

# Childbirth Experience among Primi Postnatal Mothers in a Teaching Hospital

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## Abstract

**Introduction:** Childbirth is a crucial event in a woman's life. Women-centered care for positive childbirth experiences is currently a global trend. The aim of the study is to assess childbirth experience among primi postnatal mothers.

**Methods:** The cross-sectional analytical study was carried out at postnatal ward of Patan Hospital among 122 primi postnatal mothers. Structured likert scale questionnaires were used for data collection. Data analysis was done and frequency, mean and standard deviation were calculated for socio-demographic, obstetric characteristics along with level of childbirth experience. Chi square test was done to measure association between socio-demographic characteristics and obstetric characteristics with childbirth experience.

**Results:** Among 122 mothers, most (84.4%) had positive childbirth experience and 15.6% had negative childbirth experience. Significant association was found between age ( $P = 0.00$ ), education ( $P = 0.00$ ) and duration of labor ( $P = 0.00$ ) with childbirth experience.

**Conclusions:** This study revealed that most of the mothers had positive childbirth experience and it is associated with age, education and labor duration.

## INTRODUCTION

Globally, approximately 140 million births occur every year.<sup>1</sup> To optimize maternal health, all women must have access to high quality care before, during and after childbirth.<sup>2</sup> Positive childbirth experience is affected by giving birth to a healthy baby in a clinically and psychologically safe environment with personalized care. Most women want a physiological labor and birth, with a sense of personal achievement and control.<sup>3</sup> Childbirth is a crucial experience in women's life as it has a substantial psychological, emotional, and physical impact in a woman's life and family including newborn's health and wellbeing.<sup>4,5</sup> Labor room staff should always try to make her labor experience as comfortable and dignified as possible.

The prevalence of traumatic birth experience was 37% and 15.6% in Iran and Vietnam respectively.<sup>6,7</sup> A survey conducted across 13 districts of Nepal showed that 77% women had positive perception as they were involved in decision-making, whereas 69% and 67% of women felt that they received correct information and assured confidentiality respectively. Another study in Nepal revealed that improving the attitude and communication skill of service providers with prompt response improves the overall experience of childbirth among women.<sup>8</sup>

Although, women seem to be satisfied with a healthy baby, the childbirth also had a psychological dimension. Addressing these hidden aspects is important for a positive

childbirth experience and mother's long-term well-being.<sup>9</sup> In Nepal, there has been relatively less research in this field. Hence, this study was envisioned to learn more about the childbirth experience in a tertiary level health care in Nepal.

## METHODS

A cross sectional analytical study was done among the primi mothers who had delivered vaginally. Postpartum mothers from postnatal wards, who delivered baby after 37 completed weeks of gestation were taken on the next day of delivery. Women who had undergone instrumental deliveries, Caesarian deliveries, and whose babies were admitted in Nursery or NICU were excluded. The study was conducted from April 2020 to May 2021. Non - probability purposive sampling technique was used to select required samples and the sample size was calculated using Cochran formula using prevalence (14.88%) of highly satisfied mothers for care during birth in Chitwan. The calculated sample size was 195 whereas due to time limitation and reduced delivery during that time, only 122 sample was taken. Ethical approval was obtained from the Institutional Review Committee (IRC) of Patan Academy of Health Sciences. Permission for the study was taken from the Nursing Director of Patan Hospital and Nursing in-charges of Postnatal ward and Gynaecological wards. Written consent was taken from the mothers on the PAHS Generic Consent Form. Research instrument was developed on the basis of WHO guideline on Intra-partum Care for positive childbirth experience 2018.<sup>3</sup> A structured questionnaire, based on research objectives was developed with 4 point likert scale questionnaires. The questionnaire included four sections - Part I: Questions related to socio-demographic characteristics and obstetric characteristics (Six questions), Part II: Questionnaires related to experience of childbirth (57 items structured in 4-point Likert scale including 12 negative items) and is divided again into two categories - Experience during labor pain in active room which included 20 statements including 3 negative statements and experience during delivery room which included 11 statements including 3 negative statements. Level of childbirth experience is categorized as: Positive childbirth experience: Mean score  $\geq 2.5$  and negative childbirth experience: Mean score  $< 2.5$ . Data was collected using

face to face interview schedule in Nepali language based on the structured questionnaire. Confidentiality of the respondents were maintained by coding the questionnaire. Statistical Package for the Social Science (SPSS) version 16 was used in the study. Descriptive and inferential statistics were used for data analysis.

## RESULTS

**Table 1:** General information of the study population (N = 122)

Characteristics	F	%
Socio-demographic characteristic		
Age (Years)		
< 25	38	31.1
25 - 29	64	52.5
30 - 34	19	15.6
$\geq 35$	1	0.8
Mean $\pm$ S.D (26.56 $\pm$ 3.53)		
Obstetric characteristics		
Onset of labor		
Spontaneous	65	53.3
Induction	57	46.7
Duration of labor		
< 4 hours	0	0
4 - 12 hours	116	95.1
$\geq 12$ hours	6	4.9
Educational status		
No education	4	3.3
Basic level (Upto grade 8)	37	30.3
Secondary level (Grade 9 to 12)	31	25.4
University level (Bachelor's degree and above)	50	41
Episiotomy status		
Episiotomy performed	119	97.5
Episiotomy not performed	3	2.5

**Table 2:** Childbirth experience on self- efficacy and professional support during labor (N = 122)

Statements	TA N (%)	MA N (%)	MD N (%)	TD N (%)
Self- efficacy				
Labor went as expected	22 (18)		33 (27)	67 (54.9)
Felt strong	5 (4.1)	50 (41)		67 (54.9)
Felt capable of bearing pain	5 (4.1)	49 (40.2)	55 (45.1)	13 (10.7)
Professional support				
Gave introduction and orientation	-	97 (79.5)	25 (20.5)	-
Praised for efforts	5 (4.1)	110 (90.2)	7 (5.7)	-
Encouraged for urination	5 (4.1)	97 (79.5)	20 (16.4)	-
Provided support in movement	-	110 (90.2)	12 (9.8)	-
Encouraged for oral fluid intake	--	100 (82)	22 (18)	-
Informed about medication used	6 (4.9)	98 (80.3)	18 (14.8)	-
Gave understandable answers	9 (7.4)	111 (91)	2 (1.6)	-

TA = Totally agree, MA = Mostly agree, MD = Mostly disagree, TD = Totally disagree

**Table 3:** Childbirth experience on respect and dignity in care during labor pain (N = 122)

Statements	TA N (%)	MA N (%)	MD N (%)	TD N (%)
Preserved privacy	6 (4.9)	114 (93.4)	2 (1.6)	-
Cared equally	5 (4.1)	97 (79.5)	20 (16.4)	-
Treated in a friendly manner	3 (2.5)	95 (77.9)	24 (19.7)	-
Examined with permission	1 (0.8)	101 (82.8)	20 (16.4)	-
Informed relatives about labor progress	1 (0.8)	35 (28.7)	86 (70.5)	-
Able to ask questions	1 (0.8)	96 (78.7)	25 (20.5)	-
Scolded (Without any reason)	-	7 (5.7)	92 (75.4)	23 (18.9)
Shouted if not follow instructions	7 (5.7)	92 (75.4)	5 (4.1)	18 (14.8)
Physical distress (Pinching, beating at thigh, pushing)	1 (0.8)	7 (5.7)	-	114 (93.4)
Allowed to move and walk freely	-	18 (14.8)	99 (81.1)	5 (4.1)

TA = Totally Agree, MA = Mostly Agree, MD = Mostly Disagree, TD = Totally Disagree

**Table 4:** Childbirth experience during delivery (N = 122)

Statements	TA N (%)	MA N (%)	MD N (%)	TD N (%)
Self-efficacy				
Delivery went as expected	5 (4.1)	32 (26.2)	85 (69.7)	-
Felt strong	24 (19.7)	90 (73.8)	8 (6.6)	-
Understood command of nurses	25 (20.5)	89 (73)	8 (6.6)	-
Respect and dignity in care				
Preserved privacy	-	103 (84.4)	19 (15.6)	-
Provided information of baby's birth	5 (4.1)	4 (3.3)	113 (92.6)	-
Scolded (Without any reason)	-	10 (8.2)	103 (84.4)	9 (7.4)
Shouted (If not following instructions)	-	115 (94.3)	7 (5.7)	-
Physical distress (Beating in your thigh, pinching or pushing)	-	3 (2.5)	5 (4.1)	114 (93.4)
Professional support				
Provided adequate back rest	-	65 (53.3)	56 (45.9)	1 (0.8)
Praised for efforts	17 (13.9)	97 (79.5)	8 (6.6)	-
Encouraged for oral fluid intake	-	30 (24.6)	74 (60.7)	18 (14.8)

TA = Totally Agree, MA = Mostly Agree, MD = Mostly Disagree, TD = Totally Disagree

**Table 5:** Level of childbirth experience among primi postnatal mothers (N = 122)

Childbirth experience	Level
	Positives (Mean score $\geq 2.5$ ) N (%)
	Negative (Mean score $< 2.5$ ) N (%)
Childbirth experience	103 (84.4)
	19 (15.6)

**Table 6:** Association between different characteristics with childbirth experience (N= 122)

Women's characteristics	Childbirth experience		Chi square value	p- value
	Positive N (%)	Negative N (%)		
Age group (Years)				
< 30	98 (80.32)	4 (3.27)	64.25 <sup>a</sup>	0.00
$\geq 30$	5 (4.1)	15 (12.29)		
Education				
Below bachelor's degree	53 (43.44)	18 (14.75)	12.35 <sup>a</sup>	0.00
Bachelor's degree and above	50 (40.98)	1 (0.8)		
Onset of labor				
Spontaneous	59 (48.36)	7 (5.73)	4.25	0.47
Induction	44 (36.06)	14 (11.47)		
Duration of labor				
< 12 hours	103 (84.42)	13 (10.65)	34.21 <sup>a</sup>	0.00
$\geq 12$ hours	0	6 (4.9)		

<sup>a</sup> Fisher's Exact Test Note:  $p < 0.05$ : significant at 95% interval

The study findings show that there is significant association between age ( $P = 0.00$ ), education ( $P = 0.00$ ) and duration of labor ( $P = 0.00$ ) with childbirth experience whereas type of onset of labor ( $P = 0.47$ ) is not associated with childbirth experience.

## DISCUSSION

This study revealed that most (84.4%) of the mothers had positive childbirth experience and only few (15.6%) had negative childbirth experience. In accordance with this finding, two Swedish studies done among 584 and 928 primiparous women and another Canadian study done among 642 postnatal mothers noted that more than 90% mothers had positive child birth experience.<sup>10-12</sup> Similarly, another Vietnamese study showed that more than 84.4% positive childbirth experience.<sup>7</sup> However, these findings were quite contrast to the study done in New Zealand among 54 postnatal mothers which revealed only 64% women had positive childbirth experience.<sup>13</sup> Correspondingly, another Iranian study among 800 postnatal mothers showed 63% positive childbirth experience.<sup>6</sup> Interestingly, another Swedish study done among 446 healthy primiparous women showed only 66% had positive experience.<sup>19</sup> Similarly, another study from Iceland done among 657 postnatal women and another study from Queensland, Australia done among 664 primi mothers revealed 66% and 49% had positive childbirth experience.<sup>14,15</sup> Another study from Rwanda done among 898 women noted that 77.5% had positive childbirth experience.<sup>20</sup> It is understandable that all these different studies from different countries have shown different results as childbirth experience can be quite different among different countries.

The findings of the study revealed that there was significant association between age ( $P = 0.00$ ), education ( $P = 0.00$ ) and duration of labor ( $P = 0.00$ ) with childbirth experience whereas onset of labor was not associated ( $P = 0.47$ ) with childbirth experience. These findings are in accordance to the Swedish study which revealed age and childbirth was strongly associated ( $P = 0.01$ ).<sup>10</sup> However, another Canadian study reported that older women aged 30 years ( $P = 0.001$ ) are associated with negative childbirth experience.<sup>11</sup> This finding is refuted in the New Zealand study as well as US studies which showed there was no significant relationship between age and childbirth experience.<sup>13, 16</sup>

A Canadian research found that less educated women ( $P = 0.003$ ) were having more negative childbirth experience.<sup>11</sup> However, a New Zealand study contradicted this finding and reported that there was no association between

education and childbirth experience.<sup>13</sup>

The Swedish study showed that there was significant association between labor duration ( $P = 0.002$ ) and childbirth experience.<sup>19</sup> In congruence to this research, a Chinese study conducted among 1,747 postnatal mothers also reported that there was significant relationship between labor duration ( $< 0.001$ ) and childbirth experience.<sup>18</sup> Similarly, another Spanish study among 220 women also revealed that there was association between childbirth experience and labor duration ( $P = 0.008$ ).<sup>17</sup> However, the contrast finding was seen in the study done in USA among 122 postnatal mothers, where duration of labor and childbirth experience did not show any association ( $P = 0.946$ ).<sup>16</sup>

There have been vast variations among different studies which tried to delve into the association between child birth experience and various factors. These variations are expected as the child birth experience, although a common natural process, could be affected tremendously as these studies have involved different geographic regions with various socio-economic strata. We have to acknowledge the limitations of the present study. This is a small sampled study done over a single centre and hence, the generalization of this research may not be practical.

## CONCLUSIONS

Almost all the mothers had positive childbirth experience. Positive childbirth experience was significantly associated with age, education and labor duration where as on set of labor and episiotomy status were not associated with childbirth experience.

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