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# Postnatal experiences and support needs of first-time mothers in Singapore: A descriptive qualitative study

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#### ABSTRACT

Objectives: to explore first-time mothers' postnatal experiences and support needs after hospital discharge in Singapore.

*Design and setting:* a descriptive qualitative study was adopted in this study. Participants were recruited from a public tertiary hospital in Singapore. Semi-structured interviews were used for data collection and the interview transcripts were analysed using thematic analysis.

*Participants:* a purposive sample of 13 English-speaking first-time mothers of age 21 years and above were interviewed within 7–11 days after their hospital discharge.

Findings: five themes emerged from the thematic analysis: (1) mixed emotions: participants experienced anxiety, labile emotions and stress over infant care; (2) breast feeding concerns: low breast milk supply and physical discomfort; (3) social support: many participants had sufficient social support from family members except their husbands; (4) cultural postnatal practice: majority of participants followed traditional postnatal practices of their culture; and (5) professional support needs: participants needed more information, access to health care services and continuity of care.

*Conclusions:* this study highlighted the importance of providing professional postnatal care to first-time mothers after their discharge from the hospital. Future studies are needed to explore new practices that will enhance the quality of maternity health care and promote positive maternal experiences and wellbeing in Singapore.

Implications for practice: there is a need for more innovative advertisement to promote antenatal classes and improve attendance rate. Health care providers should assist women in establishing proper breast feeding techniques. Alternative models of care in the postnatal period, such as midwifery-led care, could facilitate a more woman-centred approach. Postnatal home visits may be considered within the first week of the mothers' hospital discharge, which may be legislated by public health care policies.

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#### Introduction

Total fertility rates have declined internationally (Central Intelligence Agency, 2011) and Singapore has one of the lowest fertility rates in the world (McDonald, 2006). Despite efforts taken

0266-6138/\$ - see front matter @ 2013 Elsevier Ltd. All rights reserved.  $\label{eq:logical_http://dx.doi.org/10.1016/j.midw.2013.09.004}$  by providing financial incentives and longer maternity leaves, the fertility rate remains way below the replacement level. Maternal experiences could affect future reproductive decisions (Waldenström and Gottvall, 2002), which warrants serious consideration. Studies have shown that the majority of mothers consider the first experience of motherhood to be stressful (Forster et al., 2008). The early postnatal period is considered a vulnerable time for the mother, especially first-time mothers, as they are simultaneously confronted with the demands of caring for their infant and the physical, emotional and social changes that ensue (Warren, 2005). An important part of postnatal service is the support provided by nurses to prepare mothers for these demands (Beger and Cook, 1998).

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To promote positive maternal experiences, an understanding of first-time mothers' experiences and support needs is important for the development of quality maternity health care in Singapore. Most studies on maternal experiences have been conducted in Western countries. For instance, Martell's (2001) study on 32 American first-time mothers found that they did not feel confident about their abilities to care for their infants at the point of discharge. During the first week at home, they expressed anxiety and fears about the welfare of the infants under their care. Most mothers felt unprepared, overwhelmed and even distressed. Other Western qualitative studies reported similar findings (George, 2005; Forster et al., 2008; Bailey, 2010).

A few qualitative studies on women's postnatal experiences have been conducted in Asia. However, these were on Chinese mothers with postnatal depression (Chan et al., 2002; Leung et al., 2005; Gao et al., 2010). These studies identified culturally unique concerns, such as stressors from controlling and powerful in-laws and baby-minder arrangements (Chan et al., 2002; Leung et al., 2005). These findings suggest the importance of appraising maternal experiences within its specific socio-cultural context. An exploration on first-time mothers in Asia, who are not affected by postnatal depression, is worthwhile to elucidate the needs of the majority of first-time mothers.

Singapore is a multiracial Asian country. As of 2012, the majority of the female population was Chinese (74.6%), followed by Malays (13.2%), Indians (8.8%) and other ethnicities (3.4%) (Department of Statistics Singapore, 2013). Singapore's change in immigration policies to address shortfalls in births and labour shortages saw an influx of migrants in the past decade, with non-residents comprising 28.1% of Singapore's total population in 2012 (Department of Statistics Singapore, 2013). Thus, it is important to understand the experiences of women from the different Singaporean ethnicities and migrant/foreigner groups in Singapore.

Singapore has unique features in its health care delivery system that vary from most Western countries. A recent systematic review concluded that midwife-led models of care should be offered to most women, except for those with obstetric complications (Hatem et al., 2008). However, for most pregnancies in Singapore, obstetricians have the main responsibility for care (Phang, 2009). Although the costs of some perinatal services, such as home health visiting and antenatal classes, are publicly funded in some countries, like the UK and Nordic countries, these services are chargeable in Singapore, and anecdotally, not known to have high attendance.

The typical length of stay in Singaporean maternal institutions is approximately 24–72 hours following uncomplicated childbirth. An important part of postnatal care is the preparation provided to women during their hospital stay, such as through parentcraft classes (Hung et al., 2011). Despite short durations of preparation during hospitalisation, little post-discharge attention is given to women during the interim between hospital discharge and a postnatal check-up by the obstetrician 1–6 weeks later.

Little is known if current local services are well-suited to the needs of first-time mothers in Singapore. A local pilot quantitative study found that informational support received was below expected levels, suggesting that this aspect may be unmet (Phang and Koh, 2010). However, owing to the limitations of quantitative methodology and its relatively small sample size of nine first-time mothers, further information was needed to explore the experiences and support needs of first-time mothers in relation to Singapore's unique context. An exploration of first-time mothers' experiences after hospital discharge will provide useful information for evaluating postnatal nursing interventions and in providing continuity of care to mothers during a critical time.

#### Methods

A descriptive qualitative design was chosen to explore the postnatal experiences and support needs of first-time mothers. This study was conducted in Singapore from December 2011 to February 2012. Semi-structured interviews were used for data collection. Thematic analysis was adopted to derive the study's results.

#### Study participants

A purposive sample of 13 mothers was recruited from two obstetrics wards of a Singaporean public tertiary hospital during their postnatal hospitalisation. The inclusion criteria for the participants were women who: (1) were admitted to the participating ward for childbirth; (2) were first-time mothers with term pregnancy; (3) were 21 years old and over; (4) were able to communicate in English; and (5) had planned to stay in Singapore for at least one week after hospital discharge. The exclusion criteria for the participants were mothers who: (1) had physical or mental disorders identified from their medical records, which would interfere with their ability to participate in the interview; and (2) had given birth to infants with deformities and/or medical complications, including pathological jaundice that required special care in hospital. Data saturation was achieved at the 13th interview.

#### Ethical considerations

The ethics committee of the participating hospital approved the study. Written consent was obtained from all participants. Prospective participants were assured that their refusal to participate would not have any negative effects on care, they could withdraw from the study at any time, and that all data collected would be kept confidential.

#### Data collection

Mothers who met the selection criteria were identified by the charge nurse on duty. The researcher introduced herself to the mothers and invited them to participate in the study. The study objectives, requirements, possible risks and benefits, and their rights were explained. A participant information sheet containing this information was provided to them for written reference. One session of audio-recorded, semi-structured interview was conducted with each mother at her home/the discussion room in the ward after their medical consultations at their request. This was performed 7–11 days after their hospital discharge. An interview guide was developed with the consultation of two experts in qualitative research and used during the interviews. The interview durations ranged from 39 to 73 minutes.

## Data analysis

Thematic analysis was conducted as described by Taylor et al. (2006). The interview data were transcribed into text within the same day of interview to capture all verbal and non-verbal data. To ensure verbatim accuracy, the interviewer transcribed the data. Two other researchers verified the accuracy of the text against the audio recording. Distinct concepts and categories in the data were identified through the colour-coding method, which formed the initial codes (Braun and Clarke, 2006). Segments of the texts that conveyed similar meanings were highlighted with the same colour. The concepts and categories were reviewed and regrouped to form sub-themes. Sub-themes that appear to be related were then collated to form the themes of the study. Three researchers

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