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Hande Yağcan
Buse Güler
Manolya Parlas
Dokuz Eylül University, İzmir-Turkey
hande.yagcan@gmail.com; busebahitli@gmail.com;
manolya.parlas@gmail.com

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ORCID ID	0000-0001-9658-0449	0000-0003-3053-5105	0000-0001-8805-4721
CORRESPONDING AUTHOR	Hande Yağcan		

CHILDBIRTH EDUCATION AND BIRTH EXPERIENCE: A FOCUS GROUP STUDY

ABSTRACT

The aim of the study was to report birth experiences of women who participated in a childbirth education class. A qualitative study was conducted with thirteen women who participated this class of a training hospital. In data collection, a semi-structured interview form was used, and focus group interviews were performed. Their experiences were divided into positive effects, barriers, and expectations categories. Positive effects category was consisted of satisfaction, behavior-attitude change, childbirth experience and social support themes. Barriers category included disadvantages, attitudes of relatives and negative childbirth stories themes. Expectations category was consisted of participation reasons, qualified education, and qualified educator themes. Mothers were generally satisfied from participating this class. They stated that quality of given education and educators' qualifications in these classes should be increased and standart in all country. Also, it should be continuing in postpartum period and more accessible by using current technological applications so that all family members could participate.

Keywords: Childbirth, Nursing, Midwifery, Pregnancy, Prenatal Education

1. INTRODUCTION

Since 1985, World Health Organization (WHO) recommended that ideal rate for caesarean section (C/S) surgery should not exceed 10% to 15% [1]. According to 2015 report of Organization for Economic Cooperation and Development (OECD), mean C/S rate is 27.2% in the world, 50.4% in our country where has the highest. The most important factor driving the C/S ratios worldwide is that women prefer cesarean operation with their own will, because of their childbirth fear [2 and 3]. In this research, 6 to 10% of women experiencing childbirth fear, 47.4% have C/S without medical justification because of childbirth fear alone [4 and 5]. According to research results, vaginal delivery, satisfaction with birth [6], information about birth [7], birth adjustment [8] have been increased, birth interventions, episiotomy, and birth artificial initiation [6], childbirth fear [8] have been reduced by childbirth education classes (CECs).

Ministry of Health (MoH) has made some adjustments since 2014 to promote vaginal birth in the country. These strategies were identified at the clinical level [9]. Changing health personnel's attitudes towards encouraging vaginal delivery, giving active birth positions, not constantly monitoring, feeding in childbirth, hospital rooms

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prepared like home and encouraging participation to CECs were some of them. However, C/S rate according to WHO (2015) could not be lowered below 50% [10]. Seventy-seven hospitals, in which all these strategies are implemented, were given the title of "Mother Friendly Hospital", was the first in the world by MoH [11]. Women's experiences, observations and knowledge gained from their environment contribute to formation of their perceptions on childbirth [12].

Negative experiences may lead to inadequate mother-baby attachment, breastfeeding problems, postpartum psychological problems, and demand for C/S. One of the factors that affect childbirth dissatisfaction is the lack of knowledge about practices and treatments [13]. However, according to meta-analysis data investigating effect of CECs on childbirth satisfaction, studies were insufficient about the positive effect of CECs [14]. In a study, in addition to classical presentation technique, simulatory mannequins and various birth philosophies were used in birth prep class education, and that women's perceived support and control were found higher at birth, and birth fear was lower [15].

2. RESEARCH SIGNIFICANCE

The most important factor driving the C/S ratios worldwide is that women prefer cesarean operation with their own will, because of their childbirth fear. The women's fear of childbirth could decrease by the help of Childbirth Education Class (CECs) Traning. But CECs educations are not enough to solve the C/S rate increase problem by itself. The hospitals conditions are very important to have a safe vaginal birth with trusted and choosed childbirh instructors and medical team for the women. If these conditions could not be arranged, mothers choose to give their birth at private hospitals with another medical team who did not trained/ prepared them for the birth. Giving birth with the help of an unknown medical team will affect childbirth fear of women and hence vaginal delivery rates and birth satisfaction of the women. Also, the quality of the education given in these courses should be increased and continued in the postpartum period, that all members of the family should participate by making education more accessible with current technological applications, and that the instructors should have the necessary qualifications [1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13 and 14]. Although nowadays there are many CECs, their education period, techniques, content, and educators' qualifications have differences and their effectiveness have not been studied. For these reasons, it was aimed to understand their experiences about CECs in this study.

3. MATERIAL AND METHODS

3.1. Study Design and Participants

This research was conducted with a qualitative approach using focus group interviews. This article was evaluated by using consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist. The data were collected from 13 mothers in postpartum period, who agreed to participate the research and were selected using purposeful sampling methods, among the ones who attended in the CECs and invited to the hospital for 60 minutes of focus group interviews. The mean age was 28.07±3.20, gestational age was 39.25±1.21 of the mothers participated in the CECs. Twelve of the women had higher education and six of them were unemployed. In addition, eight of the mothers gave vaginal birth with intervention and six of them had learned this CECs from the hospital (Table 1).

3.2. Data Collection

The data were collected between June-July 2018 from mothers who attended CECs of the hospital. They were invited to the hospital for focus group (FGs) interview meeting from their Whatsup group. Two FGs were performed and they took one hour. These interviews included five and eight participants. FG number was determined according to data saturation [16]. After receiving oral and written information about the study, participants gave their written consent. The sociodemographic data were collected with a form developed by the researchers. In the interview, a semi-structured form consisting of three open-ended main questions and three probe questions were used. The interviews were recorded with a voice recorder and camera and transcribed verbatim. After the interviews, we provided feedbacks on the findings from participants.

The FGs were moderated by HY, BG and MP observed and noted the facial expressions, feelings, etc., as a reporter. During the meeting, the participants sit in a U-shape arrangement and refreshments were served. The aim of the study was explained in the introduction phase, and the interviews were started with participants' brief introductions about themselves.

Semi-Structured Interview Form:

- What were the effects of CECs on your childbirth satisfaction?
- What did you learn from the CECs?
- How did CECs affect your childbirth experience?

Probe Interview Questions:

- How did CECs affect/contribute you in the prenatal period?
- What was the contribution of the CECs on your delivery process?
- What was the contribution of the CECs on the care of your baby during the postpartum period?

3.3. Data Analysis

Audio, visual, and written records of the study were transcribed in computer environment by BG and MP and the data were encoded and classified according to their themes by BG, MP and HY [17]. Data were analysed concurrently with the data collection. In data analyzing, there were not used any software package and the data were analyzed by using content analysis. After transcripting a coding tree was developed, themes were identifed by researchers.

3.4. Ethical Considerations

The study was approved by a university hospital Ethics Committee with the protocol number 2018/22-30. Verbal and written informed consent were obtained from the participants.

4. FINDINGS

Before the CECs, most of the women stated that they had childbirth fear. A large proportion of the women stated that childbirth fear was reduced after the education. All mothers were satisfied with the CECs and eleven of them had a good childbirth (Table 1).

Table 1. Socio-demographic characteristics of the mothers participated in the CECs

Participant	Age	Education	Delivery Type	Source of Information about CECs	Birth Fear Before CECS	Reduction of Childbirth Fear After CECs	Satisfaction Status from the CECs	Childbirth Perception
P1	30	Uni.	Spontaneous Vaginal Birth	Internet-Media	Yes	Yes	Yes	Good
P2	24	Uni.	Vaginal Birth with Intervention	Neighbor-Relative-Friend	No	Yes	Yes	Good
P3	31	Uni.	Vaginal Birth with Intervention	Internet-Media	Yes	Yes	Yes	Good
P4	25	Uni.	Cesarean Section	Internet-Media	No	Yes	Yes	Good
P5	35	Master	Vaginal Birth with Intervention	Hospital	Yes	No	Yes	Poor
P6	28	High Sch.	Vaginal Birth with Intervention	Neighbor-Relative-Friend	Yes	Yes	Yes	Good
P7	25	Uni.	Vaginal Birth with Intervention	Hospital	Yes	Yes	Yes	Good
P8	27	Uni.	Cesarean Section	Neighbor-Relative-Friend	No	Yes	Yes	Medium
P9	30	Uni.	Cesarean Section	Hospital	Yes	Yes	Yes	Good
P10	24	Uni.	Vaginal Birth with Intervention	Hospital	Yes	Yes	Yes	Good
P11	29	Uni.	Cesarean Section	Hospital	Yes	Yes	Yes	Good
P12	30	Uni.	Vaginal Birth with Intervention	Family Medicine	Yes	Yes	Yes	Good
P13	27	Uni.	Vaginal Birth with Intervention	Hospital	Yes	Yes	Yes	Good

As a result of the focus group interviews with mothers participating in the CECs, their education experiences were examined in three categories: positive effects of CECs, negative experiments, and expectations of participants (Table 2).

Table 2. Focus group interview concept analysis

	Category	Main Themes	Sub-Themes
Childbirth Education	A. Positive Effects	A1. CECs Satisfaction	Being Informed Group support Educator Support Weight control
		A2. Behavior Attitude Change	Recommending Closed Environment Preference of Vaginal Birth Spouse Engagement Increase in Confidence
		A3. Childbirth Experience	Accurate Timing on Hospital Admission Coping with Childbirth Pain Coping with Childbirth Fear Positive Birth Support
		A4. Social Support	Knowledge Sharing with Peers Spouse support
	B. Negative Experiences of Participant	B1. Self-efficacy	Inability Loneliness Inconsistency Acquired Information
		B2. Attitude of the Environment	Bride-mother-in-law Conflict Bad Relationship with Spouse Family Trust in Education
		B3. Childbirth Experience	Fear Pain Weakness Inappropriate Spousal Support Obligatory Cesarean Hospital Preference Delivery Room Environment Delivery Room Practices Problems in the Postpartum Period
	C. Expectations	C1. Qualified Education	Available and Suitable Education Current Education Content Continuity in Education Class Diversity Demand Spouse Participation
		C2. Qualified Educator	Adequacy of the Educator

- **Category 1: Positive Effects:** In satisfaction main theme, women mentioned about follow up contraction, breathing exercises, postpartum care, lactation, breastfeeding, newborn feeding, care and massage issues which were learned from the educator of CECs. P1, who participated in the study, expressed her satisfaction with the following statement: *"I am very pleased with the CEC. I learned step by step what to do in there."*(P1, unemployed). Regarding the main theme of the behavior-attitude change, which was succeded by CECs, P2 stated the following sentences: "*Baby care, I had never held a baby in my lap before... I believe I have learned everything here. Normal delivery encouragement, it was very useful for me.*" (P2, unemployed). In childbirth experience main theme, communication with peers, using breathing exercises, following up contraction, having movement freedom, using pilates ball, imaging finishing of birth, understanding right signs of birth, not influencing from bad birth stories, reducing birth fear, experiencing good behavior of health personel and avaliabilty of CECs educator issues were found. P3 stated her experience as follows: "*I was so afraid of childbirth. In college, we received education of normal delivery and cesarean section. Then they showed us its videos. So, it was a really big fear for me, that is the childbirth. I was seeing childbirth in my dreams and such… At the end, I learned that it's not horrible, that it has a great beauty at the end; so, I had a normal delivery by defeating my fear in a good way.*" (P3, unemployed). In the main theme of social support, women

mentioned about sharing knowledge, coping with problems (postpartum depression), sustaining communication, taking support in baby care, feeling fatherhood and motivation which were gained from sharings with peers and educator in CECs. P4 expressed her thoughts with these words: "*I was a little scared at the time, but I was able to calm myself down, that is, I was telling them to shut up, but they were still telling me. I came here and looked. Everyone has concerns like me. I calmed myself down thanks to my educatior and friends said to me. Fortunately, it was a beautiful childbirth.*" (P4, unemployed).

- **Category 2: Negative Experiences of Participant:** In the main theme of self-efficacy, women said that they experienced inability, loneliness, inconsistency, and they needed acquired information issues. P5 expressed her thoughts with these words: "*So, I am enlightened in matters I do not know, for example, I came because Mrs. A was an experienced midwife.*" (P5, teacher). The women participating in the study stated that they wanted people to support them during the birth, this was not allowed in state hospitals and they did not want to be alone during the birth. The women stated that this was the preference for having the birth in a private hospital. P2 said that: "*There is also something, I do not know whether it is happening only in here or in all hospitals, but they do not take anyone, even your spouse, to the delivery room where you suffer. They do not take your mother inside of the room to support you, maybe you are in pain for hours on your own. I think this was the worst thing I had experienced.*" (P2, unemployed). Women talked about the negative attitudes of the environment such as jealousy and bride-mother-in-law conflict regarding the birth and CECs. One woman said that: "*My mother-in-law was jealous of my midwife. "You ask her everything" she said to me.*" (P6, unemployed). In the main theme of childbirth experience, women reported that they had heard negative stories about fear, pain, weakness, inappropriate spousal support, obligatory cesarean section, delivery room, childbirth practices and postpartum period. One participant said that: "*I always hear from my elders that my mother had quite difficulty during my birth. It always scared me. I wondered; will my childbirth be the same as my mom's delivery? This fear happened because of my birth was a breech delivery. I have always had a fear that I would experience the same pain because in every neighbor meeting they talk about my pregnancy, and my mother always started to talk about her childbirth pain.*" (P7, unemployed). Women said that they have some problems after delivery. One of them is mastitis. One participant said that: "I could not breastfeed for a short while, suddenly my breast was swollen. Then, we rented a hospital type milking machine. I milked my milk and gave it to my baby. But then my breast ducts were started to blockage. My obstetrician saw my breast and nurses said that this was mastitis." (P13, officer).
- **Category 3: Expectations:** Women mentioned about quality of educational content, consistent education, suitable and available educational content which were their expectations from CECs. P4 expressed her thoughts with these words: "*... And CECs should be in same quality in everywhere*." (P4, unemployed). Regarding the main theme of qualified educator, which was also their expectation from a CEC, P8 stated that: "*I think instructors should definitely be like Midwife A., experienced and knowledgeable... I mean, they should not be an educator*

unless they had a comprehensive education background. Experience of Midwife A. led to great confidence to me." (P8, cosmetician).

5. DISCUSSION

This study investigated the effect of CECs on childbirth satisfaction. The mean age of the women was found 28.07±3.20, their 92.3% had higher education, and 53.8% was employed. Although the demographic results of the study were consistent with the literature, it was observed that mostly the pregnant women with high educational level participated in the CECs [8 and 18].

- **Category 1: Positive Effects:** The women stated that they were satisfied with the information they received from the education and they recommended the CECs to their surroundings. It is expected that the knowledge level of the participants will increase after the CECs education. Similar to the results of this study, all the pregnant women in the CECs were found satisfied in a study [19]. In a qualitative study, women who received education had acquired important information about childbirth [20]. In the study, some of the participants stated that the education was beneficial in providing weight control. Similarly, in a study, it has been found that education had a positive effect on adequate and balanced nutrition in women [12]. Education given in CECs teach women confidence towards herself, body, baby, and team, strengthen their awareness on how to follow their instincts, and increased trust in the fertility of their body [8]. In parallel to the literature, the women who participated in the study reported that their self-confidence increased as a result of the CECs, and that they promoted the vaginal birth and CECs in their environment. It is stated that CECs given in the prenatal period affects the relationship between spouses positively, increases social support during the postpartum period and health awareness in pregnant women [21]. Also, in this study, women reported that they benefited from peer support to share their problems and information, to maintain communication and to overcome postpartum depression and spouse support in the care of their babies. The women who participated in the study stated that they received positive support on coping with childbirth fear and pain and guessing the right timing for applying to delivery unit. In a study, it has been determined the same results that pregnant women who received childbirth support by attending CECs perceived more positively childbirth [8].
- **Category 2: Negative Experiences of Participant:** Environmental factors, previously encoded fear messages, lack of support mechanisms and being in an unknown process are known to increase fear and anxiety of the pregnant woman [18]. The statements about negative birth experiences of the women participating in the study were like the ones in the literature. Also, it is known that support of a loved one, friend or spouse has a positive effect on mother and baby during childbirth [8]. The women stated that they wanted the support of their relatives during the delivery and not want to be alone, but they were not allowed in public hospitals. Because of this problem, many of them preferred to give their childbirth in a private hospital.

  In the study, it was determined that trust to the educator occasionally led to misunderstandings in family communication. The women who participated in the study expressed this situation with the following words: *"For example, my mother-in-law was*

jealous of my midwife. She said that to me "You ask her about everything like your sister. You can also ask them to me." In our study, such a result was obtained for the first time, and similar research results could not be found in the literature. It is thought that this situation may arise due to misunderstandings of mother in laws which is their bride's trust to the scientific knowledge and experience of the nurse in order to their childbearing experiences. It is seen that different practices and interventions are performed in hospitals in the intrapartum period and there is no standard in this regard. In the study, it was determined that women were exposed to enema, inductions and abdominal pressure in the delivery room and felt uncomfortable. In a study, it has been found that enema, induction and abdominal pressure were applied to women in the intrapartum period and most of the women did not want these interventions [22]. Also, WHO recommends that routine enemas should not be applied at childbirth, unless necessary, and oxytocin should only be used in deliveries with prolonged and inadequate contractions [23]. In another study, no significant difference was found in cesarean rates and maternal-neonatal outcomes between the groups who had and had not undergone abdominal pressure practice during delivery [24]. The problems experienced in the postpartum period as well as the delivery process affect the childbirth satisfaction [25]. It was determined that the women who participated in the study had breast problems, such as mastitis and abscess in the postpartum period. Similar to this study findings, primiparous and multiparous women had breast problems even if they had vaginal birth was found in a study [26]. As the mothers demanded in the study, education should include the solutions issues for these problems that can be experienced in postpartum period and counseling should continue in postpartum period.

- **Category 3: Expectations:** In the study, women want to receive qualified education from qualified instructors. Because adults expect that educations should be oriented towards their own needs. Also, they want to participate CECs effectively by having the education in a safe environment, opportunities to practice and instructors with adequate skills, experience, and motivation [15]. In addition, women recommend diversification of education in line with their needs and continuity of education after childbirth. This result, which is consistent with the principles of adult education in the literature, suggests the need for increasing the quality of education and educators in CECs. In the study all women gave their birth in private hospitals. As the reason for this, they stated that physical conditions and practices of the delivery room of the hospital, which they received education, and the approaches of health workers regarding childbirth were not consistent with the education content. Similarly, in a qualitative study, women want to select the place of childbirth and the birth team, so they felt safer when they met their midwives well before the delivery [27].

6. CONCLUSION AND RECOMMENDATIONS

The mothers were generally satisfied with the participation in the CECs, however, they stated that the quality of the education given in these courses should be increased and continued in the postpartum period. All members of the family should participate by making education more accessible with current technological applications. Also, the instructors should have the necessary qualifications.

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CONFLICT OF INTEREST

No conflict of interest was declared by the authors.

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