ORIGINAL RESEARCH ARTICLE

Childbirth expectations and coping strategies of first-time mothers attending a comprehensive health centre in Ekiti State, Nigeria

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Abstract

Childbirth is a complex life event for every woman. Women will have positive experiences if their expectations are met during childbirth, unmet expectations can result in negative experience. This study assessed the knowledge, expectations and coping strategies used by first time mothers attending a Comprehensive Health Center in Ekiti State. The study adopted a qualitative research design and twenty individual semi-structured interviews were conducted. Purposive sampling technique was used and the sample size was determined by saturation of data. Interviews were analyzed using qualitative thematic content analysis. Findings revealed limited knowledge about labour as majority of the participants had no knowledge of labour signs and process. Also, almost all the women were not familiar with the various methods for relief from discomfort during labour and first-time mothers expect midwives to care for them throughout the labour process. This study emphasized the need for healthcare professionals to provide suitable comprehensive education on the process and signs of labor as well as the various methods of pain relief. Supportive networks should also be provided for women during prenatal clinics. Also, health care professionals should consider the needs of mothers and try as much as possible to provide holistic support. *(Afr J Reprod Health 2023; 27[6s]: 99-107).*

Keywords: First time mothers, childbirth expectations, coping, labour

Résumé

L'accouchement est un événement complexe de la vie de chaque femme. Les femmes auront des expériences positives si leurs attentes sont satisfaites lors de l'accouchement, des attentes non satisfaites peuvent entraîner une expérience négative. Cette étude a évalué les connaissances, les attentes et les stratégies d'adaptation utilisées par les mères pour la première fois fréquentant un centre de santé complet dans l'État d'Ekiti. L'étude a adopté une conception de recherche qualitative et vingt entretiens individuels semi-structurés ont été menés. Une technique d'échantillonnage raisonné a été utilisée et la taille de l'échantillon a été déterminée par saturation des données. Les entretiens ont été analysés à l'aide d'une analyse de contenu thématique qualitative. Les résultats ont révélé des connaissances limitées sur le travail, car la majorité des participants n'avaient aucune connaissance des signes et du processus du travail. De plus, presque toutes les femmes ne connaissaient pas les diverses méthodes de soulagement de l'inconfort pendant le travail et les mères pour la première fois s'attendent à ce que les sages-femmes s'occupent d'elles tout au long du processus de travail. Cette étude a souligné la nécessité pour les professionnels de la santé de fournir une éducation complète appropriée sur le processus et les signes du travail ainsi que sur les différentes méthodes de soulagement de la douleur. Des réseaux de soutien devraient également être fournis aux femmes lors des cliniques prénatales. De plus, les professionnels de la santé devraient tenir compte des besoins des mères et essayer autant que possible de fournir un soutien holistique. *(Afr J Reprod Health 2023; 27[6s]: 99-107).*

Mots-clés: Mères pour la première fois, attentes à l'égard de l'accouchement, adaptation, travail

Introduction

Pregnancy and childbirth are one of the most unique and significant encounters in every woman's life[1]. It includes incredible difficulties during pregnancy, including physiological changes, emotional distress, role shifts, and changes in family structure[2]. Childbirth expectations play a unique role in satisfaction with delivery experience[3]. It is an exceptional, intricate and a serious event in a

woman's life. Childbirth elicits a wide range of psychological as well as psychosocial characteristics and as such creates reminiscences, which at times can be traumatic, which will constantly persist in the mother's minds[4]. One of life major developmental events is the transition to motherhood and to become a mother involves moving from a current reality that is known to an unknown new reality and diverse cultural beliefs as well as social expectations shape the way individuals construct their lives and view[5]. Pregnancy and delivery are exclusive developments as mothers and their families have different expectation during childbearing that is based on their knowledge, cultural beliefs, family and social backgrounds and prior experiences[6]. Care must be organised and adapted based on these differences so that the health care provider can meet the individualized needs of women and family's backgrounds[6].

Globally, women give birth daily under different circumstances and within diverse cultures, although delivery is usually viewed as a natural process but women often wished to obtain a definite type of care[7]. Expectations and general satisfaction of women largely depend on knowledge of what a normal birth is as well as the enormous amount of behavioural and socio-economic factors linked to their prior childbirth experience[7]. According to Martin, Bulmer and Pettker[8], creating expectations for important life occurrences can help an individual to prepare psychologically or physically for the experience thus, preparation for childbirth is no different.

Preparation for a childbirth is a vital experience in a woman's life and as such, pregnant women are afraid of the intense pain that is involved in childbirth and may sometimes fear that things might go wrong[9]. Expectant mothers likewise expect to obtain not only necessary information but also empathy as well as commitment from their health care providers based on their understanding of patients' beliefs and emotional state during pregnancy and delivery[10]. Women are also subjected to excruciating physical anguish during delivery, with the possibility of mother and newborn mortality [1]. According to the most recent WHO estimates, around 295,000 women died during pregnancy and delivery[11]. To ensure the woman's happiness and realization of her expectations, healthcare practitioners must give care and assistance in the promotion of patients' safety, as well as relevant training that will promote correct decision-making in relation to safe delivery[12].Women will have positive experiences or feel satisfied with childbirth experience if their expectations are met during the actual childbirth event, unmet expectations will result in negative experience[5].

One of the main ways' individuals can confront and attempt to reduce both daily and chronic stress such as the stress of pregnancy is through the use of coping strategies[13]. As pregnant mothers are expecting the unknown, they employ a variety of coping skills such as planning; evading; anticipating delivery as something that is common to all women; depending on maternal nature and pharmacological methods of pain relief[13-14]. But when the actual experience differs from the desired expectations, this can result in various emotional reactions such as anger, confusion and devastation[8,14].

Childbirth is a very peculiar period in a woman's life. Hence it is very crucial for women to have all of the knowledge they require about the various birthing alternatives available; only then will they be able to determine which option is best for them[15]. Since midwives play a vital role in assisting women during labour and birth in the hospital, if nurses know what a woman values and expect they could properly prepare the woman appropriately for childbirth[13,16]. Therefore, the study explore childbirth expectations and coping strategies among first-time mothers in a Comprehensive Health Centre in Ekiti State. The outcomes of this study are expected to aid the development of health education that is tailored to the needs of pregnant women so as to prevent negative birth experiences thereby promoting improved maternal and child health and wellbeing.

Methods

Research design

This study used a qualitative research design, using individual semi-structured interviews with 20 first-time mothers attending a Comprehensive Health Center in Ekiti State. A qualitative approach was

used to gain in-depth insights and further understanding of childbirth expectations and coping strategies among first time mothers.

Setting

The study was conducted in a Comprehesive Health Centre, located in Ado-Ekiti local government the capital of Ekiti state. Ekiti state is situated entirely within the tropics, in the Southwest region of Nigeria with 16 Local Government Areas. The health centre is a public health organization whose main purpose is to reduce mother and child death rates at the community level. Services rendered include antenatal and postnatal care, childbirth, contraceptive services, immunization of children and treatment of childhood illnesses (for children less than five years of age).

Recruitment and sampling

The inclusion criteria were first-time mothers (primigravida), attending antenatal clinic at the Comprehensive Health Centre and the willingness to take part in the survey. Women who satisfy the inclusion criteria (n = 20) were purposely invited by the authors to participate in the study. The researchers supplied necessary information about the study and participants agreed to take part in the study, they were enlightened that their participation is voluntary to prevent co-coercion.

Sample size for the study was determined by data saturation while considering the scope of the study, the quality of data that was obtained, nature of the research topic, design of the study and the presence of shadow data[15]. This was done to ensure that there are no new or lost information. Also, to ensure saturation, the researchers added three more interviews before the completion of data collection as saturation of data was achieved when 17 participants had been interviewed. A total of 17 interviews were analysed with new categories and 3 interviews analysed without new categories evolving. Referential adequacy was attained, partially fulfilling the requirement of trustworthiness[18]. To ensure data quality, the criteria of credibility, transferability, dependability and confirmability were established. To ensure credibility, only participants who met with the inclusion criteria were selected for the study. For transferability, a full description of participants responses was documented in the data report.

Data collection

Twenty individual semi-structured audio-taped interviews lasting between 30 to 40 minutes were conducted by the second author from available participants who met the study inclusion criteria on Tuesdays and Thursdays during their antenatal clinic appointment at the health centre. Data was collected for three months. An interview schedule was created to assist the interviewer to explore the childbirth expectations and coping strategies among first time mothers while a questionnaire was used for participants' demographic profile. Also, three pre-test interviews were done prior to the real data collection with women who shared comparable characteristics to the research group but were not included in the final results. The purpose of the pilot study was to determine the exactness and feasibility with regards to participants' clear understanding, the conformity to the objectives and to establish the reliability. The second and third authors and one independent coder conducted the interviews. Difficult question items were expanciated and simplified. Inter-rater reliability using Cohen Kappa's statistics was calculated to be 0.88. Likewise, to ensure reliability, data triangulation was also facilitated. With the participants' permission, the interviews were written and audio-recorded. The interviews were conducted in a private room at the health centre with only the participant and the researcher present. Employing face-to-face dialogue and a loose topic guide, participants were free to move the interview in any direction to best describe their expectations and coping strategies. After obtaining the participants' demographic data which include age, religion, marital status, educational level, occupation and ethnicity, open-ended questions were then asked: "Can you tell me what you know about childbirth and the signs of labour?" Expectations towards birth and delivery?" Probing questions such as, "What do you mean?" and "Can you please tell me a little more about …?" These were asked so as to gain further insight and depth of conversation. Interviews were transcribed verbatim.

Data analysis

The data gathering and analysis were done at the same time. The qualitative thematic content analysis was used to examine the data from the individual interviews[19]. The interview transcripts were analysed into many phases, the first of which was a naive interpretation of the recorded material. The transcripts were then broken down into relevant components and sentences that corresponded to the study's main theme and goal. Codes were used to summarize, abstract, and categorize the meaning units. The variances and similarities between the codes were then examined to allow for the formation of themes. Quotes were verbatim transcribed, and the scripts were then returned to some of the participants for approval. The demographic data of the participants was presented using descriptive statistics.

Ethical consideration

Before the commencement of the study, ethical approval was obtained from the Research and Ethics Committee of Afe Babalola University Ado-Ekiti and from the Health Director of the Comprehensive Health Centre. Each participant's rights were discussed prior to the interview, and informed consent as well as permission to use an audio recorder were acquired. The interviews were conducted in a separate room with only the participant and the researcher present to ensure anonymity. Participants' names or any other form of identification were not requested on the questionnaire to maintain secrecy and anonymity, preserving the privacy of the participants.

Results

Demographic data

Table 1 shows the socio-demographic characteristics of participants, majority of the women were between the ages 20-29 years and were married.

Themes

Four themes emerged: knowledge of mothers about birth and delivery; expectations of first-time mothers towards labour and delivery; coping strategies used during childbirth; childbirth preferences among first time mothers. Table 2 displays the main themes and initial categories derived from the data.

Table 1: Demographic profile of participants (n=20)

VARIABLES	FREQUENCY (n=20)	PERCENTAGE (%)
Age		
13 – 19 years	3	15
20 – 29 years	13	65
30 – 39 years	4	20
Religion		
Christianity	12	60
Islam	6	30
Others	2	10
Marital Status		
Single	4	20
Married	16	80
Ethnicity		
Yoruba	12	60
Hausa	1	5
Igbo	3	15
Others	4	20
Level of		
Education	2	10
Primary	4	20
education	12	60
Secondary	2	10
education		
Tertiary		
education		
Others		
Weeks of		
gestation	2	10
0 – 12 weeks	6	30
13 – 24 weeks	10	50
25–36 weeks	2	10
37 – above		

Knowledge of mothers about labour and delivery

Majority (15 of 20) of the participants reported that they do not really know the signs of labour but mentioned how labour is said to be very painful, only five of the participants mentioned the different signs of labour: “This is my first time, so I do not know much about it” (Participant 6).

“Yes, I know some signs. I heard that pregnant women feel pain, first of all your water will break, I was told that you will be having waist pain like menstrual cramps then with time, the pain will increase, then your baby will come” (Participant 8.)

Table 2: Main themes and categories generated from the data

Themes	Application
Knowledge of mothers about birth and delivery	Knowledge on childbirth and the signs of labour Knowledge on what labour would be like Knowledge from information received from antenatal classes Beliefs regarding birth and delivery
Expectations of first-time mothers towards labour and delivery	Mothers expectations towards birth and delivery Expectations of mothers based on experience Level of support expected from caregivers Mothers worries and anxiety towards childbirth Reactions if expectations are not met
Coping strategies used during childbirth	Coping mechanisms to be used during labour Knowledge on the different methods of pain relief Support system during labour Areas of uncertainties
Childbirth preferences among first time mothers	Different methods of birth choices Preferred choice of childbirth Reasons for preference of birth type

Almost half (8 of 20) of the participants mentioned what they know about the process of labour: "Ah, I hope and pray that my own would be the simplest one, I will not feel too much pain because I believe so much in God, and it is going to be a successful one and will not take hours as they say" (Participant 1).

With regards to knowledge gained through the information received from antenatal classes, most (13 of 20) of the participants said they have received some information on labour and delivery from their antenatal classes: "Yes, I was told that there is something called show and if you see blood with mucus you should come to the hospital. They also told us the different signs we are bound to experience during labour and the necessary things we are meant to be doing to make labour easy" (Participant 14).

Participants were asked their beliefs regarding labour and childbirth. Majority (15 of 20) of the participants said they belief so much in God to make it easy for them: "As I said earlier, I heard a lot and it takes the grace of God, some give birth earlier and some prolonged, I believe so much in God, it has been from onset and shall continue from generation to generation as ordained by God that a woman must give birth" (Participant 1).

"My belief is that when you belief that God will make it easy for you, it will be easy because they tell us some things can be put in our body to guide us but my belief is that God will do it" (Participant 5).

All the participants reported that their expectation is to deliver naturally even thou it will be painful and are expecting to see their babies alive: "My expectation for childbirth is that I will deliver safely by myself without operation. I expect it to be painful which is normal and I expect to see my baby at the end of the whole process" (Participant 9).

"I will deliver by myself and I'm expecting to see a healthy baby, whether it's a boy or girl, I don't care, though am expecting a boy" (Participant 17).

Participants were asked about the level of support expected from caregivers. All the participants expect caregivers to stay with them, show care and be tolerant during the whole process: "I am expecting them to be friendly, you know when you are in pains and the people attending to you are hostile, you tend to feel the pains more but when they are friendly, you can cope. I heard some nurses use to shout, although some are nice but some are too harsh, they have to be patient with us and be there all through" (Participant 20).

Few (6 of 20) of the participants expressed their worries and anxiety towards childbirth: "No, I do not have any worries because I believe in God" (Participant 18).

"Yes, I am afraid, what if during the childbirth something came up, maybe complications that will lead to caesarean section., Ah! I don't want operation" (Participant 9).

Participants were asked how they will react if their expectations are not met. Majority (18 of 20) of the participants said they would be very sad and disappointed while the remaining two women mentioned that they will take it as the will of God.

Coping strategies to be used during labour

Participants mentioned the different strategies they would adopt during labour, ten of the participants said they will walk around and cry if necessary,

Table 3: Summary of childbirth expectations and coping strategies of first-time mothers
Main themes and categories generated from the data

Themes	Categories	Sample Responses
Knowledge and expectations of mothers about labour and delivery	Knowledge on childbirth and the signs of labour	"Yes, I know some signs. I heard that pregnant women feel pain, first of all your water will break, I was told that you will be having waist pain like menstrual cramps then with time, the pain will increase, then your baby will come" (Participant 8.)
	Knowledge on what labour would be like	"Ah, I hope and pray that my own would be the simplest one, I will not feel too much pain because I believe so much in God, and it is going to be a successful one and will not take hours as they say" (Participant 1)
	Knowledge from information received from antenatal classes	"My expectation for childbirth is that I will deliver safely by myself without operation. I expect it to be painful which is normal and I expect to see my baby at the end of the whole process" (Participant 9).
	Beliefs regarding birth and delivery	"I will deliver by myself and I'm expecting to see a healthy baby, whether it's a boy or girl, I don't care, though am expecting a boy" (Participant 17)
Coping strategies used during childbirth	Coping mechanisms to be used during labour	"What I intend to do is that before the labour, I will be doing exercise like strolling, walking, I heard that it would make it easier and during the labour I will walk around, breath in and out so it will relieve me and also change positions" (Participant 16).
	Knowledge on the different methods of pain relief	"Yes, the only thing I have heard about pain relief is the use of drip and when the pregnant woman has been laboured for a long period of time, they do pass the injection to the mother to make it easier, I think the drip is for pain because it is not advisable to use drugs" (Participant 18).
	Support system during labour	"My mum, she has experience so she will know how to calm me down because I can cry a lot and I'm also expecting her to be praying for me" (Participant 8).
Childbirth preferences among first time mothers	Preferred choice of childbirth	I prefer normal delivery; it is safer for me and it is the normal process because of the issue of operation and I believe it's not safe for a woman to be doing caesarean section often. Actually, seeing all the equipment alone is scary" (Participant 3).
	Reasons for preference of birth type	"I prefer to deliver by myself, because it is easy and cheaper and when you give birth immediately you have yourself but if they cut you, you can't be your normal self again" (Participant 15).

some (7 of 20) said they do not have any idea of the coping mechanisms to be used and three women indicated that they will have a warm bath if permitted: "I do not have any method or idea about it, I told you this is my first child so, until then" (Participant 6).

"What I intend to do is that before the labour, I will be doing exercise like strolling, walking, I heard that it would make it easier and during the labour I will walk around, breath in and out so it will relieve me and also change positions" (Participant 16).

Regarding the knowledge on the different methods of pain relief, 18 participants reported that they do not know the different methods of pain relief during labour but the remaining two participants mentioned that they have heard of it: "Yes, the only thing I have heard about pain relief is the use of drip and when the pregnant woman has been laboured for a long period of time, they do pass the injection to the mother to make it easier, I think the drip is for pain because it is not advisable to use drugs" (Participant 18).

Participants were asked who should escort them into the labour room and their expectations from them. Most (14 of 20) of the participants expect their husband to go with them into the labour room and the remaining 6 women expect their mother to go into the labour room with them and they expect them to pray and support them

emotionally: "My husband, I want him to keep on praying and encouraging me by telling me everything will be alright, he should be there for me" (Participant 9).

"My mum, she has experience so she will know how to calm me down because I can cry a lot and I'm also expecting her to be praying for me" (Participant 8).

Childbirth preferences among mothers

Participants mentioned different birth methods that they know. They all mentioned vaginal delivery (natural birth) and caesarean section(operation).

Participants were asked to mention their preferred choice and reasons for the chosen method. All the participants cited vaginal delivery because it is the natural way of birth and it is cheaper, some also mentioned that it is safer while 5 participants added that with vaginal delivery, a woman can have as many children as she wants: "I prefer normal delivery; it is safer for me and it is the normal process because of the issue of operation and I believe it's not safe for a woman to be doing caesarean section often. Actually, seeing all the equipment alone is scary" (Participant 3).

"I prefer to deliver by myself, because it is easy and cheaper and when you give birth immediately you have yourself but if they cut you, you can't be your normal self again" (Participant 15).

Discussion

The findings of this study identified inadequate knowledge level of first-time mothers as the majority especially those in their first and second trimesters could not mention the warning signs of labour, only few participants were able to mention pain and breaking of water (rupture of membrane), this was supported by Ibach, Dyer and Fawcus[21] who reported similar findings. Although more than half of the participants mentioned that they received different information from their antenatal classes thus, the low level of knowledge could be a clear indication of the need for midwives and other healthcare givers to provide adequate health education for women in a way that they will understand appropriately. Although women expectations differs based on their social status, educational level, prior childbirth experience and the level of available information on childbearing[8-9,14]. In this study, almost all the participants are optimistic about having a safe delivery even with their expectation of pain, while two women stated that they do not know what to expect. This is similar with previous research conducted by Whitbum *et al.*[22], in which many women saw labor pain as a natural part of the process and as a result were able to manage with it. Likewise, a participant in a similar study by Borelli, Walsh and Spiby[14] mentioned that she does not know what to expect because everybody's experience differ and she will rather wait and see what happens.

Women came to the delivery room with their personal expectations on the type of labour support that they wish to receive from health care providers during the birth experience, this is not limited to only information, but the care, compassion and commitment during the pregnancy and more importantly, during delivery[10,23]. On the level of support expected from caregivers, most of the participants expect caregivers to be caring, tolerant and patient with them during the whole labour process. This was similar to the report from Iravani *et al.*[5] who stated that participants wanted the midwives to exhibit empathy and provide continual emotional support. Although, only few participants were anxious and worried. Borelli, Walsh and Spiby[14] found similar result among women who stated that they do not know what to expect and that worries them. The feeling of uncertainty was related to the fact that the women most times are unaware of when labour would start and what the onset would be, or the progress of the labour process[14]. Furthermore, almost all the participants stated that they will be very sad if their expectations are unmet while others will see it as the will of God. In this instance, unmet expectation can lead to negative birth experience which can result in both short- and long-term consequences like finding it difficult to adjust to postpartum period, poor bonding with the baby, loss of self-confidence as a mother, fear of future pregnancies and higher risk of developing postpartum depression[8].

Findings also showed the coping mechanisms that the first-time mothers hope to adopt during labour such as walking around in form

of exercise and taking a warm birth if allowed. While about two-third of the participants said they do not have any idea of the coping mechanisms to be used. Although it is expected of pregnant women to put in place a number of coping strategies such as the use of pain relief while waiting for the unknown[14,16]. In this study, almost all the participants had no knowledge of the different methods of pain relief. This is similar to a previous study in which majority of the women were poorly informed about biomedical methods of obstetric analgesia[21].

As revealed in this study, the majority of the participants expect their husband to accompany them to labour room so as to give comfort and support which is similar to a study by Barelli, Walsh and Spiby[14]. Few of the participants expect their mother to go into the labour room with them. According to Carlsson[16], having family members around during the early stage of labour can give both support and pressure. Partners are usually the preferred support persons although mothers, mothers-in-law and sisters can be preferred too in some cases even though women revealed how difficult it was for family members to see them in pain.

However, it is crucial that women are aware of the various birthing options available. Only then will they be able to make an informed choice that suit them[15]. All participants in the study have good knowledge of the common birthing options (vaginal delivery and caesarean section) and their preferred choice is the vaginal delivery which according to them is the natural way of delivery that is safer. This is in line with the study by Loke, Davies and Li[24] where more than two-third (75.4%) of participants preferred vaginal birth because it is the normal or natural way of delivery. According to a new study, first-time women who give birth through unscheduled caesarean section are 15% more likely to suffer from postnatal depression[25].

Negative perceptions of caesarean section by women can lead to lowered self-esteem with a sense of despair, defeat and loss of control[26]. Similarly, women who ended up undergoing emergency C-sections often complain of feelings of disaapointment, guilt and fear of the unknown.

Limitations

The purposive sampling of the participants, and the contextual nature of the study may serve as limitations thus, the findings may not be generalised to other areas.

Conclusion and recomendations

Most participants in the study have low level of knowledge regarding the signs and processes involved in childbirth as well as the coping strategies that they can use during labour. First-time mothers expect midwives to care and be patient with them throughout the process of delivery. All participants hope to have vaginal delivery with lack of preparation for any eventualities that may warrant an alternative method such as caesarean.

The findings show that it is crucial for nurses and midwives as well as other healthcare professionals to provide appropriate health education to women during antenatal clinics especially the first-time mothers as this can help to alleviate fears and improve childbirth self-efficacy.

The need for communication by health care providers is very important, information provided for women should include details on the effectiveness of all potential delivery options, including the risks and benefits as well as the different methods of pain management. It is considered particularly important that midwives improve awareness of caesarean section as an alternate method of delivery in case there is need for such so as to prepare the women psychologically and ensure better health care for the mother and the baby.

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