



## A QUALITATIVE EXPLORATION OF PRIMI-GRAVIDA WOMEN'S EXPERIENCES ASSOCIATED WITH PREGNANCY

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### ABSTRACT

**OBJECTIVE** To explore the primi-gravida women experiences associated with pregnancy and expectations to childbearing process.

**Design** A Descriptive phenomenological qualitative research design.

**Setting** Obstetrical ward and recovery room of Maharishi Markandeshwar Institute of Medical Sciences & Research Hospital, Mullana, Ambala, Haryana, India.

**Sample** women's who were admitted in obstetrical ward and recovery room with first time pregnancy.

**Methods** The instrument used was the open ended interview guide.

**Main outcome measures** Explore the primi-gravida women's experiences associated with pregnancy and childbearing processes.

**Results** Women's explored their experiences with their expectations related to pregnancy, physical and emotional aspects, care and support from health care professionals and family, The findings revealed that the women's were very concerned about their foetal well being and after their unplanned admission as distressing and traumatic. Two themes and six subthemes were identified from the analysis of qualitative data. The major theme emerged was pregnancy expectations and wishes and future expectations. Emergency admission had a noticeable impact on women's views about pregnancy and delivery.

**CONCLUSION** Prenatal preparation for motherhood has been associated with maternal well-being that includes taking care of one's self during pregnancy characterizes engaged mothering. The study's findings' potential significance is to understand the difficulties women have to deal. Additionally, the findings can also help to develop more focused and specific support systems and educational measures for women who are becoming mothers for the first time.

**KEYWORDS :** primi-gravida, women's experiences, descriptive phenomenology, qualitative research

### INTRODUCTION

"Pregnancy is a huge transition in a woman's life, and it involves a complex mix of emotions, with all the changes that new stage can bring. Pregnancy is an important life experience in a woman's psychosocial and psychological perspectives. Childbirth is viewed as a journey, shared between mother and baby. The memory and experience of it, vivid and intense, will stay with a woman throughout her life".<sup>1</sup> For many women childbirth is a joyous, fulfilling and empowering experience. These difficulties experienced by women may seem less critical when the caesarean surgery is lifesaving. Childbirth can be a painful experience, often associated with feeling of being out of control. It should not, therefore be surprising that childbirth may be traumatic for some women. For many women childbirth is a joyous, fulfilling and empowering experience.<sup>2</sup>

Giving birth is one of the most important events in life, which is a highly individual experience. The experience of child birth plays a major role in how mothers will develop good self-esteem, positive feelings for the baby, and an easier adjustment to motherhood role, and also future child birth experiences. In order to provide better individual support to women during childbirth, the health care providers are required to put more focus on psychosocial aspects, but without neglecting medical safety.<sup>3</sup>

Pregnancy, birth, and the postpartum period are milestone events in the continuum of life. These experiences profoundly affect, women, babies, fathers, and families, and have important and long-lasting effects on society. There are certain factors due to which women are afraid of during pregnancy and childbirth: fear of childbirth, caesarean section, mother and infant health, health care professionals' actions, and subsequent family life.

The first aim of this study was to explore the reported thoughts and the emotions of women immediately after they find out that they are pregnant, and how these feelings and thoughts change over the span of the pregnancy.

The experience of pregnancy is unique to each woman and is expected to vary.

### MATERIALS AND METHODS

#### STUDY POPULATION

A qualitative descriptive phenomenological study comprise of 15 women with criterion sampling were included. In this paper we will report data containing experiences associated with expectations & wishes related to pregnancy and secondly to future expectations.

#### OPEN ENDED INTERVIEW

Women aged between 18-40 years and who were not high risks and admitted for delivery were included in the study. Data were collected during the last trimester of pregnancy and was collected on the 2nd day of admission by interview technique with open ended interview guide. The interview guide includes wide range of questions including questions regarding socio demographic and research variables, as experiences of pregnancy and childbirth processes. Duration of interview and number of questions varied from one participant to another. Length of interview lasted from 20 minute to 40 minute. The participants were asked to present themselves and talk freely about their experience about emergency caesarean section. Women's were interviewed in a separate room and audio recording was done with tape recorder. The Ethical approval was taken from the University research ethical committee of Maharishi Markandeshwar University, Haryana, India for the study and informed written consent was taken from all participants. Data saturation was achieved after interviewing 13 women who had undergone emergency caesarean section at Maharishi Makandeshwar Institute of Medical Sciences and Research Hospital, Haryana, India. Researchers interviewed two more mothers to explore the possibility of any new code and to confirm that saturation had been achieved or not.

#### VALIDITY

In order to achieve a high level of validity and quality in the data, which is of particular concern in qualitative research,

several methods were incorporated in the process. I emphasized confidentiality, which might have put the participants at ease to share more intimate details and to engage in more comprehensive descriptions of their experiences. In addition, the interview guide was tested in the pilot study and proved to obtain a rich set of data by motivating the participants to give long and detailed accounts of their experiences. Due to the fact that I was the only interviewer and transcriber, I had control over the quality of the process. Constant reflexivity of the researcher provided an additional critical process to ensure that the interpretation of the data is representative of the participants' accounts and not the personal perspective of the researcher.

### THEMATIC ANALYSIS

For open ended questionnaire interview guide, the analysis of responses was done and themes were coded. The reliability is calculated using Lincoln and Guba's Model(1985) on four aspects of enhanced trustworthiness of a study including credibility, transferability, conformability and dependability. The analysis of responses was done and themes were coded. Coding was done by the researcher and the experts. Three experts thoroughly reviewed the transcripts to gain a full sense of their meaning. Initially concept that emerged was discussed and coding was performed to identify the statements that were related to objective of the study. Codes were examined and compared and various subthemes were sorted out. The accuracy of these sorted themes was confirmed by discussion in which all experts participated and agreed. In the final step, five themes and 15 subthemes were formulated to describe women's experiences.

The researcher paid careful attention throughout interview and analyses to pre-understanding that certainly will influence the interpretation of women's emergency caesarean section experiences.

### RESULTS

Women's were in the age group of 18-25 years. Nearly half of women (40%) were having education up to graduation and above. More than half of women belonged to nuclear family. Majority of women had duration of marriage of 0- 5 years and were primi-parous. Participants were in the labour for 5 to 6 hour and in 6-12 hours. With regards to the parity 84.67% were primiparous and 93.34% mothers were the first caesarean mothers in their family. It is also worth to note that none of any woman had medial, surgical and obstetrical problems.

An important aspect during the analysis was that I actively tried not to impose my own meanings on the data. Constant reflection on the process and my own opinions and behaviour showed to be important. I kept a research diary, which consisted of notes on how I felt after the interviews and of me reflecting on the knowledge I obtained during the literature research.

### EXPECTATIONS AND WISHES RELATED TO PREGNANCY

The Main theme is pregnancy expectations and wishes. Pregnancy is a time of growth and hope, for most women this is a time of great happiness, and the excited anticipation of the arrival of the baby, but it is also a time when a woman is very vulnerable especially in the 1<sup>st</sup> and 3<sup>rd</sup> stage. They are likely to experience a confusion of emotions. Not everyone experiences the glow of the perfect pregnancy. The sub themes in pregnancy expectation are grouped in four categories that is Testimony of pregnancy, Tears of Joy, Desire of motherhood and Entanglement with the outcome of pregnancy.

#### Testimony of pregnancy

*"Now it was one year only , so I have not told mother about this , I have lied that I was on periods then on next day, I had started with vertigo...I was not able to do work....I have told mother that I am having vertigo ... she said its due to period , then I denied it.... I told her that I am having periods and didn't tell*

*you that because I don't want to give tension to you, after two days, on 2 April we did the test.. I did the test at government charitable hospital and they informed us about pregnancy and we came back to home after knowing this. We came to home and were discussing its very good thing."* (P11)

In contrast, one of the participants came to know about she is pregnant after quickening started.

*"I got to know when baby had started to move inside, after that only I get to know before that I don't know about this."* (P9)

All most all of the respondents confirmed their pregnancy at home by using urine Pregnancy test kit after a missed period. Mothers got assistance from significant family members for doing the confirmatory test, whereas one of the participants was assisted by a local health care member for the same. In addition, participants confirmed their pregnancy by consulting doctor as soon as the positive results.

#### Contentment of joy

Pregnancy is a joyful experience in women's life. Participants were very happy after knowing about their pregnancy.

*"As I get to know about the pregnancy, I start crying, because I didn't expect this, everyone was saying to conceive early, otherwise there are various problems in late pregnancy. For that only I was worried. When i knew about my pregnancy from my mother-in-law, I start crying, because suddenly I got a happy moment"*. (P12)

*"On that day i was extremely happy ...everyone was very happy i started taking care of myself from that day... i had healthy food in that day , started caring myself like medicine, doses etc , etc. I had fruits that day, and follow all advice given by doctors like what you to eat and i had done everything like their advices only."* (P6)

On the contrary to women who were very happy by knowing about they are pregnant, one participant was not happy with this news as she wished to continue her studies.

*"I was feeling good, but I don't want to get pregnant now, i didn't think to get pregnant, but when I get to know ....then i thought lets go for first baby. Because I Wanted to study first ...graduation, I'm in B.A 2<sup>nd</sup> year and now I'm having final year exams, that's why I wanted to complete that first."* (P2)

Participants start taking more concerns and care for self by taking adequate rest, balanced diet and medicines. Furthermore, mothers strictly went to antenatal visits and followed all advices given by doctors.

#### Desire of motherhood

Motherhood is a huge transition in every woman's life. This unique journey in their life is moment to experience various physiological and psychological changes in pregnancy. Participants expressed feeling of motherhood and desire to have a child.

*"That time I was very happy because everybody wanted to have baby...as one year has passed since marriage so I wanted to have a baby.... I was not scared.. but I wanted to be a mother."*(P12)

*" I never thought that it will happen so early....there was no special feeling but it was that baby will come soon...baby will come soon.....and my husband also wanted that baby should be healthy and wealthy ... (P3)*

*"I thought that now i should not have been pregnant.... after some days I came to know that I am pregnant ...then I realised that whatever happens that is good."* (P2)

Mothers were not expecting and prepared to have baby, they required time to adjust and be in the role of a mother. However, they gradually accepted to be mother after confirmation of the pregnancy. Few of mothers want to have baby because it have been a long time since their marriage.

#### Entanglement with nature of pregnancy

Most of the participants were engaged in preparing for the motherhood, caring themselves and doing many efforts to take of their baby.

*"Yes, of course i was thinking, don't know how the baby would be, weather he is normal or what... and also says his organs are there or not, all these questions were there in my mind. But when ultrasound was done every these questions got it cleared. Yes, first time I came to Barara at 5 month, before that i consulted in Shahbad and did ultrasound from there only. After that i came to my home, means in my mother's home, there is a hospital nearby, and then I started my treatment from there. Ultrasound was done; done ultrasound many of times. Amniotic fluid was normal, as all says if there is enough water around the baby that is good for baby. Baby is healthy and weight is also good." (P6)*

*"That day... what to happen?, check-up and all others formalities did. Furthermore, I started to eat good food, started exercises, less travelling....I did all these things. Since that day I started more caring for myself. Ultrasound was done first at fourth month and after that at seventh month, reports were normal. Then I thought it's a good thing that everything is normal, if routine is like this then this must be better." (P9)*

As being muligravida one of the participants had good knowledge about how to be ready for pregnancy. She was very cautious about the health of this baby since her last baby was very weak.

*"I had a strong desire to have a baby girl, I wished to have a baby girl but delivered a baby boy, everyone is happy. Doctor instructed that refrain from all heavy work means do proper rest and have good food and drinks. So I did full day rest, I had healthy food and drinks, means I did good care. My husband took care of me very well, he did his level best what he can, he brought fruits and all things, means he supported me a lot. I had done first ultrasound at third month because I wanted to know about my baby's well being, and wanted to know, he is growing or not. During my first pregnancy I was not aware, so I knew this time what to do. First child was very weak, Hence, I would do everything on time. This baby is not that too weak, however the first one was just 1kilo 600gm... So I did the first ultrasound at three months, then at 6 months and now at 8<sup>th</sup> month and found baby is absolutely fine." (P13)*

It was turning point for all mothers since the day of confirmation. Though this transition was bit difficult for them, they started to follow all the healthy practices of a pregnant woman. Participants were more concerned with health of the baby and engaged with normal routine healthy habits of a pregnant woman. To be precise, had high nutritious food, exercises, avoid heavy work and travelling. All of them relied on the ultra-sonography to determine the foetal well being and contented with the normal reports.

#### FUTURE EXPECTATIONS

The second theme is future expectations with two subthemes i.e. lifelong struggles and desire to have normal pregnancy. It is imperative that complication associated with caesarean section can last long and this may have direct impact on the lifestyles of mothers. Though this caesarean section does not guarantees a normal delivery in future, many desire to have normal because of many consequences related to caesarean section.

#### Lifelong struggles

*"I think, I won't be able to do heavy work.... I feel like that....like it may take time for me to recover and like my movements which could have been early but now it will be late." (P3)*

*"Operation is a different thing, it always creates problems. First of all weight gain, and gas in stomach... I have fear about this only. A lady who resides in neighbourhood became obese after operation. So I'm scared of it. Problem can arise in future, Don't know first time it has happened, I fell that it may take two to three months to be fully recovered" (P5)*

The caesarean section scar is a constant physical reminder for the women that their delivery did not go as planned. For some women, this had a profound effect on their body image.

*"Yes, my body.....because I'm a bit healthy and my body may gain weight and I'm very scared about fatness. Even now I asked to doctors just before getting operated that what can be done if I am fat, and then they told to me that no problems.... do exercises otherwise my I will be obese." (P6)*

Participants feel that there may be unforeseeable consequences after operation such as getting obese, changes in diet and hurdles in recovery.

#### Desire to have normal delivery

*"Actually I'm not thinking about this, I'm very scared due to operation. I don't think so that I can do this in future. Nothing is based on my wishes.... as far I know..... I have heard that if baby is delivered through caesarean in the first time then in second time it will be same" (P6)*

*"Normal delivery is better as it recover swiftly. It is also like normal delivery....but stitches are there... in this need to give more attention of care and continuous care for six to seven months.... and here we cannot walk, climb stairs and cannot eat and drink properly...means if family desired to have normal then also it won't usually happen. So for next time I will think for normal only" (P8)*

Majority of the participants are not in a state to think about the next pregnancy now. However, all most all mothers agreed that they will prefer to have normal delivery in the future.

*"I will say this only that normal delivery is more painful, though it is for short duration, for me it is very painful. I know operation will take more time in my recovery but operation takes place in less time and I'm scared of normal...and I don't have any problem with operation." (P10)*

One of the participant expressed that normal delivery is more traumatic than operation and participant feel that operation happens swiftly and do not need to bear pain for long period. Hence, she prefers to be operation as mode of delivery in future.

#### DISCUSSION

My motivation for this study came from several directions. I had written a paper on experiences mothers associated with emergency caesarean section in a previous semester, which made me more alert to what I felt were misconceptions and misrepresented images of motherhood.

The first theme is pregnancy expectations and wishes. Pregnancy is a time of growth and hope, for most women this is a time of great happiness, and the excited anticipation of the arrival of the baby, but it is also a time when a woman is very vulnerable especially in the 1<sup>st</sup> and 3<sup>rd</sup> stage. They are likely to experience a confusion of emotions. Not everyone experiences the glow of the perfect pregnancy. The sub themes in pregnancy expectation are grouped in four categories that is Testimony of pregnancy, Tears of Joy, Desire of motherhood

and Entanglement with the outcome of pregnancy. McVeigh (1997) researched more specifically how first-time mothers experience motherhood and found that they felt unprepared. The women in McVeigh's (1997) study talked about "the unrelenting nature of infant care, fatigue, the feeling of being unprepared, lack of personal time, and the role support played in easing the stress and strain during the early weeks of motherhood". The women had the feeling that nobody told them about the harsh reality of taking care of a newborn. This is a phenomenon that McVeigh (1997) called a *Conspiracy of Silence*.<sup>4</sup>

Pregnancy is a joyful experience in women's life. Participants were very happy after knowing about their pregnancy few were starts taking more concerns and care for self by taking adequate rest, balanced diet and medicines. Furthermore, mothers strictly went to antenatal visits and followed all advices given by doctors. Bondas and Eriksson (2001) also found the theme of specific health behaviours in their study of 80 Finnish mothers. The women in their study reported that they tried to eat healthy and to be physically active to improve their pregnancy outcome. They also found that the women tried to be harmonious and balanced; something that was also mentioned by the participants in this study. The aspect of physical activity, especially in regard to "staying in shape" and being physically prepared for labor and delivery was researched by Dworkin and Wachs (2004).<sup>5</sup>

Mothers were shocked and starts crying after knowing the pregnancy news. On the contrary to women who were very happy by knowing about they are pregnant, but one participant was not happy with this news as she wished to continue her studies. Supportive of Beck (2001), these statements show that even though the pregnancy turned out to be eventually welcomed, the expecting mothers went through times of doubt and fear and had to find ways to cope with this life-changing process. The reported levels of fear and anxiety about the prospect of being a mother varied among the 38 participants, but eventually they all reconciled with the change in plans. While still being scared, they talked about how they got to the point of being excited.<sup>6</sup>

Second theme which emerged after data analysis was fear of unpredictable consequences and Desire to have normal delivery. Most of the Participants were having fear, anxiety and unpredictable consequences after operation and fear about unforeseeable consequences and don't know anything about next pregnancy but if it will be there then it will be normal. One of the participant expressed that normal delivery is more traumatic then operation and she would like to go for operation next time also. Similar findings were expressed in study conducted by Deirdre J Murphy, Catherine Pope, and Julia Frost. 2003, Many women described ongoing anxieties about future pregnancies despite anxiety; many women still preferred to try for a natural labour in a future pregnancy and hoped that it would go according to their plan. One woman thought that a future operative delivery would be less worrying; others were sure that they would opt for caesarean section.<sup>7</sup>

While these studies are of great importance, the experiences women have during the transition to motherhood still need to be studied more, and the discrepancies between their expectations and reality have to be discovered to support future educational measures. The findings from this study can assist in this endeavour.

## CONCLUSION

Study revealed that most of the participants were very happy after knowing their pregnancy. Most of the participants expressed that pregnancy brought happiness and joy in their family. They expected normal delivery till they were having labour pains. Mothers were not expecting and prepared to have baby, they required time to adjust and be in to the role of

a mother. Most of the participants were engaged in preparing for the motherhood, caring themselves and doing many efforts to take of their baby. Participants were more concerned with health of the baby and engaged with normal routine healthy habits of a pregnant woman. Most of them have imagined about the normal delivery of baby in the very early stage of pregnancy. At the time when they were having labour pain, some of them get to know about the emergency caesarean section. The moment when they get to know about emergency caesarean section, they were very depressed and dishearten. Some of the participants accepted for the emergency caesarean section for well being of baby and some expressed that it was a wish of god. There is a need for women to be counselled and to have better postnatal support. Her first birth experience may affect feeling towards future pregnancy; affect family planning, and delivery.

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