Research Update

Perceptions of Nurses and Mothers in Four Studies of the Peripartum Period

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Abstract

How individuals perceive themselves and how they are perceived by others are an important part of the relationships between childbirth educators, nurses, other health-care providers, and the families they serve. In this paper, four studies are reviewed. One study focused on labor nurses' perception of their roles. Three other studies, each using a different research strategy, examined mothers' perceptions of their experiences during the peripartum period.

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Nurses' Perceptions

James, Simpson, and Knox (2003) used focus groups in four hospitals to examine how 54 expert nurses viewed their role in labor support. In all of these hospitals, nurse-managed labor was the primary practice model. For this research, an expert nurse was defined as one with at least 5 years of experience in caring for women during labor and birth. Nurse-managed labor was

defined as a practice model “in which the labor nurse is in a relatively autonomous role, making many key decisions during the labor process” (p. 818).

In the study by James and colleagues (2003), labor nurses viewed their roles as understanding the labor process, knowing the woman, and allowing the woman’s body to guide her labor. These nurses offered individualized care and considered themselves experts in providing comfort measures. Among the strategies they used were getting patients out of bed, providing foot and back massages, encouraging the use of a birthing ball, and helping women take showers or tubs. The nurses also identified the importance of reading cues given by each woman and allowing the woman’s body to guide the labor. Additionally, they believed their care influenced birth outcomes.

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While the findings in the study by James and colleagues (2003) cannot be generalized to all nurses in all hospitals, similar focus groups between childbirth educators and hospital nurses in local communities could form the basis for a better understanding of the perspectives of members in each group.

Mothers’ Perceptions

Mothers’ views of control in birth were examined in a study of 1,146 women in Leeds, England (Green & Baston, 2003). Questions about preferences and expectations were mailed to expectant mothers at 29 weeks of pregnancy. A second, more extensive questionnaire was mailed at 35 weeks of pregnancy. A third questionnaire, mailed 6 weeks after birth, focused on the woman’s birth experience and psychological outcomes. The outcome issues were feeling in control of staff members’ care measures on the mother, feeling in control of one’s own behavior, and feeling in control during contractions. Sixty-one percent of the women felt in control of their own behavior, while only 39.5% perceived they were in control of staff members’ care

measures. The study included a large number of variables, a few of which are summarized below:

- Major differences occurred in the perceived experiences of primigravidas and multigravidas.
- The length of labor was not a significant factor.
- Birth at home made little difference; however, only 2.8% of the sample gave birth at home.
- For multigravidas, but not for primigravidas, expectations about control of behavior and control during contractions were major predictors of control.
- Being able to get into positions that were most comfortable was one of the most significant predictors of feeling in control for both primigravidas and multigravidas.
- Feeling in control of staff members’ care measures had the most impact on psychological outcomes. Major elements of feeling in control of this aspect were the woman’s perception of being treated as an individual and with respect, and that the staff was considerate.

Being able to get into positions that were most comfortable was one of the most significant predictors of feeling in control for both primigravidas and multigravidas.

A third study described postpartum women’s perception of the hospital environment (Martell, 2003). Since the time of Florence Nightingale, nurses have been aware of the importance of environment. Childbirth educators also acknowledge environment when they encourage mothers to bring their own pillows, favorite pictures, and other familiar objects to the hospital.

In Martell’s study (2003), 31 participants were recruited from childbirth education classes and gave birth at seven different hospitals. All were primiparas and had vaginal births. Twenty-four of the 31 women received mother/baby care and expressed the most positive perception of the hospital environment. The most positive social conditions were relationships with their

newborn infants, who were described as “beautiful” and “fascinating,” and with their partners, who were seen as “buffers to the stress of being in the hospital” (p. 481). Several participants said their hospital experiences did not meet their expectations. For example, some did not realize they would need to care for their infants 24 hours a day, which left them feeling overwhelmed and anxious. Since all of the participants in this study were recruited from childbirth education classes, this finding suggests that childbirth educators need to provide more realistic information about hospital routines.

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In a fourth study, designed by two physicians and administered by one of them (Howell & Concato, 2004), the authors used structured, open-ended questions to provide women with the opportunity to describe their reactions to labor, birth, and the immediate postpartum period. Sixty-eight women were interviewed during postpartum hospitalization. The sample was predominantly white, married, and medically insured through an HMO. Most of the women gave birth vaginally and at term. The infants generally had high 5-minute Apgar scores. The most positive comments were related to support from nurses, the friendliness of nurses, and the opportunity to room-in with their infants.

The top three negative comments were directed at the overall experience of pain, the proficiency of the epidural, and the quality of hospital food. A desire for more education about the actual delivery was expressed in a section on physician communication. No questions or answers addressed childbirth education, perhaps because the focus was entirely on the hospital

experience. Pain management, both during labor and in the postpartum period, was a major focus. During labor, pain management issues focused on the epidural, particularly when the epidural did not work or the woman felt it was not placed in a timely fashion (i.e., earlier). Some women believed their postpartum pain management was inadequate. They noted the hospital staff did not ask and did not know they should ask the woman about her postpartum discomfort.

In Howell and Concato’s study (2004), breastfeeding played an important role in the woman’s perceived satisfaction, eliciting both positive and negative comments about nursing support. Some women noted that many of the staff had strong opinions about breastfeeding and were too forceful in promoting the practice.

Conclusion

Each of the studies described above provides useful information about the perception of nurses and mothers in specific hospitals. However, they do not replace the need for childbirth educators to gather similar information from nurses and parents in their own communities. Gaining such knowledge is an essential part of the role of childbirth educators, as well as of nurses and other health-care providers.

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