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Experiences of Primiparous Mothers Regarding Natural Childbirth Problems (A Qualitative Study)

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ABSTRACT

Women experience several problems during the childbirth process which always remain with them throughout their lives. These problems affect the health of the mother and the child, the emotional relationship between them, the sexual activity and the desire to have her next child in the future. This qualitative study is designed to explore the experiences of primiparous women about natural childbirth problems. This qualitative study is conducted on primiparous women who referred to the health center of Imam Javad in Zahedan. The sample selection is based on objective; the data are collected using semi-structured interviews with 18 primiparous mothers who had healthy natural childbirth. The data are collected through an interview that is done in the first visit within 72 hours after the childbirth, and the data are analyzed through content analysis. After analysis of the data, four themes associated with the problem of the first natural childbirth are extracted. The first is the fear and stress of the labor pain that most participants expressed as the major problem of natural childbirth. The second theme is lack of awareness and lack of information about the process of labor and the delivery room environment; this means that participants of this study are mostly unfamiliar with the process of labor and the delivery room environment and this leads to their fear and pain. The other two themes are the need for protection and support of the mothers by the midwives, their family and their friends. Based on the results of this study, the problems of human resources are stated as being more serious than the problems regarding the environment and modern equipment. This leads to the increase of attention of the midwives and other medical staff on psychological and spiritual needs of mothers and supporting them during the labor in addition to the physical health of the mother and the fetus. In this regard, childbirth classes are recommended in outlining the stages of childbirth to improve the experience of primiparous women regarding natural childbirth.

Keywords: natural childbirth problems, primiparous, experiences

INTRODUCTION

Childbirth is a natural phenomenon and its antiquity is as long as the creation of mankind which has passed throughout history along with the developments in human society and it has transformed from traditional style to the modern style. [1] The labor pain, which is one of the most severe pains that women experience throughout their lives, is a change that could have an impact on all aspects of the life of a pregnant woman and other family members; to the extent that the severe pain of the labor can cause confusion in the mother and it would disrupt her mental health and negatively affect her relationship with her child and her spouse. However, this pain can be a cause for concern, fear and anxiety about her next pregnancy. [2] Other factors affecting the labor pain are Level of excitement and mood changes, such as fear and anxiety, the level of personal control of pain, previous experiences,

the quality of the surrounding environment, size and position of the fetus, the labor status of the pregnant woman, the Contractility of the myometrium ,enhancing of cervical dilatation. [3]In a study conducted by Tampawiboon et al. [2005], People who had more anxiety and fear of childbirth are seen more to cry, to scream and to lose control. [4]Women during childbirth gain important experiences that will always remain with them throughout their lives. Labor pain exhibits a physical and mental confrontation that women can have a profound feeling of power and success by which to infer or on the contrary to experience emotions such as anger and guilt and hurting their feelings. [5, 6]Understanding the physical environment of the delivery room and the process of labor and the midwives and a positive attitude towards labor pain can also have a positive impact on the pain and fear of childbirth on mothers. [7,8] Also, in the study of Wendy Christine et al. [2012], on people who have a positive attitude towards labor pain and have a higher sense of personal control, the need to receive medication is less than those who have a negative attitude towards Labor pain. [9] In another study that was done by Lotfi et al. [2014], they came to the conclusion that half of childbirths in Iran are done using caesarean, while in private hospitals this rate is up to 90 percent; one of the reasons for increase of cesarean, is pain and fear of childbirth. [10] Women's experience of pain and problems of natural childbirth is very complicated so that the majority of women would adapt themselves with pain during the labor without previous training and they would benefit from non-pharmacological methods of pain relief. Since each person has a special understanding of their own and knows more than others about their experiences, understanding of natural childbirth phenomenon is also no exception. Experiences, beliefs and interpretations of people have impact on all aspects of their lives; and recognition of these experiences can only be exposure to researcher in real life individuals and doing qualitative research. Based on the above explanations and the reduction of cesarean to the confirmed rate of the World Health Organization, that is about 10-15%, which is the goal of all countries and international organizations, including the Ministry of Health and Medical Education of Iran. Also promoting natural childbirth, identifying and eliminating its problems is among other objectives of the Ministry of Health. According to the researcher's observations of the misconceptions of people and society in the field of natural childbirth and to better understand the experiences of real individuals who chose and experienced natural childbirth, this qualitative study is related to the problems of natural childbirth to explore the participants' experiences by providing a framework upon which a step would be taken towards improving the quality of midwifery and prenatal services and to understand the positive experience of mothers about natural childbirth and to reduce elective cesarean.

MATERIALS AND METHODS

This study is a qualitative content analysis which is aimed to investigate the experiences primiparous mothers about the problems of natural childbirth which was performed in 2015. Participants include 18 primiparous mothers who had born a healthy living child after a healthy natural childbirth and without the use of any birth aids and 3 days after their delivery they referred to the community health center of Imam Javad in Zahedan for thyroid screening tests and they expressed an interest to participate in the study and they were able to recall and to describe their understanding of the birth process; thus they are chosen purposive sampling. The researcher then introduced himself to the participants and explained the objectives of the study and gained the confidence and trust of participants and promised the confidentiality of the interview and the freedom of the participants to withdraw from the study at any time and by following the ethical issues, he performed the interview in a quiet and private environment in one of the empty rooms of the clinic using open-ended questions for a maximum of 45-90 minutes. For data collection, a semi-structured, in-depth interview is used. This type of interview is convenient for qualitative research because of its flexibility and its in-depth. (11) The overall research question begins with "please talk about the problems you have experienced in natural childbirth during the labor" and then the interview is guided based on the responses of its participants. In most of the interviews there is little need to direct the interview towards the subject of the study. The interviews are recorded on the cassette tapes and then the recorded content is listened to carefully and simultaneously it is analyzed using the content analysis method. Sampling started from 31Jan2015 to 3 Jun2015 and continued until it reached the data saturation (18 participants) . In qualitative researches repeating previous information through the repetition of highlighted themes shows sufficiency of the sample size. (11) This means that after interviewing 18 participants, no new experience can be observed during their talks and all the previous experiences are repeated.

Two preliminary interviews are conducted in the content analysis method and then the main interviews begin. The written text of each interview is revised after reading several times. Initially, each interview is read word by word and line by line to analyze research data and some codes are written on the margins of the statements of participants. Some of the codes include lack of familiarity with the delivery room environment, the attitude of the midwives, intense fear and anxiety of pain and childbirth and etc. Thus, 156 non-repetitive codes are extracted and then similar codes are put together. To make the data reliable, the researcher, after each interview, tries to code and to analyze it; and if necessary, he would return to the samples again. If new data comes from research units, it would be included in the final description and the next interview will begin after making the data reliable. In order to make the data

reliable, an observer who has qualitative research experience in all phases of the research is used. Also person out of research with qualitative experience is used to verify the codes and to extract classes from the quotations.

RESULTS

In the present study, the mean ages of the participant's are 24.45 years and its range is from (18-32 years). Education distribution of participants was as follows: Three had bachelor's degree, two were seminary students, six had diploma, four had studied up to secondary school, two had primary education, and one woman was illiterate. Among the participants of this study, 2 were seminary teachers, 1 was an employee, and 15 were housewives. Information are structured through a rich and deep analysis of women experiences about natural childbirth problems based on the four main themes of fear and anxiety of labor, lack of awareness and lack of information about the process of labor and the delivery room environment, the need to be supported, the midwife support, family and friends. In table 1, summary of meaningful sentences – achieved classes and themes are presented.

Table 1- Summary of meaningful sentences, classification and themes

| Themes | Classes | Meaningful Sentences |
|---|---|---|
| Fear and anxiety from labor pain | Spiritual and religious approach Surge of emotions | When I had pain, I vowed and prayed to God for comfort. My stress increased as I was getting closer to giving birth. I had lots of pain, I was screaming, it was horrible. I wish I had taken cesarean from the beginning, please take me to the cesarean -section. |
| Lack of information and unfamiliarity with the process of labor and the delivery room | Nostalgia of mothers from the delivery room The need for a safe and comfortable environment The need for educational programs | I liked to give birth in a private hospital. The devices and the machines next to my bed made me horrified. I watched maternal health programs on television. I wish I had taken part in childbirth classes and would have the answer to my questions. |
| The need for support | Good communication Being friendly Emotional support The need for empathy | I wished they talked to me better. I wished the midwives liked me. Just as they would smile on my face, my spirits would raise. I feel like screaming would make the pain less. |
| The support of midwife, husband, family and friends | Availability The continued presence The presence of the husband and the mother Support during pregnancy | I wished the midwife was with me. I wished my mother was with me and gave me energy. I wished my husband was next to me to see how much I suffer. Because my husband goes to work, he is very busy, he can't help me but if he helped me, it would be better. |

Fear and stress of the labor pain:

in the natural birth problems, the participants state that their major problem is the fear and pain of childbirth; which in this regard participant of number 7 says: when I faced intense pain and fear, I vowed and prayed to reduce my pain and stress.

Participant number 14 says:

I had so much pain that I was screaming horribly I wanted cesarean so much, but they said here is a public hospital and I should wait to the last minute, if I could not give birth, then I would be cesarean-sectioned.

Participant's numbers 3 and 5 described their own religious and spiritual approach like this: When I had pain I called all Imams for help; I called god and they really helped me. I an hour I gave birth. I couldn't believe it.

Lack of knowledge and information about the delivery process and the delivery room:

Women's attitude shows that the delivery room should be comfortable and safe with the essential equipment that would have a positive impact on their mental health.

Participant number 4 says:

One of my difficulties was unfamiliarity with the environment and the equipment of the delivery room, not having knowledge about the labor process and no training made me more afraid and anxious at every moment.

Participating number 10 says:

It would have been better if I had enough knowledge about the delivery room, the equipment, the midwives and the childbirth process; I would have been more tolerant, now I feel my next childbirth would be better and more comfortable.

Five of the participants asserted:

One of the factors that enhanced our fear and anxiety was that we did not get answers for any of our questions about the course of the delivery and its duration from the midwives and the staff.

Participating number 11 says:

Participation in childbirth classes and reading such books was my main incentive for natural delivery.

The need for support:

it means that the participants in this study in the last hours of their pregnancy need more than medical care and midwifery. They need to communicate effectively with midwives; to receive empathy, emotional support from them and the delivery room personnel in order to provide the right solution for reducing the labor pain and for getting the right answer.

Participating number 12 says:

I liked the midwives to talk and to behave better, I liked the delivery room personnel to be my friend so that one would feel comfortable; to be honest, I was annoyed.

Participating number 17 says:

I liked the midwife to smile on my face and it would be enough to get one's spirit up and sometimes some women are forced to scream because they require empathy.

Participating number 1 says:

I felt little pain by screaming, at least the midwives would understand that I am suffering from the pain. I wanted someone to sympathize with me but there was no sympathy at all because they (midwives) were used to it.

Participating number 10 says:

Midwives are good, thank God but they do not understand my pain; they talk, do their job, whenever I say I have pain, they say that's called natural childbirth. Perhaps they didn't have any natural childbirth and they are not mothers.

Participating number 3 says:

When the pains were too severe, the midwives say don't scream. What should I do with all these pains?

Support of the midwife, family and friends during the labor and pregnancy:

Among the most important problems of natural childbirth that the participants reported are support and constant presence of the midwives.

Participant number 9 says:

I liked the midwife to have constant presence during the labor; to push my hands so maybe my pain would be reduced. I wanted the midwife to understand me during the labor; to say, for example, I know how much pain you take?

Participating number 18 says:

I wish my husband had attended during labor and saw how much pain I suffered from?

Participant number 2 says:

I wished my mother was present and gave me energy.

Participants numbers 2 and 3 say:

Nothing, not even the presence of my mother and my husband, would ease my pain. I should endure the pain by myself. The presence of a good midwife would give me better comfort than my husband.

Participant number 11 says:

During the labor process, even when my pains were too severe because the midwives weren't present, they only checked occasionally and finally, I gave birth without the presence of a midwife on the bed.

DISCUSSION

The results of this study show that religious and spiritual approach is an important way to deal with the labor pain. With regard to the religion and beliefs of Islam in the countries, all the participants acknowledged the effect of reduction of pain and stress when they vowed and prayed and resorted to Imams. Mohammadi Tabar *et al.* (2014)

proved that reciting the Quran prior to the delivery is effective in reducing the labor pain and in making the delivery process bearable and also it creates a spiritual and relative memory for mothers. (12)Graham et al. in a study showed that women who were members of a religious group, during their pregnancy, had less anger than other women. One explanation for this relationship is that they have come to terms with this divine providence. (13) Using spiritual methods and praying would increase the confidence lead to the increase of one's self-efficacy in managing the delivery process. Also in the study of Golmakani et al. (2012), women who spent their time in religious activities had more favorable attitudes in coping with the labor pain (14).

One of the main concerns of the participants in this study is facing an environment in which they have no previous acquaintance with it. Lack of knowledge about the environment and the tools, as well as lack of information about the childbirth process are the reasons that cause the fear and stress of most mothers about natural child birth. This is to the extent that one of the participants said that if I were familiar with the delivery room personnel and its equipment, it would have been much better; maybe I could better tolerate it. This study is consistent with the study of Delaram et al. (2012), about the familiarization of Primiparous women with the delivery room personnel and its environment which would reduce their anxiety level before childbirth (15).

Mothers participating in this study state that they did not receive any answers from the midwives and the delivery room staff. This is the reason for their fear from this new and unfamiliar situation; as Hodnett (2007) says: support and communication with the midwife is a strong and consistent predictor for satisfaction with childbirth experience. (16)On the other hand, technological advances in midwifery lead the doctors and nurses away from the bedside and it is the reason for their dependence on electronic devices(6).

In our survey women who attended pregnancy classes state that reading instructional books about pregnancy is an encouraging factor in the normal delivery that is compatible with the research of Howarn (2007) who states that childbirth classes increase women's ability to cope with labor and childbirth. (17) Fenwick also writes: Professional classes held by professionals such as midwives can have an important impact on pregnant women. These classes show childbirth process and encourage pregnant women and teach them how to control the situation (18).

Participants in the present study need extensive support during the labor process and it seems that medical and midwifery approach is not enough to achieve the noble objectives in the sacred profession of midwifery. Participants want proper communication with medical staff, spiritual and emotional support and proper information delivery process and receiving appropriate information from the delivery process that in this study, there was a huge gap between the services that midwives provide and things that participants expressed. This study is consistent with research that Boryri et al. (2016), performed as the experiences of Primiparous women from the comfortable sources of the labor pain. (19)Also in the study of Gramble et al. (2007), participants considered the relationship of the caregivers as important; and most of them ranked this connection as very important or quite important. (20)Price (2007), in his study also showed that most of the women had announced their need to support and to communicate with the midwife. (21)Simkin says that midwives are good, but they are out of reach and the obstacles that prevent their adequate support are factors such as being responsible for several parturition, spending a lot of time to record the data files, working with new devices and switching shifts in the middle of the labor. Using a trained companion is a good option for physical and emotional support of parturient women (22).

Among the natural childbirth problems, the constant presence of the midwife and individuals in the labor process are the main form of support. On the other hand, Hodnett (2007), showed that the ongoing support of the pregnant mother during the labor in childbirth leads to reduction of cesarean and less need for anesthesia and in the end it increases the mothers' satisfaction. (16)Lally et al. (2014), also find that how supporting women is effective in their decision-making for pain relief during the labor. (23)Safarzadeh et al. (2012) conducted a study titled the effects of the presence of a doula and its relation with the severity of pain and the stages of labor. He finds that the presence of a doula reduces pain during the labor and it improves outcome of the mother and the newborn which is aligned with this research. (24)Also the study that Nobakhat et al. (2010) conducted shows that the presence of a companion and the support of the mother during the labor significantly reduces her anxiety (25).

CONCLUSION

The results of this study show that the attention of the mother and other members of the medical team on spiritual and psychological needs of the women during their childbirth stages is essential besides focusing on the physical health of the mother and the fetus and holding childbirth classes in outlining the stages of childbirth and training to improve primiparous women's experience about natural childbirth is recommended to take an effective step in reducing the rate of cesarean elective in the end.

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