

Preparing for childbirth: women's look

Summary

INTRODUCTION. Childbirth preparation is a form of health intervention education performed by specialist nurses in maternal health and obstetrics aimed at promoting self-efficacy during labour. In planning an efficient childbirth education intervention, it is essential that nurses know the pregnant women's/couple's expectations on this specific issue.

OBJECTIVES. To understand the pregnant women's expectations related to preparation for childbirth.

MATERIAL AND METHODS. This was an exploratory, transversal study of qualitative nature where data was collected through interviews, after an informed consent was signed. The Bardin technique was applied to data analysis. A non-probability sample of 224 pregnant women was made, all over 20 years of age, with 28 weeks or more of gestation. The majority of participants possessed an advanced degree, were married or living in a marital situation, and were experiencing their first pregnancy.

RESULTS. From an analysis of the interviews, three categories emerged: knowledge, ability, and self-efficacy to deal with labour, and seven subcategories. These results corroborate findings of other researchers who have concluded that couples wish to be informed regarding how to prepare for labour, and that this preparation is relevant when the acquired knowledge helps the pregnant woman or couple make decisions and exercise control over their labour experience.

CONCLUSION. The results enabled nurse-midwives to increase their knowledge and understanding of pregnant women's labour preparation expectations and preferences. Knowledge of this variety can assist these professionals in planning effective, quality interventions, which in turn can clearly contribute to gains in health.

KEYWORDS: PREGNANT WOMEN; PRENATAL EDUCATION; MIDWIVES; EXPECTATIONS.

Introduction

This study is part of a larger research developed within the doctoral thesis "Building Trust to Childbirth: Development and Assessment of a Nursing Intervention Programme". The thesis itself comprises several studies.

Maternity and the birth of a child are unique events embedded with doubts, anxiety, and fear, especially when related to a first gestation. These experiences have resulted in the need to develop education programs aimed at preparing a pregnant woman/couple for childbirth. These programs need to fall within the scope of standard health education and need to be focused on strengthening a woman's self-efficacy during labour. This can be accomplished by providing a woman knowledge, and hence confidence in the labour process and the various decisions that it entails.

The woman is entitled to experience labour according to her own beliefs and values. The expectations on the experience of labour are influenced by

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a set of factors related to individual and family dimensions, to past experiences or the experiences reported by close family or friends, and with cultural and societal norms¹.

For centuries, women experienced the process of giving birth at home. The skills and procedures for a successful birth were passed down from generation to generation, with various family members working in conjunction with the expecting mother to plan not only the delivery, but also the post-delivery actions. The practices surrounding a woman's labour experience were often done in accordance with the community's beliefs and values. Given the experience, knowledge, and support of a pregnant woman's family and community, the mother-to-be was able to gain a level of confidence that allowed her to respond to her body's changing dynamics due to the pregnancy. In an environment such as this, surrounded by women (girlfriends, midwives, or family members) that provided this kind of support, the pregnant woman felt

secure, confident that her labour would be a natural event. However, high rates of maternal and child mortality eventually compelled the transfer of childbirth to the hospital environment, where physicians were the primary caretakers for the birthing process. In this context, women were no longer the sole facilitators. Labour became an experience taking place in an anonymous, lonely, uncomfortable, and frightening place. Often, it became regarded as a disease rather than a normal, physiological process^{2,3}.

This change in environment also had a direct bearing on the pregnant woman herself. Whereas before she was active in the full labour process, her role now became secondary and passive, embedded with fear, anxiety and pain⁴. Dick-Read, an English obstetrician, observed women giving birth in hospitals and realized that they felt lonely, stressed, and frightened. They also experienced more pain in childbirth. In an attempt to reduce the perception of pain during labour, Dick-Read began informing his patients about what was going to happen and what they could do ease their child's birth². Dick-Read is considered one of the pillars of Preparation for Childbirth (PFC), and his methods have been utilized as the basis for many of the existing models⁵.

In Portugal, the PFC is enshrined as a right (as outlined in Law 142/99, 31 August), and is part of the pre-natal routine. However, although a right, is the PFC effective? Several authors⁶⁻¹¹ have studied this issue and concluded that there is some scientific evidence that supports the PFC in having a positive effect on an expectant mother's labour experience, especially with regards to the following: providing information on the experience of giving birth (i.e. what a mother/couple can expect), relaxation techniques for managing pain in labour, and encouraging and promoting the active involvement of the couple (to include the involvement of the mother's mate). In summary, the authors concluded that the majority of women consider the PFC useful.

The PFC success depends on how well it is planned and performed according to a pregnant woman's expectations³. In view of the limited evidence on this issue among the Portuguese population, and aiming to plan more effective preparation for childbirth sessions, and in an effort to help nurse-midwives design their practices according to the identified needs.

The objective of this study was to analyse pregnant women's expectations for the Preparation for Childbirth sessions.

Research method

An exploratory, descriptive, transversal study of qualitative nature was conducted aiming to respond to the set objective.

To collect data for this research four questions related to sociodemographic information and participants' pregnancies, and an open question aiming to gather information on their expectations about the preparation for childbirth, were retrieved from a semi-structured interview guide developed for the original study.

Data collection was performed between January 2011 and September 2012 by the nursing team of the Obstetrics Outpatient department of an institution of the northern region of Portugal. Authorization was granted by the Administration Board, the Ethics Committee and by all responsible Service Heads.

In order to minimize differences in procedures among the research team, a meeting was held with all involved elements in which the objective of the study, the instrument for data collection, and information to be delivered to the participants was all presented.

The pregnant women that met the inclusion criteria were informed of

this study's purpose and methods, and were asked to sign a consent form. Confidentiality of information was assured and a 10-minute interview was conducted with each participant. Information gathered from the interviews was transcribed verbatim during the interview, enabling a more precise transcription of the participants' feedback¹².

According to Bardin¹³, qualitative data was processed based on the analysis of the feedback. This analysis was divided into three phases: organization of original idea, data coding, and creation of categories *a posteriori*. A descriptive and interpretative transcription of patterns was performed. Some parts of the interviews were added to data description and each part is identified according to the coding assigned to the respective interview: e.g. II – Interview conducted with participant 1.

The target population for this study was pregnant women attending the obstetrics consultation. The inclusion criteria set for this non-probability sample were: pregnant with 28 weeks or more of gestation, and interest in attending sessions of preparation for childbirth at the institution where the research was conducted. The exclusion criteria was women under 20 years old.

The sample was comprised by 224 pregnant women, mostly Portuguese (96.4%, $n = 216$), ranging between 20 and 41 years old, average of 31.3 years ($SD = 4.4$), median and mode of 31 years (table 1).

Regarding the participants' education levels, 57.1% ($n = 128$) of them had obtained an advanced degree, and 13.8% ($n = 31$) had completed basic school. The majority of respondents (71.8%, $n = 161$) were married or living in a marital situation.

Concerning the participants' individual pregnancies, the majority of the Portuguese participants were pregnant with their first child (77.7%, $n = 174$), had no children (89.3%, $n = 200$), planned the preg-

SAMPLE DISTRIBUTION BY NATIONALITY, SCHOOL LEVEL AND MARITAL STATUS 1

		n	%
Nationality	Portuguese	216	96.4
	Angolan	2	0.8
	Brazilian	2	0.8
	French	3	1.6
	Venezuelan	1	0.4
School level	6 years of schooling	6	2.8
	9 years of schooling	25	11.0
	12 years of schooling	65	28.9
	Bachelor's/Undergraduate Degree	107	47.9
	Master's/PhD	21	9.2
Marital status	Married/Living in marital status	161	71.8
	Single	58	26.0
	Divorced	5	2.0

PREGNANT WOMEN'S EXPECTATIONS ON THE PREPARATIONS FOR CHILDBIRTH 2

Categories	Subcategories
Knowledge	Labour
	Parenthood
Ability	Management of emotions
	Management of coping strategies
	Self-control
Self-efficacy to deal with labour	Self-confidence
	Sharing of experiences

nancy (83%, $n = 186$), started the sessions of preparation for childbirth between 28 and 29 weeks of gestation (62.5%, $n = 140$).

Findings

After reading the transcribed feedback, three categories were identified in order to analyse the expectations of participants regarding Preparation for Childbirth: Knowledge, Ability, and Self-Efficacy to deal with labour; and Seven Subcategories (table 2).

Knowledge

Having knowledge about the labour process was deemed by the participants to be one of the most important and relevant aspects of the preparation for childbirth sessions. According to the transcribed responses:

With the classes, I would like to receive more information on labour, which I can then use as an added value in this phase (I11); I hope I can get all the knowledge that I need (I13) to be more prepared to deal with pain during labour (I44); [...] to get the maximum information for a normal and peaceful labour experience (I80); [...] I intend to enhance my knowledge (I85); [...] I want to get some knowledge about this stage, namely regarding labour [...] (I148).

Consciousness of the importance of gaining knowledge for this experience can lead to a less painful and more satisfactory experience. It will also encourage a woman to seek out more education, hence enabling her to set more realistic goals for her labour experience.

Some of the participants also emphasized the importance and expectation of gaining parenting knowledge:

I want to get more information on [...] caring for the baby (I14); [...] to be guided on caring for the newborn (I19); [...] to learn how to alleviate doubts about parenthood (I33); [...] to learn skills on how to be a good mother (I34).

This is intimately related to a pregnant woman's need to feel competent in the maternal role. According to some of the transcribed responses:

To be well prepared [...] for parenthood (I10); [...] to be able to be a better mother (I32); to be prepared to care for the newborn (I37); to feel prepared and self-confident in [...] this new stage of life (I38); to learn skills to be a mother; [...] (I41).

The birth of a child causes significant changes in the life of every human being. This event leads to changes in family roles and a redefinition of what is possible for the mother within her community and in other activities. Parenthood is a developmental transition that, as demonstrated, demands from the new parents different behavioural, emotional, and cognitive responses. These changes mandate adaptation and a reorganization of priorities. For an effective transition to parenthood the parents need to understand and prepare for lifestyle behavioural changes; essentially, they are adopting a new definition of "self". The preparation for parenthood, developed through the pregnancy, is part of the adaptation process to this new

reality. It involves knowledge and skills training at different levels: physical, emotional, cognitive, and social. A woman's purpose in attending preparation for childbirth sessions is primarily to prepare for parenthood. Thus, it is important that the nurse-midwives, responsible for these sessions, help the woman/couple to distinguish the differences of these two interventions, enabling the expecting parents to adjust their expectations appropriately. This is important in guaranteeing the ultimate success of the interventions.

Ability

One of the goals of the sessions of preparation for childbirth is to empower pregnant women/couples with the ability to deal with labour.

The study revealed that the prevailing reason for women to attend these sessions was so that they would be able to manage their emotions. As demonstrated, learning ways to deal with emotions is an important concern for the participants:

I would like to learn how to deal with fear (I155); [...] to reduce fear of labour. (I186); I hope that these classes help me to overcome fear and anxiety of labour (I165); [...] to overcome anxiety (I186); [...] to reduce anxiety (I194).

To feel calm before a stressful event allows a person to feel confident in the event's successful outcome. Conversely, anxiety, stress and fear lead to a reduced confidence in a successful outcome. This lack-of-confidence, in turn, limits the ability to adjust and solve problems during the actual event.

A better childbirth experience is also very likely to be attained through an efficient management of coping strategies. According to these responses:

I hope to learn some relaxation techniques to perform during labour; [...] (I134); [...] to understand and perform correct breathing techniques during labour; [...] (I146); [...] to understand and feel the benefits of the relaxation techniques (I159); I hope to learn how to use breathing techniques during labour (I108); to be able to control pain during labour (I115); [...] to get information on [...] relaxation techniques (I185).

Participants reported as one of their objectives the need to acquire the ability to use respiratory and relaxation techniques, both commonly used in the management of pain during labour.

According to the CIPE®¹⁵, self-control can be defined as "necessary measures adopted for self-preservation; to remain active, to deal with basic and intimate needs and perform the activities of daily living" (p. 41). To learn about self-control is another woman's purpose:

... to work on my self-control [...] (I15); to learn skills for self-control, to be prepared for any unexpected event (I16); I hope that these classes help me to control labour (I17); I would like to know how to control myself during labour (I25); to learn how to keep calm (I31); I intend to train my self-control [...] so that I can have a better labour experience (I230)

When this goal is achieved, it helps women to receive the greatest levels of satisfaction during the labour experience⁹.

Self-efficacy

Beliefs by the expectant mother in her ability to successfully give birth is a basis of motivation in the labour process. Well-being and personal fulfilment play important roles in adopting and changing behaviours. If the

person does not believe that actions are effective, the motivation to act or deal with difficulties will be diminished¹⁶.

Self-confidence was one of the pregnant women's expectations:

I want to get self-confidence through these classes [...]. (I147); [...] to increase self-confidence so that I can feel prepared for childbirth (I148); with the frequency of classes I want to enhance my self-confidence to deal with labour [...] (I149); [...] to gain more trust (I185); I hope I can apply what I learn into practice (I186); to feel more self-confident (I194); that these classes help me to feel more confident during labour and enable me to decide how to better act [...] (I204).

Self-confidence in her ability deal with labour helps the woman to feel safe and to believe that she is able to use the strategies she has learned to cope with the challenges of labour, since people tend to choose tasks and activities in which they feel competent and confident. The higher the perception of success, the higher the mental resilience, since beliefs on self-efficacy influence thinking patterns and an individual's emotional responses¹⁷.

Sharing of experiences is a learning process which also enables the analysis of others' experiences. The respondents reported that they hope to share experiences in the sessions of preparation for childbirth:

I hope I can share experiences [...] (I152); to learn about the others experiences (I184).

This shows that participants consider sharing an important activity in building their own confidence and will enhance their ability to deal with labour.

Despite the majority of women reporting realistic expectations, the fact is that some of the participants had unusually high, unrealistic expectations, as transcribed:

I hope that these classes help me to have a healthy child, [...] and be a great mother (I24); I hope that these classes help me to experience a quicker and non-painful birth (I234).

Unrealistic expectations lead to a less satisfactory experience and a reduced perception of the quality of care provided. At the sessions of preparation for childbirth it is essential to help mothers-to-be in setting realistic expectations. This will promote more positive experiences and thus help the woman/couple to be better prepared to actively participate in the labour experience.

Discussion

The expectations are beliefs or ideas about the future, in this case about labour process, influencing the way the person feels, thinks and behaves¹⁴. Concerning the preparation for childbirth, the participant responses clearly show that pregnant women expected the sessions would allow them to acquire the necessary knowledge and abilities to deal emotionally and physically with labour, helping them to achieve a level of self-confidence to overcome this stressful event, while also enabling them to share these experiences with their peers.

Knowledge of labour is considered an important factor to increase self-efficacy, in creating a more positive childbirth experience, better pain management, and in reducing the fear and anxiety related to childbirth¹⁸⁻²¹. Many authors³ agree that knowledge is crucial for women to develop self-control²² and achieve the necessary inner strength for correct decision-making²³. The respondents expected to gain knowledge and the abilities to deal with labour. This corroborates with several authors' findings that studied the efficacy of PFC classes and concluded that couples wished to gain knowledge and the ability to deal with labour and childbirth^{6,9,24,25}.

Self-efficacy is characterized as the central mechanism of actions performed intentionally. Self-efficacy is important in labour, since a woman giving birth who has high self-confidence is able to actively participate in labour. This in-turn enables her to have a better experience and higher levels of satisfaction from this experience²³. According to a study conducted by Berentson-Shaw et al.²⁶, high outcome expectations and self-efficacy encourage the woman to search for knowledge about labour, to set realistic goals, and to learn techniques for pain relief during labour. Participants in this study expected that the sessions of preparation for childbirth allowed them to increase their self-confidence in dealing with labour.

Some of the women reported unrealistic expectations, hoping that sessions would help them to experience a faster, less painful labour, while also increasing their level of parenting competency. These results indicate that it is necessary for maternal health and obstetric nurses to help pregnant women in setting realistic expectations in order to promote more positive experiences (Prata, 2016).

Concerning the methods used, this study's general approach is, of course, subject to certain limitations, since findings may not be representative of populations in other contexts and data was retrieved only from one institution. Further research is strongly recommended, to include analysing data from other contexts, such as primary health care institutions, private health clinics, and in other country regions.

Despite these limitations, this research enabled significant data and conclusions for the population under study, with strong implications for nursing practice.

Conclusion

In order to plan effective preparation for childbirth education sessions that are responsive to women's needs and help them to feel confident in their ability to deal with labour, it is essential to know these women first. Understanding their expectations related to the preparation for childbirth will likely help the midwives to plan effective individual or group seminars.

This study helped to enable an understanding of these expectations of pregnant women regarding the PFC, which are in summary, acquiring the knowledge, ability, and self-confidence to deal effectively with labour.

These results can contribute to enable a midwife to identify a pregnant woman's expectations for the preparation for childbirth. Such information will significantly help these professionals in planning effective and enhanced sessions that add to major gains in health.

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