

A Phenomenological Study of Parturient Women's Experience of Childbirth

Manimegalai M¹, Dr. Susila C², Dr. Padmavathi³

¹Ph.D. Scholar, Dhanvantri College of Nursing (Affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai) Pallakkapalayam, Namakkal, Tamilnadu, India

²Principal/ Professor, Maternal and Child Health Nursing Department (affiliated to the Tamilnadu, Dr. M. G. R Medical University, Chennai), Billroth College of Nursing, No. 2, Mettukuppam Main Rd, Maduravoyal, Chennai, Tamil Nadu, India

³Principal/Professor, Maternal and child health nursing Department, (affiliated to the Tamilnadu, Dr.M.G.R Medical University, Chennai) Dhanvantri College of Nursing, Pallakkapalayam, Namakkal, Tamilnadu, India

Abstract: *Background of the study:* Childbirth has been described as an intense psychological experience in a woman's lifetime that leaves her with vivid memories which may be positive or negative. Respectful and inclusive care is a key element of the provision of quality maternity care. Women who feel safe, supported, respected and able to participate in shared decision-making are likely to have more positive childbirth experiences. A lack of Respectful Maternity Care (RMC) from medical professionals such as doctors and midwives may cause patients to be dissatisfied with the healthcare system and reduce their requirement to seek antenatal (ANC), delivery, and postnatal care services in the health facilities. *Method:* A qualitative study employing a phenomenological research design to explore the lived child birth experience among primi parturient woman was carried out in 2 hospitals at Erode. A total of 20 key informant interviews were done. 10 parturient women received Respectful maternity care & 10 parturient women received traditional care were selected by purposive sampling techniques in the selected public health facilities. The data were collected using a Semi-structured in-depth interview guide with open-ended questions which consisted of lived-in experience of childbirth among parturient women. Questions were asked on the aspects of Professional support, Perceived safety, Own capacity, Decision making. All interviews were transcribed and translated verbatim into English. Data analysis was initiated alongside data collection using a thematic approach based on a priori identified themes and those emerged during the analysis. *Results:* This study discovered that Respectful maternity care play an important impact in birthing satisfaction. In the experimental group, mothers achieved empowerment, mutual commitment, Self Efficacy, Comfort, Respect, Reassurance, Reinforcement, Education, Information, Familiarity, Practicability, and Trust, Self-Distracted, Engagement, Social support, Best Practices, Religious coping, Relaxation, Sense of Control, Value, Judgment, and Self-Determination whereas in Control group, Hopelessness, Helplessness, loneliness, Despair were found. According to the findings, Respectful maternity care & individualized emotional support empowers primi parturient mothers throughout their first birth and boosts their chances of having a positive child birth experience. Inadequate midwifery support could result in a negative birth experience. This shows that following a pleasant childbirth, parturient women's potentials improved to maintain their health.

Keywords: Respectful maternity care, Positive child birth experience, Experimental group, Control Group, Decision making, Parturient women

1. Introduction

The Power of Motherhood" is a classic manual for mothers. One of the first signs of God's omnipotence in our lives is the presence of our mothers. Pregnancy and childbirth are major milestones in the lives of women and families in every nation and culture on earth. Additionally, they represent a period of considerable vulnerability. During this time, the interaction with maternity caregivers and the maternity care system is crucial. The provision of respectful and inclusive care is a crucial component of high-quality maternity care. Women are more likely to have happy delivery experiences when they feel protected, supported, respected, and allowed to participate in shared decision-making

Respectful maternity care can lead to successful Breast feeding. A pregnant woman's sense of support during the early hours and days following delivery, when the breastfeeding bond is first established, depends on the respect and dignity shown to her during her pregnancy and childbirth. Women are enabled to care for their children and breastfeed when they give birth in a respectful, encouraging setting where their rights are upheld and their dignity is maintained.

Promoting respect at the interpersonal and health system levels encourages more women to use healthcare facilities, enhances their labour and delivery experiences, and reduces avoidable deaths, hence reducing inequalities in maternal health.

Women have described a positive childbirth experience as having control of their birth process and having trustful and supportive relationships during birth. Being treated disrespectfully or over-medicalization of the birth process may result in negative experiences. Negative childbirth experiences may affect a woman's health and wellbeing long after childbirth, influencing the bonding period post-delivery and her future reproductive health decisions. Complications such as post-traumatic stress disorder have also been reported.

2. Method

On the second postnatal day, 10 parturient women those who received Respectful maternity care from 36 weeks & 10 parturient women received traditional care were selected by purposive sampling techniques in the selected public health

facilities. Independently contacted to investigate women's perceptions of their delivery experience utilizing four modified childbirth experience questionnaires from the experimental group & control group. Questions were asked on the aspects of Professional support, Perceived safety, Own capacity, Decision making. The detailed description of the phenomenon under investigation, the use of non-probability purposive sampling, and the use of participants' own words throughout analysis and writing up improve understanding of childbirth experiences and allow others to judge its transferability to other contexts.

The interviews were initially recorded using a phone recorder and then typed on paper word by word by the author, and the transcripts were examined numerous times to gain a general feeling of understanding. In the second step, semantic units were words and sentences that contained information about the study issue. In the third step, the relevant units were abstracted and coded. In the fourth stage, the codes were compared in terms of similarities and differences before being classified. The final stage is to determine the themes based on the categories in the research questionnaire. The sampling continued until data were saturated.

3. Results & Discussion

The study's findings are categorized into four basic themes. The first thematic section highlighted their experiences with midwife support during labour pain. The second component of the theme focuses on how they believe the information they got while attending the antenatal clinic enabled them to promote their own or their baby's safety. Professional support and perceived safety are likely to impact women's decision-making. The third segment demonstrates how they cope with their pain during labour. The fourth thematic area described their involvement in all aspects of their labour and delivery. Professional Support, perceived safety, coping skills, and decision making are all likely to influence a parturient mother's birth experience.

Theme 1: Professional Support

Nurses can contribute to a happier and satisfying delivery experience by offering physical, emotional, and psychological assistance. In this study, it was found that Professional support plays an effective role in pleasant perception of labour. Under the emotional support, 3 sub themes (Empowerment, Mutual Commitment, and Self-Efficacy) were aroused.

Investigator questioned women in the experimental group independently about their experience on support from midwife during labour pain. The responses as follows

"When the intensity of my labour pain rose, nurse massaged my back and encouraged me to do breathing exercises."

This statement revealed that professional assistance boosted women's and midwives' **mutual empowerment**, as well as their awareness of their own strengths and capacities, as well as their ability to cope with other life challenges.

"While I was in the final stages of labour and my tongue and lips were dry, my advisor handed me sips of water."

This phenomenon is further endorsed by the experience shared by another respondent from **experimental group**. She said:

"Whenever I needed to use the restroom throughout my labour, she helped me walk to the restroom."

According to these statements, professional support led to increased dedication. It improves both the abilities and responsibilities of the midwife and the women (**Mutual Commitment**). A productive midwife aided moms, and women participated throughout labour.

One of the respondents in **experimental group** said,

"While I was in early stages of labour, she encouraged me to adapt any comfortable posture."

This is further echoed by another respondent as she discusses her experience:

"My advisor told me to walk around the labour room when I was started with labour pain and she was constantly with me, instructing me on when to push and when not to push."

These statements demonstrated that midwife support during labour enabling the mothers to achieve self-efficacy.

The study found that parturient women those who received emotional support from midwife, felt positive about their childbirth. Under the Emotional support, 6 sub themes (Comfort, Respect, Reassurance, Reinforcement, Education, and Information) were aroused.

One of the respondents from **experimental group** said,
"When I was in excruciating pain, my midwife held my hand and offered support."

This is reinforced by another Respondent from **experimental group**:

"My husband was permitted to accompany me by ward sister so that he could rub on my back."

These statements demonstrated that professional aid increased the mother's **comfort** during the critical stages of labour.

According to one of the respondents in **experimental group**,

"Nurse provided privacy by understanding my feelings, while doing examinations on my body"

One other **experimental group** woman commented,
"Nurses behaved properly during my labour, and before the examination, they asked for my permission."

This remark showed that Professional support promotes respect of the mother.

One **experimental group** respondent expressed me,

"When my water breaks out, it was green in colour. She reassured me to be calm and quiet and not to become panic and encouraged me to push along with my contractions."

According to the findings of the study, expert aid increased **reassurance** so that the labouring women can relax. One of the respondents in experimental group stated,

"When I was pushing effectively when it was essential, she encouraged me with words like "very good" and "well done."

According to the findings of the study, professional support leads to **reinforcement**, which improves positive thinking and performance.

According to one of the respondents from **experimental group**,
"Nurse was constantly with me, instructing me on when to push and when not to push."

Another woman from same group spoke up,
"During my early labour, a nurse taught me about the physiology of the labour process."

This study found that **education** enhances a mother's understanding and awareness of the birth process.

One of the respondents from **experimental group** stated that,
"The nursing staff kept me informed on the progress of my labour."

This study discovered that providing the necessary **information** about pregnancy and labour physiology increases women's empowerment.

Researcher asked the same questions with women in the control group also

In control group, one of the Respondents said that,
"The doctor suggested me to do breathing exercises, but I was unable to focus on pain relief measures."

Other respondent from **control group** stated that,
"Whenever I was calling the nurse for help, she was busy with her record (Documentation of something) work during my labour process."

According to one of the respondents in **control group**,
"I felt hopeless when I couldn't successfully handle the pain."

One responder from the **control group** stated that,
"During the pain, I was calling on God because the pain was unimaginable."

One of the **control group** respondents stated,
"When I couldn't deal with the anguish, I lost my sense of self-worth."

However, one **control group** participant informed me,

"When I was in labour and terrified, no one is bothered me."

One **control group** participant informed me,
"The birth would not have taken as long if someone had told me to push earlier."

One **control group** responder stated,
"No one told me about what was happening to me or my baby or when I would give birth while I was in the labour room."

Theme 2: Perceived Safety

Feeling safe during childbirth is essential for endogenous oxytocin to coordinate the neuroendocrine, psychological, and physiological aspects of childbirth. Feeling safe can help women to handle intense labour pains. This study results revealed that Respectful maternity care enhances the feeling of safety among parturient women.

Under the theme of Perceived safety, 3 sub themes (**Familiarity, Practicability, and Trust**) were aroused.

Investigator asked with the women in the experimental group independently whether they find the information they received while attended antenatal clinic helped them to promote their safety or their baby's safety.

One of the parturient women in experimental group said that,
Yes. "I experienced a strong urge to push my baby before 7cm cervical dilation, but I fought back. Should not push before 10cm dilation, according to my counsel. Cervical edema and tear may result."

This feeling was reinforced by another respondent from same group

Yes. "I vaccinated my baby today itself to safeguard him because my advisor had already outlined the immunization schedule to me."

Yes. "I initiated breast-feeding for my baby right away after giving birth. Early initiation of breast feeding promotes bonding and increases the length of breast feeding."

These statement show that familiarizing mothers (**Familiarity**) with the physiology of labour and breast feeding, as well as immunization, can improve maternal and newborn outcomes. Mental preparedness is achieved by familiarity with the delivery area and deliberate awareness of childbirth and pregnancy.

Yes. "I was in unbearable pain about half an hour before my delivery. At the time, I remembered something my advisor had told me about the nature of pain during labour."

"Yes. I did not travel throughout my last two months of pregnancy. My advisor has already highlighted the implications of travelling in the later months of pregnancy. Now me and my baby quite well."

These declarations revealed that **predictability** allows mothers to know what to expect so that they may plan their behavior to be successful.

Yes." When I was in the final stages of labour and was experiencing tremendous unbearable pain, I followed my advisor's advice and performed breathing exercises to distract myself."

This statement revealed that when parturient women **trust** their nursing staff, they feel protected, supported, and confident in their treatment. This relationship results in higher satisfaction among mothers and, eventually, better outcomes.

Investigator asked the same question with the women in the Control group independently. The responses were as follows.

"During my delivery, I had no idea when to walk and when to push."

This statement meant that she received no prenatal education about the labour process.

"No one taught me about labour pain management and labour process during my antenatal visit."

This statement demonstrated that she had received no information about labour or labour pain management techniques.

"When I was in excruciating pain during my delivery, I was completely blank."

This response revealed that she was unsure how to handle her childbirth discomfort. There appears to be no prenatal education.

"I was terrified of the nurse while she was yelling at me throughout my labour."

This remark suggested that she did not trust the staff nurse because she was scolded by her. (Helplessness)

Theme 3: Own Capacity

The ability to relax will conserve energy throughout the first stage of labour. Consciously relaxing between contractions makes the breaks more restful. Parturient women will also find more strength for the second (pushing) stage of labour. This study discovered that Respectful maternity care enables the parturient women to cope with their labour pain effectively. Under the theme of Own capacity, **6 sub themes (Self-Distraction, Engagement, Social support, Best Practices, Religious coping, Relaxation) were aroused.**

The researcher questioned postnatal mothers in the experimental group about how they had dealt with labour pain.

"My pain was reduced when I was moving around the labour room."

"I listened to music on my phone to distract myself from my labour pains."

These statements revealed that **Self-distraction** can be very effective in providing some degree of pain relief during labour.

"To distract my pain perception, I watched the ocean waves in the recorded film."

"I diverted my pain perception by looking at a baby image which I was used in the prenatal period."

These declarations revealed that parturient women who engaged (**Engagement**) in specific activities throughout the labour process experienced reduced pain.

"When my mother came to the labour room, I asked her to massage my back; it helped me cope with the labour pain."

"My adviser massaged my lower back and shoulders, which helped to relieve my labour discomfort."

These statements revealed that women who receive adequate social support during labour and childbirth had shorter labours, better pain control, and require less medical intervention.

"My mum brought me hot water to bathe in. I took a bath in hot water. As a result, my discomfort was marginally lessened."

This statement shows that adapting several best practices during the labour process will improve both maternal and newborn outcomes.

"When I was in severe pain, I began repeating Gayathri mantras to help me cope."

According to the findings of this study, religious support during the labour process increases self-efficacy and decreases dread of childbirth among pregnant women

"When my advisor pinched the fleshy area of my hand, I felt pain relief. Additionally I was doing breathing exercises to divert myself from pain."

This declaration revealed that using relaxation techniques such as breathing exercises during labour can lessen pain perception and shorten the time of delivery.

The same questions were asked of postnatal mothers in the control group by the researcher. The following are their responses:

"I was distracted by labour pains."

This statement revealed that mother did not know any self-distraction techniques.

"I had no idea what to do while I was in labour." (**Cluelessness**)

"I felt isolated in the pain situation during my labour Process."

This remark reveals that labouring woman did not receive any assistance during their labour. As a result, she felt lonely. (**Loneliness**)

"They should permit me to give birth in the presence of my husband. This enhances my security."

This comment suggests that the labouring woman did not have a companion during her labour. As a result, social support was inadequate (**No Social Support**).

"I've been questioning whether God has abandoned me."

This remark indicates that the labouring woman received no help during her labour process. As a result, she was filled with sorrow. (**Despair**)

"I'm not aware of any relaxation techniques that could help me cope with my childbirth pains."

This remark suggested that parturient women had no information or education about the labour process or relaxation strategies to handle labour pain during the antenatal time. As a result, she is not aware of relaxation techniques. (**Cluelessness**)

Theme 4: Decision Making

Midwives are advised to engage women in decision-making during labour and birth. This is best practice, in this study, Respectful maternity care encouraged the women to participate in decision making to give women a sense of control, improve wellbeing and decrease anxiety during and after birth. **Under the theme of Decision Making 4 sub themes (Sense of Control, Value, Judgment, and Self-Determination) was aroused.**

Investigator questioned with postnatal mothers in experimental group about whether they involved in any decision making regarding any aspects of their labour and delivery or not.

"I cleansed and shaved my perineum before going to the labor room since I don't want anyone touching my intimate parts unnecessarily."

"I wanted to keep my mum with me during the labor process. My mum was able to accompany and support me because of the staff nurse."

These declarations shows that controlled behavior (**Control**) among parturient women leads to better labour outcomes and a more positive childbirth experience.

"I wanted to take a bath during my early stages of delivery, and the staff nurse consented"

This declaration revealed that putting the needs of parturient women first during the labour process will increase the mothers' satisfaction.

"When the staff nurse asked if I wanted an episiotomy at the conclusion of my labour, I responded yes because I understood the need for the procedure."

This statement shows that if parturient women appraise their care, they will participate well during the birthing process.

"When my labour began, I stated that I did not want to utilize any pain medication. However, my contractions grew severe, I inquired about medicine. Sister administered the injection."

"I was terrified of labor pain and experienced it during my labour. So I requested pain medication. Sister administered the shot."

"During the early stages of my labour, I wanted to pray, and the sister in charge enabled me to do so."

These statements revealed that labour may be more painful than parturient women's predictions. Some women who say they don't want any pain medication change their minds when they're in labour. (**Self -Determination**)

Investigator asked the same questions with postnatal mothers in control group. Their replies are as follows

"When I couldn't bear the pain anymore, my thoughts were disorganized."

This comment demonstrated that if there is no support during labour, the labouring mother experiences **emotional numbness**.

"I was not in the position to take decision. "

This remark highlighted that since she did not receive respectful maternity care, her family members may not appreciate the importance of involving expecting mothers in labour and delivery planning. As a result they feel **powerlessness**.

"I asked nurse to keep my mummy with me during my labour. But she refused."

This comment reveals that nurses shown a lack of regard and understanding for women during labour. As a result, the postnatal mother was resentful. (**Resentment**)

"I couldn't decide what to do to make myself feel better during my labour process."

This statement demonstrated that the mother was unaware of labour management due to a lack of education throughout the antenatal period. (**Cluelessness**).

4. Conclusion

This study discovered that Respectful maternity care play an important impact in birthing satisfaction. In the experimental group mothers achieved empowerment, mutual commitment, Self Efficacy, Comfort, Respect, Reassurance, Reinforcement, Education, Information, Familiarity, Practicability, and Trust, Self-Distracted, Engagement, Social support, Best Practices, Religious coping, Relaxation, Sense of Control, Value, Judgment, and Self-Determination whereas in Control group, Hopelessness, Helplessness, loneliness, Despair, powerlessness, Resentment were found. According to the findings, Respectful maternity care & individualized emotional support empowers primi parturient

mothers throughout their first birth and boosts their chances of having a positive child birth experience. Inadequate midwifery support could result in a negative birth experience. This shows that following a pleasant childbirth, parturient women's potentials improved to maintain their health.

This is a vital study that will assist midwives in interacting with their patients and meeting their needs during labor. The research contributes to a deeper knowledge of what is required to move forward and give a better experience. The new research will make midwifery more practical and less clinical in the future. It will make patients feel more at ease and in more control of what is going on and what they require.

References

- [1] Mapumulo, S., Haskins, L., Luthuli, S., & Horwood, C. (2021). Health workers' disrespectful and abusive behavior towards women during labour and delivery: A qualitative study in Durban, South Africa. *PloS one*, 16(12), e0261204. <https://doi.org/10.1371/journal.pone.0261204>
- [2] K. Krippendorff, *Content Analysis: An Introduction to Its Methodology*, Sage, London, UK, 1980.
- [3] U. Waldenström, "Experience of labor and birth in 1111 women," *Journal of Psychosomatic Research*, vol. 47, no. 5, pp. 471–482, 1999. View at: [Publisher Site](#) | [Google Scholar](#)
- [4] Aziato, L., Acheampong, A. K., & Umoar, K. L. (2017). Labour pain experiences and perceptions: a qualitative study among post-partum women in Ghana. *BMC pregnancy and childbirth*, 17(1), 73. <https://doi.org/10.1186/s12884-017-1248-1>
- [5] Cecilia Häggsgård, Christina Nilsson, Pia Teleman, Christine Rubertsson, Malin Edqvist, Women's experiences of the second stage of labour, *Women and Birth*, Volume 35, Issue 5, 2022, Pages e464-e470, ISSN 1871-5192, <https://doi.org/10.1016/j.wombi.2021.11.005>. (<https://www.sciencedirect.com/science/article/pii/S187151922101906>)