

MOTHERS' EXPERIENCE OF MATERNITY CARE DURING LABOUR AT THE TEACHING HOSPITAL KANDY

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INTRODUCTION

Motherhood is a complex role and an experience full of responsibilities and varying emotions. The event of labour which gives women motherhood is a physiologic process during which the products of conception are expelled outside of the uterus (American College of Obstetricians and Gynecologists - ACOG, 2003). In this process severe pain occurs and labour pain has been proven to be the most severe of all types of pain (Melzack, *et al.*, 1981).

Pain is expected in labour and cannot always be eliminated. Therefore it is crucial to support the woman to cope with labour pain and is the most important aspect of the nurse's role (Simkin, 2002). Labour support is a term used to describe the work of caring or supporting provided to women during labour by a health care worker (Payant, *et al.*, 2008).

Previous studies pointed out that the mothers' experience about nursing care during labour is dependent on several factors such as way of communication, being informed, allowing to make choices, being involved in the process of the nursing care and mothers' own perceptions of nursing care (Barrett and Stark, 2010; Bianchi and Adams, 2004).

In comparison with other countries, Asian countries have only a few studies in this area and there is little or no published studies found in Sri Lanka. Given the scarcity of available literature, it is necessary to study mothers experience about nursing care during labour. The outcomes of the study would be useful to make nurses aware in labour rooms, enabling them to provide quality care to the mothers who are attuned to normal labour. The main purpose of this study was to examine the mothers' experiences towards nursing care during labour at the Obstetric Units (labour rooms) in the Teaching Hospital, Kandy in Sri Lanka and the specific objectives of the study were to explore mothers' attitudes about nursing care received at the labour room, mothers' expectations of nursing care during labour and mothers' satisfaction with nursing care during labour.

METHODOLOGY

A qualitative research approach is effective in investigating human life experiences (Streubert & Carpenter, 1999). As the researchers of the present study also plan to explore the experiences of participants to understand them through the analysis of subjects' descriptions, qualitative descriptive design was used for the study.

For the study, purposive samples of multiparous mothers were selected from postpartum units of the Teaching Hospital, Kandy. Inclusion criteria to select the sample were ability to read and speak Sinhala, have experienced an uncomplicated labour and experienced vaginal delivery during the last four to seven days, have delivered a healthy infant of 37 or more weeks of

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gestation, have attended prenatal clinics, belonging to 20-34 years of age group, have been admitted at least six hours before starting the first stage of labour and being multiparous mothers. A sample of 15 mothers was selected from three post natal wards in the Teaching Hospital, Kandy. Ethical approval for the study was granted from the Ethical Committee in the Teaching Hospital, Kandy and prior permission to access the setting was obtained from the director, relevant consultants, special grade nursing officer and sister in charges in the Teaching Hospital, Kandy. Voluntary, written informed consent was obtained from each participant and anonymity, confidentiality and privacy were maintained throughout the study.

Face to face in-depth interview which is one of the self reporting methods was used for collecting data for the study. Open ended questions which were based on the specific objectives of the study were used to direct the interview. Each mother was interviewed for a 45 to 60 minutes period.

The response rate was 100% of this study. Audio tape recorders were used to record the data during the interview to reduce researchers' bias and to maximize the accuracy of the information. Afterwards, the researchers listened to the tape recorders carefully and verbatim transcription was done. Each transcript was read multiple times by the researchers to understand the meanings. Data analysis was done under the specific objectives of the study and care was taken to avoid harm to the original narratives. Coding comments were made, then the codes were clustered to derive the themes. Three interviewers reviewed each transcript in order to come to an agreement on themes and category interpretations. Categories were then revised and compared with the narratives.

RESULTS AND DISCUSSION

The findings were reviewed and analyzed based on the specific objectives of the study; to explore a) mother's attitudes about nursing care during labour, b) mothers' expectations of nurses and nursing care during labour and c) mothers' satisfaction about nursing care during labour.

In exploring mothers' attitudes and beliefs about nursing care during labour, the findings of the study revealed that most of the participants had prejudgments of nurses and nursing care either due to their own previous experiences or due to the influence of others (relatives, friends or neighbors). Among them some attitudes were positive while most were negative. The negative attitudes that they held were identified by the themes derived such as 'nurses are tough', 'nurses get angry easily', 'nurses are not friendly', 'nurses care differently to known persons (discriminate)' and 'nurses are not respecting patients as dignified people'. The themes identified from the positive attitudes they held were 'nurses are friendly', 'nurses are caring' and 'nurses are facilitating'.

Some participants believed that nurses are tough and get angry when patients do not listen to them. One participant reported that "I stayed the way they (nurses) asked me to stay. I did not tell anything. I had discomfort... If I tell it to nurses, they will shout at me. Therefore I bore it". Some of the participants held the attitude that nurses discriminate among patients as they believed that "if patients are known to them (nurses), he or she receives 'special care' by them". Some held negative attitudes assuming that nurses did not respect them as dignified persons as they claimed that they were not welcomed or given orientation to the labour room and were just informed to go to the bed in the labour room by the staff.

According to the findings, some participants replaced the negative attitudes they had previously held about nurses such as 'nurses are tough' and 'get angry easily' with positive attitudes like nurses are friendly and caring, based on their current experience in the labour room. One participant claimed that "nurses are definitely like Gods. I never expect but they cared me like my parents". Some negative attitudes were remained still such as 'nurses care differently to known persons' and 'nurses are not respecting patients as dignified persons'.

As revealed from the study results, the themes derived relating to their expectations were receiving of 'welcome care', 'reassurance', 'support', 'physical comfort', 'emotional support', 'good communication' and 'being physically close'. Bower (2002) also identified 'emotional support' as a major expectation of mothers during labour. Further he stated that physical comfort and good communication of caregivers would inspire mothers.

In the current study, mothers did not expect a special or warm welcome from nurses but most of them had a usual welcome. A majority of mothers expected physical comfort, touching and spent time closely with nurses specially when the labour was in progress. One participant verbalized her pleasure as her expectation of physical closeness was fulfilled by saying "actually labour room nurses are very good because they (nurses) stayed close to me until I delivered the baby". In contrast one of participants (in another labour room) expressed her disappointment as the nurses were not physically with her during the delivery, "nurses were stayed with me a little time, only until putting the belt around my tummy. They did not remain with me adequately, only coming and going".

Most of the participants had fulfilled their expectation of receiving basic care needs such as receiving foods, water, assistance in toileting, assistance in cleaning whenever they need. These are clearly reflected by the participants' own voice as follows; "Nurses are good and always supporting. When I asked some water, they gave me a bit of water and explained me that it's better not to drink too much before the delivery. After the delivery, a nurse gave me a cup of tea and helped me to change my cloths". But one mother out of 15 was disappointed stating that "after the delivery I felt thirsty. There was no water in the labour room. It was around 9.30 pm and until I leave the labour room I did not receive any thing for my thirsty".

Communication in a smooth manner was one of the major expectations of mothers during their labour. One participant conveyed her expectation of communication based on her negative experience as "No time for nurses to speak to us". Another major expectation of mothers was to receive support in relieving labour pain in the labour room and this was clearly voiced by a participant as "they did not do anything to ease my pain; after giving synto, the pain was increased". Further the mothers expected professional assistance and instructions and guidance during the labour for them to feel secure and comfortable. This expectation was voiced by one participant as "nurses told me to spread the legs apart and urge me to strain. They (nurses) were telling me to strain until the baby was delivered. I obeyed the instructions and the delivery was easier". One mother expressed her dissatisfaction about this expectation by voicing that "pain was coming continuously. I shouted. Nurses also shouted by telling that baby's heart rates are coming down. I was scared. It was difficult to take the baby out. Nothing was given to relive my pain". Finally mothers expected the nurses to take care of their babies.

In relation to the mothers' level of satisfaction about nursing care during labour, all the mothers seemed satisfied. All the mothers in the study recommended the same place and the facilities for the next time also by stating that "I am happy about the care given by the nurses. Small things normally happen everywhere.... Isn't it? I didn't care about that". Further, most of mothers were satisfied about physical comfort, instructions during labour, and baby care they received. But they were not very satisfied about the emotional support they received.

CONCLUSIONS/RECOMMENDATIONS

According to the findings, mothers' attitudes about nurses and nursing care during labour showed a relatively positive aspect. Mothers had pre-judgments about nurses and nursing care both positive and negative and with the current experience in the labour room some of their negative attitudes were replaced with positive attitudes. Mothers showed dissatisfaction about nursing care concluding that nurses discriminate and that they do not treat the patients as dignified persons. Therefore nurses should be knowledgeable about the equal rights of the patients through their enhanced education to maintain equity and dignity while caring.

The participants of the study also had several expectations from the nursing staff during their labour and most of those expectations had been met by the participants. Most of the participants had overall satisfaction about the nursing care they had received as they recommended the same place (labour room) for the next time. As the participants were not satisfied with the communication and emotional support they received, it is important to develop communication skills by nurses in order to provide more effective care for the patients in the labour room to help them to cope with this emotionally and physically difficult situation.

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