

## Childbirth Expectations and Childbirth Experiences among Thai Pregnant Women

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### Abstract

**Backgrounds:** Since the 1980s Thailand has made a major shift from home to hospital births. At the same time, Thailand's maternal mortality ratio fell from 374.3/100,000 in 1962 to 9.8 in 2006, and its infant mortality ratio fell from 84.3 per 1,000 to 11.3. Although the childbirth experience has been altered significantly, women's expectations and experiences with labor and birth in Thai hospitals remain poorly understood and have not been fully explored.

**Objectives:** To explore if women's expectations of childbirth are being met and to examine the relationship of the match between a woman's expectations and experiences and their satisfaction with childbirth.

**Methods:** A longitudinal study of 195 women was conducted during their third trimester and postpartum period.

**Results:** On average, 73% of the items women expected actually happened during childbirth, and 27% of expected items did not happen. Of unexpected items women, 38% actually happened during childbirth and 62% did not happen. Nearly one-third of women expected to, but did not get medication to reduce pain (37.6%) and did not have a relative by their side during labor (30.3%). Fulfilled expectation was significantly positively associated with satisfaction with childbirth experiences ( $r=.40$ ,  $p<.001$ ).

**Conclusion:** Safety of women and their infants as well as supportive behaviors from nurses were the most important factors related to women feelings of fulfillment and satisfaction, whereas lack of relief pain medication and absence of family members present during labor and birth were related to unmet expectations and dissatisfaction with childbirth experiences.

**Recommendations:** Aligning women's expectations about childbirth with actual labor and delivery experiences could improve women's satisfaction with the childbirth. Using a measure of satisfaction based on women's expectations and experiences could inform the development of interventions to help women meet challenges of childbirth with realistic expectations and help the health system identify areas where women's expectations are not being met.

**Keywords:** Childbirth expectations, Childbirth experiences, Satisfaction

## **Background/significance**

In developing countries, hospital based maternity care is considered to be a major contributor in the reduction of maternal and neonatal deaths and disabilities. Thailand is one of the most successful countries in South East Asia in reducing its maternal mortality rate from 374.3 per 100,000 live births in 1962 to 9.8 in 2006, and its infant mortality rate from 84.3 per 1,000 live births in 1964 to 11.3 in 2006 [1]. While hospital based care has brought great improvements for Thailand, this progress bring a host of new problems. The experiences of giving birth in the hospital are very different from home birth; especially in the alignment of women's expectations and experiences with childbirth and psychosocial support. When women gave birth at home, they had support from their families helping them to be comfortable in labor and birth in the familiar environment of their own home. Conversely, most delivery units in public hospitals in Thailand do not allow family members to be present at the birth [2]. Women must cope with their birth experiences alone in an unfamiliar environment, undergoing various obstetric interventions in wards with several other women in labor. It is also difficult to tell a woman exactly when spontaneous labor will occur, how long it will last, or what she will experience during its course [3, 4]. These situations raised the question about how a woman expects and experiences the labor and birth process in the Thai public hospital.

## **Purpose**

The purposes of this study were to determine the degree to which women's expectations about childbirth during the third trimester are met during childbirth and to examine the relationship of the match between a woman's expectations and experiences during childbirth and their satisfaction with childbirth experiences.

## **Ethical measures (if applicable)**

Permission to access the study site and ethical approval were obtained from the Institutional Review Board of Oregon Health & Science University and the clinical research ethic committees of Udonthani Hospital, Thailand. Nurses at antenatal clinic were informed about this study and asked to give each pregnant woman an information sheet about the study when they arrived at the antenatal clinic. If the woman was interested in participating, she was referred to the researcher, who informed her about the purposes of the study, the possible benefits, anonymity, and confidentiality of the data.

## **Design/methodology/approach**

A longitudinal study of 195 healthy pregnant women was conducted in an 800-bed regional hospital with 5,200 births per year in Thailand. Inclusion criteria were age 18-45 years, pregnant with single fetus, in the third trimester of pregnancy (32-40 weeks), not at high risk for complications of pregnancy, not have a previous caesarean delivery and able to participate.

The measure that used in this study was The Thai Childbirth Expectation & Experience Questionnaire (TCEEQ) developed by the researcher. The initial 23 items were constructed from the literature review in qualitative studies about childbirth experiences in Thailand, and comments from 3 Thai nurses-midwife instructors and 148 pregnant women in Thailand. The content validity of this 23-item scale was examined with 11 raters who are working in the antenatal and delivery units. Content validity indices (CVI) for each item were calculated as the proportion of the raters responding 'yes' to that item. Twenty-two items met the 80% criteria for

item relevance. One item was modified and 13 items were added based on comments from expert reviewers.

The 36- item TCEEQ asked about the possible events that women think will happen during their labor and birth. The women were asked “do you think this situation will happen during your upcoming childbirth?” and answered “yes” or “no” to each question. This was completed during the third trimester. Two days after giving birth, women were asked to complete the second part of the questionnaire, which used the same set of items. Here the women were asked “did this situation happen during labor and birth?” and responded “yes” or “no”. Each item was classified as fulfilled expectations (percent of the items that they expected that actually happened), unmet expectations (percent of the items that they expected that did not happen), unexpected experiences (percent of items that they did not expect that actually happened), and null experiences (percent of items that they did not expect that did not happen). Satisfaction with Childbirth Experiences (SCE) was also captured during postpartum; women were asked for each of the 36 items: “how did you feel about what happened?” A 4-point response scale was used, from 1= not satisfied to 4= very satisfied. The average satisfaction across 36 items was calculated as the measure of satisfaction with childbirth experiences. Cronbach’s alpha for the SCE was 0.94.

### Results/findings

Of the 36 childbirth expectation items, women expected approximately 28 of the items to happen ( $M=28.10$ ,  $SD=3.35$ , range 13-35) and 8 items not to happen ( $M= 7.88$ ,  $SD=3.35$ , range 1-23) during childbirth. On average 73% of the items that each woman expected to happen did happen (fulfilled expectations), whereas 27% of these items did not happen (Unmet expectations). These two percentages sum to 100% as they are both percentages of the number of items a woman expected to happen. Of the items each woman did not expect to happen, 38% of the items actually did happen (Unexpected experiences) and 62 % of these items did not happen (Null experiences).

	Happened during childbirth	Did not happen during childbirth
Woman expected to happen	Fulfilled Expectations ( $M=72.95\%$ , $SD 10.48$ )	Unmet Expectations ( $M=27.05\%$ , $SD 10.53$ )
Woman did not expect to happen	Unexpected Experiences ( $M=37.75\%$ , $SD =19.96$ )	Null Experiences ( $M=62.25\%$ , $SD= 19.93$ )

Table 1 the average percent and standard deviation for the match/mismatch between a woman’s expectations and experiences in childbirth

Since the items that make up the four types of matches/mismatches can vary across women, the individuals items were explored to examine if some items are more commonly

expected and/or experienced, and if some items are more commonly associated with a match or mismatch between expectations and experiences. When comparing women's responses to the questionnaire at the item level, it is evident that of the items that 95% of women expected to happen, most were related to the safety of women and their babies during labor and birth, and supportive care from nurses. These items included being supportive, speaking politely, happy to help, informing them immediately if something is wrong, taking good care of her baby after birth, treating her family politely, checking cervical dilation, coaching during labor and contacting the doctors for them. They also expected the doctor to be ready to help at any time. The least expected items (50- 70% of women did not expect them to happen) were related to nurses being too busy, having a private delivery room, having pain medication, having medication to induce labor, and having husband or relative by her side.

During delivery, the items that more than 95% of women experienced were related to the safety of women and their babies during labor and birth, and supportive care from nurses such as being happy to help, taking very good care of her baby after birth, checking vaginal cervix dilation, speaking to her politely. The items that more than 75 % of women did not experience during delivery were receiving the pain medication, having her delivery assisted with forceps or vacuum instruments, having husband and family by her side during labor and birth, as well as having her husband and family hold the baby after birth.

When looking at the match between expectations and experiences at the item level, the items that more than 95% of women expected to happen and that did happen (fulfilled expectations) were related the safety of women and their babies during labor and birth, having the nurses happy to help and taking very good care of her baby after birth.

Fulfilled expectation was significantly positively associated with satisfaction with childbirth experiences ( $r = .40, p < .001$ ).

## **Discussions**

### **The pattern of childbirth expectations and childbirth experiences**

Although women's expectations and experiences varied, the findings showed that most of the items each woman expected during childbirth actually happened during labor and birth (fulfilled expectations) and most of the items each woman did not expect actually did not happen (null experiences). In about one-third of the 36 items, there was a mismatch between expectations and experiences (unmet expectations and unexpected experiences). Lally et al [5] suggested in their systematic review of women's expectations and experiences of pain relief in labor, that if we would like to improve women's experience of labor, research should identify the mismatch between women's expectations and experiences. This study addressed the gap between the two by looking at which specific expectations of women need to be brought more in line with their actual experiences. The items that were most likely to be mismatches were related to having an operation to deliver the infant, being assisted with forceps or a vacuum instrument, and being delivered by a doctor.

A greater number of fulfilled expectations were associated with higher satisfaction with childbirth experiences. Although several studies [6-8] have supported the findings, this study added significant details to the literature on the specific aspects of the childbirth. Safety of women and their infants, as well as support actions from the nurses, were the most important

factors related to women's feelings of fulfillment and satisfaction with their childbirth experiences, whereas lack of relief pain medication and absence of family members present during labor and birth were related to women's unmet expectations and dissatisfaction with their childbirth experiences.

This study was able to highlight the importance of individual aspects of childbirth because of the measures and methodology used in evaluating childbirth expectations and childbirth experiences. Using an overall single item about having expectations met or using a universal set of expectation items for all pregnant women does not fully capture the individual differences in childbirth expectations. In addition, the measure used in this study examined expectations on a wide variety of aspects prior to delivery and followed up with assessing childbirth experiences after delivery and the satisfaction associated with each of these aspects.

The finding that most women's fulfilled expectations related to having a safe delivery and good supportive care from nurses may confirm that the program Thailand initiated in the past decade to increase hospital based maternity care and replaces the traditional home births with nurses, has led to good quality care and safe birth outcomes [9]. On the other hand, the items on which women had unmet expectations and lowest satisfaction score were related to the lack of both pain medication and family participation in the childbirth process. Although many women knew that receiving pain relief medication and having family members present during labor and birth might not occur in their upcoming childbirth, nearly one-half of the women still expected to have pain medication and to have their family participate in the delivery and were dissatisfied when these situations did not occur. This mismatch at the item level could inform nurses and hospitals about the importance of pain relief and family participation in the birth process. Perhaps, nurses and hospitals could develop interventions so women's expectations are better aligned with the hospital's practices or the hospital could reconsider policies on having family members present.

#### **Importance of the mismatch between expectations and experiences**

Mismatches between expectations and experiences indicated that women did not know what was likely to happen in their upcoming childbirth. The mismatch may have occurred because the nurses did not provide adequate information to the pregnant women or the women did not seek the information. Alternatively, women may have their own preferences of what they would like to happen, preferences not based on realistic situations [10].

#### **Unmet expectations (expected but did not happen)**

Both unmet expectations and fulfilled expectations are percentages of the number of items that each woman expects. In other words, they sum to 100%. Therefore, unmet expectations yielded the same results as fulfilled expectations. Unmet expectations were negatively related to the level of satisfaction with childbirth experiences. The more women had unmet expectations, the more women were dissatisfied with their childbirth experiences. For Thai women, the two issues of most concern were not having family members present during labor and not receiving pain medication although they had expected to have these. For both items, satisfaction scores were low.

### **Unexpected experiences** (not expected but happened).

Approximately one fourth of the women in the study had experiences they did not expect: being delivered by the nurses, having food and fluid withheld, and having intravenous fluid. Interestingly, women were still satisfied with these unexpected experiences. Women may feel that these were not serious issues. However, this may mean that women were not clearly informed in the prenatal period about the people who would help her deliver the baby and what might occur during labor and birth. Some previous studies in Sweden found that unexpected medical problems such as emergency operative delivery, induction, and augmentations were related to women's dissatisfaction with childbirth experiences [11, 12]. However, this differs with findings of the current study indicating that most Thai women expected to have operative delivery if they had any complications. This difference might be due to cultural differences; as shown in Liamputtong's study [13], most Thai women had positive attitudes towards caesarean section. Therefore, having unexpected experiences are not always associated with low satisfaction.

Mismatches between expectations and experiences may mean that the nurses did not prepare or educate the women appropriately before childbirth. Giving the information to women before their upcoming childbirth or during the first stage of labor may improve their satisfaction. For example, the findings showed that nearly one-half of the women had unmet expectations with regard to being delivered by a doctor and more than one-fourth had unexpected experiences in with regard to being delivered by the nurses. This may indicate that a woman did not know exactly who her birth attendant would be. A woman should be informed correctly that a nurse will be her birth attendant if she has a vaginal delivery and that the physician will be in charge at any time if she can no longer push or has any complications. In addition, introducing the nurse who will be her birth attendant and explaining the reason for having intravenous fluids or having food and fluids withheld during the first stage of labor should be another way to put a woman's expectations more in line with her actual experiences.

### **Limitations**

The possible limitation is that the criteria for sample recruitment may not well represent all childbearing women in Thailand because most of the women in this study were 18-45 years, healthy and having healthy babies. According to the Thailand national statistics report in 2009, 17.7% of those who give birth are in their teens, 5.23% of pregnant women have complications during pregnancy, and 5.35% of infants have an Apgar < 7 at 5 minutes after birth. None of these cases are represented in this study.

### **Conclusions**

For Thai women, unmet expectations around receiving pain medication and having a relative present during labor and delivery were common, whereas safety of women and their infants as well as supportive behaviors from nurses were the most important factors related to women feelings of fulfillment and satisfaction

**Implications/recommendations:** Aligning women's expectations about childbirth with actual labor and delivery experiences could improve women's satisfaction with the childbirth. The result could help inform the development of interventions to help women meet challenges of childbirth with realistic expectations and help the health system identify areas where women's expectations are not being met.

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