discovered completely yet and its clinical measurement could be really difficult. The 'experience' of child birth are very personal which can only be understood from the perspective of the women who experienced it.^[2] Child birth is fundamental consequence of unprotected natural sexual activity, which is desired outcome of majority of people. Producing child for the women is the resembling expansion of self and ultimate goal for every women of reproductive age. Child birth also defines women reproductively capable and provides her with new identity as mother.^[3]

The World Health Organization (WHO) envisions a world where every "expectant woman" and newborn receives "quality care throughout pregnancy, childbirth and postnatal period". Good quality care is not guarantee by monitoring labour and childbirth process in health care facilities because there is globally prevalence of impertinent and undignified care in many of the facility, particularly for neglected populations, and this not only violates their individual rights

but is also a considerable barrier in seeking intrapartum care service.^[4]

Quality of health care delivery system has become focus all around world. How we measure quality of maternal health services?' Yes certification of competency, authority, or credibility is the key aspect of every quality measurement used in the health care delivery system. Which is reflected in the skills of the health care professional and it is validated by the patient's experience. In order to improve the maternal health services we must first improve our understanding of child birth and dimensions of women need during child birth. Based upon literature and investigator's experience, it is found that it is very necessary to explore the perception's of the women regarding the child birth experience in hospital.^[5] The overall aim of the study is to develop insight of childbirth from the women's perspective so that we may develop a more complex and complete understanding of this phenomenon. Which can then guide interventions to enhance women's experiences of childbirth and make the maternal services more users friendly?

2. Methods

Qualitative research has been deemed as a precious tool for assembling and analyzing data in multifaceted health and social issues. Van Manen's Phenomenological method was employed in study. Phenomenological research based on the Heideggerian philosophy was used in this study. Phenomenology is the study of conscious experiences or the life world. Its emphasis is person point of view, not the world or the reality which is thought to be something separate from the persons. Qualitative research has been described as "modes of systematic inquiry concerned with understanding the human beings and the nature of their transaction with their surroundings". This is appropriate when investigating complex subjective phenomena such as child birth that can be accessed through the conscious mind of the person experiencing it. Data was collected by

questionnaires. The questionnaires enclosed an ample of questions addressing socio-demographic, experiences and expectations related to child birth.

Participants

The women participated in this study were recruited from wards of Obstetrics unit of Nehru Hospital, PGIMER, and Chandigarh. Who had normal process of labour, deliver a healthy newborn were recruited in the study using purposive sampling.

Data collection

This study was conducted in labor room and wards of Obstetrics unit, Nehru Hospital, PGIMER, Chandigarh. It is a tertiary care hospital providing curative, preventive, rehabilitative, medical services to the population mainly from the North India. Mother, who had normal process of labour, deliver a healthy newborn and are willing to participate in the study were recruited in the study.

Semi structured interviews were conducted from July 2018 to August 2018. Data were collected by in-depth interviews with approximate duration of 20 to 35 minutes. The convenient time for interview was suggested by participants. Participants were asked to talk about their experience of child birth in the hospital. Interviews began with questions about their personal detail. The interviewer summarized participants' speaking at the end of sessions for data confirmation. Participants were encouraged to provide new information. Participants were free to ask questions or leave the rest of interview at any time.

Data Analysis

Data was analyzed into two parts. In part A, data was analyzed by using descriptive statistics and part B, Colaizzi's steps for analysis which includes reading and re-reading of participant's description, extracting significant statements, generating meaning for each significant statement, categorizing generated meanings into cluster of themes, integrating findings into exhaustive description of phenomenon, validating with participants and final description into essence of phenomenon.^[6]

Ethical justification

Institute Ethics Committee of the PGIMER, Chandigarh approved the research proposal. Permission was also obtained from Head, Dept of Obstetrics & Gynaecology, PGIMER, and Chandigarh. Participants were assured about confidentiality of their responses. The purpose of the study was explained verbally and written consent was obtained from all participants. The participants were also ensured that interviews were need to be recorded.

3. Results

The mean age of participants was 24.75 years at the time of interview. Among the participants 4 mother were having education status of primary as well as post graduate. All mother were nonworking about 8 mother had rural habitat. Majority of women belong to Hindu religion and half of women (50%) were having nuclear and joint family. Participant's characteristics are summarized in Table 1.

Table 1: Socio-demographic profile of mothers, (N=12)

Variable	f(%)
Age (year) *	
20- 24	5(41.7)
25-29	7(58.3)
Education status	
Illiterate	1(8.3)
Primary	4(33.3)
Secondary	3(25.0)
Post graduate	4(33.3)
Occupation status	
Non working	12(100)
Occupation	
House wife	12(100)
Habitat	
Rural	8(66.7)
Urban	4(33.3)
Religion	
Hindu	8(66.7)
Muslim	1(8.3)
Sikh	3(25.0)
Type of family	
Nuclear	6(50)
Joint	6(50)

*mean \pm SD: 24.75 \pm 2.13, range 25-29 yrs.

After careful analysis of the transcript of in-depth interview of the mother various themes and sub themes have emerged. Total 65 responses were evolved from the transcript mother's audio taped interviews. These are grouped under 7 main themes because some of the responses emanating from the study were not exclusive but are interconnected and overlapping. These themes were grouped under various subthemes.

Seven main themes included

Reasons for choosing this hospital, Difficulties faced during admission, Care received during labour, Information provided regarding the progress of labour, Problem faced in labour room, Support in labour room and Initiation of breast feed.

Reasons for choosing this hospital: Maternity services are greatly improved in India from the period of independence. In present study most of the mother is being referred by other hospital due to some or other emerged condition. As one mother said " My condition got worsen their and no hospital admitting me at last ESIC hospital of Ludhiana referred me to PGI Chandigarh."

Care received during labour: Time of birth is very crucial for survival of women and her baby, as with no time the complication can arise and make any child birth" a complicated which was normal earlier and it can adds to the morbidity and mortality of mother as well as of new born. Mother need individualised care at this time as this period is a very painful and this is the movement for which she is waiting from last 9 months. Present study finds out that the mother received Attentive care & Empathetic care in the hospital. One woman stated that *she used to give me injection when there was severe pain. Once i am feeling difficulty in breathing so the doctor immediately starts oxygen after that I feel relaxed.*

Problem faced in labour room: mother has to face lots of problem in the hospital at the time of child birth. Labor room is area where patient used to have lots of problem. The problem is due to the stress full environment. The patient is stressed of about the pain and the duration of the child birth whereas the health care providers were stressed due to the emerged risk and its profound effect on managing the delivery. In present study mother faced various problems in labor room. Some of them were sharing of bed due to the bed scarcity in postpartum area, unavailability of slipper inside the labor room. One of the mother said “*Mam after delivery the bed i got is already occupied by the other lady with her baby. My baby is in nursery and I have to go again and again to nursery to feed the baby. I am facing a lots of trouble in getting up from bed*”. The mother felt very difficult in getting up from the bed which she is sharing with the other women and her new born.

Initiation of breast feeding: Initiation of breastfeeding is a effortless intervention that has the prospective to appreciably improve neonatal outcomes and recommended universally. We all know the importance of the initiation of breastfeeding and it is also discussed with the mother and her family member so that they are ready to adopt it. One of the mother reports, “*Within half an hour i fed the baby. There was a mam in labour room she told me that i have to feed the baby every 2 hourly, every time when she visit labour room she ask me when i last fed my baby. She was the only who help me in giving feed to my baby for the first time.*”

In our hospital initiation of breast feeding is done on the delivery table itself and public health nurse provide education regarding the breastfeeding techniques and any problem of breastfeeding are handle by them. Other mother said that,” *Truant bad to hum nhi dhoo pilayae thae usae nursery mai le gaye thae na .shubh 7 baje hum nursery mai gaye thae tb pilaya tha dhoo bacchii ko . shubh hamara dhoo nahi aa rha tha to wha ki nurse humae ander sae dhoo diya aur boli thi ki isse chamch sae pila do .phale to vhi pilayi thi bechi ko dhoo aur humae sikhaya tha ki aisae pilana hai dhoo.*”

Most of the mother in tertiary care hospital are with high risk pregnancy and they delivered high risk new born and most of them need the close monitoring care after birth. In that case initiation of breast feeding is delayed but health care professional help the mother to maintain the lactation by emptying her breast manually, so that breastfeeding is started as soon the newborn stabilised. Similar study on the topic “Time to initiation of breastfeeding and neonatal mortality and morbidity: a systematic review”, concluded that early breastfeeding initiation is a simple intervention that has the potential to significantly improve neonatal outcomes and should be universally recommended.^[7]

Support in labor room: The concept of involving the family member in the patient care is evolved in last of decades and the best person to support the labouring mother is her spouse. The presence of the father during labor provides her strength and security. She is going to be actively involved in the process of child birth, so it is very necessary to support the mother during the labor. One mother reported,” *Mam*

earlier i lied on the bed, all the time and when delivery was about to take then they shifted me on delivery table via wheel chair. The doctor who are taking care of me were with me upto the delivery table no one other accompany me.”

4. Discussion

Our study discussed how mother make sense of their child birth process during their stay in hospital After careful analysis of the transcript in depth interview of the mother using Colaizzi’s method 7 themes and various sub themes have emerged.

Reasons for choosing this hospital: Tertiary care hospital is well equipped to handle all type of emergencies. Child birth is the process which cannot be predicted at what time it changes to a crisis and at any time it cost the lives of two. In order to provide the best possible maternity services at the time of emergencies the lower level hospital referred the mother to a tertiary hospital.

Difficulties faced during admission: People face lots of problem at the time of admission in hospital. Hospital administration tries various steps to make the hospital procedure like admission or discharge procedure population friendly. In this study participants did not find any difficulty at the time of admission.

Care received during labour. Labour is the time of suffering to a mother. She has to go through with so much of pain and tension. Child birth demands empathetic care to a woman. The entire participated mother received attentive and empathetic care during the labour process.

Problem faced in labour room: The environment of labour room is stressed so much that all the emphasis is put on saving the life of mother and her child. All the other things are most of the time were overlooked. In present study mother faced various problems in labor room such as sharing of bed due to the bed scarcity, non-availability of slippers and no provisions of bathroom to take bath by the mother. All these problems were due to inadequate infrastructure and excessive patient load. It is important to take some corrective and preventive steps. Health care providers are working very hard to provide good care to mother and their babies during their hospital stay which is affected by all these problems.

Support in labour room: The WHO and THE WHITE RIBBONS ALLIANCE was being emphasised concept of supporting the women by their husbands or family members at the time of child birth and it is very beneficial to the maternity services. The women feel very secure and able to have normal process of labour more comfortably but this was not being done in the present study because of less space and more patient load. One interviewee said “ They are not allowing anyone inside I have to call again and again to take care of two babies, at least after delivery only they suppose to let my family member to be with me but they are not allowing anyone”.

A similar study was conducted on Twenty-six women to assess the Changes in birth-related pain perception. Women

related their experience to internal and external factors. A woman's sense of trust and support from the father of the child was also important. The feeling of safety promoted by a supportive environment was essential for gaining control during birth and for focusing on techniques that enabled the women to manage labour.^[8]

A policy must be designed for proper infrastructure of the labour room so that birth companion concept can be practiced by involving father in the process of child birth. At the end of discussion it is concluded that childbirth process is very complex and all the steps need to be taken care so that maternity services become more user friendly.

5. Conclusion

The present study concluded that most of the participants were being referred by other hospital antenatal or during the child birth. Although empathetic care is provided to them by the health care provider, but there are various factors influencing the child birth experiences of the parents like patients load and Facility inside the labour room. These factors need to be addressed at local, National and Regional level. Understanding how mother experience and interpret their childbirth encounters the need of doulas and birth companion inside the labour room.

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