Women’s Expectations and Experiences of Childbirth at Tafo Government Hospital

The study sought to gain insight into childbirth expectations and experiences among women at Tafo Government Hospital. An exploratory design with qualitative research approach was employed to explore women’s expectations and experiences during childbirth at the Tafo Government Hospital. Purposive sampling technique was used to select twelve (12) study participants. Data was collected with a semi-structured interview guide through face-to-face interview. Data was then analysed using thematic content analysis. The outcome of the study indicates that most of the participants expected delivery to be painful and stressful throughout the birthing process. This expectation was met as the study revealed that almost all the participants experienced unbearable pain during the birth process and indicated that managing the pain was a difficult task as it was associated with frustration, confusion and even loss of hope. Finally, the study demonstrated that most of the participants experienced positive health care support in the form of how they were accepted and the quality of treatment or care they received in the form of psychological support and pain management at the facility. The study recommends continuous and extensive education to help prepare pregnant women both physically and psychologically towards childbirth for a positive birth outcome.

Keywords: childbirth, pregnant women, postnatal, childbirth expectation, childbirth experience

Introduction

Globally, the development into motherhood is considered as a positive and joyful experience; however, for most women it is correlated with agony, morbidity and loss of life (World Health Organization, 2015a). In view of this, the World Health Organization (WHO) envisions a world where every pregnant woman and new-borns receive standard quality care during antenatal, delivery and postnatal periods (WHO, 2016). According to WHO (2018), it is projected that approximately 140 million births occur every year in the world and majority are among women with positive childbirth experience at the beginning and throughout labour. This experience is mostly described as complex in nature, multidimensional and subjective (Rania, 2019).

Childbirth expectation among women is a complex and dynamic topic. Pregnant women anticipate their prospective childbirth experience, and it has been shown that these childbirth expectations which includes safe and successful delivery are important predictors of childbirth outcomes (Camacho-Morell and Esparcia, 2019; Martínez-Borba et al., 2021). Martínez-Borba et al. (2021) and Iravani et al. (2015) define childbirth expectation as the extent to which a mother feels that the needs associated to her and her baby’s wellbeing are met during childbirth. These expectations are influenced by several need
factors which include physiological needs, psychological needs, informational needs, social and relational needs, esteem needs, security needs and medical needs (Martínez-Borba et al., 2021). With this, one can assert that childbirth expectations are usually formed many days before the actual childbirth, which tend to have an impact on the eventual childbirth experience. Many expectations about childbirth may be in line with the belief system a woman holds about birth but expectations may also be developed from antenatal education, previous birth experience, books, television, the internet, healthcare providers or family and friends (Webb et al, 2021).

In Africa, women who go through the child birthing process are reported to be faced with either negative or positive experiences (Adugu, 2018). As indicated by Knol and Geraghty (2017), Adugu (2018) and Namujju et al. (2018), childbirth experiences could be both positive and negative and are dependent on the individual woman and the facility in which one delivers. Sawyer et al. (2011) highlighted that those varying experiences of pregnancy and birth are underlined with unique cultural factors and adverse physical conditions. For many individuals, experiences encountered are some of the most crucial and sensitive indicators for choosing health facility for delivery purposes (Adugu, 2018).

Studies have shown that women experience of birth changes over time with 22% of women becoming more positive and 15% more negative (Hildingsson et al., 2013). In view of this, several studies have explored the positive experiences (Karström et al., 2015), negative experiences (Smarandache et al., 2016) and mixed experiences (Adugu, 2018; Namujju et al., 2018; Dzomeku et al., 2017) of childbirth in both developed and developing countries. A positive birth experience promotes a sense of achievement, enhances feeling of self-worth and facilitates confidence (Hildingsson et al., 2013) while a negative birth experience has been shown to have a significant impact on the well-being and future choices of mothers (Smarandache et al., 2016).

Relating to positive experience, most women in sub-Saharan Africa describe the one that fulfils or exceeds their prior personal and sociocultural beliefs and expectations. This includes giving birth to a healthy baby in a clinically and psychologically safe environment with continuity of practical and emotional support from health professionals or midwives as well as relatives (WHO, 2018). Sawyer et al. (2011) contribute that most pregnant women describe childbirth as a negative experience in the light of haemorrhage, obstructed labour, hypertensive disorders, sepsis and at times death. Also, evidence shows that negative childbirth experiences may lead to undesirable effects such as failure to breastfeed, reduced love for the baby, emotional upsets, post-traumatic disorders and depression among most West African mothers (Namujju et al., 2018). Therefore, understanding childbirth experiences and their meaning could be important in planning individualized care for mothers (Namujju et al., 2018).

In the Ghanaian context, Dzomeku et al. (2017) reported of women being faced with mixed experiences including both negative and positive childbirth experiences. These women who reported of negative experiences alleged to resort to other assisted means of childbearing other than the health facility for
future deliveries (Adugu, 2018). Similarly, at Tafo Government hospital, over the past five years there has been a substantial decrease in the number of expected deliveries at the facility which could be attributed to mothers being unsatisfied about the treatment and care received at the hospital. Anecdotal evidence further indicates that some midwives discriminate among pregnant women by providing sub-standard care, disrespecting and does not pamper them as they deserve. This in turn has an influence on revenue generated in the hospital, integrity and trust in the health professionals especially midwives and post-traumatic stress disorders as women are unable to willingly express how they feel due to fear of being mistreated. Moreover, it is surprising how little knowledge is available regarding women’s own expectations and experiences of childbirth in Ghana, of which Tafo Municipal is not an exception. In view of this, the current study explores women’s expectations and experiences of childbirth at Tafo Government Hospital. Specifically, the study sought;

1. To describe expectations of women before delivery.
2. To describe personal experiences during childbirth among women.
3. To identify challenges encountered by women during childbirth.

The study envisaged that the results will help to improve women's birth expectations and experiences, thus the quality of care and improve birth outcomes for mothers and new-borns at the Tafo Government Hospital.

Materials and Methods

The study sought to gain insight into childbirth expectations and experiences among pregnant women delivering at the maternity unit of the Tafo Government Hospital located in the Manhyia North Sub-district in the Ashanti region. In achieving this goal, the study employed explorative study design which used qualitative research approach to explore women’s expectations and experiences during childbirth at the Tafo Government Hospital. This design was appropriate to elicit conflicting and converging opinions of mothers on their expectations and experiences during childbirth. In view of this, Kaplan and Maxwell (2014) explain that the goal of understanding a phenomenon from participants’ point of view in its particular social and institutional context is largely lost when textual data are quantified. The study population included post-natal and newly delivered mothers having more than 24 hours post-delivery at Tafo Government Hospital. Overall, purposive sampling technique was used to select twelve (12) study participants for the study. This sampling technique was used because the researchers’ needed participants who were knowledgeable in the subject under study and also to gain rich information on the phenomenon under study. Each sampled participant was assigned a code letter or name (such as Participant A, B, C, D…L) in order of recruitment into the study.
The main instruments used by the researchers were a semi-structured in-depth interview guide and audio tape recorder to collect accurate data through face-to-face interview with sampled respondents. Data collected were transcribed verbatim and analysed thematically. These methods allowed the researcher to explore emerging issues deeper in subsequent interviews. To ensure validity and reliability, instruments used were informed by most recent relevant studies. Moreover, instruments were subjected to scrutiny by supervisors and pre-tested in neighboring health facility, Mamponteng hospital, using 5 participants to check for consistency, relevance and applicability of the interview guide. Finally, ethical clearance was obtained from stakeholders including the research ethics committee of Garden City University College and Tafo Government Hospital to conduct the study. Other research protocols and ethics including confidentiality were captured during the conduct of the study.

Results

This section presents the outcome of the study conducted at the maternity unit of the Tafo Government Hospital in Ashanti region.

Demographic Characteristics of Participants

Overall, twelve (12) participants were interviewed and had their ages ranging from 19 years to 37 years. Four of the study participants had one (1) child, two had three (3) children, two had two (2) children, two had six (6) children, one had five (5) children and one had four (6) children. Again, most of the participants (11) were educated whiles only (1) was uneducated. In addition, nine (9) of the mothers were employed whereas three (3) were unemployed. Most (9) of the study participants were Christian, nine (9) were married whereas three (3) were single. Finally, most of the participants have had more than four (4) ANC visits prior to their last delivery whiles few were having less than five (5) ANC visits.

Childbirth Expectations

Findings relating to expectation of mothers during childbirth are presented below. Participants were to describe expectations in relation to their delivery at Tafo Government Hospital. Their responses were varied but most of the women felt their experience were better than they had expected. For comprehensive analysis, information gathered were presented in themes and sub-themes as indicated in table 1 below.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Extract from transcript</th>
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<tbody>
<tr>
<td>Labour Pain Expectation</td>
<td>“Prior to my delivery, I had a strong conviction that my delivery would not be easy. Because I expected the whole process to be painful and stressful due to accounts given by people I know in my community. I also prepared myself because of these shared testimonies” (Participant C)</td>
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<td>Perceived Health Care</td>
<td>“Ooh initially, I had planned to deliver in a different hospital (where I had my first delivery) but a friend who has worked at Tafo hospital as a nurse advised me to come here (Tafo hospital) instead because the nurses here are good, have time for their clients and are very supportive. With this expectation I was very positive about my second delivery in this hospital. When I came here too for a fact all she said were true, I have not been disappointed at all. My expectations were to have a very peaceful and successful delivery and because I trusted the words of my friend, I had this great experience” (Participant A). Similarly, another participant demonstrated that the role of midwives is paramount in health care provisions; “I had great expectations of having a successful delivery and I know when I did not come here the worse could have happened because of my condition. I was very weak upon getting to the facility. However, with the support offered by the midwives here, I did not encounter any difficulty during my delivery.” (Participant D)</td>
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<td>Fear Expectation</td>
<td>“During my previous birth, I opted for operation (caesarean section) because of the fear I had about the birthing process that I could lose my life or the baby. After assessment by the doctor, he approved the operation (caesarean section) for me.” (Participant F)</td>
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Source: Field Work 2021.

The above table 1 describes the experiences of women during childbirth at Tafo Government Hospital.
Childbirth Experiences

The study further explored the experiences of mothers during delivery at the Tafo Government Hospital. Refer to table 2 below for outcome of this investigation.

Table 2. Childbirth Experiences at Tafo Government Hospital

<table>
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<th>Theme</th>
<th>Extract from transcript</th>
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<tr>
<td>Labour Pains and Management</td>
<td>“When I got to the hospital, I started feeling severe labour pains and one of the midwives who attended to me here asked me to go for trial of labour because she felt I could manage the pains and have successful delivery. However, upon assessment I was finally prepared and booked for operation (Caesarean section)” (Participant K). Another mother expressed how long she had suffered pains; “In fact, I went through a lot of pains because this was my first time going through labour so it was difficult for me to manage. I will say that was the only challenging thing for me because it lasted for almost an hour” (Participant G)</td>
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| Health Care support           | “When coming I expected the midwives to shout at me but it did not happen as such. They rather spoke to me calmly and treated me well” (Participant C) Another participant who was support in managing her pains also asserted that; I was initially afraid and having painful feelings but when I was being prepared for delivery, the midwives comforted and assured me that all will be well so I should take some pills so that I do not feel any pain during the process. Another participant narrated that; “Staff workers (midwives) are very supportive; in fact, they are good and I have not experienced any bad treatment from the midwives or nurses at the facility maybe I am yet to see one”. (Participant A) However, among the few participants who reported of poor health care support, one indicated that; “Some of the midwives (at the Tafo hospital) human relation is not encouraging, they will intimidate you (by
Childbirth Fear

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<th>Description</th>
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<td>shouting and insulting) and the support you will need to endure the labour pains during delivery are not given unlike my previous delivery” (Participant B)</td>
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<td>“I was told by one midwife that the liquor volume of my baby was small during check-up for which reason I was booked for emergency caesarean section” (Participant D)</td>
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<td>Similarly, another participant intimated that; “On assessment I was told my cervix has fully dilated ….so I had to push but the baby could not come over several hours despite the effort I put in to push. Due to fear of losing my baby I was booked for caesarean section” (Participant F)</td>
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Source: Field Work 2021.

Childbirth Challenges at Tafo Government Hospital

Notwithstanding the success story characterizing childbirth, it is not without its underpinnings. In this study, most mothers have expressed various challenges encountered during their delivery. Even though few mothers reported cases of no challenges during delivery, however, it was revealed in the study that issue of pain management, financial issues, lack of family support, caesarean section, and referral issues were some of the major challenges encountered by most pregnant mothers during childbirth. In relation to pain management one participant summarized that;

“Aside the labour pains I went through which I know is normal, I didn’t encounter any peculiar problem and neither did I have any issue with any nurse or doctor. In fact, I had the best of treatment at the facility” (Participant J)

In confirmation one participant contends that;

“My greatest challenge has to do with the labour experience especially in terms of managing the pains. Actually, everything was new to me since it was my first-time experience…. when I was asked to push, I didn’t know how to go about it.” (Participant I)

Moreover, financial problem was highly emphasized by most of the participants. The study found that financial position of mothers could influence their choice of place of delivery especially among single mothers (unmarried women). In this study, respondents rarely expressed that their financial position really affects the choices they make to deliver home or in a health center. One of the mothers had this to say in support of this stance;
“My only challenge was with health charges here (Tafo hospital). I do not understand why I will have to pay for things like bed mat, medications, surgery and others when I have insurance. The cost of delivering at this facility (Tafo hospital) is really expensive……so assuming a poor mother who could not pay for the monies they requested for, would they have sent the person home to deliver or what? I was expecting them to take care of me first before they even talk about money.” (Participant L)

The above assertion was not in isolation but in consonance with the opinion of another participant who emphasised that

“Normally, they say insurance covers your maternal services but you will even end up buying a common blade.” (Participant K)

Finally, considering the kind of support offered by relatives during childbirth, few women in this study have indicated satisfaction with the support offered during delivery. The mothers according to their narratives reported dissatisfaction relating to the psychological support from their birth companions including husbands, parents, sisters, mothers-in-law, aunts and friends.

Discussions

The study explored childbirth expectations and experiences among postnatal and newly delivered mothers having more than 24 hours post-delivery at Tafo Government Hospital. In this regard, the study sought to answer the following research questions; what are the expectations of women before delivery at the Tafo Government Hospital? What are the personal experiences during childbirth among women at the Tafo Government Hospital and what are the challenges encountered by women during childbirth at the Tafo Government Hospital?

The outcome of the study indicates that most of the participants expected delivery to be painful and stressful throughout the birthing process. According to literature, expectation of women during childbirth has been described as complex and dynamic and are significantly intercorrelated especially between the first to the third trimester of pregnancy (Martínez-Borba et al., 2021). As a result, women’s expectations of labour pains have been described as a major factor determining maternal satisfaction with childbirth. This finding supports earlier study by Zhang and Lu (2014) who reported that most women expect childbirth to be painful and therefore expected adequate pain management during the birthing process (Zhang and Lu, 2014). Beside this, results from this study identified majority of postnatal mothers expecting good treatment and support from health professionals especially the midwife during childbirth. Thus, mothers perceived good healthcare prior to childbirth at the hospital. This however contradicts findings from a previous study by Hildingsson (2015) who reported that women’s expectations regarding support during childbirth are not always met and according to data gathered from the study most of the
women rated the support from midwives worse than they had expected (Hildingsson, 2015). Finally, relating to fear expectation, most participants expressed fear towards the birthing process. This finding supports what was reported in a previous study by Zhang and Lu (2014), who identified that most women expressed fear regarding labor intensity and the childbirth process (Zhang and Lu, 2014).

In a further investigation, the study showed that mothers’ experience at the Tafo Government Hospital varied from positive to negative. Positive birth experiences are said to improve the bonding between the mother and the baby (Webb et al., 2021). These experiences include attitude of health professionals at the facility, physical treatment, interpersonal relations and psychological support. Those who described the experience as positive expressed them in the form of how they were accepted and quality treatment or care received in the form of psychological support and pain management at the facility. This study identified that most of the participants experienced positive health care support in the form of how they were accepted and the quality of treatment or care they received in the form of psychological support and pain management at the facility. This supports findings from a previous study which found that most women indicated they had a positive experience with their childbirth process even though actions of some health professionals towards some labouring women demoralized them in the birthing process (Adugu, 2018).

Results from this study revealed that a lot of the participants experienced unbearable pain during the birth process and indicated that managing the pain was a difficult task as it was associated with frustration, confusion and even loss of hope. This study validates findings from a previous study which reported that most women indicated negative experiences during their childbirth because of the pains encountered during labour and delivery (Pirdel and Pirdel, 2015). From this point, Dzomeku et al. (2017) discuss that women experience varied levels of pain with respect to intensity of labour pains during childbirth. According to literature too, for instance Namujju et al. (2018), the memory of labour pains associated with childbirth lasted in the minds of most pregnant women. The intensity, duration and patterns of the labour pains as expressed by most women had formed the basis of their stories. For some women the pains associated with the birthing process to an extent influenced their delivery choices. Additionally, the study found fear among women due to the unpredictable outcome of the whole birthing process. Consequently, some women resorted to caesarean section due for safe delivery. This finding supports finding from a previous study by Downe et al. (2018) who reported that most women experienced fear during their childbirth process.

Finally, relating to challenges women face during delivery, almost all the participants encountered challenges such as pain management, financial issues, lack of family support, caesarean section and referral issues during their childbirth process. This finding supports that of McMahon et al. (2014) who identified that during childbirth women are faced with challenges such as a feeling of being ignored or neglected during labour pains, high monetary demands and/or discriminatory treatment.
Conclusion

In this study, expectations and experiences among post-natal and newly delivered mothers using Tafo Government Hospital for maternal healthcare were investigated. Based on the outcome, the study concludes that pregnant women using the visiting Tafo Government Hospital for maternal services expect delivery to be painful and stressful throughout the birthing process. Again, pregnant mothers are mostly uncertain about the kind of treatment to be provided by health professionals (midwives) during childbirth process. Additionally, pregnant women visiting Tafo Government Hospital experience unbearable pain during the birth process and associate it with frustration, confusion and even loss of hope. The study further demonstrated that positive experience such as optimal service support expressed in the form acceptance and the quality of care received was prevalent among pregnant women discussions. Moreover, the study emphasised that pregnant women are characterized with childbirth fear due to unpredictable outcome of the whole birthing process. Challenges including issues with pain management and lack of family support are typical among women visiting Tafo Government Hospital for delivery services.

References


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World Health Organization (WHO 2015a) Ghana; accelerating progress towards MDG5: MMR trends

