



The influence of childbirth expectations on Western Australian women's perceptions of their birth experience

Yvonne Hauck, BScN, MSc, PhD, RM (Senior Lecturer)*, Jennifer Fenwick, BHLthSc (Ng), MNgSt, PhD, RM (Associate Professor of Midwifery), Jill Downie, PhD, RN, RM (Associate Professor), Janice Butt (Senior Midwifery Teaching Fellow)

Curtin University of Technology, School of Nursing and Midwifery, GPO Box U1987 Perth, WA, Australia 6845

*Corresponding author. E-mail address: y.hauck@curtin.edu.au (Y. Hauck).

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Abstract

Objectives: to explore and describe the influence of childbirth expectations on women's perception of their birthing experience and expectations for subsequent births. This was the second phase of a study, the purpose of which its purpose was to determine the childbirth expectations of a cohort of Western Australian women and ascertain factors that influenced these expectations.

Design: a qualitative study which used an exploratory descriptive design. Data were collected from in-depth individual interviews.

Setting: Perth, Western Australia.

Participants: 20 women, 11 primiparae and nine multiparae, who between them had experienced 31 births. These women had participated in phase one when they were either pregnant or had birthed within the preceding 12 months. Phase two interviews occurred 5–6 months after phase one.

Findings: the themes and sub-themes revealed in phase one of the study were supported in phase two. Although women held multiple expectations for birth, specific expectations were regarded as priority. Consequently, to perceive birth as positive, a woman had to achieve her priority expectations. Multiparae reported more positive birth experiences, having altered expectations as a result of previous experiences. Unaffirming birth experiences due to unmet expectations were more common after a first birth. Women with unfulfilled expectations subsequently adapted their expectations to be more achievable thus avoiding disappointment. Supportive behaviours of maternity health-care providers assisted women to evaluate their birth experience as positive even when expectations could not be achieved.

Implications for practice: the evaluation of birth experiences as positive or negative is contingent upon achieving most, or at least the priority, childbirth expectation. Knowing a woman's expectations assists the midwife in her advocacy role. This role in assisting women to achieve their expectations is reinforced by this research. Caregivers become even more important when expectations are not able to be realised. Behaviours that encourage involvement and participation in decision-making during birth promote feelings of control, coping and feeling supported, which ultimately are needed for women to assess their birth experience as positive. Achievable expectations, such as 'being flexible' and 'only having a healthy baby' could be regarded as a lessening of ideals. The issue of whether these changing expectations are contributing to the increasing technocratic approach to birth and the resulting devaluing of the normal birth experience requires further debate.

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Introduction

It is recognised that women approach their upcoming birth experience with predetermined expectations. The relationship between a woman's childbirth expectations and her actual experience can influence her evaluation and ultimate satisfaction with the birth process (Heaman et al., 1992; Green, 1993). Although beliefs and subsequent expectations differ significantly between women (Howell-White, 1999), a woman whose expectations have been achieved is more likely to be satisfied with her childbirth experience (Goodman et al., 2004). For example, McCrea and Wright's (1999) Irish study found expectations of labour pain had negligible influence on satisfaction level, as effective antenatal preparation assisted participants to have realistic expectations regarding pain levels, thus ensuring that expectations were achievable. In contrast, an American study showed that women who expected natural childbirth and consequently requested epidural anaesthesia were less satisfied with their experience, despite reporting lower pain intensity (Kannan et al., 2001).

Beaton and Gupton (1990) explored Canadian women's childbirth expectations over a decade ago, and found that they had explicit and high expectations of support from their partner and the health-care professional during childbirth (Beaton and Gupton, 1990).

A further Canadian study supported these findings, with reports that women's expectations of nursing staff and partner support were high priorities for the expectant mother (Heaman et al., 1992). Expectations surrounding support were also reported in a Chinese study. The findings revealed that support from partners and nurses, and coping with pain, were dominating influences on a woman's experience (Chen et al., 2001). Similarly, first-time pregnant Chinese women in Hong Kong showed high expectations for support during birth; however, expectations relating to coping abilities for pain were low. Although these women were concerned about pain and their coping ability, they favoured breathing exercises as a pain-relief strategy and still wanted a normal vaginal delivery (Ip et al., 2003). Specific expectations regarding pain management featured in these studies. The implications of recognising such cultural differences were reinforced by Raines and Morgan (2000), who stressed the importance of cultural sensitivity within the childbirth context. Although commonalities may emerge with expectations, the cultural meaning placed upon issues such as pain and pain management can create unique variations in childbirth expectations.

Recently, published research has suggested that medical technology has increasingly been accepted as the norm in childbirth and, with this emerging trend, women's expectations may alter to reflect a process involving medical intervention (Johanson et al., 2002). However, Gibbins and Thomson (2001) found that women wanted active participation in their birth experience, with control being an essential component of expectations. Gaining control in their birth process was achieved through a positive attitude, knowledge sharing and inclusion in decision-making promoted by midwives. To further delineate the concept of control, Green and Baston (2003) suggested that assisting women to deal with pain influences internal control, whereas ensuring that women feel cared about affects external control: both are imperative as they contribute to maternal satisfaction.

Earlier work conducted by the authors (Fenwick et al., 2005) within the Australian context explored the expectations of a self-selected cohort of Western Australian women and identified five major themes. Three of these reflected a positive outlook on birth: owning and believing in birth as a natural event; satisfaction with the birth process and outcome; and involvement and participation in the birthing experience. Most participants held expectations that incorporated this positive focus and expected birth to be a normal and life-affirming experience. The two remaining themes portrayed birth as a negative experience and a medical event. This final theme of birth being a medical event was noted by the smallest number of participants and also challenges the suggestion that many women expect birth to be a medicalised event.

To promote realistic expectations of childbirth (Beaton and Gupton, 1990) and to assist women in meeting their expectations, ideally caregivers must be known to the woman and therefore familiar with her wishes. Projects to promote continuity of care have reported greater maternal satisfaction (Hicks et al., 2003; van Teijlingen et al., 2003). Although some have argued that satisfaction with childbirth is influenced more by the woman's own expectations than by the care that she receives (Howell-White, 1999), others, such as Hodnett (2002), have suggested that the most powerful influence is the attitudes and behaviours of caregivers. Given the continuing gaps in knowledge of the influence of childbirth expectations, it was timely that further research be undertaken to explore how expectations evolve and change over several childbirth experiences.

Fenwick et al. (2005) presented the findings of phase one of an Australian study that provided

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