

Expectations and Experiences of Primiparous Women Who Delivered at Federal Medical Center, Asaba, Delta State

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Abstract: This is a qualitative study that determined the expectations and experiences of primiparous women who deliver at Federal Medical Centre, Asaba. A sample of 20 women participated in the study. Instrument for data collection was researchers' structured interview matrix that was validated and tested for internal consistency. Data were collected through face to face in depth interview. Data collected for the study were coded based on similarities and differences in the responses of the women and results were presented in tables with frequencies and percentage distributions. Descriptive and inferential statistics were applied for the analysis using IBM SPSS-version 23. Findings from the study showed that majority of the primiparous women who delivered at FMC Asaba had expectations before childbirth such as clean and well-equipped hospital, qualified health personnel (90%), and supportive midwives. Their experiences during childbirth included having a clean environment with modernized equipment, qualified and supportive Midwives on ground to care for them etc. All the primiparous women (100%) disclosed that the hospital bill did not match their expectations as it was higher than expected for government health institution. The study revealed that there is no correlation between expectations and experiences of primiparous women as shown by a correlation coefficient of 0.397. The researchers recommended that there should be a birthing environment with the health care providers that are competent, compassionate and sneral wellbeing of a woman at childbirth.

Keywords: Expectations, Experiences, Primiparous women, Delivered.

I. Introduction

Birth is the most challenging physiological and psychological events in the women's life (Taheri, et al, 2018). Childbirth is not only a transition to motherhood, but also it is associated with considerable physical and emotional impacts in a mother's life (Bertucci, 2012). It has a powerful effect on women's lives with long-term positive or negative effects (Boryri et al, 2016; Nilver et al, 2017). A positive birth experience can have long-lasting profits such as the improvement of the relationship between a mother and a child, the development of parents' well-being, self-confidence, and the quality of life (Guittier, et al, 2014; Hildingsson et al, 2013). In contrast, a negative birth experience could affect their sense of motherhood and womanhood (Smarandache et al, 2016). It is associated with negative health outcomes, post-traumatic stress disorder, decrease in rates of exclusive breastfeeding, interruption to social relationships, dysfunction in mother-infant relationships, fear of childbirth, increased tendency for an elective caesarean section in future pregnancies. (Taheri et al, 2018; Guittier et al, 2014; Nilver et al., 2017; Smarandache et al, 2016).

Women's perceptions of their experiences while giving birth result from a complex process and pose long-term effects for their health and that of their children's health (Soderquist et al., 2019) and are related to a multitude of factors. Some of the contributing factors to the birth experience that have been studied were on personal background such as socio-demographic characteristics, own capacity and strength (Aasheim et al., 2013). Women's ability to meet the majority or atleast the most important of their childbirth expectations can form the perception of women about childbirth experience (Soderquist et al, 2019). Some expectations may help a woman to cope successfully with labor while others may be unable to cope (Karlstrom et al, 2015). Most women seem to develop expectation of childbirth and the kinds of expectations vary among women. Studies have shown both positive and negative expectations of birth can influence the birth experience (Stolte, 2012; Karlstrom et al, 2015). Childbirth expectations play an important role in the women's response to the birthing experience and postpartum period (Martin et al, 2013). Studies showed both positive and negative expectations of birth can influence the birth experience (Ulfsdottir et al, 2014). Different effects may be related to different aspects of expectations such as emotions, control, pain, and obstetric events (Bhatt et al, 2014).

Previous experience or some degrees of knowledge are required in determining the realistic or practical outcome of expectations. This notwithstanding, the improvement of expectation can develop by new information and experience (Martin et al, 2013). Giving the above, the number of pregnancy a woman has undergone through her life may in one way or the other contribute to the expectation of such woman. This assertion would infer that multiparas may have different expectations due to previous

experience of birth as compared to primiparous women. Interestingly, studies have found no significant differences between primiparous and multiparas in the different variables of expectations except for the variables of body control in labor over staff actions and involvement in decision making (Highsmith, 2016). Negative experiences have been associated with poor support and care, fear, excessive pain, discomfort and undesirable outcomes. To some women, giving birth is life itself, a fulfillment of God's plan, the law of procreation and a turning point between death and life for the woman and her baby (Ayers et al, 2011). Women's expectations and experiences of maternity services are increasingly important to healthcare professionals, administrators and health policy makers, and can inform decisions about the organization and provision of services (Hodnett, 2012) To manage childbirth expectations, certain methods could and should be applied to guarantee and achieve a safe and healthy pregnancy, for both mother and child. Three instruments are required to manage expectation: a case manager, a birth-plan and a mandatory house visiting. These three instruments should be mandatorily implemented in the obstetric care, and used by the midwives according to the Dutch steering committee (Van Haaren-ten Haken, 2014)

Study showed that physical and psychosocial support provided comfort, consolation and encouragement to the mothers while inappropriate care, poor communication and compromised privacy contributed to the mothers' negative childbirth experiences (Namujju et al, 2018). Tahereh et al (2016), concluded that religious and spiritual approach is an important way to deal with the labor pain.

Pridel and Leila (2015) disclosed that the majority of their study participants had the negative expectation of childbirth which was more in primiparous than in multiparas. According to them, Primiparous expected a painful delivery, very long labor and fear of childbirth while in multiparas expectation of dangerous delivery, women feeling very weak during labor and fear of labor were more important contributory factors in creating negative childbirth expectations. Individualized emotional support empowers the first-time mothers during their first birth and increases their chances for a positive birth experience, even if the birth was protracted or with medical complications (Lena et al, 2013). They asserted that inadequate support from the midwives could lead to a negative birth experience. Pregnant women may have a negative experience but well supported by midwives, because of very severe pain or the risk of medical complications.

Childbirth experiences and expectations have no boundary in terms of the socio-economic, cultural and educational background of people involved. The actions of the health care providers matter a lot in the expectations and experiences of the primiparous women. This study therefore determined the expectations and experiences of primiparous women who deliver at Federal Medical Centre (FMC) Asaba before and during child delivery. Maternal Role Attainment Theory formulated in 2004 by Dr. Romona Mercer was used to support the study (Alligood, 2010).

Objectives of the Study

1. Determined the expectations of primiparous women who delivered at FMC Asaba before child delivery
2. Determined the experiences of primiparous women who delivered at FMC Asaba during child delivery

Hypothesis

HO: There would be no significant relationship between expectations of birth and the birth experiences among primiparous women who delivered at FMC Asaba

II. Materials and Methods

Study Design

Phenomenological qualitative study design was used for this study to determine the expectations and experiences of primiparous women who delivered at Federal Medical Center Asaba, Delta State. This design was used by Namujja et al (2018) in a study that determined childbirth experiences and their derived meaning in a Regional referral hospital in Uganda. Therefore, the researcher deemed it appropriate to use it for this study.

Study Area

The study was conducted at FMC Asaba in South-South geo-political zone of Nigeria. with an estimated population of 4,112,445 (National Population Commission, 2017). Federal Medical Centre Asaba, is located in the heart of Asaba and serves as a training center for Medical, Nursing and Paramedical personnel. FMC acts as referral hospital to numerous private, primary, mission and secondary health facilities in and around Delta State. The hospital offers divers health care services including maternity services and persons that attend the hospital expect the best of quality of care/management from the health care professionals including nurses.

Population of the Study

The study population comprised of primiparous women aged between 18 and 40 years and were delivered of their first baby at the Federal Medical Centre Asaba at the time of this study.

Sample and Sampling Techniques

In view of Creswell (2014) assertion a total of twenty (20) primiparous women who met the study inclusion criteria were recruited through for the study and interview was stopped at the point of saturation. For phenomenological studies, 10-30 participants are recommended by Creswell (2014) because saturation point is usually reached at that number.

Inclusion Criteria

Only primiparous women who; had singleton pregnancy, regular with antenatal appointment with at least 7 visits, had uneventful pregnancy with no obstetric emergency, had their fetuses presenting in the cephalic position, had spontaneous vaginal delivery, and had life babies at the end of pregnancy, participated in the study.

Exclusion Criteria

Primiparous women with multiple gestation, obstetric emergencies, abnormal fetal positions and presentation, induced labour, prolonged labour, instrumental vaginal delivery, caesarean section, fresh still births, macerated still births and multiparous women were excluded from the study.

Instrument for Data Collection

Researchers'-structured interview guide which was subjected to content, construct and face validated for internal consistency was used for data collection from the participants of the study. This was best suitable for respondent's experience/satisfaction survey. The interview guide contained four sections which included socio demographic data, expectations and experiences of primiparous women.

Validity of the Instrument

The validation of the interview guide was achieved through the assistance of two supervisors from FMC, Asaba. They went through the question guide and made corrections. The researcher's supervisor, a specialist in maternal and child health care also went through the question guide and made necessary corrections before the checklist was accepted.

Reliability of the Instrument

Confidence 'trustworthiness' was used to test for reliability in a qualitative study and there are four criteria; credibility, transferability, dependability and conformability. The credibility of the instrument was established through peer check and member check. Peer checking was conducted by two research experts from Federal Medical Centre Asaba to verify the coding and categorization process. For member checking, some interview drafts were returned to the participants to verify the correct perceptions. In order to promote the transferability, the researcher focused on clarification, reflexivity, and neutrality. Furthermore, the demographic characteristics of the study population were described in detail.

The researcher attempted to increase the conformability through keeping all the documentations at all stages and providing exact reports in order to generalize the results for further studies. Also a pilot study using four Nursing staff and four patients was done and this helped to reveal lapses, duplicity and unnecessary questions in the interview guide.

Procedure for Data Collection

Ethical clearance from the Research and Ethics Community of FMC, Asaba was presented to the HOD of nursing services for further permission and introduction to the unit head of labour ward. The unit head introduced the researcher to the client. The interview was conducted on one-on-one basis, after delivery and at a time convenient for the participants. All participants were assured of confidentiality, anonymity and that declining participation would not in any way affect the care they would receive in the hospital.

During the course of data collection, as a means of appreciation, the participants were taught how to put their babies to breast, assisted with bathing their babies, changing pampas and taking them for immunization.

In-depth interview was conducted by the researcher and one assistant with the aid of an audio voice recording device and pen with paper. The in-depth interview was conducted in English language with each interview taking an average duration of 60 minutes. The guiding questions were continuously reviewed by the researcher throughout the study process to ensure that the context was maintained. Electronic data and audio recordings were kept in password-protected files with data access restricted

to the researcher. Data collection lasted for six (6) weeks.

Method of Data Analysis

The recorded interviews were transcribed verbatim and coded. The data were divided into themes and sub-themes according to similarities. The themes include; hospital/ ward environment, staff, finance/hospital bill, labour pain, duration of labour pain, attitude of midwives etc.

Finally, the data generated were presented in tables with frequencies and simple percentages and analyzed with descriptive and inferential statistics using SPSS version 23. The hypotheses were tested with Karl Pearson Product Moment Correlation at the 0.01 level of significant.

Ethical Considerations

Ethical clearance was obtained from the Research and Ethics Committee of the Federal Medical Centre Asaba with reference number: FMC/ASB/A81 VOL. XII/308. Informed consent was obtained from each participant before the interview and they were assured of confidentiality of the information.

The researcher ensured that only relevant information to the study were collected and with their permission to publish without mentioning the names of the respondents.

There was no physical or psychological harm to the participants as none of the items in the interview was capable of causing harm.

III. Results

Table 1: Socio Demographic Variables of Respondents (N = 20)

Variables	Frequency	Percentage (%)
Age category		
21-30	14	70.0
31-40	6	30.0
41 & above	0	0.0
Highest level of education		
Primary	0	0.0
Secondary	4	20.0
Tertiary	16	80.0
Occupation		
Civil servant	12	60.0
Business woman	5	25.0
Housewife	3	15.0
Religion		
Christian	20	100.0
Muslim	0	0.0
Others	0	00.0

Table 1 shows that 14 (70.0%) of the respondents were aged between 21-30 years while 6 (30.0%) of the respondents were between 31-40 years. Educationally, data showed that 16 (80.0%) had completed their tertiary education ranging from HND, bachelor to master degree while 4 (20.0%) had completed their secondary education. Table 1 also showed that 12 (60.0%) are civil servant and (100.0%) of them were Christians.

Table 2: Responses on the expectations of the participants before child delivery (N= 20)

Item	Frequency	Percentage (%)
Environment and equipment		
Very neat with modern equipment	17	85.0
Neat environment with basic hospital equipment	3	15.0
Staffing		
Qualified nurses and doctors	20	100
Few hands	0	0
Finance		
Affordable	18	90
Expensive	2	10
Labour pain and duration		
Painful and short	15	75
Painful and last long	5	25
Attitude of midwives		
Very caring and understanding	17	85.0
Friendly and always willing to assist	3	15.0

The table 2 shows that 17 (85%) of the participants expect the hospital to be very neat and to have modernized equipment since it's a government owed hospital. All the participants (100%) disclosed that they expected to see well trained and qualified nurses and doctors attending to them. Furthermore, withrelation to the finance, 18 (90%) said that they expected the hospital to be very affordable.

Majority of the participants, 15 (75%), disclosed that based on the stories they were told, they expected the labour to be severe, but not to last long.

In the words of one respondent: “from what I was told, it is very painful and since it's the first baby, it stays for a very long time before coming out”.

Table 3: Responses on the experiences of the participants during child delivery (N= 20)

Item	Frequency	Percentage (%)
Environment & equipment		
Very neat and well equipped	20	100.0
Normal hospital environment	0	0.0
Staffing		
Qualified nurses and doctors	18	90
Few hands	2	10
Finance		

Affordable	2	10
Expensive	18	90
Labour pain and duration		
Painful and short	15	75
Painful and last long	5	25
Attitude of midwives (care)		
Very caring and understanding	17	85.0
Friendly and always willing to assist	3	15.0
Outcome of the pregnancy		
Had a life baby to go home with	20	100.0

Table 4: Karl Pearson Product Moment Correlation result of relationship between expectations of birth and experiences among the respondents

		Correlations	
		Expectation of labour pain	Experience of labour pain
Expectation of labour pain	Pearson Correlation	1	.397
	Sig. (2-tailed)		.083
	Sum of Squares and Cross-products	3.750	.750
	Covariance	.197	.039
	N	20	20
Experience of labour pain	Pearson Correlation	.397	1
	Sig. (2-tailed)	.083	
	Sum of Squares and Cross-products	.750	.950
	Covariance	.039	.050
	N	20	20

Karl Pearson Product Moment Correlation result showed a correlation coefficient of 0.397 indicating the existence of strong negative relationship between expectations of birth and subsequent experiences among primiparous women. The test was not significant at 0.01 significant level, and led to the acceptance of the null hypothesis and rejection of the alternative hypothesis

IV. Discussion

Expectations of primiparous women who deliver at FMC Asaba before child delivery

Findings from this study revealed that most of primiparous women (90%) who delivered at FMC Asaba had many expectations. All the women (100%) expected the hospital environment to be very clean and conducive with standard equipment to depict a

standard government hospital. Study also revealed that majority of the primiparous women (90%) expected that the hospital staff will be well trained and qualified and that the hospital bill should be very cheap and affordable since it's a government hospital.

Further still, study revealed that majority of the primiparous women (75%) expected the labour room to be very neat and well equipped with modern equipment for taking delivery even as (85%), they expected that the labour pain would be less and quick in term of duration. The study's findings also revealed that majority of these women (85%) expected the midwives to be supportive and friendly towards them during the process of labor and delivery.

The findings of this study are in line with the findings of Namujju, et al (2018), where duration and patterns of labour pain was a major concern by almost all women. The findings also align with that of Aksoy et al (2016) who disclosed that there was a positive correlation between pain expectancy and labour pain. The findings of this study and the allied studies may be related to the fact that the primiparous women are still exploring conception issues and as such may be burdened with great expectations. Again, their expectations on the nature of nurses, services delivered and bill in the hospital could be likened to the fact that government hospitals are expected to have the best of health professionals that render quality care and at subsidized rate to the citizens.

Experience of primiparous women who delivered at FMC Asaba during child delivery

Study revealed that majority of the primiparous women (75%) disclosed that the labour room was neatly kept and loaded with modernized equipment to enable easy delivery with no shortage of staff. This notwithstanding, the hospital bill was not as expected by the women as 100% of them disclosed that the bill was outrageous and far from what they expected, bearing in mind that it is a public hospital.

This complain of outrageous bill may be likened to the economic status of these women as 60% of them are civil servants who are known to receive meager remuneration as salary and complains because high cost of goods and services including hospital bills. Seventy five percent of the women experienced pain and anxiety but were however comforted and encouraged by the midwives. According to majority of them, the pain and other experiences were forgotten after safe delivery of their babies. This may be likened to the assertion that the arrival of what gives someone joy overrides the negative experiences.

The findings align with the assertion of Mohammadi, (2012) that labor pain exhibits a physical and mental confrontation that women can have a profound feeling of power and success by which to infer or on the contrary to experience emotions such as anger and guilt and hurting their feelings but disappears once the woman sees her baby.

This finding may be likened to the opinion of Lundgren and Berg (2012), who disclosed that the experiences of childbirth plays a major role on how first-time mothers will develop good self- esteem, positive feelings for the baby, and an easier adjustment to motherhood role, and future childbirth experiences. Therefore, in order to provide better individual support to women during childbirth, the health care providers are required to put more focus on psychosocial aspects, but without neglecting medical safety.

Correlation of relationship between expectations and experiences of childbirth among primiparous women who delivered at FMC Asaba

The analysis showed a correlation coefficient of 0.397 indicating the existence of strong negative relationship between expectations of birth and subsequent experiences among primiparous women. The test was not significant at 0.01 significant level, and led to the acceptance of the null hypothesis and rejection of the alternative hypothesis. Thus it is discovered that there is no significant relationship between expectations of birth and subsequent experiences among primiparous women who delivered at FMC Asaba.

This finding supports the report by Gu'rber et al, (2012) that the experience of childbirth, and the degree to which it diverges from the imagined and idealized birth, may therefore affect women's long-term psychosocial well-being although a healthy outcome is the primary goal, many women typically also desire a birth experience that is positive such as; empowering, happy, serene and satisfying as well as pleasing, gratifying.

V. Conclusion

In the course of pregnancy and childbirth pregnant women are faced with expectations and experiences most of which are engineered by the stories of other women who have passed through the same process of pregnancy and child delivery. The expectations and experiences of primiparous women to a great extent, will be guided by the actions of the health care providers. One can therefore conclude that the experiences and expectations of the primiparous women should be an area of interest to the nurses and midwives.

VI. Implication of the Findings

This study revealed the expectations and experiences of primiparous women before and during childbirth. The study indicated a correlation between the expectations and experiences of the women before and during childbirth. This implies that most primiparous women are likely to be anxious before and during of childbirth. This therefore implies that the midwives need to display high level of competency in helping them to build positive expectations and that will help them in managing whatever experiences that come their way during childbirth.

The midwives, nurses and other healthcare providers that care for pregnant mothers should do their possible best to give hope to pregnant women through good health education, counseling and management of any existing misconception about pregnancy and childbirth.

Limitations of the Study

This study is a phenomenological qualitative study conducted in one institution; therefore, generalization of the findings is very difficult to achieve.

The study would have been better if mixed-method design was applied so as to make the data collection process more extensive which would have yielded better result.

Recommendations

Based on the findings of the study, the following recommendations were made by the researchers:

These should be increase in women's awareness of delivery process and what they will likely experience during the process. This will go a long in familiarizing the primiparous women with likely expectations during delivery.

The pregnant women should be accompanied by their spouse to the hospital during childbirth to give emotional, spiritual and psychological supports to make the child delivery a pleasant and satisfying experience.

There is a need to create a good birthing environment with competent health care providers who are compassionate and supportive to their clients, builds a sense of trust, and confidence in them and their services and the institution at large which promotes the general wellbeing of a woman at birth.

Conflict of Interest

The researchers hereby declare that there is no conflict of interest among the researchers in the conduct of this study.

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