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# A study to explore the expressed needs of ten primiparous mothers during labour and delivery

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A STUDY TO EXPLORE THE EXPRESSED NEEDS OF TEN  
PRIMIPAROUS MOTHERS DURING LABOUR AND DELIVERY

BY

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A field study submitted in partial fulfillment of the  
requirements for the Degree of Master of Science  
in the School of Nursing  
Boston University  
August, 1963

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ACKNOWLEDGEMENT

"This study was supported (in part) by  
The Rockefeller Foundation."

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## CHAPTER I

### INTRODUCTION

In our everyday life, when we are going to face something new to us, we try to predict or foresee what will happen. This is usually done by imagination and designing a special frame of what we expect to happen whether it will be in the near or far future. This may be how many, if not all, of us build some expectations of a future happening or experience.

Expectations should not be very far from reality if we want the experience to be rich and meaningful. When mothers receive adequate and reasonable explanations about their experiences in pregnancy, they will guide their expectations more realistically. Therefore, we need to ask mothers what they knew before coming to the delivery floor.

Labour and delivery are quite normal experiences to every mother. Therefore, if we try to understand her expectations and ask her about her own needs, we may be able to bridge the gap between reality and anticipation as much as possible. Then, we may be able to help her enjoy her experience and achieve happiness.

Needs of individuals are basically the same; however, they may vary greatly from one person to another. There-

fors, we should consider every mother as a unique individual and find out her own personal needs during labour and delivery as she sees them.

Psychological preparation of the expectant mother is a basic sedative.<sup>1</sup> The nurse should prepare the surrounding hospital environment of the mother whether it is in a private labour room, a ward, or the delivery room. She should explain all what the mother can see or hear around her and all what is being done or will be done for her. This may help the mother to relax, to feel more secure, and to be more comfortable. Some mothers like to have all the details explained to them, while others will be satisfied with just a summary or just knowing what will happen to them generally, and not to be surprised with an injection in their body without even being told that they will have an injection. A frightened mother may just like to have somebody stay with her all the time to reassure her and help her feel more secure.

Therefore, we can say that each mother would prefer to be prepared and to have things explained to her in a way she understands and is familiar to her. This procedure may differ greatly from what is done routinely in a special

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<sup>1</sup>Elise Fitzpatrick and Nicholson J. Eastman, Zabriskie's Obstetrics for Nurses (Philadelphia: J. B. Lippincott Co., 1960), p. 225.

hospital situation. If the nurse can give the mother a listening ear in order to know exactly how she wants things to be done for her, what her needs are, and what may be the best way of meeting these specific needs, we can accomplish a great deal of improvement in the type of nursing care that will satisfy each individual person to some extent, if not completely.

#### STATEMENT OF THE PROBLEM

The purpose of this study is to find out what type of nursing care mothers desire during labour and delivery and to determine if they are given the opportunity to express their needs.

#### JUSTIFICATION OF THE PROBLEM

According to this study, the quantity and quality of nursing care given to mothers in labour and delivery will depend upon the needs and individuality of the mothers. This study will guide me to plan the nursing care that can be given to mothers during their labour and delivery experiences in Egypt. It will also help me to design the kind of prenatal care that can best meet the needs of mothers in prenatal clinic according to individual differences.

This study will be starting point to other research problems in the maternal and child-health field in

Egypt that can be viewed, discussed, and performed from a nursing point of view. If research studies in Egypt can be compared to similar or related studies in the United States of America and other countries, we can then improve and advance nursing care on a more firm and sound basis. Discussion, agreement, and exchange of ideas and points of view between nurses internationally will result in deeper knowledge, broader understanding, and rapid improvement in the field of nursing concerning all specialities.

#### SCOPE AND LIMITATIONS

This study involves ten primiparous mothers as they are usually more frightened than multiparous mothers, because delivery is an unknown to them. The experience is new, and they, therefore, need more preparation. A multiparous mother might be afraid because of a traumatic previous delivery; however, multiparous mothers are not the focus of this study.

The investigator interviewed postpartum, ten primiparous mothers on the maternity wards of a large general metropolitan hospital sometime between the second and the fifth day after delivery. They had the usual routine nursing care of the hospital.

It was quite difficult to find primiparous mothers who suited the limitations of the study or could be chosen in the sample. The planned limitations of the study for

primiparous mothers were:

1. Pregnant for the first time with no previous abortion or complications.
2. Mentally and physically normal.
3. Legally married.
4. Had a normal delivery.
5. Had a full term live-born, healthy baby.

The investigator did not accept to include in the study a mother who had had a premature infant or had a high temperature after delivery or had any complication with the baby, the delivery, or with herself. These conditions were thought to affect the mother's emotional and psychological attitudes and response to her labour and delivery experience.

In general, all of the ten mothers were from the same socio-economic level. All of the deliveries of these mothers were vertex presentations (which was not one of the limitations). The mothers had spinal anaesthesia, episiotomy, and forceps delivery. This was the first pregnancy to all of the mothers, none of whom had had a previous abortion. All their babies were considered normal and healthy.

The mothers' ages ranged from 18 to 25 years; six were married and four were single. Seven had made four or five or more visits to the prenatal clinic; one mother just

registered in the clinic, and two mothers did not have any evidence of their being registered in the clinic.

#### PREVIEW OF METHODOLOGY

Data for the study was collected by a structured interview having some open-ended and some close-ended questions. The structured interview was conducted to enable the mothers to express their feelings and how they saw their labour and delivery experiences. It gave the mothers a chance to mention what they wanted changed, how things needed to be improved or done for them.

The questions were structured in such a way as to find out the needs of the mothers in the labour and delivery period, if they were able to mention them to anybody there, and if their needs were met or not or to what extent they felt they were helped. The mother was asked what she knew about delivery, if she saw a nurse on admission, if someone stayed with her and for how long, how long she waited for delivery, if she was able to ask questions and was there somebody to answer them for her. She was asked to grade her nursing care and, to tell what more she wanted done for her. The last two questions enabled the mother to state if she was able to ask the nurse to change her way of caring for her and to express the kind of care she would like to have the next time she delivers.

The interview was done sometime after the first day

postpartum so that the effect of the anaesthesia would not influence the mothers' answers. This also gave the mothers time to rest, and they were asked before the interview if they could be questioned. They were free to agree or not or to postpone the interview to a later time.

#### SEQUENCE OF PRESENTATION

Chapter II includes the review of literature.

Chapter III contains the data description, and the tool used to collect data.

Chapter IV involves the presentation and discussion of the data.

Chapter V presents the summary, conclusions and recommendations.

## CHAPTER II

### THEORETICAL FRAMEWORK OF THE STUDY

#### REVIEW OF LITERATURE

In reviewing the literature, no previous studies were found that dealt with mothers in the area of labour and delivery or that were so structured as to record the expressed needs of mothers during this period of their maternity experience.

The nurse's role is defined in different ways from different points of view by various writers. Abdellah<sup>1</sup> describes the nurse's role as one of assisting the physician in carrying out the treatment prescribed for the patient, initiating the plan of treatment, and continuing the development of the therapeutic plan. On the other hand, Orlando<sup>2</sup> states that the nurse should offer whatever help the patient may require for her needs and should be

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<sup>1</sup>Faye G. Abdellah et al., Patient-Centered Approaches to Nursing (New York: Macmillan Co., 1961), p. 1.

<sup>2</sup>Ida Jean Orlando, The Dynamic Nurse-Patient Relationship: Function, Process and Principles (New York: G. P. Putnam's Sons, 1961), pp. 5-6.

able to find out what the patient's needs are. However, Smith<sup>3</sup> emphasizes that the maternal and child-health nurse should develop her abilities to listen, to converse, to assess and meet individual mental and emotional needs, to interpret human behavior, to work cooperatively with families, to teach, and to interview. Myles<sup>4</sup> mentions that one of the basic nursing principles is to understand and meet the woman's psychological needs.

From the above, it is clear that many of the writers see the nurse as the supportive person who should be able to identify and meet the individual needs of each patient whether these needs are emotional, physical, mental, psychological, social or economical. The nurse should be able to help or get the help of others to meet these needs of her patients.

There is much that the nurse can do to alleviate pain. The maternal and child-health nurse should be a giving person. She should be able to give what she can, according to the needs of her patients without expecting to receive anything in return, she should not even expect a thinking word or anything of this sort. On the other

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<sup>3</sup>Christine Spahn Smith, Maternal-Child Nursing (Philadelphia: W. B. Saunders Co., 1963), p. 3.

<sup>4</sup>Margaret F. Myles, A Textbook for Midwives (Edinburgh and London: E. & S. Livingstone Ltd., 1961), p. 260.

hand, she must look for the result of her care, that is, an expression of comfort, or happy words from a mother when seeing her baby, or any sign of improvement from all her patients. We cannot be perfect, but we should try to be good, understanding nurses because the personality attitude of the nurse influences the behavior of mothers in labour. A kindly welcome makes all the difference to an apprehensive patient.<sup>5</sup>

Each mother comes from different socio-economic, emotional, cultural, and religious backgrounds. Mothers must be prepared for labour and delivery because each pregnancy is unique.<sup>6</sup> They must also be informed regarding the progress they are making as this is essential for the peace of mind of most of them.<sup>7</sup>

The emotions of a mother in labour profoundly influence her reaction to discomfort and pain and are a contributory factor in determining the amount of physical and mental exhaustion she will experience. They may also affect the ultimate outcome of her labour. Mothers who scream during labour do so more from fear than from pain. Fear is the arch enemy of the mother in labour as she is

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<sup>5</sup>Ibid., pp. 262-265.

<sup>6</sup>Smith, op. cit., p. 121.

<sup>7</sup>Myles, op. cit., p. 263.

going through one of life's most tremendous experiences, isolated from those to whom she would naturally look for solace. Therefore, the nurse should be able to understand human nature and adapt her methods of approach to the needs of the different personalities and be able to meet the emotional needs of the mother in labour.<sup>8</sup>

Moreover, the nurse should attempt to understand the individual character of the mother's experience and supply the help she requires in order to meet her needs. In order to meet the mother's needs, the nurse should indicate a process of helping the mother to express the specific meaning of her behavior in order that the nurse may ascertain distress (or any complaint or discomfort) and help the mother explore it and relieve it.<sup>9</sup>

The tendency now is to give patient-centered nursing care which includes the whole family as a unit. Moreover, human dignity and desires are considered in nurse-patient relationships as such consideration can make childbirth a fulfilling and satisfying experience for the mother and the whole family.

Some mothers may need more help and support than others. The primigravida experiences more emotional upset

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<sup>8</sup>Ibid., pp. 260-263.

<sup>9</sup>Orlando, op. cit., pp. 7-29.

than the multigravida, because she is going through this physiological process for the first time. No matter how much she knows, no matter how much she has read, undergoing labour for the first time can be very upsetting to her. Therefore, the nurse must understand this emotional turmoil so that she can intelligently assess her patient's behavior and understand her own role.<sup>10</sup>

The new approach of supportive nursing care is that it should minimize the mother's fear and build up her confidence and help her make the best use of her own strengths, resources, and abilities so that she may feel a sense of pride and satisfaction in her achievement of delivering her baby and enable her to deliver with a maximum of comfort and safety and a minimum of trauma to herself and her baby.<sup>11</sup>

A research study was done by Lesser and Keane<sup>12</sup> to determine what the nurses do and what their functions mean to them and to patients. The study aimed to improve maternity practices and concepts. The sample was 66 mothers and 37 nurses. The results were that some of the

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<sup>10</sup>Smith, op. cit., p. 153.

<sup>11</sup>Ernestine Wiedenback, Family-Centered Maternity Nursing (New York: G. P. Putnam's Sons, 1958), p. 224.

<sup>12</sup>Marion S. Lesser and Vera R. Keane, Nurse-Patient Relationships in a Hospital Maternity Service (St. Louis: The C. V. Mosby Co., 1956).

nurses expressed the mother's need for the presence of someone with her, and the husband was the substitute. Some of the nurses did not see this as a nursing role.

Family-centered care established a relaxed, home-like environment for the mother and infant. The family is considered as a unit, and the husband is allowed to support his wife all the time she is in labour. Parents are taught about their baby and themselves which instills in them a sense of confidence.<sup>13</sup>

McKee's<sup>14</sup> study attempted to find out if the expressed informational needs of ten primiparous mothers were met by one planned prenatal program. The data was collected by observation, interview, and questionnaire. Seventy per cent of the mothers would have preferred rooming-in, and 80 per cent desired to have the husband remain with them for a while during labour.

Esquerra-Alfante<sup>15</sup> studied satisfactions and dis-

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<sup>13</sup>Edgar L. Engel, "Family-Centered Care in a Hospital," Briefs, Vol. XXVII, No. 4 (1963), p. 56.

<sup>14</sup>Frances M. McKee, "A Study to Determine if One Planned Prenatal Educational Program Meets the Expressed Informational Needs of Ten Primiparous Mothers" (Unpublished Master's thesis, School of Nursing, Boston University, August, 1959).

<sup>15</sup>Arminda Esquerra-Alfante, "A Study to Determine the Satisfactions and Dissatisfactions of Maternity Patients during Hospitalization" (Unpublished Master's thesis, School of Nursing, Boston University, July, 1960).

satisfactions of 20 mothers in a maternity ward of a general hospital. Ten primipara and ten multipara mothers constituted the sample. In spite of the dislikes, disapproval, and dissatisfactions, the mothers came back to deliver in the same hospital. This may show that the likes, approval, satisfactions, and appreciation outweighed the disadvantages.

In her study of the immediate postpartal needs as verbalized by ten primigravidae after discharge from the hospital, Healey<sup>16</sup> found that there was no relationship between the number of problems and attending classes or having assistance at home or having had demonstration of some procedures for baby care. Harris,<sup>17</sup> in her study of the attitudes of mothers toward the first and fourth pregnancy, interviewed ten multiparae in an antenatal clinic. The multiparae were affected by the previous deliveries and concerned about themselves, while the primiparae were more concerned about the baby.

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<sup>16</sup>Sara Ann Healey, "A Study of the Immediate Postpartal Needs as Verbalized by Ten Primigravidae After Discharge from the Hospital" (Unpublished Master's thesis, School of Nursing, Boston University, July, 1960).

<sup>17</sup>Olive R. Harris, "A Study of the Attitudes of Ten Mothers toward Their Fourth Pregnancy, as Compared to the Attitudes of Ten Mothers toward Their First Pregnancy" (Unpublished Master's thesis, School of Nursing, Boston University, July, 1960).

Halloran<sup>18</sup> tried to find out the mothers' opinions concerning the anticipated and received care during hospitalization. The sample was 16 expectant mothers who were interviewed. Eight mothers were clinic patients, and eight were private patients. The results showed that pregnant women have the same needs throughout pregnancy and expect teaching from nurses which did not occur.

Abbott's<sup>19</sup> study is concerned with the immediate needs of the primigravida mother after discharge from a maternity unit. Ten primigravida mothers participated in this study. They showed a desire to learn about the physical needs of the infant. The study stated that some problems could be prevented if the mothers were prepared in the hospital for infant care. The findings indicate the need for the maternity personnel to know more about the fundamentals of human relations as well as the scientific facts of good maternal and infant care. The data collecting devices included voluntary questions from the mothers and a

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<sup>18</sup>Mary C. Halloran, "An Investigation of the Kind of Nursing Care the Expectant Mother Anticipated Prior to Entering the Hospital and the Kind of Care the Mother Received Having Been Hospitalized" (Unpublished Master's thesis, School of Nursing, Boston University, July, 1959).

<sup>19</sup>Barbara E. Abbott, "A Study of the Immediate Needs of the Primigravida after Discharge from the Hospital" (Unpublished Master's thesis, School of Nursing, Boston University, May, 1954).

directed interview. The study showed that primigravida mothers should be given more support and should be offered more satisfactory guidance.

In a word, we can say that it is clear that help for the mother might add to comfort and safety of both the mother and her infant. Such help also contributes immeasurably to the emotional security of the family. The studies mentioned above have emphasized that the role of the maternity unit should be to accomplish a degree of satisfaction and emotional security to be achieved by the parents before the mother and infant are discharged from the hospital. Stress has been put too on the fact that the maternity nurse should understand her own attitudes before trying to understand the needs of the mother. She should support, reassure, and help the mother in all phases of the labour and the delivery experience and prepare her to adjust to the home situation with the newborn infant. The nurse must be able to identify and meet the needs of each individual mother privately, as each pregnancy is considered as an unique experience.

#### ASSUMPTION

If the needs of primiparous mothers are met during labour and delivery, the mothers may have a more relaxed delivery or may enjoy the experience.

## CHAPTER III

### METHODOLOGY

#### SELECTION AND DESCRIPTION OF SAMPLE

The study was conducted in a large general metropolitan hospital. The maternity unit is separate, having three maternity floors for antepartum and postpartum hospitalized mothers with a capacity of 24 beds on each floor. There are separate central nurseries on each floor. The fourth floor is labour and delivery rooms. The number of deliveries during 1962 was 4,114. The staff personnel are specialized for either the maternity ward or the nursery. Personnel are assigned separately to the labour and delivery floor. Most of the mothers are clinic patients; however, a few private patients are also admitted to the maternity unit.

The study is concerned with the type of nursing care mothers desire during labour and delivery and to determine if they are given the opportunity to express their needs. Ten primiparous mothers were interviewed once after delivery, sometime between the second and fifth postpartum day. The mothers were in bed during the interview. The deliveries were normal, according to this hospital, as

most of the mothers receive as a routine a spinal anaesthetic, an episiotomy, and a forceps delivery.

The mothers were selected by availability according to the following criteria for each mother:

1. Pregnant for the first time.
2. Mentally and physically normal.
3. Had a normal delivery.
4. had a full term live-born, healthy baby.
5. Had no complication with herself or her baby.

The mothers' ages ranged from 18 to 25 years; six were married and four were single. Seven mothers had made four or five or more visits to the prenatal clinic; one mother just registered in the clinic; and two mothers did not have any evidence of their being registered in the clinic. Seven mothers were Catholic and three were Protestant.

#### TOOL USED TO COLLECT DATA

A structured interview having ten questions, some of which were open-ended and some close-ended, was used as the tool for collecting data. The interview questions enabled the mothers to express their feelings in regard to their labour and delivery experiences. Mothers mentioned changes, suggested improvements, and stated the needs that they required during the labour and delivery period. The goal of some questions of the interview was to evaluate

the quantity of help and support given to mothers from the time of admission to the hospital until the delivery of the baby. The mothers were asked to evaluate their nursing care and to state the type of care they would like to have the next time they deliver.

The interview lasted about 30 to 45 minutes. Notes were written down during the interview. The investigator was wearing her uniform while interviewing the mothers and used the mothers' charts and the nursing kardex for additional information. The interview was planned in such a way as not to conflict with the routine nursing care, the babies' feeding, or the visiting hours, so that the mother could be more relaxed.

Primiparous mothers having no complications with the baby or themselves during the period of data collection were very difficult to find on the wards. Therefore, mothers were chosen according to availability for the interview, if they agreed to be asked questions about their labour and delivery period.

Rapport was established before starting the interview. The investigator talked with the mother for a while about herself and her baby, asked her how she felt, and tried to find out if the mother needed any special care at that time. This conversation was conducted before asking the mother's permission to be questioned. It served as

an introduction to create an atmosphere of informality between the mother and the interviewer. This helped to introduce the questions later on with greater ease to some of the mothers while some mothers asked for more explanation about the questions. Mothers were reassured that their names would not be mentioned in the study. There was only one refusal to the interview; the mother gave no reason for her refusal.

It was very difficult to take the role of an interviewer and put aside the role of a nurse. At the end of the interview, the investigator asked the mothers if they had any question that they would like to ask. Thus the investigator felt free to assume once more the nursing role, when the interview was over. This created a friendly relationship based on trust and confidence between the mothers and the interviewer. Some of the mothers asked questions on the spur of the moment such as a few points about the baby; how to take care of him, a particular procedure as the bath or changing the diaper, or how to prepare the formula. On the other hand, some mothers were worried about the baby's weight or condition and wanted these to be checked for them. Some mothers asked for an explanation of what was written on the chart, because they could not understand it.

One of the mothers could not think of any question

after the interview. Therefore, the investigator asked her to think of questions that she would like to have answered for her on the next day, when she would be visited again. The interviewer felt that the mother might not ask anything as she had other nurses taking good care of her on the ward. The next day, surprisingly enough, the mother had a whole list of questions that she asked and some of them were:

"When can I have a tub bath?"

"When can I have a permanent for my hair?"

"When can I fix my teeth?"

and a variety of other questions about herself and her baby that might face the mother upon her return home.

This was a sign of trust and confidence that the investigator did not expect or plan for, and it was an extremely happy experience to have the mother ask all the questions she needed. It is a wonderful feeling to show an interest in people and to get their reaction which can make us be of some help as nurses and as human beings.

## CHAPTER IV.

### FINDINGS

#### PRESENTATION AND DISCUSSION OF DATA

The following data is the result of an interview done with ten primiparous mothers concerning their own points of view of their experiences in labour and delivery and how they wanted things done for them.

Some mothers were admitted twice to the hospital as they had false labour pains. Mothers are allowed to go home after their first admission to the hospital, if they do not have true progressive labour. The first admission to the hospital was not included in the study. Every time the mother comes to the hospital, she is admitted in a wheel chair. This shows that even if the mother is not having true active labour pains, her comfort and safety are well cared for. According to the mothers' statements, it is either a man or a nurse who accompanies her from the admission room. The nurse may not be available to admit the mother and take care of her right from the very beginning of her hospitalization.

The average length of hospitalization of mothers after delivery in this hospital is five days. Therefore,

interviews were undertaken sometime between the second and the fifth postpartum day. Rapport was established with the mother before asking her permission to be interviewed. A conversation was started with the mother concerning her baby and herself before the interview. This served as an introduction between the mother and the interviewer and the questions that followed the rapport were quite informal.

The first mother approached, after some testing of the questions, refused to be interviewed; she was the only refusal in the whole study. She gave no reason for her refusal. It was quite encouraging to see the second mother approached quite receptive and enthusiastic to cooperate in the study.

The mothers' ages ranged from 18 to 25 years. Six were married and four were single. Single primiparous mothers were included in the sample because the first three mothers interviewed were single and there were no primiparous mothers legally married on the postpartum floors during the first period of data collection. Even the refusal was a single mother, and the last mother interviewed was single also. Eight out of the ten of the primiparous mothers had prenatal care and two mothers did not have any evidence of their being registered in the clinic. Seven mothers were Catholic and three were Protestant.

In general, all of the ten mothers were from the same socio-economic level. All the primiparous mothers had spinal anaesthesia, a low forceps delivery over a median or medio-lateral episiotomy, and in general, all presentations were vertex. This was the first pregnancy for all of the mothers. None of the interviewed mothers had any complication during pregnancy, labour and delivery, or immediately following the delivery. All babies were full term live-born, healthy infants. They were five boys and five girls born to the ten primiparous mothers.

Some of the ten interview questions were geared toward finding out the quantity and the quality of nursing care the mother received from the time of admission to the hospital until she delivered the baby. The mother was able to discuss her labour and delivery period and state any change or improvement that she would have liked to be done for her.

Two mothers had more pain than they expected, while two others had less pain than they had anticipated having during their labour and delivery experience. One mother could not remember, and five mothers did not state how they felt. These ten primiparous mothers had heard about pains and signs of labour and delivery either from the family, the doctor, or from both of them. It is not known how much explanation they had either in the clinic or from the

family, how much could they understand or how much could they imagine, because there was a difference between mothers concerning their knowledge, background, and ages. Meanwhile, it is obvious that some explanation was needed for almost all of these ten primiparous mothers in the labour and delivery period, especially if they did not have the opportunity to receive or to understand explanations before this period.

In response to the second question of the interview, six mothers had seen a nurse on admission, three mothers had not, and one mother saw three girls but did not know whether or not they were nurses. The mothers who had seen a nurse on admission stated that she checked them or prepared them for delivery. Therefore, it is not known if the mother was first seen by a nurse in the admission room or in the preparation room on the labour and delivery floor.

Five out of the ten mothers had a graduate nurse staying with them after admission for a short period or coming in and out all the time to check their labour progress and their needs. Two mothers had a student nurse stay with them for a long continuous period of two hours or more, and the other three mothers had either a student nurse or a graduate nurse, or a nurse and a doctor coming in and out to check their condition, progress, and needs in the

labour room. Therefore, we can say that none of the ten primiparous mothers were left alone all the time, but some of them expressed dissatisfaction with the coming in and out and preferred someone staying for a continuous period of time.

The answers to question four in the interview showed that the waiting period from time of admission to the hospital until the delivery of the baby ranged from three hours and a half to 22 hours. This was calculated and checked from the mothers' charts also. A waiting period of 22 hours can affect the emotional and psychological condition of the mother to a great extent, especially if she is left alone or not given enough support and reassurance from the nurses.

Nine mothers out of the ten felt free to ask questions in the labour and delivery period, but only five asked questions. Two mothers felt too tired to ask questions. One mother was scared and the fourth mother did not know what to ask and stated that she was screaming and crying. The tenth mother who did not feel free to ask questions said, "I was not thinking at the time. I wasn't caring about anything, except getting it all over with." It sounded like the mothers needed some orientation, preparation, and help in order that they could feel free to ask questions and be relaxed enough to express their feelings

and their needs to the nurses caring for them. This is obvious in the results of question six shown in Table I.

TABLE I  
RESPONSES OF MOTHERS TO QUESTION SIX OF THE INTERVIEW

Questions Asked	Number of Mothers
Had somebody to help in the labour room	10
It was a graduate nurse	3
It was a student nurse	2
Was not sure who it was	5
Explanations were satisfactory	4
Mothers did not ask questions	6

All the mothers had somebody to help them and answer their questions in the labour room, but six out of the ten primiparous mothers did not ask questions. Four mothers asked questions and were satisfied with the explanations or answers given to them. This shows that mothers need orientation. They need to be informed that they can ask questions, express what they want, and what they feel to the personnel in the hospital whether they are nurses, doctors, or students. Mothers need support and reassurance also.

Question seven asked the mothers what more they would have liked done for them: four mothers wanted an injection or something for the pain, one another wanted the rectal examinations to be done less frequently as they were pain-

ful to her, and she said, "I was dying to see the baby." Another mother said she wanted, "Just somebody to stay in at the beginning and talk. I was scared, but later on they stayed." A third mother wanted to hold the baby, but they just showed it to her. After delivery, this third mother wanted to see her husband. Three of the mothers felt comfortable, and two of them wanted to sleep right after delivery.

The evaluation of the nursing care given to the mothers from the time of admission to the hospital until the delivery of the baby shows the extent of satisfaction the mothers enjoyed. Table II shows the evaluation given, and some comments of the mothers will elaborate their reaction.

TABLE II  
THE EVALUATION OF THE NURSING CARE

Evaluation of Nursing Care	Number of Mothers
Nursing care was very good	6
Nursing care was good	2
Nursing care was satisfactory	2

For example, one mother said, "The nurses were very nice and they tried not to let me feel the pain that much." Another comment was, "There was always somebody there

to help." On the other hand, some of the comments were, "Everything that could be done was done, but there was one nurse who was quite rough. She thought I was a sack of potatoes." or "I would have liked to get the best of care possible especially during pain." A better comment was, "I expected to see everybody mean in the hospital, but they were nice." From the above comments, it is clear that the personality and attitudes of the nurses affected the mothers' response toward their labour and delivery experience and influenced the behavior of the mothers during this period.

None of the mothers asked the nurse to change her way of caring for her. Seven mothers gave reasons such as, "It was all right," "It was nice," "It was satisfactory," or "It did not need to be changed." Two mothers did not ask because of pain, and the tenth mother could not explain why she did not ask the nurse to change her way of caring for her.

When the mothers were asked about the kind of care that they would like to have the next time they deliver, eight answered the same, while two insisted on not repeating the experience again. It was very interesting to hear the comments of the mothers who wanted the same care and they can provide us with clues to guide us in improving maternity nursing care in the labour and delivery area.

Some of the comments were as follows:

"The same so long as someone stays with me and tries to make me forget the pain. I was scared and needed company."

"Would like to have the spinal early, and I was a little scared."

"It is a big help to have somebody with you, to give you a hand to hold, to talk to you, and try to get your mind off the pain. I was scared and anxious and the talking relieved me."

"It was good. I did not disagree with anything. The nurses were there all the time when I needed them."

In a word, we can say that each mother sees her experience from a different point of view. Therefore, it will be more beneficial to the mothers and to the nursing profession if we try to find out the needs of every individual mother or patient and meet these needs. This will be more satisfactory to the mothers and will help them enjoy the labour and delivery experience more. It will help us as nurses to perform a better job; to improve and advance the type of nursing care we give to patients; and to use research results to accomplish and maintain better standards, ideas, and goals.

## CHAPTER V

### SUMMARY

This study was conducted in the maternity unit of a large general metropolitan hospital. Its purpose was to find out what type of nursing care mothers desire during labour and delivery and to determine if they are given the opportunity to express their needs.

The sample consisted of ten primiparous mothers who had a normal delivery of a full term live-born infant. None of the ten mothers had any complication with themselves, during pregnancy, labour and delivery, or after delivery. All the babies were normal and healthy.

The interview was designed to find out how the ten primiparous mothers experienced their labour and delivery period. The mothers were able to suggest changes and improvements that they would have liked to be done for them. They evaluated the nursing care that they received and stated the type of care that they would like to have the next time they deliver.

### CONCLUSIONS

The results of analyzing the data show that all of the ten primiparous mothers needed orientation, help, and

support in order to feel relaxed and able to ask any question that they wanted to know. None of the mothers were left alone all the time during labour. Nine mothers out of ten felt free to ask questions, but only five mothers asked question. Sixty per cent of the mothers evaluated their nursing care as very good, 20 per cent as good, and 20 percent as satisfactory. None of the mothers asked for changes the care they were receiving, eight mothers stated that they would like the same care next time they deliver, and two mothers insisted on not having any more babies.

Most of the mothers were satisfied with the type of nursing care they had, but some of the mothers expressed needing more support at the beginning. One mother just needed someone to stay and talk to her as she was scared. It can be quite relaxing to just hold the hand of the nurse during contractions, as the presence of the nurse is reassuring and comforting. Therefore, it is important to have a relaxed and competent nurse on the labour and delivery ward, because her attitude and personality are reflected on the mother's behavior and on how she experiences her labour and delivery period.

Evaluating the nursing care shows that the mothers were satisfied, and the majority of them wanted the same care next time they deliver. There is a lot that can be done by nurses in all specialities and maternity is one

area that needs further study and change.

#### RECOMMENDATIONS

It is quite difficult to meet the individual needs of each patient, but we should try our best. Our goal should always be "BETTER CARE"; this will stimulate us to improve and change. We should be able to adapt and understand each patient or mother as a unique individual.

Some improvements can be recommended as a result of this study:

1. The nurse should prepare each mother in clinic for her labour and delivery experience.
2. If the mother is planning to deliver in the hospital, she should be oriented to the care given in this particular hospital.
3. The mother should be oriented, reassured, and supported during her labour and delivery experience.
4. The mother is usually more sensitive when she is in pain; therefore, the nurse should be tactful in talking to her or approaching her.
5. The nurse should be able to find out the needs of each individual patient and try to meet them.

In a word, we can say that if we all cooperate, make changes where they are needed, and improve the present for the future, mothers and patients will be more satisfied with their hospitalization and may even enjoy the experience.

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APPENDIX

THE UNIVERSITY OF CHICAGO

## RESEARCH PROCEDURE

Information about the patient:

NAME:

AGE:

MARITAL STATUS:

ANAESTHESIA:

SOCIO-ECONOMIC LEVEL:

STRUCTURED INTERVIEW:

- I. What did you know about delivery before coming to the hospital?
  - A. Procedure:
  - B. Process:
  - C. Method:
- II. Did you see a nurse on admission?

If so, what did she do for you?
- III. Who stayed with you after admission?
  - A. A nurse:
  - B. Others:
  - C. How long?
    1. For a while:
    2. All the time:
    3. None:
- IV. How long did you wait for delivery after admission to hospital?
- V. Did you feel free to ask a nurse to explain anything to you that you wanted to know while you were in the hospital?

Could you give me some examples?

A. While you were in:

1. Labour:
2. Delivery:

B. What questions did you ask?

VI. Did you have somebody available to help you or to answer your questions in the labour room?

A. Who was it?

1. Graduate nurse:
2. Student nurse:
3. Attendant:

B. Were these explanations satisfactory?

VII. What more did you feel you wanted done for you during:

- A. Labour:
- B. Delivery:
- C. Immediately after delivery:

VIII. How do you feel the nursing care was, that you had from the time of admission to the hospital until the delivery of the baby?

- A. Very good:
- B. Good:
- C. Satisfactory:
- D. Fair:
- E. Poor:

Why?

IX. Did you ask the nurse to change her way of caring for you?

- A. Why?
- B. What was the result?

X. What kind of care would you like to have the next time you deliver?

Why?