



Birthing experiences of Ghanaian women in 37th Military Hospital, Accra, Ghana



R.S. Mensah^a, R.S. Mogale^b, M.S. Richter^{b,*}

^a Nurses/Midwifery Training College, P.O. Box CT 1741, Cantonments, Accra, Ghana

^b Faculty of Nursing, Edmonton Health Academy, 11405-87 Avenue, Edmonton, Alberta T6G 1C9, Canada

ARTICLE INFO

Article history:

Received 8 July 2013

Received in revised form 30 May 2014

Accepted 10 June 2014

Available online 23 June 2014

Keywords:

Birth
Environment
Experiences
Ghana
Competencies

ABSTRACT

The purpose of the study was to explore the expectations of women relating to their labor and delivery needs at the 37th Military Hospital, in Ghana. Using a generic or non-categorical qualitative research design women who delivered at the 37th Military Hospital were interviewed. Data was collected by using semi-structured individual interviews. Emerging themes from the data were: the importance of environmental serenity in childbirth, the need to confirm true labor, being in control during labor, the importance of midwives, and childbirth as a sacred and euphoric journey. The findings revealed that not only were the environment serene and devoid of noise but the nurse-midwives were friendly and supportive for the women and were competent in diagnosing the progression of labor. The competencies and attributes that the nurse-midwives possessed at this hospital offered the women with an element of ownership regarding their laboring processes.

© 2014 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/3.0/>).

1. Introduction

Birth experiences are very individual and have personal meaning for women. Memories of giving birth are remembered a lifetime. Recollections of specific happenings might fade but others might be remembered for ever. Universal themes such as pain control and interaction with the caregiver are often remembered intensely and are associated with satisfaction that women have with their birth experience. Equally, if these themes are neglected and not attended to, negative feelings can stay with women over time that might influence their attitude toward future pregnancies (Murray, Windsor, & Parker, 2010). Little research is available on the birth experiences of women in Africa. This study explored the birth experiences of women in Ghana and particular the place of delivery. The study was conducted at the 37th Military Hospital in Accra, Ghana.

2. Background

The 37th Military Hospital was established by the British Empire in Accra, Ghana during the World War II as a casualty clearing station for medical needs of soldiers. The hospital

originally had 29 wards. The obstetrics and gynecology unit with a 50 bed capacity was used by the female soldiers and soldiers' wives until recently around early 2000 when the hospital was opened to civilians. Currently, the 37th Military hospital has Out Patient, Family Planning and Maternity Departments, and ante- and postnatal, inpatient and outpatient clinics. It serves as the Government Emergency Response Health facility and as a United Nations Level IV Medical facility in the West Africa sub-region that provides health care to United Nations soldiers and civilian workers.

Given this history and background, the hospital is now attracting all categories of patients including civilian birthing women. An evaluation of hospital records indicated that patients chose to attend the 37th Military Hospital for health services even when there was a clinic or hospital closer to where they lived. A need to understand what influenced civilian patients' choice of health care setting and most importantly their experiences of birthing at the 37th Military Hospital. The purpose of this study was to explore the experiences of women birthing at the 37th Military Hospital in Accra, Ghana. Childbirth is a life changing event and is influenced by the physiological and cultural orientation of the expecting mother (Nilsson & Lundgren, 2007). Ambivalent feelings in childbirth are often due to the fear of the unknown of labor and delivery and previous birth experiences. Fear during childbirth is caused by the medicalized care model of childbirth that exists in today's health sectors and often increases the level of anxiety and vulnerability in laboring and birthing mothers (Campero

* Corresponding author. Tel.: +1 780 4927953; fax: +1 780 492 2551.

E-mail addresses: srm_a@yahoo.com (R.S. Mensah), mogale@ualberta.ca (R.S. Mogale), solina.richter@ualberta.ca (M.S. Richter).

et al., 1998; Nilsson & Lundgren, 2007). In addition the medical care model perpetuates a lack of social support and trust in health care staff that can give rise to negative childbirth experiences (Nilsson & Lundgren, 2007).

A literature search for available knowledge pertinent to experiences of women in labor in Africa was performed using the following databases: CINAHL, Medline, Academic Search Elite, and Health Policy Reference. The search words used were: experiences, labor and delivery and Africa. The results of this search yielded articles that focused the perceptions and experiences of women during labor and delivery (D'Ambruoso, Abbey, & Hussein, 2005; Du Plessis, 2005; Roux & Van Rensburg, 2011). Smith et al. (2002) study described the role of the traditional birth attendants in Ghana. Women in this study that have experienced difficulties in a previous pregnancy may choose a higher order birth attendant during subsequent pregnancies. In addition, ethnographic work by Wilkinson and Callister (2010) provided the voices of African women in childbirth especially in Ghana. Themes from this study related to motherhood, accessing health care, using bio- and ethno-medicine, spirituality as a cure; viewing childbirth as a dangerous passage; experiencing the pain of childbirth, and fearing the influence of witchcraft on birth outcomes. The research of Ibach, Dyer, Fawcus, and Dyer (2007) was applicable even though the focus was on the expectations of first time mothers in the public health sector. This study was conducted in South Africa at a Midwifery Obstetric Unit. The themes explored included previous painful experiences, knowledge of labor, expectations of and attitudes towards labor pain, and knowledge of biomedical analgesia. The current study investigated the experiences of women in labor in a military health care facility and according to our knowledge this was the first study in the Africa context that was conducted at a Military Hospital.

The purpose of the study was to explore the birth experiences of women who delivered at the 37th Military Hospital. For the purpose of this study we define experiences as a combination of personal observing, encountering, or undergoing something. It can be a combination of interrelated factors with past and current experiences with a specific context. In this case, what were the experiences of the birthing women at the 37th Military hospital when compared with their previous labor and delivery experiences at home or in other health care settings? The findings from this study will inform our understanding of the role of the environmental context, and what women needs are for supportive care related to emotional support, comfort measures, information and advocacy. These in turn may enhance the normal labor process and the women's sense of control and competence (Hodnett, Gates, Hofmeyr, Sakala, & Weston, 2003).

3. Methods

3.1. Theoretical framework

Rubin's framework guided the research study and underpins the importance of mother's experience, childbirth and maternity identity formation. Rubin's framework explains the birthing mother's socio-emotional setting, directing the support needed to improve birth outcomes and enhance the mothers' self-esteem and identity as a mother. "Rubin also affirmed or implied a great deal about the need for nurses to provide supportive care to women in labor" (Sleutel, 2003).

3.2. Design and recruitment

This was an exploratory study that used a generic or non-categorical qualitative research design in exploring the experiences

of women delivered at 37th Military Hospital. The intent was to explore the experiences of the women who delivered their babies at the 37th Military Hospital in Ghana. This was of importance as the need was to have an in-depth understanding of what they experienced when they were delivering their babies at this particular hospital which was formerly a military hospital.

Recruitment commenced with the support of the Commanding officer and the unit manager after ethics approval was obtained by the Noguchi Research Institute of University of Ghana and that of Ghana Health Service. A purposive sampling method was used to recruit participants. The eligibility criteria included that participants must have had a previous delivery either at home or in another hospital. Furthermore, they had to be civilians and natives of Ghana and given birth via a normal vaginal delivery within in the past 48 hours at the 37th Military Hospital. Participants had to be fluent in one of the local dialectics (Ga or Twi) or English. Women had to reside within Accra Metropolis for subsequent interactions. Initial contact with potential participants was done by nurse-midwives who provided a general introduction to the study; if potential participants was interested their names were forwarded to the researchers.

3.3. Data generation and analysis

Data were collected by using semi-structured individual interviews. The interviews were conducted on the day following delivery in order to give the participants opportunity to recuperate. The initial interviews were conducted in a staff member's office to ensure privacy. The second interviews were conducted in the participants' homes. Three participants were interviewed a second time to confirm and clarify emerging themes. All interviews spanned between 35 and 60 min. Data analysis occurred concurrently with data generation. The audio recordings were transcribed verbatim. The analysis was guided by the Rubin's framework. Thematic analysis and deductive reasoning guided the data analysis. The transcripts were read, reread until the patterns and meaning units (words or phrases) emerged. This process was of value in describing the experiences of women birthing at the 37th Military Hospital.

3.4. Ethical considerations

Ethics approval was obtained from the Noguchi Institute for Scientific Research at the University of Ghana. All participants were assured of anonymity and confidentiality and were assigned pseudonyms to protect their identity. Participants gave written informed consent before they were interviewed. Each participant was made aware that she can withdraw from the study at any time or refuse to answer any questions that made her feel uncomfortable.

3.5. Rigor

Strategies to ensure rigor for this study included credibility, fittingness, audibility, and confirmability (Polit & Hungler, 1999). Credibility was ensured by recording of participants' responses during interviews and through verbatim transcription of all the audio recordings. The use of exact quotes from the participants' responses in supporting the themes was also used in ensuring credibility. After two weeks of interviews the researcher invited three participants to review the research interpretations (Kushner, 2005). This was done by replaying the recordings to participants and asking their opinions on the emerging themes (Polit & Hungler, 1999). Additionally, peer debriefing meetings were held, formally and informally, with other students and faculty members. The importance of these meetings was to share

Download English Version:

<https://daneshyari.com/en/article/2685982>

Download Persian Version:

<https://daneshyari.com/article/2685982>

[Daneshyari.com](https://daneshyari.com)