Identifying and Exploring the Informational and Emotional Support Needs of Primipara Women: A Focus on Supportive Communication

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ABSTRACT

Primipara women may require greater informational and emotional support than multipara women. Supportive communication, including informational and emotional support, can help to build a strong caregiver–patient relationship and can alleviate the difficulties associated with first-time birth. The objective of this study was to explore first-time mothers’ experiences of labor and birth. Three hundred primipara women completed self-report questionnaires. Qualitative analysis of one open-ended question about the women’s experience was conducted. Nine themes emerged from the data. Eight themes reflected informational and emotional support needs, whereas the final theme reflected instrumental support needs. The study concluded that informational and emotional supports are important factors of supportive communication and influence the birthing experience of primipara women.

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INTRODUCTION

Anxiety, fear, pain, stress, and lack of confidence about infant care are among many psychological factors that can negatively influence the childbirth experience for women (Howarth, Swain, & Treharne, 2010). Childbirth can be especially anxiety-producing for first-time mothers (Hofberg & Ward, 2003) because of their insufficient knowledge prior to, during, and after labor and birth (Kanotra et al., 2007), fears

associated with pain or child well-being (Melender & Lauri, 1999), difficulty in accessing resources (Kanotra et al., 2007), and lack of confidence related to giving birth or infant care (Bakermans-Kranenburg, van IJzendoorn, & Bradley, 2005; Bartick, Edwards, Walker, & Jenkins, 2010; El-Mohandes et al., 2003; Kanotra et al., 2007; Tiedje et al., 2002). First-time, or primipara, mothers have been shown to express more fear regarding childbirth compared to multipara, or

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mothers who have had two or more successful pregnancies (Melender, 2002). This is not surprising, considering the anticipation and uncertainty associated with giving birth for the first time.

In addition to challenges associated with labor and giving birth, the early postnatal period is notably difficult for primipara women because they are faced with physical, emotional, and social adjustments as well as infant care demands (Leahy-Warren, 2005). According to the Listening to Mothers (LTM) survey, negative feelings associated with labor and after birth include feelings of frightfulness, isolation, and uncertainty (Declercq, Sakala, Corry, Applebaum, & Risher, 2002). To prepare first-time mothers for the common obstacles faced during the postpartum period, Sriyasak, Åkerlind, and Akhavan (2013) recommend that health-care providers provide instructions and demonstrations on childcare to enhance the skills of primipara mothers after birth. Furthermore, information should be delivered prenatally, rather than when the mothers are in the hospital, considering the exhaustion associated with birth (Gazmararian et al., 2014). This conclusion is widely shared (e.g., Ateah, 2013; Carolan, 2007; Cronin, 2003; Edmonds, Cwierniewicz, & Stoll, 2015; Yildiz & Akbayrak, 2014).

In addition to identifying the need for education, the literature consistently points to the importance of social support to mitigate the risks associated with labor, giving birth and the postnatal period, and to enhance maternal adjustment (Bloomfield et al., 2005). Furthermore, international policy documents advocate social support as a necessity for the well-being of both the mother and the infant (United Nations International Children's Emergency Fund & World Health Organization, 1989). For this study, we define *social support* following House (1981), as an individual's conscious perception of resources supplied by others to help cope with various situations. House distinguishes between four types of support, the first three of which are relevant to this article: *Informational* support is the provision of education, advice, instruction and feedback that directly assists a person in need; *Emotional* support is the provision of love, empathy, caring, and trust; *Instrumental* support is the provision of tangible services and

aid. Finally, *Appraisal* support is the provision of information that allows for self-evaluation, including constructive feedback.

Researchers have argued that providing social support to primipara women in both the pre- and postnatal period must be prioritized by health-care providers because of evidence that social support can ensure a successful transition into motherhood (Logsdon & Davis, 2003; Wilkins, 2006). Moreover, a mother's evaluation of her birthing experience is directly linked with the quality, origin, and extent of support acquired from her health-care professional as well as her partner (Simon, Johnson, & Liddell, 2016). Low levels of social support have been associated with higher rates of postnatal depression, especially in the 6 weeks following giving birth (Leahy-Warren, 2005). Thus, as research continues to demonstrate, social support can act as a moderator of stress, which can provide significant benefits to both the mother and child (Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983).

Factors that contribute to higher levels of perceived social support, specifically in the context of motherhood, include behaviors and verbal communication that convey physical and emotional comfort and emotional and informational support (Bowers, 2002). These behaviors, termed *supportive communication*, refer to both verbal and nonverbal behavior intended to provide aid to a person perceived as requiring it (Smith & Wilson, 2010). A study by Ommen et al. (2008) demonstrated the importance of supportive communication in developing trust between the caregiver and patient. By increasing trust in the caregiver-patient relationship, supportive communication serves as both emotional and informational support, alleviating the psychological stress that can accompany first-time labor and giving birth.

This exploratory study will analyze qualitative data collected from primipara mothers who gave birth at The Ottawa Hospital in Ottawa, Ontario, Canada. The goal of this study is to explore and understand women's experiences of labor and giving birth in relation to supportive communication, including both emotional support and informational support. By examining the experiences of first-time mothers, we hope to better understand their maternity needs and identify any gaps within hospital care. Sharing this information with health-care professionals could contribute to improving the overall quality of care received, as well as other health outcomes for both mother and child.

METHOD

Study Design

All mothers who gave birth at The Ottawa Hospital (Civic and General campuses) were given a standardized questionnaire designed to assess patient perceptions of the quality of care they received during and after labor. The questionnaire was completed voluntarily by the patient (or a representative on her behalf) after giving birth. Participants completed the survey either at the hospital before discharge or at home (and then mailed it in). All completed questionnaires were kept anonymous. The 32-question, self-administered questionnaire was developed by an expert panel and modeled after similar questionnaires developed by Studer Group (<https://www.studergroup.com/>) and the National Research Corporation (<http://www.nationalresearch.ca/>). The first 27 questions measured the women's satisfaction level using a 5-point scale (1 = *least satisfactory* and 5 = *most satisfactory*), whereas the 4 questions toward the end of the survey were regarding demographic information. The final question was open-ended and asked the women to elaborate on any changes

they would make to their birthing experience. The demographic questions and this last question were employed for our research purposes. Only data from primipara mothers were used for our research.

Sample

From the time of December 2014 to December 2015, 960 mothers completed the survey at The Ottawa Hospital, Civic Campus, with 439 of the recipients being first-time mothers. Of this total, 148 participants wrote a comment on their survey in answer to the last question. During the same time, 772 mothers completed the survey at The Ottawa Hospital, General Campus, with 359 of the respondents being first-time mothers. Of these, 152 participants wrote a comment for analysis. Thus, our sample was composed of these 300 responses. Questions 27–30 of the survey referred to the mother's demographic information regarding their highest level of education, native language, marital status, and finally if they had a single or multiple birth, respectively. Table 1 represents the demographic characteristics of the two hospital campus samples.

TABLE 1

Background Information on Postpartum Women Responding to the Patient Satisfaction Questionnaire (December 2014 to December 2015)

Variables	General Campus (TOH) Respondents (<i>N</i> = 152)		Civic Campus (TOH) Respondents (<i>N</i> = 148)	
	<i>N</i>	%	<i>N</i>	%
Highest level of education				
Elementary school	4	2.6	6	4.0
Secondary school	13	8.6	7	4.7
College, trade, or technical school	43	28.3	30	20.3
University undergraduate degree	55	36.2	71	48.0
Post-university graduate	37	24.3	34	23.0
First language				
English	126	82.9	126	85.1
French	9	5.9	5	3.4
Chinese	1	0.7	4	2.7
German	N/A	N/A	2	1.4
Spanish	1	0.7	N/A	N/A
Other	15	9.9	11	7.4
Marital status				
Married	112	73.7	117	79.0
Separated	N/A	N/A	N/A	N/A
Living with partner	35	23.0	25	16.9
Never married	4	2.6	4	2.7
Divorced	1	0.7	2	1.3
Number of children birthed during childbirth				
One baby	149	98.0	143	96.6
Two babies	3	2.0	5	3.4
Three babies	N/A	N/A	N/A	N/A

Note. TOH = The Ottawa Hospital.

Analysis

Because the goal of this phenomenological study was to understand the experience of labor and birth through a supportive communication lens, thematic assessment was used. To ensure intercoder reliability (Frey, Botan, & Kreps, 2000), data coding was administered using a specific set of procedures. Initially, each author became familiar with the data set by reading the responses numerous times. Following this, each author independently reviewed the data to identify salient themes that represented the studies purpose. Next, the authors met to present and agree on operational definitions for each of the established themes. Once concrete definitions were established, the authors independently coded all the comments in reference to the identified themes. Subsequently, the authors collaborated to reach an agreement on the data coding. Any disagreement regarding coding was resolved through discussion. Ultimately, the authors reached a complete agreement on the identified themes.

RESULTS

Nine themes emerged from the data set. Eight of the nine themes reflected supportive communication and therefore were grouped under the headings of either informational support or emotional support. The last theme did not fall under informational or emotional support and therefore was grouped under instrumental support. In the following text, each theme will be briefly defined and explained and narrative data that illustrate the theme will be provided.

Informational Support

In all cases, the data reflected an *absence* of informational support. Specifically, themes referred to the deficiency of information provision, especially in times of high stress, that hindered the patient's ability to problem solve and cope. These comments were further grouped under the themes of informational needs preceding and during labor, informational needs proceeding labor, and informational needs regarding breastfeeding specifically.

Informational Needs Preceding and During Labor. This theme describes informational requirements that were not met before and at the time of the labor process. This includes informational requests regarding procedures and daily routines, instructional requests regarding labor, and the avail-

ability of the staff to address any questions or concerns the patients had. The timing of the information was also important. For example, some mothers stated that they would have liked more information earlier on. Others described specific instructional requirements during the labor process:

I needed some instructions during the push phase of labor on how to hold legs.

In addition, information regarding hospital amenities was also a concern. For example, one participant wrote that she had received "no information on parking for long-term stays." Participants also reported wanting information about specific daily procedures and schedules. The availability and timing of the information was also an area needing improvement. As one participant wrote, "The doctors explained what I should expect from NICU care, but it was difficult to understand during that time because I was tired and under a lot of drugs."

Informational Needs Proceeding Labor. This theme describes informational requirements that were unmet after labor. This includes information regarding infant and mother health status, discharge, and medications. This also includes information regarding infant care, as one participant expressed that the health-care providers did not teach her how to bathe her baby. The messages must also be comprehensible, as one mother expressed conflicting information being present as the nurses gave her "mixed messages about the status" of her child. In addition, one mother expressed the desire to be introduced to additional health-care providers as the provider on duty was unable to examine her child:

The hearing test consultant came by to explain that she didn't have time to test our baby due to her protocol. That was frustrating, she should have referred us to the community representative that could have assisted us.

Information regarding community services and support groups would have been desired by participants prior to hospital discharge. Overall, the results also indicate that at times information was either incoherent, inaccessible, or inconsistent across staff members.

Informational Needs Regarding Breastfeeding. Themes concerning breastfeeding information

reflected either a desire for additional instruction on how to breastfeed, a request for the presence of a lactation consultant, a request for health-care professionals to answer questions, or a request for consistent information across staff members. Furthermore, some mothers wished to have more direct support with breastfeeding in addition to the provision of information:

Breastfeeding was a challenge. Some nurses were excellent and helped but others just told us to keep trying.

In addition to breastfeeding techniques, instruction on how to use feeding instruments was also deemed to be insufficient. One informant desired to have “more information on how to use a breast pump.” Consistent information was also a concern as several women expressed that information was conflicting or even incorrect at times. One mother explained that “different nurses gave different techniques for breastfeeding and they weren’t consistent.” Another participant stated that “all nurses should be on the same page for breastfeeding” as she was “given bad advice on the first day.” One mother wished for breastfeeding support without having to ask for it continuously, whereas another suggested that first-time mothers should receive priority in terms of lactation consultants:

Lactation consultant should automatically come around to new mothers who wish to breastfeed.

The results show clear evidence that information regarding breastfeeding was of great importance to many of our participants but that health-care providers should all have standardized instructions to reduce confusion among mothers who do not have experience.

Emotional Support

Given that birth is an extremely stressful period for most women, and especially for primipara, these themes represented components of care that failed to meet the emotional needs of the mothers or contributed further to their anxiety. The comments under emotional support were additionally grouped under the subthemes of interpersonal quality of care, confidence in caregiver competence, labor support person needs, perspective on preparation for discharge, and continuity of care.

Interpersonal Quality of Care. This theme refers to the aspects of the overall care received in terms of staff friendliness, approachableness, cooperativeness, and respectfulness. This also included quality of communication between the hospital staff and mother. Considering the important role nurses have in providing mothers with compassionate care, the comments regarding interpersonal quality of care often referred to these health-care providers. It was especially important for the mothers to receive emotional support from the nurses, as many mothers reported nurses to be neglectful at times:

Nurses did not check up on me or the baby. I was exhausted and had no help.

Other mothers wished nurses were more empathetic. One mother wrote that “one of the nurses we received was very rude and uncooperative. She spoke to us in an impolite way.” In addition, two mothers expressed that nurses were handling their infants without health precaution considerations. For example, one mother disclosed that “nurses with cold sores should wear gloves when handling babies.” Another mother stated that the “nurse was handling my baby and smelled like cigarettes.” Neglecting to consider health and safety precautions can lead to emotional distress and depreciates the quality of health care received at the hospital by these mothers.

Communication either interdepartmentally or with the mothers themselves presented some challenges, according to participants. Some mothers expressed that health-care providers were not communicating properly with each other: One mother desired “better communication between doctors,” whereas another expressed a general need for “better communication between staff.” In addition to communication, the mothers desired more control over the care that was received. Not only did the mothers want to be more involved in the decision process, but they also requested that their decisions be respected by the health-care team:

All the doctors and nurses tried to talk me into continuing with a vaginal birth even after I requested a C-section. It was stressful and made me feel guilty/doubt my decision.

By respecting the patient’s medical decisions and personal preferences, health-care providers can

make patients feel more at ease, and this contributes to the provision of emotional support.

Confidence in Caregiver Competence. This theme refers to the level of confidence the mothers had with the care that was received and reflects any doubts that the mother had with the competence of the caregiver. When faced with pregnancy complications, some participants expressed doubt about the qualifications of the health-care provider. This was especially the case if a resident or medical student was assisting the mothers. The mothers expressed the desire for doctors to supervise their residents. For one mother, it was uncomfortable to be in the room while the doctor was criticizing the resident's medical expertise:

Hearing the anesthesiologist give corrective feedback to the resident being prepped for C-section made me feel uncomfortable.

Doubting the health-care professional's competence prior to surgery can contribute to feelings of anxiety, stress, and panic—all of which diminish the level of emotional support received.

Labor Support Person Needs. Themes that reflect labor support person needs were those that referred to the extent to which the hospital staff provided appropriate accommodations for the support person (e.g., the spouse or partner). In the instances where the support person was not accommodated, his or her ability to provide emotional support to the mother was limited. For example, several mothers desired their spouses to have proper sleep accommodations. Several comments asserted a need for "better beds for husbands to sleep in." In addition, one mother explained that food availability for the support person was limited due to the cafeteria's hours of operation:

Better options for food for spouse/support person. The cafeteria closes early and if we left we would have to repay parking.

Having to worry about the needs of the support person in addition to their own seemed to contribute to a diminished perception of overall emotional support received.

Perspective on Preparation for Discharge. This theme refers to the participants' perceived level of preparedness to transition to their homes on

discharge. Several mothers complained that the time for postnatal discharge hindered their ability to recover after giving birth. Mothers expressed the desire to stay longer, especially in the instance of giving birth for the first time. One mother proposed that the hospital's policies should "make it common practice to stay at least 2 days for first time mothers." Another mother declared the need for services to facilitate the transition into the home. In addition, one mother criticized the overall organization of discharge, stating that it was not pleasant. In all these circumstances, feeling rushed to leave the hospital can discredit the emotional support that was received prior to labor, and can also contribute to an unsuccessful transition into the home.

Continuity of Care. Themes that reflected continuity of care were those that referred to participants' perspectives of their relationship with their health-care providers in terms of trust and support and a comfort level with the ongoing nature of this relationship. Mothers expressed this desire for continuity both with nurses and doctors. One participant revealed that there should be "more continuity between staff (less nurse and doctor turnover)," whereas other participants cited circumstances where they had to repeat information numerous times due to the turnover of the staff. In order for patients to receive optimal levels of emotional support, they must feel comfortable with the designated health-care provider. Continuously changing staff members can decrease the likelihood of building a trusting relationship between the patient and health-care provider and thus achieving optimal emotional support levels.

Instrumental Support

Instrumental support is not the focus of this study; however, it is an important area of social support in the context of giving birth that cannot go unmentioned. Instrumental support can directly influence both informational and emotional support, and thus, it is relevant to our analysis. Aspects of instrumental support needs highlighted by participants included food, the hospital environment, parking, and personal preferences.

Food quality, quantity, and availability was a topic that many mothers identified as requiring improvement. One mother, who suffers from diabetes, declared the need for better nutritional assistance: "Carb counts for food provided would be important

and helpful for diabetic patients.” In addition, providing mothers with vegetarian and halal options was desired due to cultural and religious reasons.

The hospital environment, which includes privacy, room space, cleanliness, and sleep needs, was also an area where mothers expressed concerns. For example, one mother explained that she was asked about private health information, not relevant to treatment, and stated that this created anxiety. Other mothers desired infant assistance from hospital staff to rest and catch up on sleep. Hospital policies, such as visiting hours, was also an area of criticism. Mothers desired more regulated visiting hours to avoid sleep interruptions and noise. In addition, one mother complained that the staff was wearing scented perfumes and other beauty products that bothered her.

In addition to concerns about food and hospital environmental conditions, mothers expressed frustrations about hospital parking. Specifically, the availability of parking, the distance of parking from the maternity ward, and excessive costs associated with parking were areas with several complaints made by study participants. Although not a central aspect of the birthing experience, parking issues—including the cost—can have a negative influence on the hospital experience, as other studies have found (e.g., McGrath, Paton, & Huff, 2004).

DISCUSSION

The purpose of this study was to use qualitative data collected from primipara women to explore and understand their experience of labor and giving birth while relating their experiences back to aspects of supportive communication, including aspects of emotional and informational support. The findings point to factors of both informational and emotional support that participants would like to see enhanced. Instrumental support was also an area identified by the participants as requiring improvement.

Informational Support

A common area of concern reported by the participants was inadequate informational support. For our study, informational support was associated with the provision of adequate information before and after giving birth and specifically regarding breastfeeding. The literature demonstrates that compared to multipara women, primipara women have significantly higher informational

requirements (Moran, Holt, & Martin, 1997) and that health-care providers have an especially critical role in providing first-time mothers with informational support during the labor and postpartum periods (Gazmararian et al., 2014). The information provided to our primipara participants was either insufficient, incorrect, or inconsistent or it caused confusion. Women reported frustrations when these situations occurred.

Our results indicated the importance of information timing, as our participants expressed a desire to receive information earlier in labor. New mothers experience physiologic and psychologic fatigue during and after labor (Mayberry, Gennaro, Strange, Williams, & De, 1999), which suggests that information should be provided prior to hospital arrival. For example, Gazmararian et al. (2014) found that mothers preferred to have parental information closer to or after the baby was born, and not during the hospital stay. Comparing our results to the literature, it is evident that information provision should be timed to coincide with that moment when the mother is most receptive to process the information.

Mothers specifically indicated a need for information regarding daily procedures and schedules, parking for long-term stays, and instructions regarding birth. A study of the psychological health of primiparous mothers found that informational support combined with appropriate advice helped to decrease postnatal anxiety (Razurel & Kaiser, 2015).

Participants expressed a need for information regarding community representatives and services. The literature suggests that as hospital stays are continuously shortened, women rely more heavily on community-based resources to meet their informational requirements (Sword & Watt, 2005). Cronin (2003) concluded, in her qualitative study of the birthing experience of new mothers, that health-care professionals should collaborate with community workers to increase the support network for mothers and the provision of information and strategies with a community focus. In addition, home visits and health education at clinics could assist with breastfeeding difficulties and infant care (Sriyasa et al., 2013).

Regarding breastfeeding, mothers expressed the need for direct support combined with the provision

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of information. Participants also expressed breastfeeding frustrations when information conflicted between health-care providers. Studies indicate that when information is contradictory (depending on which health professional provides it), then stress, anxiety, and frustration increase (McKinnon, Prosser, & Miller, 2014). In addition, research has demonstrated that fathers often feel unprepared to support their wives during breastfeeding because health-care professionals often exclude them from the preparation process (Mithani, Premani, Kurji, & Rashid, 2015). Therefore, it is important for health-care providers to prepare fathers in the provision of breastfeeding support, particularly given their critical role as postpartum caregiver.

In addition, participants expressed the need to have information readily available without having to constantly ask for it. As Bowers (2002) concluded in her review of qualitative studies of mothers' experiences of labor support, information should be offered openly rather than on request because women are often unsure what to ask, may be too exhausted to ask questions, or may feel they are irritating the health-care provider by asking too many questions. In addition, when health-care professionals provide information based on what they perceive the women need, they might fail to meet the informational requirements identified by the women themselves (Carolan, 2007). This ties into our findings because health-care providers might not be aware that a woman is primipara, which can lead to assumptions regarding informational requirements.

As research continues to show, maternal education—especially among first-time mothers—improves infant health outcomes (Gazmararian et al., 2014). Edmonds et al. (2015) suggest that childbirth education should be given well before a woman's first-time giving birth, as young women often have limited knowledge about the birth process. In many situations, this knowledge can be communicated from health-care providers to the mother through face-to-face interaction (Corrigan, Kwasky, & Groh, 2015). Especially in areas of low socioeconomic status, where women have reduced social networks, the capacity to access information outside health-care services can be limited (Braithwaite & Schrod, 2014). Thus, health-care professionals should evaluate first-time mother's income status, extent of social support, and history of depression (Corrigan et al., 2015). In general, our results indicate that insufficient informational support can

contribute to heightened psychological stress associated with the first-time giving birth.

Emotional Support

In addition to revealing informational support needs, our data demonstrated important emotional support requirements of five types: interpersonal quality of care, confidence in caregiver competence, labor support person needs, preparation for discharge needs, and continuity of care.

Interpersonal quality of care was mostly directed toward the care given by nurses rather than other health-care professionals. Mothers expressed situations where they perceived nurses to be impolite, rude, uncompassionate, or reluctant to provide emotional support. These represent circumstances in which supportive communication—including both verbal and nonverbal assistive behaviors—was perceived as inadequate (Braithwaite & Schrod, 2014). Williams and Calnan (1991) and Handler, Raube, Kelley, and Giachello (1996) argue that patient satisfaction is linked to the patient–professional relationship including caregiver communication skills and interpersonal care. Likewise, Mithani et al. (2015), in their study of fathers' perceptions of newborn breastfeeding in Pakistan, found that fathers requested communication training from health-care providers to increase the quality of care received by their wives. The LTM III survey (Declercq, Sakala, Corry, Applebaum, & Herrlich, 2013) determined that common barriers to communication, among mothers and health-care providers, included shortage of time, desiring maternity care that contrasted what the provider requested, or not wanting to seem difficult to their health-care provider. Another study by Chen, Wang, and Chang (2001) determined that nurses who were reported as unhelpful were those who were unsuccessful at providing adequate emotional and informational support, assistance with technical duties, and comfort. Other research has shown that receiving high-quality support not only provides mothers with a positive birth experience, it also improves overall physical health and well-being (Smith & Wilson, 2010).

Control over decision making was a concern that was expressed by several participants. One of the informants was extremely frustrated when her decision to have a cesarean birth was overlooked by the physicians involved. The literature supports this finding by demonstrating that women feel powerless regarding their maternity experience when

information they contribute is neglected by hospital staff (McKinnon et al., 2014). Goldberg and Shorten (2014) suggest that mothers who have lower levels of education and identify English as their second language often face more barriers in making informed decisions and in having their views known. In addition, disregarding information or requests made by mothers can both endanger their safety and exhibit a lack of respect toward them (Australian Department of Health and Ageing, 2008; Jimenez, Klein, Hivon, & Mason, 2010; Kanotra et al., 2007; McKinnon et al., 2014). Furthermore, research has shown that mothers who were given discharge information in the hospital were more likely to report higher levels of decisional control than mothers who received it during prenatal classes (Wagner & Washington, 2016). All three LTM surveys indicate a desire from mothers for more control over decision making and less interference unless it is medically necessary (Declercq, Sakala, Corry, & Applebaum, 2006; Declercq et al., 2013; Declercq et al., 2002). The overall maternal experience has been reported to be enhanced by having both a sense of control and autonomy during labor and birth (McKinnon et al., 2014).

The next element of emotional support that was explored was the mothers' confidence level regarding caregiver competency. Research indicates that mothers who perceive their health-care professional to be highly competent are more confident in their own birthing ability (Bowers, 2002). The results illustrated that participants, especially those with pregnancy complications, felt anxious or uncomfortable when residents were appointed to administer care. The literature suggests that competence is an important element in professional labor support because expecting mothers anticipate that their health-care professional will be well equipped, with the experience and knowledge required, to help birth their child (Halldorsdottir & Karlsdottir, 1996; Probst, Schenk, & Clarain, 1994; Tumblin & Simkin, 2001). Therefore, residents or other caregivers need to establish their professional competence by fostering a trusting relationship with their patients (Bowers, 2002).

The results indicated that participants were concerned with the accommodations provided to their support person. Although providing accommodations may seem to be more relevant to instrumental support, the literature continuously demonstrates that the mother's partner is likely to provide the most emotional support (Bowers, 2002; Kitamura, Toda,

Shima, Sugawara, & Sugawara, 1998; Oakley, 1981). The support person is most often the woman's husband or partner (Declercq et al., 2013). Research illustrates that young primipara women, compared to older multiparous women, are especially more likely to rely on their partners for support (Kitamura et al., 1998). When the labor support person is not accommodated, their ability to provide physical and emotional support to the laboring mother is diminished. For example, our results indicated that because the cafeteria closes early and meals are not provided by the hospital, the support person often has to leave the hospital for their meals. This in turn reduces their availability to provide assistance to their partner. As Bowers (2002) states, the consistent presence of the labor support person is an important facet of emotional support and, regardless of the birth environment, can reduce the stress involved with labor. Our results clearly indicate that accommodating the labor support person should be a priority for The Ottawa Hospital and other health-care facilities.

Another element of emotional support that was illustrated by the comments in our study was the mothers' perspectives on their preparation for discharge. Hospital stays during the postnatal period are continuously getting shorter which means health-care professionals have less time to prepare mothers for their transition into their homes as well as provide them with adequate parental education (Ateah, 2013). Childbirth professionals should offer emotional support to first-time mothers, by providing recommendations and referrals to improve the postpartum period, and ultimately maternal and infant health (Corrigan et al., 2015).

First-time mothers are especially likely to require additional breastfeeding support from health-care providers after discharge, according to Ong et al. (2014). These authors found that new mothers wanted health-care professionals to provide home assistance after discharge and specifically to provide guidance and support for breastfeeding. Our results indicated that mothers desired longer hospital stays, more information regarding discharge, and the provision of additional hospital services for an easier transition. The literature supports these findings as mothers continuously express the need for longer hospital stays to recover both physically and emotionally before the challenges of home responsibilities begin (Kanotra et al., 2007).

Continuity of care was the last subtheme relating to emotional support. Childbirth involves sharing

personal and intimate moments with the health-care provider. Participants in our study desired to have less turnover of physicians and nurses (e.g., at shift changes), to have more continuity during their birthing experience. Research reiterates our findings by illustrating that mothers have higher satisfaction levels when continuity of a caregiver is present as opposed to a “conveyor belt” style of care (Dykes, Moran, Burt, & Edwards, 2003, p. 395). Women might feel uncomfortable sharing personal medical information among several physicians and nurses and are more likely to ask for help or information among people they are familiar with (Dykes et al., 2003). Both caring and emotional support are revealed through aspects such as supportive communication and continuity of a caregiver (Bowers, 2002). Hanson, Hellerstedt, Desvarieux, and Duval (2003) also found that rotating between health-care providers was a source of anxiety among the women in their sample and that communication became progressively more difficult with new caregivers as labor progressed. These authors concluded that discontinuity of care had a negative impact on the overall birthing experience (Hanson et al., 2003). In summary, the quality of relationships between health-care providers and patients is an essential determinant of the birthing experience and, in fact, is often reported as being more critical than medical facets of care (Hodnett, 2002).

CONCLUSION

This qualitative study has provided insight into first-time mothers’ perceptions of the maternity care provided at The Ottawa Hospital in terms of supportive communication, including aspects of both emotional and informational support.

Implications for Clinical Practice

These findings might inform health-care providers and policy makers in their efforts to improve overall intrapartum care (see Table 2 for a summary of the implications). Informational support and emotional support were the two major themes reiterated throughout the statements. Educating expecting

TABLE 2
Implications for Practice

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- Perinatal education should be provided both prenatally, to prepare mothers when they are eager to learn, and again prior to discharge to aid recall.
 - Information must be clear and consistent among all health-care providers involved and should take into account cultural and linguistic diversity of patients.
 - Parents should be informed about local community services and support groups as well as familiarized with how to use them effectively.
 - Health-care providers should establish a trusting relationship with mothers through the provision of continuous emotional support, continuity of health care, and using supportive communication.
 - Providing suitable accommodations for labor support people can help to optimize their role as the primary provider of emotional support.
 - Facilitating a successful hospital to home transition can be aided with additional breastfeeding support.
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mothers prior to hospital arrival can be beneficial in preparing them both emotionally and physically for their labor and birth experience. Information should be provided in a clear and consistent manner by all caregivers involved, and efforts should be made to inform parents about community services and organizations that can be beneficial upon discharge.

Emotional support should be continuously given by all health-care professionals involved. This will allow the establishment of a trusting relationship, which is vital for gaining confidence and displaying professional competency. Providing continuous care, with as little staff turnover as possible, can assist in facilitating the trusting relationship. Communication styles used by the caregiver can also help to enhance emotional support by promoting a sense of caring. Furthermore, the labor support person should be properly accommodated by the hospital in the interest of optimizing their role as the primary provider of emotional support. After labor, health-care providers must make an effort to prepare mothers for discharge by offering information on community support groups, providing additional breastfeeding support, and familiarizing parents on how to contact various health-care services. These efforts will aid in transitioning from the hospital to their homes.

Areas of Future Research

Future research should analyze the impact of instrumental support in respect to its influence on both

The quality of relationships between health-care providers and patients is an essential determinant of the birthing experience and, in fact, is often reported as being more critical than medical facets of care.

informational and emotional support. In addition, our study was conducted using data collected from exclusively hospital births. Future research should compare the emotional and informational needs of mothers who experience various birthing environments, including home births and birthing centers. Lastly, future research should explore the impacts of cultural and linguistic diversity, as well as factors such as economic status. Determining the needs of vulnerable populations, such as adolescent mothers with low socioeconomic status, can be of great value in terms of improving maternal care.

This study demonstrates the complexity of factors influencing a women's maternity care experience. Our findings demonstrate the importance of supportive communication in the overall achievement of both informational and emotional support. Analyzing self-reported qualitative data helped to uncover key areas of improvement for the birthing unit at The Ottawa Hospital. The information discovered in this study is aligned with previous research and can help guide reform efforts, particularly in the area of health communication.

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