Women’s Expectations regarding midwifery care during labor in Hawler Maternity Hospital

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ABSTARCT
Childbirth is a natural phenomenon with a history as old as human life on the Earth and his creation. Nowadays, midwives are responsible for taking care of the mother and carrying out an uncomplicated delivery. Regarding the importance to empower women to become more involved in maternal and child healthcare as well as considerable role of midwife to achieving that, this
study will be carried out to describe what midwifery services are expected to do for mothers, during labor according to mothers' experiences and views. A qualitative, exploratory, descriptive and contextual study design has been used. The required data were collected using a semi-structured interview with 11 women who had recently given birth. Data analysis led to spotting 4 main themes which include: 1) Confirmation of existence, 2) A kind and permanent soother, 3) Description of mother's condition, and 4) Maintaining privacy. The results of the present study can be used as a factor to promote the body of midwifery knowledge, because discovering actual concepts and themes related to the mothers' needs and expectations helps midwives deliver appropriate midwifery healthcare and communicate with mothers effectively, moreover, patients can experience a better childbirth by being provided with better quality healthcare and more appropriate communication.

**Key words:** women's, Midwifery care, qualitative study

### 1. INTRODUCTION

Childbirth is a natural phenomenon with a history as old as human life on the Earth and his creation. It has gone through developments of human societies throughout the history, and has developed from its traditional form into today's form. That is a complex life event characterized by rapid biological, social and emotional transitions and is of great expectation and enormous stress for many women and their families (Blakka & Shauer, 2008; Oweis & Abushaikha, 2004). A satisfactory childbirth experience has a profound implication for a woman's future well-being the mother-baby relationship as well as the long term well-being of the family (Soet et al., 2003; Goodman et al., 2004; Figueiredo et al., 2009; Kao et al., 2004). Nowadays, midwives are responsible for taking care of the mother and carrying out an uncomplicated delivery (Baniaghil et al., 2004). Midwives can provide women with care and consultation during their pregnancy, delivery, and after childbirth. They are skilled in these regards, and are responsible for taking care of the mother and the infant. The quality of the delivered midwifery care is one of the issues that have a remarkable impact on childbirth outcomes. The midwives' performance and measures in this critical situation can bring about very different outcomes that range from life to death and health to physical injuries, and greatly affect the mental and psychological health of the mother and the infant (Naghizade et al., 2011). Cross-sectional studies on different cultural groups such as Indian, Jamaican, and Mexican show that the midwives' support is useful to create a positive childbirth experience for the mother (Mirmawalai et al., 2004).

The health care around childbirth has recently been concentrating on complications and risks for mother and child. The obstetric outcome has been focused on more than women's experience (Lundgren & Berg, 2007). Giving birth is one of the most important events in life, which is a highly individual experience. The experience of childbirth plays a major role in how first-time mothers will develop good self-esteem, positive feelings for the baby, and an easier adjustment to motherhood role and also future childbirth experiences (Oweis & Abushaikha, 2004; Ekstr & Nissen, 2006; Goodman et al., 2004). 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 (Orgen, 2004). It has also been shown that women want a sense of security and to feel involved in decisions affecting them, during the childbirth period (Wahn et al., 2005; Burg, 1996). Women also differ in their expectations of relationships with midwives (Hunter, 2006).

For some women, knowing the midwife and establishing a bond with her is important, whereas for others, the most important aspect is feeling confident in the skills and ability of the midwife (Lowdermilk & Perry, 2006). From the women's expectations, personal relationships appear to be valued over role-based relationships. For example, mothers feel valued when the midwives provide them with the expected and needed care during labour. Some women view midwives as friends, with the relationship characterized by mutuality and intimacy (Nikolls & Web, 2006).

According to the Scottish Government Department of Health, Social Services and Public Safety, midwives play a central role in ensuring that women have a safe and life-enhancing experience based on their expectations during their maternity care and that their babies and families have the best possible start in life. A midwife’s role is to ensure that these expectations are understood and met (Scottish Government Department of Health, 2012).

Midwives’ inability to give information and clear explanations to mothers during labour may lead to feelings of disappointment which may later generate negative experiences. If mothers are not given adequate information, they may not be able to communicate with their physicians and midwives or be willing or able to ask questions (Hunter, 2006).

Sengane M, revealed the provision of comfort and support as the two main aspects that the mothers expected from the midwives’ care. The mothers expected midwives to improve their communication skills with them as well as with fathers or partners...
if they were available. During the last two decades, empowerment has been increasingly used in the midwifery context to strengthen the woman and her family (Sengan, 2013).

Regarding the importance to empower women to become more involved in maternal and child healthcare as well as considerable role of midwife to achieving that, this study carried out to describe what midwifery services are expected to do for mothers, during labor according to mother’s experiences and views.

2. MATERIALS AND METHODS

A qualitative, exploratory, descriptive and contextual study design has been used. The required data were collected using a semi-structured interview with 11 women who had recently given birth and aged between 24 to 42 years. Four women were primipara and delivered their first baby so the others were multipara. Sampling was carried out based on the study’s aim and according to the methods of data gathering in qualitative studies sample size depends on data saturation. After referring to delivery and postpartum unites and examining the study inclusion criteria in the profiles of women who had recently given birth, the researcher explained the aims of the study to the participants, and after written consent letter was received from them, they were interviewed. The participants were assured that their information would completely be confidential, and that they could quit the study whenever they liked to. The interviews were carried out within the first 24 hours after the childbirth. They took place in rooms of privacy in the delivery and postpartum wards. They took 30-40 minutes. The first interview questions are: “What are your expectations from the midwives during labor?” and “Which services and skills in midwives should be improved to satisfy your expectation? The other questions that have been used during the interview to encourage the participants to continue reflecting on their perceptions are: “Can you explain more,” “Can you give me an example?”, “How did you feel/think about that?”, “What was it like?”, and “You said that . . . ?”. The interviews continued until data saturation occurred. Drawing on work by Graneheim & Landman (2004), the following steps will take to analyze the collected data:

1. Transcribing the interviews verbatim and reading through several times to obtain a sense of the whole
2. Dividing the text into meaning units that were condensed
3. Abstracting the condensed meaning units and labeling with codes
4. Sorting codes into sub-categories and categories based on comparisons regarding their similarities and differences
5. Formulating themes as the expression of the latent content of the text.

Trustworthiness
About trustworthiness, credibility established through member checking, peer checking, and prolonged engagement.

Ethical Considerations
The research protocol was ethically approved by the Research committee of Hawler Medical University/College of Nursing with ethical number 39. A detailed description of the study, the risks and benefits, data confidentiality, and informed consent procedures will give during the initial contact with prospective participants before their participation.

3. RESULTS

Data analysis led to spotting 4 main themes which showed the participants’ primary needs and desires, showing that the participant were deprived even from basic rights such as primary communication with midwives. The deduced main themes were: 1) Confirmation of existence, 2) A kind and permanent soother, 3) Description of mother’s condition, and 4) Maintaining privacy. These themes are composed of some categories that are referred to below.

I. Confirmation of existence

This theme means that most mothers stated that the midwives were not familiar with the other personnel. Some of them stated that midwives need to know themselves and said, “I could not recognize which one was the midwife, which one was the doctor, and which one was the nurse.” In fact, they expected the midwives to introduce themselves and establish communication with the patients in order to express themselves and win the patient’s trust so that the patients could ask for help or advice if necessary.

In this regard, another participant stated, “And elderly lady came to me and took the baby. I do not know she was the midwife with those who were with me during the delivery or not, because she was right here during the labor, but I do not know she is a midwife or not. They did not tell me who is midwife and who is not.” In this regard, another mother stated, “It was difficult for me to know who the doctor, nurse, or midwife was. Well, midwives are always elderly women who are experienced in conducting childbirth, and there is no need to have academic education. I prefer that a doctor accompanies me during my delivery. Because my
delivery is tough, it is better to have a doctor by my side, but for normal deliveries, midwives are enough, because midwives only pull out the baby; however, if the mother is in a bad condition, there must be a doctor by her side.” However, a few participants referred to this issue that they would prefer to be accompanied by a doctor because they did not know who the midwife was, and they knew that if a doctor were by their side, the midwife would listen to the doctor, “It is better if I go to a doctor, because if the midwife knows that I am supervised by a doctor, she will fear more and pay more attention to me, because the midwife is the doctor’s subordinate, so it is better that a doctor be present there.”

An interviewee continued like this, “There were 6 peoples by my side, and I could not understand who the midwife was. No one talked to me. They did not say anything, they just made orders, and they did not have time or want to talk to me. However, I think doctors are the best, because they have studied more, and they have more practice.” In fact, these statements indicate the patients’ expectations from the midwives to establish communication with mothers so they can meet their needs and respond to their pains and prove their existence as experienced and reliable midwives.

II. A kind and permanent soother

The second theme obtained from the mothers’ speeches was having a friendly permanent companion. In this regard, an interviewee referred to the importance of kind and nice words from the midwives and friendly behavior and stated,

“I just want friendly and kind behavior from the midwife. I do not want them to hurt me by harsh words, because we are sad and scared, but when we call them, they say go and they will come soon, but they will not. They leave you alone until you are quite helpless, then they will come to you with sharp words and bad behavior. Things are better now, but some talk so badly”.

Also participant number 5 stated the following:

“Sweet talks are heavenly, and they should not leave us alone even for a moment. This is our right. Before coming to the hospital, I was told a lot not to go to the hospital because they are so bad with patients and hit or even curse them; however, it was not true, and they are not all the same.”

Another mother said, “I do not want anything, I just want them to be friendly with me and check up on me every 5 minutes, it is not a lot.”

In the same regard, another participant referred to her interesting experiences and stated, “They sometimes visited me and said when I wanted a child, I needed to bear the pain. Getting married has no pain, but having a child hurts, right? But some of them were kinder and would tell me to calm down, but different people visited me at different times, and they kept leaving me, so I got stressed out if something bad happened to me while no one was by my side. I do all my stuff and want nothing; I just want not to be left alone. That is all.”

Some participants expected the midwives to deal with her with peace and stated, “I do not want them to come to me and laugh, I just want them not to shout and get angry at me, and do not leave me whenever I need them. One of the midwives was so nice; she was by my side all the time. She did not even go home, and told me she would not go home until she would not relieve me. I thank her a lot. I know she got so tired. I wish every patient had a midwife by her side and never left her alone.”

One of the interviewees numbered 3 in the researcher’s chain of interviews expected the midwife to give her pain relief in addition to her friendliness and kindness. She stated, “I am in pain, and if they come to me and talk to me rudely, I will hurt more. What should I do? I like them to decrease my pain whether by medicine, anesthesia, or any other thing.”

In the same regard, she stated, “God bless them. I do not know who my midwife or doctor was. They were all good. They paid enough attention to me. When I was in pain, they did not tell me anything or inject me anything. I wish they would see to my pain more, at least, they supposed themselves in our shoes, so they could understand my pain.”

Participant 7 did not know whom she had asked for help (the doctor, the midwife, or the nurse, because most patients think that most hospital staff are doctors). She talked about her experiences as, “There are a larger number of patients than doctors (midwives). We kept calling them, but they came late. If the midwives hear us early and come to us, our pain will decrease. I told one of the doctors not to leave me alone, and she accepted my request and visited me once every 5 minutes.”

Based on the information given above, it can be concluded that concern about the outcomes of childbirth can lead to fear, and the mother requires companionship of kind, experienced, and caring midwives to come over such a fear. Midwives can reduce their pains if they do not leave them alone.

III. Description of mother’s condition

Another highly important theme obtained from the mothers’ stories and experiences during their childbirth was the description of their conditions. This theme included indifference of midwives and other personnel toward responding the mothers’ or their companions’ questions and lack of awareness about childbirth time, need for necessary trainings related to different phases of
childbirth. For example, interviewee 2 stated, “I am satisfied with the doctors working here, but whenever I asked them about my conditions and how much time I had for childbirth, they did not answer me, and they just said it was not yet, just this. Is it a response?”.

Another interviewee stated, “When I called them in the childbirth room, they did not come to examine me. They did not explain anything to me, like how long I had to wait to have childbirth and when I could go home. I do not know when I can go home even now that I have had childbirth.” Participant 5, however, said, “Before the delivery, the midwife came and asked me to walk, force myself or not, rest sometimes, or breathe deeply. They informed me that the time of my childbirth arrived (I think it was the doctor), but then I was told that the time had not arrived yet, and I needed to be given artificial pains. Only the doctor knows about it, so she told me so.” Another interviewee stated the opposite ideas as, “I wish the midwife had told me when to walk, when to sit, when the baby’s head is down, when to push, when to go to the toilet, and when not to push. If she had done so, the delivery would have been shorter, believe me.”

Based on what stated, it is clear that mothers expect their midwives to inform them about their present status and provide them with necessary trainings so that they will have an easier and safer childbirth.

IV. Maintaining privacy
Maintaining privacy is one of the main themes that was concluded from the mothers’ speeches. The mothers who participated in the present study complained about the lack of a privacy and personal things that could help them with their childbirth and give them more independence. In this regard, participant 9 said, “I am very annoyed since most of the people in the childbirth room saw me during the delivery and I did not have privacy. For each mother or at least two mothers, there should be a private room so they can have childbirth in peace. I was constantly worried if the sheet was on my legs or not, and it was not good at all. My mothers had to keep pulling the sheet over my legs.”

In this regard, participant 6 stated, “Patient privacy is not taken into account at all, everybody sees us. I wish there were a curtain or something to hide us. It is also discussed in religion that patient privacy should be kept, but it is not.” She added, “Why do they put us across from one another?! We do not feel comfortable at all.”

Keeping the patients’ privacy is an integral part of their human right, and the above speeches show the mothers’ complaint about lack of such a right, and as referred to above, a midwife can help meet this primary need.

4. DISCUSSION
As mentioned above, the present study was carried out in order to sketch out the mothers’ needs and expectations from the midwives in the childbirth room in order to obtain good knowledge given the women’s Kurdish culture. Therefore, the abovementioned themes were extracted after the interviews. The mothers that participated in the present study want their midwives to support them by introducing themselves and relieve their pains by being by their side when needed, because the word “midwife” is derived from an old English word that means “being with the woman” (Lundgren et al., 2009). The participants want midwives to be with them until the end of their childbirth and provide them with the feeling of safety by attracting their trust. The results of a study indicated that patients expect their doctors or midwives to stay with them throughout the childbirth process (Nilsson & Lundgren, 2009). As mentioned above, the participants in the present study complained about the midwives’ business with other issues at the same time and unawareness about their responsibilities. Establishing a close communication and having communicative skills are among the most important needs of a patient, and a mother needs a kind listener, so she can be prepared for childbirth and informed about the changes in her body and what kind of care is taken to her and how she can help herself whether during or after childbirth take care of herself and her child, because when a mother enters an unknown environment and childbirth ward full of stress, she will experience lots of stress and her need for support rises. The participants in the present study, however, complained about the lack of such a help from the midwives. The results of another study show that facilitating childbirth and promoting the mother’s mental health and satisfaction are among positive results of establishing a proper communication between the midwife and the patient, moreover, it reduces her need for chemical drugs to relieve pain (Hunter, 2009; Mohammadi tabar & Kiani, 2003).

The results of another study that was carried out by Anue and Dahlberg indicated that emotional support and constant communication between midwives and patients led to a decrease in fear, stress, and secretion of hormones that increase fear. Creating a safe environment and appropriate communication between mothers and all hospital personnel along with observing the patients’ privacy are among other important concepts that mothers put emphasis on. Other similar studies refer to establishing a safe environment with peace as an important factor in creating a better communication between the patients and midwives and decreasing their pain and increasing their satisfaction. In their study, Waldenström et al. indicated that about 10% of Swedish
women undergo childbirth-related fears most of which occur in primary phases of childbirth and are caused by searching for professional support by the midwives and other caregivers in childbirth ward.

Melender also reported that stress and fear caused by childbirth caused mother to experience numerous problems such as prolonged phases of childbirth, damage to the baby, bleeding, and distrust of the staff and relatives. Therefore, support provided by midwives and other members of midwifery team can create the feelings of satisfaction, safety, and trust in mothers to an acceptable extent, which leads to a decrease in the number of problems. It even causes a better relationship between the mothers and their babies (Nilsson, 2013).

In addition to what mentioned above, another theme that was obtained from the data collected in the present study was description of the mother’s condition. Mothers expect their midwives raise their awareness by providing them with information related to their current status and childbirth phases and necessary caring measures, so that mothers can give birth to their babies with peace and confidence. In relevant studies, it has been mentioned that a mother in labor needs to cooperate with regard to maternity care. In fact, the mother can help with selection of care methods by receiving information related to her own childbirth, and these entire factors can lead to the mother’s satisfaction (Nilsson, 2013; Yeh & Nagel, 2010). However, the mothers that participated in the present study had no right to participate in choosing the methods of receiving healthcare. They were even given limited information in this regard. All of these problems can be attributed to the lack of a complete and comprehensive standard system in childbirth wards. In another study, the researcher referred to the mothers’ despair, confusion, and helplessness as a result of their unawareness about the trend of childbirth.

5. CONCLUSION
The results of the present study can be used as a factor to promote the body of midwifery knowledge, because discovering actual concepts and themes related to the mothers’ needs and expectations helps midwives deliver appropriate midwifery healthcare and communicate with mothers effectively, moreover, patients can experience a better childbirth by being provided with better quality healthcare and more appropriate communication. Moreover, the results of such a study can optimally be used in the fields of education, research, and practice in the newly established midwifery faculty in Kurdistan.

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