

Original Article

Women's Expectations from Delivery Nurses of Vaginal Birth: A Qualitative Study

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Abstract

Background: Women giving vaginal birth have always been provided support and care during the birth process. As technology has developed, health professionals have tended to focus on procedures rather than pregnant women, which have caused women to suspend from vaginal birth.

Aim: The aim of this study was to clarify women's expectations from nurses of vaginal birth in Turkey.

Materials and methods: In this phenomenological qualitative study, face-to-face in-depth interviews conducted with 12 participants, using semi-structured interview form. Participants were recruited by purposive sampling and maternity clinic of a university hospital was considered as the setting. Interviews were audio taped and transcribed verbatim. The content analysis were used for data analysis.

Results: Data are clustered into three main themes: physiological support needs, psychological support needs, and knowledge needs.

Conclusion: This research has revealed important data about the expectations of the women from nurses.

Keywords: Vaginal birth, expectation, delivery nurse, phenomenological study, qualitative research

Introduction and background

Women giving vaginal birth have always been provided support and care during the birth process (Hodnett et al, 2013). As technology has developed, health professionals have tended to focus on procedures rather than pregnant women, which have caused women to suspend from vaginal birth (Hodnett et al, 2013). This situation has also affected women's preference for cesarean section instead of vaginal delivery. The rate of the women having caesarian section is 53.1% in Turkey (TNSA, 2016). It has also been reported in the literature that health professionals' negative attitudes (Ryding, 1993; Yigit et al, 2005), physicians' tendency to perform caesarian section (Bagheri et al, 2012), not offering psychological support and providing insufficient midwifery and

nursing support during childbirth (Abushaikha et al, 2006; Sercekuş et al, 2009), play an important part in discouraging women from having vaginal birth.

It is known that pregnant women expect to be involved in decisions made during delivery, which is part of the labor process (Gibbins et al, 2001, Sapountzi-Krepia et al., 2011), and to have control over the birth process and positive experiences and want health professionals to have a positive attitude (Yigit et al, 2005; Fisher et al, 2006). They also expect to receive information about the delivery process (Yigit et al, 2005; Gibbins et al, 2001). It has been noted in the literature that a higher rate of the women offered high quality nursing care during their pregnancy and previous labors prefer to have vaginal delivery (Leslie et al,

2007). In a study by Oweis and Abushaikha (2004) on women's expectations during the birth process, the women found nursing care offered during their labor insufficient.

It is considered essential to determine expectations of pregnant women from nurses so that appropriate nursing care in the delivery room can be planned for them. In view of the differences in culture and health policies between countries, expectations of Turkish women from nurses concerning nursing care offered during vaginal delivery will be different from those of the women from other cultures. To explain, although pregnant women are accompanied by their spouses in delivery room in many countries (Longworth et al, 2011; Pestvenidze et al, 2007; Chan et al, 2002; Abushaikha et al, 2002), childbirth is attended by spouses in Turkey (Ergin et al, 2014).

Even though there are no legal restrictions in Turkey for spouses' attendance during childbirth, health professionals do not allow them since they think it might cause problems during the birth process (Ergin et al, 2014). For this reason, pregnant women only see midwives, nurses and doctors. Also, labor support is not a routine practice in Turkey, so pregnant women experience loneliness.

Therefore, determination of Turkish women's expectations from delivery nurses regarding nursing care during vaginal delivery will provide guidance for nurses working in delivery rooms to plan appropriate nursing care. It was not possible to find out about the women's expectations from delivery nurses of vaginal birth.

Purpose of the study

The purpose of this study was to explore women's expectations from delivery nurses of vaginal birth in Turkey.

Methods

Design

A qualitative phenomenological methodology was used to explain the Turkish women expectations from delivery nurses during childbirth (Yildirim et al, 2011; Creswell, 2007). Qualitative research also plays an important role in clarifying the values, and meanings attributed to people who play

different roles in communities. They allow people to speak in their own voice, rather than conforming to categories and terms imposed on them by others (Sofaer, 1999). Therefore qualitative research methods have been used to explain women's expectations.

Participants and Settings

Purposeful sampling method was used (Leslie et al, 2007) to select 12 women participants based the following criteria: (a) being 19 years old or older, (b) willingness to participate in the study, (c) not having a psychiatric diagnosis, (d) experiencing vaginal birth without complications and (e) not having any chronic diseases. The interviews continued until a saturation point when concepts and processes likely to answer the questions in the semi-structured interview form repeated (Sofaer, 1999).

The participants were recruited from one university hospital in İzmir, Turkey. İzmir is the third city of Turkey and is located in the west of the country. As there were many delivery rooms in maternity hospitals in Turkey including the one where the present study was performed, neither husband/partners nor female relatives and friends of pregnant women are allowed to enter these rooms. There were one delivery room in the hospital. The delivery room is consist of four separate birth room, only one pregnant was being taken care of in each room.

Ethical considerations

Ethical approval was obtained from a university ethical committee. The researcher informed all the participants about the aim of the study and then written consent was obtained from all the participants. Confidentiality and anonymity were assured and queries were answered before informed consent was sought.

Data Collection

The study was conducted between between April 2013 and January 2014. Semi-structured in-depth interviews were used to collect data. The interviews continued until a point at which no new information was obtained. Each interview took approximately 20-30 minutes. All interviews were recorded by audiotape after oral consent was taken the participants. The first author contacted women

at a delivery room in the university hospital. When they agreed to participate, first the researcher met the interviewer in a quiet and private room at the obstetrical department and conducted a face-to-face interview. Socio-demographic data about the participants were collected before the start of the interview. We used a socio-demographic questions form, a semi-structured interview and a voice recorder were used for data collection. The semi-structured interview form was composed of three parts.

The first part of the form was an introduction section.

The second part of the form included semi-structured interview questions. The primary research question was: What were your expectations from delivery nurses during birth? Other interviews questions were: What did the nurses offering care during your delivery do for you, did the care offered by the nurses meet your needs, and what did you need during your delivery.

Open-ended questions were prepared in light of the literature and the researchers' experiences (Nilsson et al, 2009; Creswell, 2003).

The last part of the form was concerned with closing of the interview. Before the research was commenced, the interview form had been piloted on five women. Data obtained from its piloting were excluded from analysis.

Data Analysis

The researchers transcribed the audiotape-recorded interviews and combined them with notes taken during the interviews. The transcripts were read through several times to get a general sense of the information and to ensure the accuracy of the data analysis. The study data were coded using inductive content analysis, as recommended by Creswell (Creswell, 2003). The concepts were coding became sub-themes and then sub-themes were combined to create themes (Creswell, 2003). During the inductive content analysis first and second researchers independently read all transcripts and determined codes. The field notes taken by the researcher during the actual

interviews were also taken into consideration in the analysis process.

Trustworthiness

Criteria recommended by Guba and Lincoln were used to estimate the trustworthiness of this study. Criteria for trustworthiness in qualitative research as defined by Guba and Lincoln (Guba et al, 1994) include credibility, transferability, dependability and confirmability.

Credibility was established by two authors who have considerable clinical experience with laboring women. All authors had been trained in qualitative studies and data were collected during in-depth interviews and were by two independent researchers. The differences between the two researchers' analysis were discussed, and then the data were organized and documented by the researchers. To achieve transferability, inductive content analysis and purposeful sampling were used. The content analysis allowed transferring data without adding any comments, and the purposeful sampling helped to reveal situations in accordance with their nature (Yildirim et al, 2011; Creswell et al, 2007). To achieve dependability, the questions asked by the researcher at each interview were based on a similar approach. To achieve confirmability, results were expressed clearly so that readers could understand them easily. In addition, recordings of the interviews, notes taken during interviews, verbatim transcriptions of the recordings, and analyses were retained for future confirmation use.

Results

Twelve women participated in the study and three women refused to participate. The mean age of the twelve women was 27.64 ± 5.03 years (min:22, max:33), 41.68% were primary school graduates, 58.35% were primiparous, 83.34% received care from two nurses during delivery and 91.66% had episiotomy, and the mean duration of stay in the delivery room was 10.30 ± 8.78 hours. The results about the expectations from delivery nurses were classified in three main themes and 11 sub-themes. These three themes are physiological support needs, psychological support needs and knowledge needs (Table 1).

Table 1 The Main Theme and Subthemes Intended for Women's Expectations from Delivery Nurses of Vaginal Birth

Themes	Sub-Themes
Physiological Support Needs	Fulfillment of personal care needs
	Provision of support to cope with pain
	Provision of freedom of mobility
Psychological Support Needs	Not being left alone
	Minimization of fear
	Receiving support from family and/or friends
	Provision of support from spouses
	Having a positive relationship
Knowledge Needs	Protection of privacy
	Being informed about the process of delivery
	Minimization of negative effects of the delivery room

Theme 1: Physiological support needs

The women noted that fulfillment of their personal care needs by nurses had a positive effect on them. Personal care needs included dressing them, drying their sweat, cleaning their face and hands and preserving their body temperature.

“I felt very good when the nurse draped a sheet over me and put an extra sheet beneath my back. “ (20 years old, primiparous)

“As I exerted my strength to give birth, I sweated. At the end, I became exhausted. Meanwhile, one nurse was applying cold compression on my face and another nurse was fanning my face, which made me feel very good. “ (20 years old, primiparous)

The women defined the delivery process as a situation during which they sought for solutions to relieve their pain and also noted that the nurses'

showing affection and giving instructions decreased their pain. However, they reported that the nurses' saying their pain would repeat at certain intervals created anxiety about the impending pain.

“The pain and the ache I experienced were really terrible. I was shouting at the nurses to spare me. “ (37 years old, multiparous)

“The nurses' giving information, uttering encouraging words and telling me to take deep breaths decreased my pain. “ (22 years old, primiparous)

“Some of the women complained that lying throughout the delivery process was uncomfortable and restless. Lying for exactly 12 hours and ten minutes. Lying in the same position, I continuously complained about it. It was distressing. I wish I had been allowed to move. “ (29 years old, primiparous)

Theme 2: Psychological support needs

The women described being alone in the delivery room as scary and a situation which increases the severity of their pain. They also felt scared during the delivery process and the nurses played an important role in minimization of their fear.

“I was frightened and held her hand so that she couldn’t leave the room. She also held my hand and didn’t leave me alone for some more time.” (27 years old, multiparous).

“I felt more frightened when I was left alone. I would have felt better if the nurse had been with me.” (26 years old, multiparous)

“When the nurses came into the room, I felt less pain. The nurse came, held my hand, talked to me and showed affection.” (26 years old, primiparous)

The women wanted to be accompanied in the delivery room by their family and/or friends to decrease their feeling of loneliness, prevent them from focusing on their pain and make time flow faster.

“I wish a friend or a member of my family had come with me. I would have felt twice as little pain as the one I really had. I might have given birth more quickly and time might have flown away in the delivery room.” (32 years old, multiparous)

“If I had been together with a friend or a family member, I would have felt safe and comfortable.” (27 years old, multiparous)

Some of the women commented that their spouses’ accompaniment would make them feel better.

“The only thing I wanted while giving birth was that my husband should be with me. How often nurses visit or how much interest they show is not so important since they are all strangers after all. I told them I would like my husband to be with me, but they said it was not much possible.” (22 years old, primiparous)

“I felt better when my husband was with me. It meant support. His holding my hand was a kind of support. It made me feel safer.” (29 years old, primiparous)

The women expected the nurses to have a positive relationship with them when they attempted to cope with the problems encountered during the delivery process and they reported that this relationship was of great importance for them.

“The nurses knew it was the first time. They told me not to be scared, to feel comfortable and to act comfortably.” (22 years old, primiparous)

“The nurses’ talking to me and showing interest boosted my morale. When they said it wouldn’t last long, I was convinced that it wouldn’t take a long time and that I had to be patient.” (27 years old, primiparous)

One woman noted that care was taken not to violate privacy and that she felt comfortable. However, the rest of the women complained about the presence of more than one person during gynecological examinations in the delivery room and violation of privacy.

“The delivery room was crowded and I was being examined by several people. All the nurses were female and I didn’t feel uncomfortable in front of them, but one of the doctors was male and it was obvious he was trying to learn and he was often made to examine me, which made me feel embarrassed. Violation of my privacy made me feel uncomfortable.” (38 years old, multiparous)

“Being observed by more than one person made me feel bad. Besides, there were students. At the end, when the drape got stained, it was removed. Violation of my privacy made me feel uncomfortable.” (29 years old, primiparous)

Theme 3: Knowledge needs

Some of the women explained that their being informed about the process of delivery made them feel comfortable and decreased their feeling of fear.

“I would have frightened if the nurses had performed the interventions without receiving my consent or making any explanations, but they explained all the procedures.” (20 years old, primiparous)

“The nurse provided guidance for me: she told me to take a deep breath and exert strength. They made me talk continuously and told me to relax. I

felt relaxed since I followed their instructions. ‘‘ (22 years old, primiparous)

The women said that they felt uncomfortable due to the devices in the delivery room which they knew nothing about and that the delivery room was stuffy. They also added that they could not contact their relatives outside the room and did not know whether it was day or night.

‘‘Can you imagine the devices in a huge room? I wish the delivery room was spacious and I wish there was a window which would allow us to see the view out. ‘‘ (38 years old, multiparous)

‘‘If there were pictures of babies or information about babies, one could think about positive things about babies and how to breastfeed. I wish there were things which inform us about the steps to follow after birth. Unfortunately, there was nothing in the room. ‘‘ (29 years old, primiparous)

‘‘I wish somebody had said what the time was and whether it was day or sunny outside. ‘‘ (38 years old, multiparous)

Discussion

This study focused on the women expectations who had vaginal birth from delivery nurses. The women commented that fulfilling their personal care needs by nurses made them feel better. Some women noted that some of their personal care needs could not be satisfied. The individuals whose physiological needs are met can fulfill the higher levels of needs including safety, social needs, respect and status and self-actualization. In a study, pregnant women felt that they were supported when their needs in the delivery room were fulfilled by nurses (Berg et al, 2009). Meeting physiological needs of women giving vaginal birth increases the women's adaptation to birth and reduces their stress and pain, which in turn increases their satisfaction with the birth process.

In the present study, the women who would have vaginal birth noted that they had very severe labor pain and expected the nurses to provide support for them. Labor pain is one of the most serious pains experienced by women (Hajiamini et al, 2012) and described as the one quite different from other types of pains (Kashanian, 2012). Therefore, they ask health professionals to alleviate their pain with pharmacological or non-pharmacological methods

or prefer to undergo caesarian section (Gibbins et al, 2001). Lack of sufficient care during such nursing interventions like intravenous catheterization and monitoring may create stress among women. Fulfillment of women's expectations about reduction of labor pain will prevent women from feeling stressed out, which will decrease muscle tension, shorten duration of delivery (Akbarzadeh et al, 2015) and increase satisfaction with the delivery process (Rouhe et al, 2013). Therefore, it is important that nursing care offered during the delivery process should involve non-pharmacological interventions directed towards reduction of labor pain.

In the current study, most of the women complained that they had to lie on their back during delivery. They noted that they wanted to move and that inability to move was discomforting, but that the nurses did not have sufficient attempts to help them with it. Positions allowing being upright were the most commonly preferred ones by women during delivery (Priddis et al, 2012). In light of the findings of the present study and evidence from the literature, it is required that nurses offering care to pregnant women during delivery should provide them with freedom of movement and encourage them to have upright positions, which will allow pelvic movements (Desseauve et al, 2016). However, in Turkey women are rarely allowed to have an upright position during labor. Many health professionals do not let women move in order not to be confronted with malpractice cases. Therefore, women remain in the supine position for a long time during the birth.

In this study, the women having vaginal birth mentioned that the nurses did not spend sufficient time with them and that they were left alone in the delivery room. In addition, they noted that their spouses and relatives wanted to stay with them during delivery. Nevertheless, in Turkey, men are not permitted to accompany their wives during childbirth (Ergin et al, 2014). Health professionals do not allow husbands/partners to attend childbirth, even though there are no legal restrictions in Turkey. This can be attributed to inadequacy of childbirth preparation training, low levels of education, fear of violation of privacy and attempts to prevent infection in the delivery room.

Women experiencing the feeling of loneliness during delivery also mention that they are tired and anxious. Fisher, Hauck, and Fenwick (2006) suggest that offering supportive care and empowerment of women during delivery will decrease fear of delivery among women. Fear of delivery in pregnant women results from negative experiences of delivery, interventions performed during delivery and health problems likely to arise in both themselves and their babies (Nieminen et al, 2009).

Nursing support has an important role in reduction of fear of delivery (Abushaikh et al, 2006; Yigit et al, 2005). Involvement of pregnant women in decisions made during delivery, offering high-quality nursing care and giving information about nursing interventions performed reduce fear of delivery and thus increases perceived support and have a positive influence on experiences of delivery (Ayers et al, 2005; Yigit et al, 2005). In Turkey, due to written and unwritten hospital rules, spouses, friends and relatives of pregnant women are not allowed in delivery rooms while experiencing one of the most important events in their life and are left alone in delivery rooms, with which they are not familiar at all. It is important that nurses should establish communication between women who will give birth and their spouses and relatives, reduce their fear and have them confide in health staff and thus facilitate delivery.

In the present study, some women revealed that presence of many people, with whom they were not familiar, in the delivery room during gynecological examinations and being examined by more than one person are important problems in terms of privacy. In a study in the UK, the women noted that they preferred to give birth at home since their privacy was not protected at hospital (Cheyney, 2008). As a consequence, it is important in terms of patient rights that nurses should protect women's privacy during both nursing interventions and interventions performed by doctors.

In the current study, the women explained that nurses' instructions directed towards reduction of pain and encouraging communications with them will help to overcome pain in delivery. The perinatal support increases women's power and

reduces their fear and facilitates their coping with pain (Berg et al, 2009).

Berg, Lundgren, Hermansson, and Wahlberg (Berg et al, 1996) in their study on women's experiences of delivery revealed that polite and friendly behavior of health staff helped women to feel safe. Nurses, always accompanying women during delivery, should make women confide in them by making use of their effective communication skills and giving support to women.

In the current study, the women, giving vaginal birth, commented that they needed information about time and process of delivery and the delivery room. Campero et al. (1998) reported that the women taken to the delivery room lose their perception of time and needed information about the delivery process, routine procedures and findings obtained from vaginal examinations. In a study by Gibbins and Thomson (2001), the women noted that their knowledge needs should be satisfied and that they should be involved in the decision making processes in the delivery room.

The study indicating that the women having vaginal birth would like to be informed about the delivery process continuously (Yigit et al, 2005; Lundgren et al, 2002). As well as their needs for knowledge about time and process of delivery, it is crucial for the women giving vaginal birth to receive information about delivery room atmosphere. Delivery room atmosphere should be quiet, reliable and supportive for delivery. It has been suggested in the literature that atmosphere of a delivery room should be similar to that of home so that pregnant women can make themselves at home, which will minimize fear of delivery (Nilsson et al, 2010).

In conclusion, the women who give birth have physiological, psychological and knowledge needs. These needs are very important in terms of women who are given birth by midwives and delivery nurses. In view of the results of this study, laboring women want to get physiological support, psychological support, and knowledge.

It can be recommended that labor pain and fear of childbirth of the pregnant should be reduced. In addition, their loneliness should be resolved and their needs for information about the birth process should be fulfilled.

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