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Intrapartum Support for Mothers of a Maternity Hospital: A Case Study

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Abstract:
Aim: *This study is an attempt to document perceptions of new mothers at a maternity hospital in a Caribbean Island state, with regard to their experiences of nursing support or lack thereof during the intrapartum period (labour and delivery) using a tested instrument. No study had been documented nor done in this Island state related to this research issue.*
Methods: *The investigators employed quantitative descriptive survey method using a questionnaire to elicit the mothers' responses on the aspects of the research issue. All mothers who were 18 years or over, and who gave their consent were recruited. Although 40 (forty) respondents were targeted, thirty-seven (37) gave their consent and therefore were engaged in the study. The data were manually coded and analysed and information presented in simple frequencies and percentages.*
Result: *The respondents were mostly young, multiparous, and rated mostly favourably their nurses in areas of emotional physical and informational support.*
Discussion: *The implication of the result was discussed as it pertains to literature.*
Keyword: *Intrapartum experience, Nurses support, Caribbean.*

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I. Introduction

Intra-partum practices have been the foundation of supportive care during childbirth for decades [1]. A rich and successful family bond is established through the benefits of a positive birth experience [2, 3]. The knowledge given to expectant mothers of what to anticipate during and after delivery, improved health care facilities and pain management therapy are some of the powerful tools with which modern-day mothers are equipped [4].

The physiology of human childbearing and childbirth though inherently unchanged worldwide is envisioned, structured, and influenced by the socio-cultural context within which one exists. Hence, every mother and her social group experience things differently [5, 6]. Experiences recounted by older generations allude to the fact that most women gave birth in the comfort of their homes without the presence of obstetricians and the nurses but with the support of older mothers who guided them during this painful yet joyous ordeal [7].

There is little doubt that this process required support which was then provided by members in the community; and midwife, who performed duties such as cutting the umbilical cord. It was a process where the traditional African proverb says "it takes a village to raise a child" hold deep truths and mothers received emotional support from capable persons [8, 9, 10, 11].

This support is especially important as labor and birth are stressful experiences [12] and few human experiences compare to the intensity of stress, anxiety, pain, emotion and physical effort involved in childbirth [13]. Stressors such as anxiety and pain for the period of labor have been identified as the connection to increased stress hormones such as adrenaline, noradrenaline and dopamine [14].The stressors that accompany childbirth have been shown to result in significant physiological and psychological changes that infringes on a woman's ability to cope[15, 16].Labor has been described as dichotomous in nature. While on one hand the event of labor may augment adaptational bodily processes, labor stress is associated with adverse maternal-fetal outcomes [15, 16, 17].As more studies explored the stress associated with labor, an inverse relationship became apparent between the stress of labor and nursing support. Conversely, it has also been found that the presence of support during labor, irrespective of the form or nature of support, is linked with a considerable reduction in detrimental outcomes for both the mother and fetus[12, 13].

St. Vincent and the Grenadines (SVG) is a multi-island state in the Lesser Antilles located along the Windward Island chain consisting of thirty-two (32) islands, inlets and cays, SVG spans a total land area of only 389km2, with a population of approximately 109,903 inhabitants[18]. In its 1st and 2nd quarter report, the Nursing Department (2016) of Milton Cato Memorial Hospital, (MCMH) the main hospital of the Island country reported, that only twenty (20) Registered Nurses were assigned to the maternity unit [19]. This warrants a disproportionate allocation of a ratio of 2-3 nurses to 30 patients on many occasions thus putting nurses in an impractical situation [20].

In the USA, Rep. Jan Schakowsky (D-Ill.) re-introduced the Safe Nurse Staffing for Patient Safety and Quality Care Act to improve patient quality of care by establishing a requirement for nurse-to-patient ratio that put patient safety first (The Nurse Staffing Standards for Patient Safety and Quality Care Act, 2015). The proposed ratio for maternity unit stipulates nurse-patient ratio of 1:2 for labor and delivery and for combined delivery and postpartum at 1:3 ratio. Given this recommended ratio, one wonders the impact of the situation at MCMH on the safety of patient care and the level of stress that the nurses are subjected to, added to the physical/environmental lay-out of the hospital since onerous environments contribute to stress[21, 13, 22, 12, & 14].

One must also consider the degree of support that nurses are able to provide to mothers during parturition in light of these circumstances. The fundamental role of the Registered Nurse should be to ensure that mothers have a safe and life-enhancing experience, centredon their expectations during hospitalization on the maternity unit [4] . This is imperative, as support in labor has been shown to significantly reduce detrimental and adverse maternal-fetal outcomes, and also assist the mother to cope with the experience [15 &23]. Thus, this study is a way to attempt to document the perceptions of the mothers at MCMH with regard to their intra-partum experiences with the registered nurses.

Purpose of the Study

This study aimed to explore the perceptions of mothers with regard to the nursing support provided by registered nurses on the maternity unit at the Milton Cato Memorial Hospital during labor and delivery. The three (3) dimensions of support were assessed as identified and measured by Bryanton, Fraser-Davery and Sullivan [12]:

- Emotional support- emotional support as attaching, reassuring, giving the feeling that one is able to rely on or confide in a person, and giving the feeling that one is cared about.
- Tangible support-direct aid, such as taking care of someone or doing a job; and
- Informational support- provision of information or advice and giving feedback

Theoretical Framework

The Lazarus Model of Stress, Appraisal and Coping formed the theoretical underpinnings of this study, particularly as it conceptualizes labor, birth and social support in a comprehensive manner [12 21]. While many events in life produce Stress, few have been comparable to the magnitude of events that accompanies parturition [13]. This experience can be exacerbated by coping inadequacies of or enhanced by availability of appropriate coping resources, whether personal or environmental [12].

Indeed, childbirth is a stressful event [23], yet, Lazarus &Folkman [21] posit that no single event or situation in itself is inherently stressful; but rather, the intensity of the stressor depends on the subjective judgment of the situation as appraised the individual. This appraisal is also influenced by the resources available to the individual. In the end, the situation will be perceived as stressful, harmful or otherwise.

The model proposes three (3) major concepts: Stress, Cognitive Appraisal and Coping. Lazarus [21] claims that Stress is experienced when an individual perceives that the demands produced by the stressor surpasses the personal and social resources one has at his/her disposal. In other words, stress is not merely the stressful event itself or ones response to stress, but rather one's perception of situation (Lazarus, 1984).

When faced with a stressor, a person evaluates the situation to determine its significance and potential threat (primary appraisal). Then the individual further evaluates it to determine what coping resources are needed or available (Secondary Appraisal). Coping is directed at controlling the situation and consequently resulting in coping outcomes which include emotional well-being, functional status and health behaviors [21].

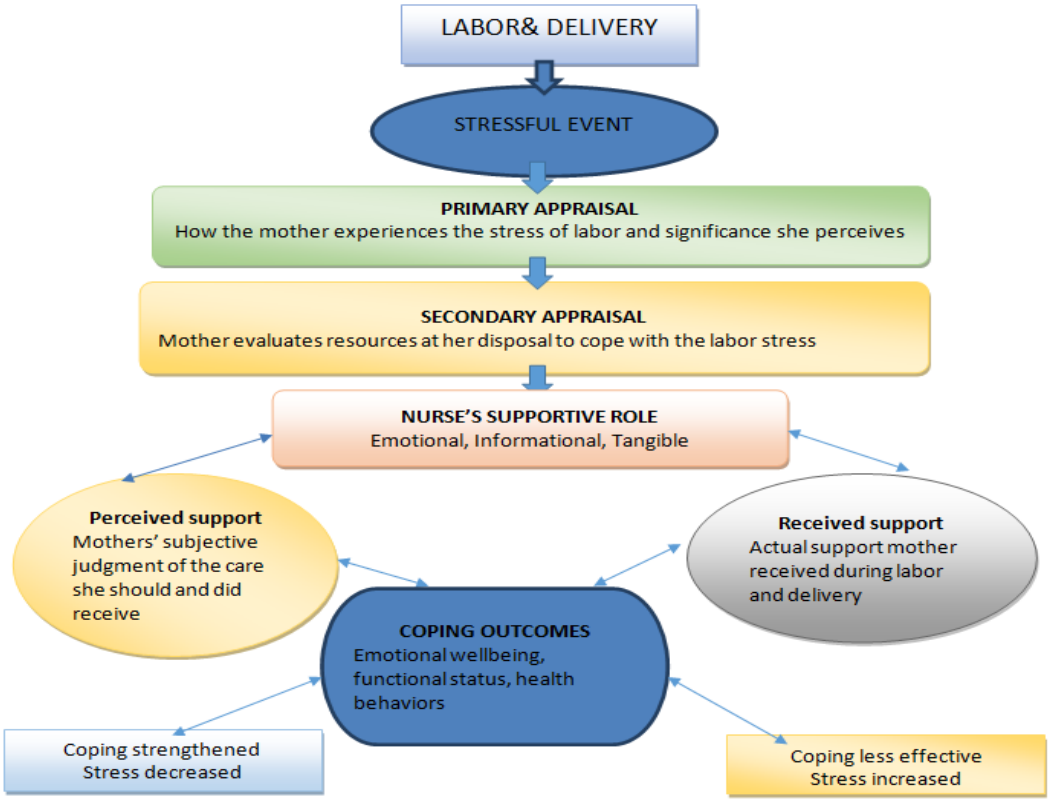
Social support on the other hand is (a) structural, which is the extent to which one is connected to a social network, and (b) functional which entails the roles played by members within one's social network [24]. Social network refers to the vehicle through which social support is received or provided [25].

Lazarus & Folkman [21] howeverpostulates that no matter the type of social support, three core dimensions prevail. These are: (i) Emotional, (ii) Tangible and (iii) Informational. The emotional dimension of support relates to all the activities that convey love and acceptance, offering reassurance and that sense that one can confide in another. Tangible support refers to the provision of direct assistance, such as caring for someone's physical needs.

While, informational support relates to one giving practical advice or information to enable a person to deal with a situation [21]. These theoretical concepts form the foundation of this study. This study seeks to explore mothers' perception of the nursing support received during labor and delivery. The Lazarus Model (1984), depicts labor and delivery as an antecedent to stress (see Figure 1- as conceptualized for the purpose of this study) in which intrapartum mothers require and utilize the social support available within their social networks. The nurse forms part of this social network and provides social support that maybe emotional, tangible or informational. This type of support maybe perceived or 'received.

Perceived support refers to the subjective judgment that the nurse (in this case) will provide- quality assistance with the stress of labor [24, 25, 26] while, received support refers to transactions that actually occurred during the stressful event [25].

Figure 1: Conceptualization of Lazarus' Model (1984) as applied to this current study.



These theoretical underpinnings guided the researchers in understanding how women feel about the support they received from nurses during the labor and delivery process. All other associated concepts were not explored as the researchers sought only to understand the nature of the social support provided by nurses to women during parturition.

II. Methodology

Design

A quantitative case study approach was employed for this this study as our intention was to elicit in detail the perceptions of the new mothers from this Caribbean Maternity hospital at this point in time [27 & 28].

Population

The targeted population was all women who were admitted at the Maternity Unit, whose pregnancy resulted in spontaneous delivery at term gestation. The mothers also would have experienced childbirth 3-4 days before data collection and admitted at least 2 hours before child birth. Mothers who were under 18 years, for psychiatric review, had delivery through caesarean section, were in labour during data collection, and with miscarriages or still birth experience during the period were excluded.We had projected a sample to be about 40

based on our observation ofdelivery trends on the Unit over the year and given our professional experiences of the hospital. However, only 37 mothers who met the inclusion criteria, consented and volunteered to participate in the study. All volunteers were therefore recruited.

Data Collection Instrument

The instrument used for data collection in this study consisted of (a) socio-demographic characteristics, (b) an adapted Bryanton Adaptation of the Nursing Support in Labor Questionnaire (BANSILQ) (Bryanton et al. 1994).The researcher developed sociodemographic section requested the participants to provide information about their general characteristics such as age, gravida, parity, etc. The BANSIL-Q consisted of 25 items that evaluated nursing supportive behaviors using a 5-point Likert scale that ranged from (1) not at all helpful to (5) very helpful. These items assessed the three dimensions of support (i) emotional support, comprising 14 items, (ii) Tangible support- 6 items, and (iii) informational support 4 items. This tool was developed using the theoretical underpinnings of the Lazarus Model of Stress, Appraisal and Coping and is a modification of the Kintz (1978) Nursing Support in Labor Questionnaire developed by Bryanton[12]. It assessed nursing support behaviors under the three supportive dimensions proposed by Lazarus' Emotional, Tangible and Informational [21]. The tool had been tested and used in several research studies and have proven to be reliable and valid. Permission was sought and granted from the authors for use of this tool.

Data Analysis methods

The data was collated manually, and fed into the SPSS software from where the data was organised in absolute frequencies and presented in tables.

Ethical consideration

A number of measures were in place to ensure that ethical principles were applied throughout this study. These included protection such as (i) informed and voluntary consent from the mothers, (ii) permission from the hospital to undertake the data collection, (iii)maintenance of privacy and confidentiality throughout the process. In all, the investigators ensured that no harm was bestowed on the participants and their autonomy and self-determination prevailed throughout the study.

III. Results

Socio-demographic profile of participants

A total of thirty-seven persons responded positively to the socio- demographical questions issued on questionnaires given. Table 1 illustrates characteristics of the participants, a comparison among the age groups of the participants the marital status, educational level and parity of each respondent.

Table 1: Table showing demographical data of participants-Ages, Marital Status and Educational Level

Characteristics	**Number**	**Percentage (%)**
Age		
18-24	13	35.1%
25-29	8	21.6%
30-34	9	24.3%
35-39	6	16.2%
40-44	1	2.7%
45+	0	0%
Marital Status		
Single	16	43.2%
Common Law	12	32.4%
Married	8	21.6%
Not Answered	1	3%
Educational Level		
Primary	4	10.8%
Secondary	24	64.8%
Vocational	0	0%
Tertiary	8	21.6%
Not Answered	1	2.7%
Parity		
Para 1	9	24.3%
Para 2	12	32.4%
Para 3	7	18.9%
Para 4	3	8.1%
Multiparity	6	16.2%

Table 1 above shows the socio-demographic characteristics of the mothers at the maternity Department of the MCMH for the period of data collection; and who volunteered and gave their consent to participate in the study. Pertaining to age, majority of the mothers are mostly consent as 31.5% of them are 24 years or less, not married (75%), mostly secondary school educated (64.8%), and multiparous (75.7%).Table 2 identified the 14 items that the mothers responded to regarding the Emotional Support Variable namely items, 2, 3, 5, 10, 11, 12, 15, 16, 19, 20, 21, 22, 23, and 24 as serialised in the BANSILQ. The result showed that the mothers scored the nurses very favourably. In some of the items, for example, items 21, "nurses displayed a calm and confident manner when providing care, a combined 98.8% of the mothers indicated helpful and very helpful. The lowest favourable response to this variable was item 24, "nurse supported and reinforced teamwork" with where 61.1% of the mothers who responded indicated a combined response of "helpful and very helpful".Pertaining to Physical (Tangible) support, six items were included in the BANSILQ with serial numbers 1, 9, 13, 14, 17 and 18. The mothers rated the support they received from the nurses from as lowest 45.9% in item 18, "nurses gave me pain medication" to as high as 72.9% in item 1, and 9 in Table 3 on the combined scale of helpful and very helpful(Table 3). On the question of how do the mothers rate the nurses with regard to receiving informational support from them, four items were included in the BANSILQ with numbers 4, 6, 7 and 8. The nurses were given favourable rating of more than 75% in all items with the highest being 89.1% in "nurses answered questions truthfully in comprehensive language" using the combined scale of helpful and very helpful (Table4).

IV. Discussion

The main finding from this study are that mothers favourably scored the nurses at MCMH in:

(a) Emotional support
(b) Physical (tangible) support and
(c) Informational support.

It is pertinent to indicate that these findings are worth noting, in the first place because of the physical environmental nature of the hospital, and the stress to the nurses to navigate through these to still ensure they carried out their duties to the favourable rating of their clients. The nurse endeavoured to find the energy to undertake their job in such a way to receive the rating from the new mothers. This is in spite of the fact that many authors had indicated an inverse relationship between the stress labour both to the nurses and to the mothers [21, 13, 29, &30].
Secondly, these high favourable ratings particularly in Informational support show that the nurses are particularly mindful to ensure that their clients received the quality information pertaining to their current experiences knowing that such will make their work easier. Authors had indicated that when the nurses exhibit confidence in clinical skills; good communication with their clients, provide all relevant information to their clients pertaining to their condition, the anxiety of hospitalization is allayed, the length of hospitalization is decreased, and even complications related to their condition, which in this case is intrapartum experience are minimised [31, 32, 12, 33, 34, 22, &14].

Table 2.*Mother's perceptions of the Emotional Support received from Nurses on the maternity unit, MCMH*

EMOTIONAL SUPPORT														
ITEMS	*RATING SCALE Ranging from not applicable (0) to very helpful (5)*													
	0		*1*		*2*		*3*		*4*		*5*			
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*ΦANS*	*%*
2. Nurse treated me with respect	*0*	*0*	*1*	*2.7*	*1*	*2.7*	*1*	*2.7*	*6*	*16.2*	*27*	*72.9*	*1*	*2.7*
3. Nurse made me feel cared about	*0*	*0*	*1*	*2.7*	*0*	*0*	*2*	*5.4*	*5*	*13.5*	*28*	*75.7*	*1*	*2.7*
5. Nurse included me in making decisions during my labor	*2*	*5.4*	*4*	*10.8*	*1*	*2.7*	*5*	*13.5*	*5*	*13.5*	*18*	*48.6*	*2*	*5.4*
10. Nurse communicated patient needs and wishes to healthcare personnel	*4*	*10.8*	*1*	*2.7*	*1*	*2.7*	*4*	*10.8*	*10*	*27*	*17*	*45.9*	*0*	*0*
11. Nurse tried to carry out as many wishes as possible	*3*	*8.1*	*3*	*8.1*	*1*	*2.7*	*5*	*13.5*	*10*	*27*	*14*	*37.8*	*1*	*2.7*
12. Nurse provided a sense of security	*0*	*0*	*2*	*5.4*	*1*	*2.7*	*4*	*10.8*	*5*	*13.5*	*25*	*67.5*	*0*	*0*
15.Nurse attempted to lessen demands placed on patient	*3*	*8.1*	*1*	*2.7*	*1*	*2.7*	*6*	*16.2*	*8*	*21.6*	*18*	*48.6*	*1*	*2.7*
16. Nurse accepted what I said and did without judging me	*3*	*8.1*	*2*	*5.4*	*3*	*8.1*	*4*	*10.8*	*4*	*10.8*	*19*	*51.3*	*2*	*5.4*
19. Nurse praised patient	*1*	*2.7*	*2*	*5.4*	*1*	*2.7*	*4*	*10.8*	*2*	*5.4*	*27*	*73*	*1*	*2.7*
20. Nurse provided distractions by talking to patient	*1*	*2.7*	*1*	*2.7*	*3*	*8.1*	*2*	*5.4*	*5*	*13.5*	*25*	*67.6*	*0*	*0*
21. Nurse displayed a calm and confident manner when providing care	*0*	*0*	*1*	*2.7*	*1*	*2.7*	*1*	*2.7*	*3*	*8.1*	*31*	*83.7*	*0*	*0*
22. Nurse recognized anxious behaviors & heed concerns & responded	*2*	*5.4*	*4*	*10.8*	*0*	*0*	*1*	*2.7*	*7*	*18.9*	*23*	*62.1*	*0*	*0*
23. Nurse encouraged significant other to be involved & positive feedback	*6*	*16.2*	*2*	*5.4*	*0*	*0*	*2*	*5.4*	*7*	*18.9*	*15*	*40.5*	*5*	*13.5*
24. Nurse supported and reinforced teamwork between	*8*	*21.6*	*1*	*2.7*	*1*	*2.7*	*4*	*10.8*	*3*	*8.1*	*15*	*40.5*	*5*	

Key- Φ Ans means non-answered
n- Number of participants

Table 3.*Mother's perceptions of the Physical (Tangible) Support received from Nurses on the maternity unit, MCMH.*

PHYSICAL (TANGIBLE) SUPPORT														
ITEMS	RATING SCALE Ranging from not applicable (0) to very helpful (5)													
	0		1		2		3		4		5			
	n	%	n	%	n	%	n	%	n	%	n	%	Φ ANS	
1. Nurse helped with familiarity of surroundings	1	2.7	3	8.1	0	0	5	13.5	2	5.4	25	67.5	1	2.7
9. Nurse assisted patient in calming Techniques	1	2.7	4	10.8	0	0	3	8.1	2	5.4	25	67.5	1	2.7
13. Nurse spent time with patient without being asked	5	13.5	2	5.4	4	10.8	2	5.4	8	21.6	16	43.2	1	2.7
14. Nurse touched me	6	16.2	2	5.4	4	10.8	4	10.8	3	8.1	18	48.6	1	2.7
17. Nurse helped make me physically comfortable	4	10.8	4	10.8	2	5.4	4	10.8	9	24.3	14	37.8	1	2.7
18. Nurse gave me pain medication	8	21.6	4	10.8	2	5.4	4	10.8	3	8.1	14	37.8	2	5.4

Key: Φ Ans: means non-answered.
n- Number of participant

Table4*. Mother's perceptions of theInformational Support received from Nurses on the maternity unit, MCMH.*

INFORMATIONAL SUPPORT														
ITEMS	*RATING SCALE*													
	0		*1*		*2*		*3*		*4*		*5*			
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*ΦANS*	*%*
4. Nurse explained hospital routines and procedures	*0*	*0*	*1*	*2.7*	*1*	*2.7*	*5*	*13.5*	*3*	*8.1*	*26*	*70.2*	*1*	*2.7*
6. Nurse provided information about my progress	*2*	*5.4*	*1*	*2.7*	*1*	*2.7*	*4*	*10.8*	*5*	*13.5*	*24*	*64.8*	*0*	*0*
7. Nurse answered questions truthfully in comprehensible language	*1*	*2.7*	*0*	*0*	*0*	*0*	*3*	*8.1*	*5*	*13.5*	*28*	*75.6*	*0*	*0*
8.Nurse instructed me in calming techniques	*1*	*2.7*	*2*	*5.4*	*0*	*0*	*4*	*10.8*	*2*	*5.4*	*27*	*72.9*	*1*	*2.7*

Key: Φ Ans: means non-answered.
n- Number of participant

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