

## A Study To Assess The Childbirth Experiences Following Vaginal Deliveries Among Primipostnatal Mothers In Jipmer, Pondicherry

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### ABSTRACT

**Background** Childbirth is a critical role transition in women's lives. For a long time, the delivery process was primarily concerned with the mother's and the child's physical well-being and safety. But, over the last 20 years, the mother's subjective birth experience and emotional security have drawn more attention. The childbirth experiences not only affect mother's health but also has an impact on her child and her family. Thus this study is conducted to assess the childbirth experience following vaginal deliveries among primipostnatal mothers and to identify the association between the selected socio-demographic variables & childbirth experience. **Methods** A quantitative research approach with cross-sectional descriptive design was used. 171 primipostnatal mothers who have delivered vaginally were selected using convenient sampling technique. Socio-demographic and Obstetric variables were collected in a General Information Sheet and Childbirth Experience was assessed by using a Childbirth Experience Questionnaire (CEQ). **Results** The present study revealed that among 171 prim postnatal mothers majority 154 (90.1%) had positive childbirth experience whereas 17 (9.9%) primipostnatal mothers reported negative childbirth experience. The association between duration of labour and childbirth experience was found statistically significant ( $p=0.016$ ). **Conclusion** The present study concluded that majority of primipostnatal mothers had positive childbirth experience and only few primipostnatal mothers reported negative childbirth experience. It was found out that only duration of labour had shown a statistically significant association with childbirth experience. Results of the study can be used to develop the care requested by women and improve certain aspects of care where negative experiences are prevailing.

**Keywords:** Childbirth Experience, Vaginal Deliveries, Primipostnatal Mother

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### 1. INTRODUCTION

Giving Birth is a significant life event. For a long time, the delivery process was primarily concerned with the mother's and the child's physical well-being and safety. But, over the last 20 years, the mother's subjective birth experience and emotional security have drawn more attention.<sup>1</sup> Childbirth experience varies from individual to individual.<sup>2</sup> The WHO has stated women have right to receive quality care that is "safe, effective, timely efficient, equitable and people centred."<sup>3</sup>

The childbirth experience refers to the physical and emotional process that a woman goes through during the labour, delivery, and postpartum period of giving birth. In a systemic review and meta-analysis conducted by **Taheri et al**, Childbirth experience is defined as a woman's subjective evaluation of her long-lasting memories of her childbirth experience. Most of the essential characteristics of childbirth are captured in this definition including emotions of control, fulfilment of expectations, confidence, and involvement in decision-making.<sup>4</sup>

Childbirth experience whether positive or negative may have immediate and long term implications on woman's health and well being.<sup>5</sup> Women who have a positive childbirth tend to have a higher rate of breastfeeding, better quality mother-

child bonding, lower rate of termination of future pregnancies,<sup>5</sup>high postnatal functioning, self-esteem, parenting self-efficacy,<sup>6</sup> improved self confidence ,attainment of skills and knowledge.<sup>7</sup>Negative childbirth experiences might result in postpartum depression, PTSD, an inclination for Caesarean sections, and inability to have sex.<sup>8</sup>Also they may affect mother- infant attachment and infant's development.<sup>9</sup>

Health care professionals must focus more on psychosocial factors while maintaining medical safety in order to effectively support women individually throughout childbirth.<sup>10</sup> The WHO emphasises the value of woman-centred care to improve the experience of labour and delivery for women and their infants through a holistic, human rights-based approach.<sup>11</sup>

Therefore, it is considered necessary to investigate women's childbirth experience and the factors related to a birth experience, which will help to modify the health policies of the different institutions and of all the staff who work with them and who, in certain way, are at the bedside of the women who are about to give birth.<sup>11</sup>

## 2. METHODS AND MATERIALS

A quantitative research approach with cross-sectional analytical design was used .The study was conducted in Postnatal ward in Department of Obstetrics and Gynaecology ,WCH (Women & Children's Hospital), JIPMER(Jawaharlal Institute Of Postgraduate Medical Education And Research), Pondicherry after obtaining ethical committee clearance. The data collection period was 7 months. Patients who satisfied the inclusion and exclusion criteria were selected by convenient sampling. A sum of 171 samples was selected based on inclusion and exclusion criteria.Inclusion Criteria consisted of mothers who have delivered by spontaneous vaginal delivery,induced vaginal delivery, instrumental delivery,assisted breech delivery. Exclusion Criteria consisted of mothers who are critically ill, have co-morbidity, delivered still birth babies. Written Informed Consent was obtained from the participants. General Information such as age, level of education, occupation, gravidity , parity, type of delivery , induction of labour ,duration of labour, postnatal day was collected from the participants by the researcher by a General Information Proforma. Data collection was done by the Childbirth Experience Questionnaire (CEQ) . Childbirth Experience Questionnaire<sup>12</sup> is a standardized tool and modifications were made such as the word "midwife" was replaced by "healthcare worker" according to the current setting as per suggestions from JIPMER NRMC (Nursing Research Monitoring Committee). Data collection was done at one point of contact which was over 15-20 mins and was done in a single visit within 1-3 days of delivery. The scoring of Childbirth Experience Questionnaire was done by using 4-point Likert Scale : (1)Totally agree, (2)Mostly agree,(3)Mostly disagree and (4)Totally disagree and items related to pain and sense of control and security will be scored by using Visual Analogue Scale which will be converted to 1-4 as in the other items. The scores lower than the median score of the total CEQ indicated a positive childbirth experience whereas the scores greater than the median score indicated a negative childbirth experience.

## 3. RESULTS

Among 171 primipostnatal mothers, the median age group found was 23 years with an interquartile range of (21,26) years.Majority were graduates 68 (39.8%) and 124(72.5%) were housewives. Among those who received higher education (Class 12 and above) most 111(72%) were unemployed.Majority of the primipostnatal mothers (88.9 %) were booked during pregnancy, 110(64.3%) mothers did not receive anything for induction of labour, 27 (44.2%) primipara mothers received Misoprostol sublingually among the methods used for induction of labour. Most of primipara's childbirth experience was assessed on 1st postnatal day 99(57.9%).The median duration of labour found in the study was 14 hours with an interquartile range of 12 hours to 17 hours.(**Table I**). A major number of primipostnatal mothers 154 (90.1%) had positive childbirth experience whereas 17 (9.9%) primipostnatal mothers reported negative childbirth experience.(**Figure I**) The domain Professional support received the highest positive response and Participation domain received the lowest positive response. (**Table II**) The association between duration of labour and childbirth experience was found statistically significant ( $p=0.016$  ). Other variables like registration status, age ,occupation, level of education, induction of labour , method of induction, postnatal day did not have a significant association with Childbirth Experience.(**TABLE III**)

**Table I Socio-demographic & Obstetric variables. (N=171)**

Sl No.	Socio-Demographic & Obstetric Variables		Frequency (N)	Percentage (%)
1	Age*		23(21,26)	
2	Level of Education	Primary	3	1.8
		Secondary	13	7.6
		Senior Secondary	52	30.4
		Diploma	16	9.4

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		Graduate	68	39.8
		Post Graduate	18	10.5
		Doctorate	1	0.6
3	<b>Occupation</b>	Teacher	10	5.8
		Coolie	2	1.2
		Staff Nurse	8	4.7
		Housewife	124	72.5
		Farmer	11	6.4
		Police	2	1.2
		Student	5	2.9
		Engineer	2	1.2
		Doctor	1	0.6
		Others	6	3.5
4	<b>Registration Status</b>	Booked	152	88.9
		Unbooked	19	11.1
5	<b>Induction of Labour</b>	Yes	61	35.7
		No	110	64.3
6	<b>Method of Induction</b>	Foley's catheter	12	19
		Misoprostol Sublingual	27	44.2
		Dinoprostone Gel	3	4.9
		Oxytocin	1	1.6
		Misoprostol Sublingual + Foley's Catheter	4	6.5
		Foley's Catheter +EASI	4	6.5
		Misoprostol + Dinoprostone	2	3.2
		Foley's Catheter +EASI+ Dinoprostone Gel	4	6.5
		Foley's Catheter +EASI +Misoprostol	4	6.5
7	<b>Duration of Labour*</b>		14(12,17)	
8	<b>Postnatal Day</b>	Day 1	99	57.9
		Day 2	43	25.1
		Day 3	29	17.0

\*Median (IQR)

EASI --Extra-amniotic Saline Infusion

**Fig I Childbirth Experience**

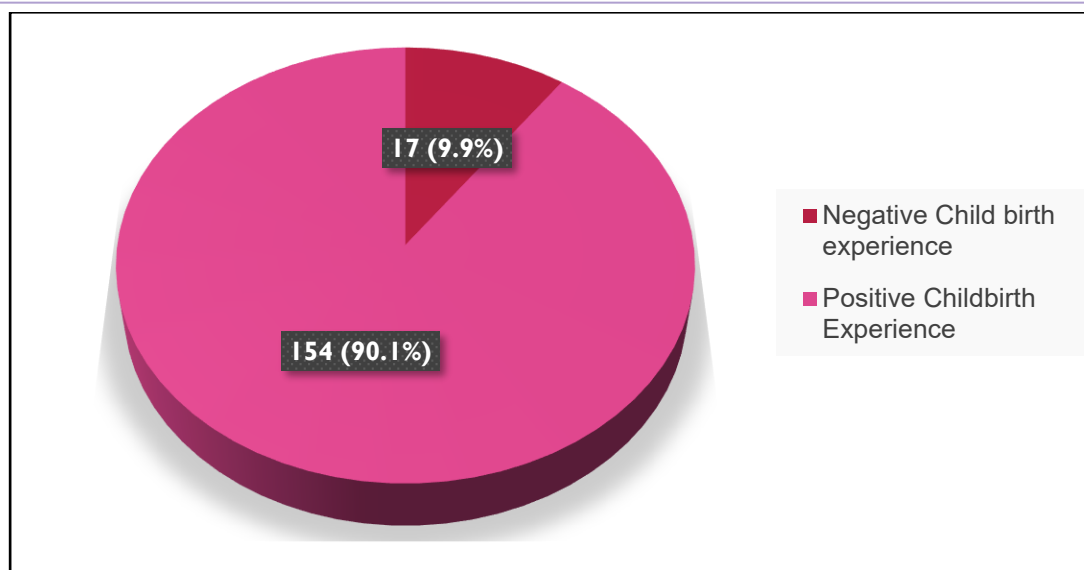


Table II Mean & standard deviation of CEQ scores in each domain.

Domain	Mean ± standard deviation
Own Capacity	1.774±0.989
Professional Support	1.176±0.408
Perceived Safety	1.423±0.739
Participation	2.662±1.071

Table III Association between the childbirth experience with socio-demographic and obstetric variables. (N=171)

Sl. No.	Socio-Demographic & Obstetric Variables	Childbirth Experience				p-value
		Positive		Negative		
		N	%	N	%	
1	Registration Status <sup>a</sup>					0.121
	Booked	135	88.9	17	11.2	
	Unbooked	19	100	0	0.0	
2	Age <sup>b</sup>	Median (IQR)		Median (IQR)		0.652
		23 (21,26)		24(21,26.50)		
3	Occupation <sup>a</sup>					0.147
	Teacher	8	5.2	2	11.8	
	Coolie	2	1.3	0	0.0	
	Staff Nurse	7	4.5	1	5.9	
	Housewife	112	72.7	12	70.6	
	Farmer	11	7.1	0	0.0	
	Police	2	1.3	0	0.0	
	Student	4	2.6	1	5.9	

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	Engineer	2	1.3	0	0.0	
	Doctor	0	0.0	1	5.9	
	Others	6	3.9	0	0.0	
4	Level of Education <sup>a</sup>					0.184
	Primary	3	1.9	0	0.0	
	Secondary	13	8.4	0	0.0	
	Senior Secondary	48	31.2	4	23.5	
	Diploma	15	9.7	1	5.9	
	Graduate	61	39.6	7	41.2	
	Postgraduate	13	8.4	5	29.4	
	Doctorate	1	0.6	0	0.0	
5	Induction of Labour <sup>a</sup>					0.117
	Nil	102	66.2	8	47.1	
	Yes	52	33.8	9	52.9	
6	Method of Induction <sup>a</sup>					0.905
	Foley's catheter	10	19.2	2	22.2	
	Misoprostol Sublingual	23	44.2	4	44.4	
	Dinoprostone Gel	2	3.8	1	11.1	
	Oxytocin	1	1.9	0	0.0	
	Misoprostol Sublingual + Foley's Catheter	3	5.8	1	11.1	
	Foley's Catheter +EASI	4	7.7	0	0.0	
	Misoprostol + Dinoprostone	2	3.8	0	0.0	
	Foley's Catheter+EASI+ Dinoprostone Gel	4	7.7	0	0.0	
	Foley's Catheter +EASI +Misoprostol	3	5.8	1	11.1	
7	Duration of Labour <sup>b</sup>	Median (IQR)		Median (IQR)		0.016*
		14 (11.187,16.125)		17(14.00,18.25)		
8	Postnatal Day <sup>a</sup>					0.560
	Day 1	91	59.1	8	47.1	
	Day 2	37	24	6	35.3	
	Day 3	26	16.9	3	17.6	

\*p<0.05.

#### 4. DISCUSSION

In the present study, majority of primipostnatal mothers 154 (90.1%) had positive childbirth experience whereas 17 (9.9%) primipostnatal mothers reported negative childbirth experience.

Similar findings were reported in a study conducted by **Sheeba et al.** the result of the study demonstrated that 59 (59%) of primipara mothers had satisfactory experiences & 41 (41%) of the mothers had good experience and nobody 0(0%) had bad experience.<sup>13</sup>

In the present study, lower scores of CEQ denote positive Childbirth Experience. Among the 4 domains, Professional Support received the highest positive response (1.176±0.408) and the domain Participation received the lowest positive response (2.662±1.071).

A study conducted by **Mukamurigo et al.** concluded that the dimensions of Own Capacity and Perceived Safety are important and should be taken into account while providing high quality intrapartum care, which includes a positive childbirth experience.<sup>14</sup>

To have a more detailed idea about the areas of positive and negative experience, mothers were asked to give remarks .It was found out that maximum mothers associated negative experiences with not having a say in deciding their birthing position ,feeling tired during labour and birth, feeling scared during labour and birth and deciding her choice of pain relief .Positive Experiences were associated with care provided by healthcare worker and time devoted by healthcare worker

In the current study, results concluded that there was a significant association between duration of labour & childbirth experience ( $p < 0.05$ ).

To some extent ,the study findings are supported by a study conducted by **Mutabazi et al.** ,revealed that only dimension of Perceived Safety & Duration of Labour ( $\geq 12$  hours) was found to be statistically significant at  $p$  value of 0.026.<sup>2</sup>

#### 5. CONCLUSION

The present study concluded that majority of primipostnatal mothers had positive childbirth experience and only few primipostnatal mothers reported negative childbirth experience. It was found out that only duration of labour had shown a statistically significant association with childbirth experience .Other variables like registration status, age, occupation, level of education, induction of labour, method of induction, postnatal day had no significant association with childbirth experience. Results of the study can be used to improve specific aspects of care provided in labour room such as involving mothers in decision making regarding the choice of pain relief and choose their birthing position, providing psychological support to prevent them from getting scared as it highlights these areas in which mothers had negative experience.

#### 6. LIST OF ABBREVIATIONS

JIPMER-Jawaharlal Institute of Postgraduate Medical Education and Research.

NRMC --Nursing Research Monitoring Committee

CEQ--Childbirth Experience Questionnaire

PTSD-Post Traumatic Stress Disorder.

EASI-- Extra-amniotic Saline Infusion

WCH- Women & Children's Hospital

##### Author Contributions

All authors have contributed in designing,analysis and interpretation of data,took part in drafting the article or revising it critically .

##### Financial Support

The study is funded by JIPMER.

##### Ethical Approvals

Permission was obtained from the Institutional Ethical Committee (IEC), JIPMER for conducting the study.Ethical issues involved in the study were less than minimal risk

##### Data Availability

Data is available with JIPMER database

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