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Women's feelings about early contact with their infants on the labour ward ☆

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ABSTRACT

Objectives: to identify women's feelings after early contact with their newborn infants in the delivery room, and to identify how health professionals involved in mother and infant care behave in the intrapartum setting.
Design: a qualitative approach using semi-structured interviews and observation. Content analysis was used to derive the three themes that emerged from the interviews.
Setting and participants: 23 postpartum women and their caregivers in a public maternity hospital in Ribeirão Preto, Brazil.
Findings: three thematic categories emerged from the interviews: heightened fear, severe pain and intense conflict. The professionals' actions revealed that they have theoretical and practical abilities for humanisation of care, but their actions are fragmented.
Final considerations: women can feel lonely, fearful and conflicted in the delivery room, and they also experience pain. Giving birth is a major event in a woman's life, so it is important to facilitate a positive experience. Health professionals were found to display interventionist and impersonal attitudes; these influenced the potential choices of women at their first contact with their infant.
Implications for practice: the focus of health care needs to extend beyond the institution. This means fewer normative actions performed by health professionals, enabling women to enjoy their early contact with their newborn infants.

Introduction

Early contact gives mothers immediate access to their newborn infants, enables them to feel close to their infants and helps them to initiate breast feeding quickly (Byaruhanga et al., 2008). Maimbolwa et al. (1997) state that skin-to-skin contact between a mother and her newborn prevents hypothermia in the infant and promotes mother and infant interaction. According to the World Health Organization (1996), early contact is a practice that is demonstrably useful and should be encouraged in cases of low risk and normal birth.

Early contact is a cost-effective method to improve the quality of care, and is one of the key steps in achieving Millennium Development Goals 4 and 5 (i.e. reduction of child mortality and improvement of maternal health).

According to Byaruhanga et al. (2008), skin-to-skin contact remains underutilised in some settings as a result of cultural practices and negative perceptions from mothers and health professionals. Women in labour and childbirth were subjected to a plethora of institutional routines that involved a high degree of intervention; separation from support persons, especially family; and a lack of physical and emotional privacy. These conditions were imposed by health-care providers with the perceived aim of reducing maternal and newborn mortality and morbidity; however, they also triggered maternal anxiety during the birth experience and delayed early contact. Routine practices can have a profound and adverse effect on normal psychophysiological processes, which in turn may impede the progress of labour and childbirth as well as the initiation and duration of breast feeding (Hodnett et al., 2007).

As such, events which have the potential to be unique and strengthening experiences for each woman are frequently trivialised by attitudes held and mechanical routines implemented by health professionals.

Many women associate childbirth with suffering, fear, insecurity, despair and pain because, from the moment they are admitted to hospital, they relinquish control to unknown professionals in an

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often unpredictable and unfamiliar environment (Simões and Souza, 1997). This setting, where women may feel uncomfortable, is the same place where women hold their newborn baby for the first time and are encouraged to 'bond'. Early contact, rather than separation of the mother and baby, is seen as a mechanism to support breast feeding and communication between mother and baby (Carfoot et al., 2003).

This study is part of a dissertation that assessed women's experiences with the fourth step of the Hospital Baby Friendly Initiative.

Aims

The aims of this study were to identify women's feelings after early contact with their newborn babies in the delivery room, and to identify how health professionals involved in mother and infant care behave in the intrapartum setting.

Methods

Study design

A qualitative approach was used to address the research questions, because a specific and profound understanding of the phenomenon investigated was required (Minayo, 1998).

Study setting

The study was conducted at Maternidade do Complexo Aeroporto – MATER in the outskirts of Ribeirão Preto, São Paulo, Brazil. This is a philanthropic maternity centre that provides free-of-charge health assistance for women considered to be at low obstetric risk during pregnancy, childbirth and the postpartum period. Most women who attend this centre are socially, economically and educationally disadvantaged (e.g. adolescents, young adults, not working outside their homes).

Participants

Participants were volunteers who had given birth very recently ($n=23$) and who had experienced early contact with their newborn infants, and the professional caregivers who attended these women during labour and childbirth. They participated as study dyads.

The research project was approved by the Ribeirão Preto College of Nursing at University of São Paulo Ethics Committee (Protocol No. 0497/2004). All participants (women and caregivers) were informed of the risks and benefits of participation in the study and provided written informed consent.

Information on early contact

In the present study, early contact is defined as skin-to-skin contact and breast feeding in the first hour of life on the labour ward. Skin-to-skin contact is defined as holding the baby naked in a prone position against the mother's skin between the breasts. The baby may be covered with a warm towel or blanket (World Health Organization and United Nations Children's Fund, 1998).

Data collection

The women were interviewed following their intrapartum experience and the health professionals were observed at work. All interviews and observations were conducted by a single researcher.

The interviews were semi-structured, lasted between 60 and 180 minutes, and were audio recorded. The following question was used to gain insight into each participant's experience: 'Can you tell me about your experience in the delivery room?'.

Observation of the interaction between a woman in labour or childbirth and health professionals is justified because caregiver interaction can reveal the type of care that is provided at the institution. It is acknowledged that as the health-care providers knew they were being observed, they may have acted in a way that they believed would impress the researcher. However, it was important to consider both labouring women and caregivers in a dynamic exchange.

The observations were carried out throughout the labour, childbirth and immediate postnatal period, and ended when the women were discharged to the maternity ward. All events that occurred during that time were considered and recorded by the researcher. During the observations, the researcher accepted the role of observer rather than participant. She remained silent and observed the facial expressions of the birthing women as well as the activities of their care providers. Field notes were recorded at the end of each observation. The researcher's personal impressions were recorded as soon as possible following the observation. The behaviour of care providers and others in the intrapartum setting towards the woman was observed (e.g. body posture, visual contact, touch), as well as verbal and non-verbal expressions (e.g. tone of voice, gestures), and the sequence of events was also observed (time when the woman entered the delivery room, time of birth, time when the newborn was placed in contact with the mother, end of observation).

Data analysis

The data obtained from the interviews were transcribed and organised using thematic content analysis (Bardin, 1977). The interviews were translated into English. To maintain the methodological rigour of the interviews and to guarantee the reliability of translation, the interviews were back translated into Portuguese by a Brazilian native speaker with experience in the English language.

The transcripts and notes from each interview were analysed against a background of health-care humanisation, the aim of which is to offer good quality health care using technological advances with improved relationships between health-care providers and intrapartum woman (Serruya et al., 2004).

The observations served as a complement to the interviews. In this way, they were triangulated with the interview findings to strengthen the researcher's interpretation of data obtained from the interviews.

Findings

The women who took part in this study ($n=23$) were aged from 18 to 37 years [mean 24.6 years, standard deviation (SD) 5.3] and had experienced contact with their newborn infants immediately after birth. Of the 23 participants, 19 (82.6%) had vaginal births and four (17.4%) had caesarean sections. Of the vaginal births, analgesic drugs were used for relief of labour pain on 10 (52.6%) occasions.

At the maternity centre where the study took place, neonates receive their initial care in an area where the mother can see all the procedures performed on her infant. Skin-to-skin contact between mother and newborn during the first 30 minutes of life is encouraged and occurred on several occasions. Other women had contact with their babies during the first 30 minutes of life but the baby was wrapped in a blanket. The time that the newborns