

# Maternal Childbirth Experiences Among Primiparous Women: A Phenomenological Study

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## ABSTRACT

Childbirth is both a physiological process and a profound psychosocial experience, with women's perceptions of birth shaping their mental health and early mother-child relationships. Using a qualitative phenomenological design, the study involved five purposively selected primiparous mothers who had given birth in a government hospital in Ozamiz City within the last six months. Data were gathered through semi-structured, in-depth interviews and analyzed following van Manen's thematic-reflective approach. Ethical protocols, including informed consent, confidentiality, and institutional approval, were strictly observed. Findings revealed five major themes: (1) Corporeal Intensity, characterized by overwhelming pain, exhaustion, and the physical struggle of labor; (2) Spatial Vulnerability, reflecting mixed emotions of safety and discomfort within the hospital environment; (3) Temporal Distortion, describing childbirth as a slow, prolonged, and emotionally charged experience; (4) Relational Dynamics, highlighting the crucial role of support whether nurturing or distressing from healthcare workers and companions; and (5) Material Conditions, outlining how medical tools, procedures, and environmental stimuli shaped mothers' sense of safety, anxiety, and emotional well-being. These findings illustrate that childbirth for first-time mothers is not merely a medical event but a complex interplay of bodily sensations, emotional challenges, relational encounters, and environmental influences. It was suggested that improving emotional support, enhancing hospital conditions, and fostering respectful healthcare interactions can significantly enhance the childbirth experiences of first-time mothers.

**Keywords:** childbirth experience, emotional support, hospital environment, lived experiences, primiparous mothers, maternal care, relational dynamics

## INTRODUCTION

Childbirth is both a complex physiological process and a profound psychosocial experience for women. Beyond its biological functions, childbirth embodies embodied meanings, interpersonal relations, and culturally mediated interpretations, particularly for primiparous mothers, those giving birth for the first time. The subjective experience of labor and delivery, whether perceived as empowering, traumatic, respectful, or disrespectful, plays a crucial role in shaping postpartum mental health, mother-infant bonding, and subsequent maternal behaviors such as breastfeeding and care-seeking. Empirical evidence increasingly demonstrates that women's perceptions of control, communication, and comfort during childbirth are strongly associated with psychological adjustment and early maternal-infant outcomes.<sup>1</sup>

Women who perceive adequate support, clear information, and respectful communication during the birthing process are more likely to report positive postpartum adjustment and successful breastfeeding initiation and continuation.<sup>1,2</sup> Conversely, negative experiences characterized by trauma, lack of autonomy, or mistreatment by health professionals are correlated with higher rates of postpartum depression, childbirth-related posttraumatic stress reactions (PTSR), and difficulties in early bonding and feeding practices.<sup>3,4</sup> The psychosocial significance of birth experiences is underscored by research showing that traumatic perceptions of

childbirth are associated with sustained adverse mental health outcomes, including anxiety and depressive symptoms in the months and years following delivery.<sup>3</sup>

In addition to emotional dimensions, childbirth unfolds within material and environmental conditions such as birthing tools, medical interventions, physical pain and comfort and the delivery room environment that shape how women experience labor. Comfort and perceived safety during labor are associated with reduced psychological distress and more positive birth narratives.<sup>5</sup> Childbirth, therefore, should be viewed as an embodied experience in which the quality of relational support, physical alleviation of pain, and environmental conditions contribute to long-term psychological sequelae.

Childbirth remains one of the most consequential demographic events globally and nationally. According to demographic data, the global birth rate, measured as the number of live births per 1,000 population, averages approximately 17 births per 1,000 people, which equates to an estimated 4.3 births every second worldwide (2024).<sup>6</sup> In the Philippines alone, the Philippine Statistics Authority reported approximately 1,455,393 registered live births in 2022, or roughly three births per minute, reflecting the scale at which maternal care practices and childbirth experiences influence women, families, and health systems nationwide.<sup>8</sup> These statistics emphasize that childbirth is a frequent, yet intensely personal, lived experience that holds significant implications for public health and maternal well-being.

For primiparous women in particular, childbirth is not merely a biological rite of passage but a nuanced psychosocial transition that influences both immediate and long-term maternal outcomes. Women's subjective perceptions of childbirth, whether characterized by autonomy or coercion, comfort or distress, are significantly associated with postpartum depressive symptoms, childbirth-related PTSD, breastfeeding outcomes, and mother–infant bonding.<sup>3,4,8</sup> Perceptions of a lack of control, poor communication, and negative interactions with healthcare providers have been shown to increase the risk of adverse postpartum mental health outcomes.<sup>3</sup> For first-time mothers, navigating the unfamiliar territory of labor and delivery without previous reference points may heighten vulnerability to traumatic perceptions and emotional challenges.

A growing body of research also highlights the importance of continuous labor support in shaping childbirth experiences. Continuous presence of trained support persons, such as midwives and companions, during active labor has been linked with more positive birth evaluations, higher rates of spontaneous vaginal birth, reduced labor fear, and greater maternal comfort.<sup>9</sup> Respectful maternity care models that incorporate supportive communication, companionship during labor, and women's autonomy in decision-making have been shown to reduce perceptions of mistreatment and enhance women's reported experiences of dignity and respect during childbirth.<sup>1,10</sup> These relational and systemic factors play a pivotal role in shaping women's lived experiences and should be considered alongside clinical outcomes.

The consequences of childbirth experiences extend beyond the immediate postpartum period. Mothers who report positive birth experiences are more likely to initiate and sustain breastfeeding, a key component of infant nutrition and early development.<sup>2,8</sup> Conversely, traumatic birth experiences and childbirth-related PTSD are associated with poorer breastfeeding outcomes, including lower initiation rates and shorter duration of exclusive breastfeeding.<sup>8</sup> These associations underscore the interconnected nature of psychological experiences during childbirth and subsequent maternal behaviors that have lifelong implications for both mothers and their children.

Respectful communication and informed consent during labor are central to positive birth experiences. Poor communication, neglect, or coercive clinical practices have been associated with increased perceptions of trauma and reduced maternal satisfaction with care.<sup>1</sup> On the other hand, interventions that promote empathetic communication, informed decision-making, and women's autonomy are consistently linked to higher satisfaction and perceptions of safety during labor and delivery.<sup>10</sup> Respectful maternity care, as a framework, emphasizes the fundamental human rights of women during childbirth and has been associated with reductions in adverse mental health outcomes and enhanced maternal trust in healthcare systems.<sup>1,5</sup>

Cultural norms, belief systems, and community practices influence how women interpret labor and delivery, as well as the types of support they receive before, during, and after birth. Research indicates that midwives' cultural sensitivity or its absence affects whether women feel understood and supported in maternity care,

shaping satisfaction and future care-seeking behaviour.<sup>11</sup> Systematic evidence also shows that culturally diverse care practices that respect women's values, traditions, and communication preferences contribute to greater trust, comfort, and maternal satisfaction with services.<sup>12</sup>

Moreover, explorations of cultural identity and childbirth reveal that women's cultural frameworks influence how they cope with labor pain, emotional stress, and companion support, with implications for perceived satisfaction and psychological adjustment.<sup>13</sup> In contexts such as the Philippines, where traditional beliefs and family-centered values remain influential, identifying and integrating culturally sensitive practices into maternity care can help ensure that care aligns with women's expectations and supports positive psychological outcomes. For example, qualitative work in rural Ethiopian and African contexts shows that culturally rooted practices around pregnancy and birth affect health-seeking behaviors and underscore the need for culturally responsive care in facility settings.<sup>14</sup> Despite extensive research on clinical outcomes of childbirth such as maternal mortality, mode of delivery, and neonatal morbidity, there remains a critical gap in understanding the subjective, emotional, and lived experiences of primiparous women. This gap is particularly significant given that first-time mothers often undergo unique emotional transitions marked by uncertainty, heightened anxiety, and a need for support that extends beyond physical care. Negative childbirth experiences among primiparous women have been associated with poorer mental health, including anxiety and depression, which may persist up to six months postpartum or longer.<sup>3,4</sup>

While quantitative studies provide essential epidemiological insights, qualitative research from diverse global contexts reveals the depth and complexity of women's childbirth narratives, highlighting how interpersonal interactions, cultural meanings, and emotional support shape perceptions of labor and birth. However, qualitative explorations centered specifically on first-time mothers' lived experiences remain underrepresented in the literature. Understanding these lived experiences is crucial for woman-centered care, as they illuminate the emotional, existential, and relational dimensions of childbirth that are often obscured in clinical research. This study sought to address this knowledge gap by focusing on the subjective childbirth experiences of primiparous women, exploring how physical conditions, relational dynamics, temporal perceptions, and cultural contexts influence labor and delivery experiences. By employing a holistic phenomenological lens, this study aimed to advance an integrated understanding of childbirth that centers women's voices and lived realities. Such an understanding is essential for improving maternity care practices, enhancing psychosocial support systems, and shaping policies that prioritize dignity, autonomy and cultural attunement in childbirth.

## METHODS

### Research Design

This study employed a qualitative research design to explore and understand the lived experiences of primiparous women within their natural context. Specifically, the study utilized interpretive phenomenology guided by Max van Manen's hermeneutic approach.<sup>15</sup> Van Manen's framework organizes narratives around existential dimensions offering a holistic lens for understanding childbirth experiences. This approach enabled the study to move beyond surface descriptions, capturing the complex interplay of physical, emotional, relational, and cultural factors in first-time mothers' perceptions of labor and delivery.<sup>15</sup>

### Study Setting

The research was conducted at a government hospital in Ozamiz City, Misamis Occidental, Philippines. It is the province's primary referral center for maternal and child healthcare. The hospital provides prenatal, labor and delivery and postpartum services, serving both urban and rural populations. Its accessibility facilitated the inclusion of participants with diverse childbirth experiences, enhancing the relevance and applicability of the findings to the local context.

### Participants

Participants were primiparous women aged 18 years and older who had delivered vaginally or via cesarean section within the last six months and were willing to share their experiences. Women were excluded if they

experienced severe postpartum complications, had mental health conditions affecting communication, or could not provide informed consent.

Purposive sampling ensured that participants could provide rich, detailed narratives. The study included five (5) women, substantially enough for phenomenological inquiry, which prioritizes depth of data over representativeness.

### **Data Collection**

Data were collected through in-depth, semi-structured interviews using a guide developed around van Manen's existential dimensions. Questions were open-ended to elicit detailed accounts of participants' childbirth experiences, including bodily sensations, temporal perceptions, relational interactions, and personal meanings. Field notes and audio recordings complemented the interviews, enhancing the accuracy and richness of data. Prior to data collection, ethical and administrative approvals were obtained from the Graduate School Dean, the hospital Chief, Chief Nurse, OB-Gyne ward staff, and the Misamis University Research Ethics Committee (MUREC). Interviews were conducted in private hospital spaces or participant-selected locations, lasting 20–30 minutes each. Sessions continued until data saturation was achieved, and verbatim transcription was performed promptly after each interview. The study was done from August 2025 to January 2026.

### **Ethical Considerations**

The study adhered to strict ethical standards. Informed consent was obtained from all participants, who were assured of voluntary participation and the right to withdraw at any time without consequences. To protect privacy and confidentiality, pseudonyms were assigned, identifying information was removed, and all data were securely stored and accessible only to the researcher. Audio recordings and transcripts were anonymized, and findings were reported to prevent identification of individual participants.

### **Data Analysis**

To strengthen qualitative rigor, the study incorporated established strategies to ensure trustworthiness, including member checking, triangulation and the maintenance of an audit trail. Data analysis followed van Manen's hermeneutic phenomenological approach, which integrates both description and interpretation to uncover the essence of participants' lived experiences.<sup>15</sup> The iterative process involved multiple readings of the transcripts and repeated listening to audio recordings to capture tone, emotion and nuance. Significant statements related to childbirth experiences such as pain, interactions with healthcare providers, emotional responses, and reflections on maternal bonding were carefully identified and highlighted. These statements were then clustered into meaning units, allowing patterns of shared experiences to emerge. The meaning units were subsequently organized into themes aligned with van Manen's existential dimensions, ensuring that the analysis captured the bodily, spatial, temporal, relational, and meaningful aspects of childbirth. To enhance credibility, member checking was conducted by returning selected interpretations and emerging themes to participants for validation, ensuring that their experiences were accurately represented. Triangulation was achieved through the use of multiple data sources, including interview transcripts, field notes, and audio recordings, to corroborate findings. Additionally, an audit trail was maintained to document all stages of the research process, including data collection decisions, coding procedures, and theme development, thereby ensuring transparency and dependability. Themes were interpreted within context, reflecting participants' narratives while integrating relevant literature to move beyond surface-level descriptions toward a deeper understanding of first-time mothers' lived experiences during labor and delivery.

## **RESULTS**

### **Theme 1: Enduring the Body Pain: Overwhelming Sensations and Loss of Control in First-Time Childbirth**

Primiparous women described labor as an intense, all-consuming bodily ordeal, where severe, radiating pain and pressure were tightly intertwined with fear, confusion, and a sense of lost agency. The body emerged as both the

site of suffering and the instrument through which birth occurred, creating a tension between instinctive bodily drives and a concurrent feeling of disempowerment. Participant 1 shared, *“The urge to push was already overwhelming—my body just wanted to push. I tried my very best to hold it, but the pain was too much,”* while Participant 4 stated, *“It really hurt in the vaginal area, and the pain felt like I needed to have a bowel movement, but I really wanted the baby to come out.”* These narratives illustrate how corporeal sensations dominated perception and action, demanding surrender to the birthing process.

Other participants emphasized the pervasive and all-encompassing nature of labor pain. Participant 2 remarked, *“All I felt was pain—real, intense pain that I couldn’t even describe. The pain came from everywhere, from my side, from my back,”* whereas Participant 3 reflected, *“I couldn’t understand what I was feeling—I thought maybe I was going to die because of how painful it was.”* Similarly, Participant 5 described, *“The pain was so intense that I felt like I was going to die. It felt like my back and groin were about to give out.”* Collectively, these experiences reveal labor as a profound corporeal ordeal, where intense physical sensations generate fear, disorientation, and vulnerability, highlighting the need for supportive maternity care that addresses both physical discomfort and emotional reassurance.

## **Theme 2: Navigating Safety and Anxiety: The Dual Impact of the Birth Environment on Primiparous Women**

Participants described the birthing environment as a dual-edged factor that could both reassure and provoke stress. The presence of functional hospital equipment, attentive staff, and organized spaces fostered feelings of safety. Participant 1 noted, *“The hospital made me feel both safe and anxious... the equipment and space helped ensure my safety,”* while Participant 2 stated, *“The staff and equipment reassured me... the monitoring devices ensured my safety.”* Participant 4 reflected, *“The hospital space made me feel safe because doctor and staff were monitoring my labor and my baby’s condition,”* and Participant 5 emphasized, *“The hospital equipment was a big help... the monitoring devices and X-ray made me feel relieved.”*

Conversely, unfamiliarity, noise, bright lights, and sterility contributed to anxiety and emotional vulnerability. Participants’ reflections demonstrate that the hospital environment is not neutral; it shapes maternal experiences through both its physical attributes and the relational presence of healthcare providers. The findings highlight the importance of thoughtfully designed birth spaces that balance safety, functionality, and comfort to enhance maternal confidence and reduce stress.

## **Theme 3: Time Stretched and Subjectively Endured: The Perception of Prolonged Labor and Waiting in First-Time Childbirth**

Labor was often perceived as prolonged, unpredictable, and emotionally taxing. Participant 1 recounted, *“They had already taken me to the delivery room around 5:00 p.m., but nothing was happening yet; the baby was taking a long time to come out... By almost 9:00 p.m., they decided that I needed to undergo a C-section since the baby still hadn’t come out.”* Participant 2 shared, *“Even though I was already 7 cm dilated, I still had to wait and endure the intense pain, which made the labor feel both long and overwhelming.”*

Participants 3, 4, and 5 similarly described the subjective elongation of time during labor, with Participant 3 stating, *“During labor, it took a long time... I felt like I was going to die because I could see that the others with me were also taking a long time,”* Participant 4 noting, *“The baby took a very long time to come out. I thought I would have a C-section. I expected the delivery to be quick, but it wasn’t,”* and Participant 5 reflecting, *“From my experience, it felt long because I was in labor for two days. It made me realize that childbirth is not easy at all.”* These accounts demonstrate that labor temporality is not linear but shaped by pain, anticipation, and uncertainty, intensifying both physical and emotional strain.

## **Theme 4: Support and Guidance Shape Emotional Safety and Coping During Childbirth**

Continuous support from companions such as partners, mothers, or healthcare providers played a pivotal role in shaping women’s emotional safety and coping. Participant 1 shared, *“They helped me by massaging my back and guided me through exercises. I felt that I was being supported,”* and Participant 2 stated, *“My mama and my*

partner were essential during my labor. They massaged my back, encouraged me to move, and provided emotional support. Even when the pain was unbearable, their presence helped me stay focused and feel less alone.”

Participants 3 and 4 emphasized relational support during clinical monitoring: “I felt supported because they were there with me. It was okay because those things were used when they performed internal exams on me and monitored the baby’s heartbeat” (P3), and “My mom and my partner were with me, and they helped support me... which made me feel safe and reassured” (P4). Participant 5 reflected on the combined support of companion and healthcare team: “Even if she [my mother] was the only one there, her presence was enough to make me feel cared for. The doctor and nurse who assisted me during delivery were also there... The hospital equipment was a big help, especially because my baby needed to be taken to the NICU right away due to breathing difficulties.”

These experiences reveal that interpersonal relationships and professional support are integral to managing fear, pain, and uncertainty, empowering women and fostering a sense of safety and control during childbirth.

### **Theme 5: The Role of Hospital Environment and Medical Equipment in Shaping Safety, Comfort and Labor Experience**

The physical and material conditions of the hospital environment, including layout, labor/delivery room design, and medical equipment, directly influenced participants’ experiences of safety and comfort. Participant 1 noted, “*The hospital equipment and monitors made me feel safe, though some tools, like the catheter, caused discomfort; the environment shaped my experience as both stressful and memorable,*” and Participant 2 stated, “*The staff and equipment reassured me, but lying down during labor was painful, and the hot ward added to my physical strain.*”

Participants 3, 4, and 5 similarly described the dual impact of material conditions: “*Monitoring devices helped during internal exams, but the hot room and bed made me very uncomfortable*” (P3), “*The hospital space made me feel safe under staff supervision, but the unfamiliar room and small bed made the experience stressful and uncomfortable*” (P4), and “*Hospital equipment, including NICU machines, made me feel relieved my baby was properly cared for, though it affected me emotionally and physically*” (P5).

These narratives highlight that hospital materiality is not neutral; tools, monitors, and environmental factors actively mediate experiences of safety, stress, and comfort, shaping the overall labor experience for first-time mothers.

## **DISCUSSIONS**

The findings of this study highlight that first-time mothers experience childbirth as an intense, embodied, and multifaceted phenomenon, shaped by physical sensations, temporal perception, relational support, and the material environment. The theme “Enduring the Body Pain: Overwhelming Sensations and Loss of Control in First-Time Childbirth” underscores how primiparous women face severe pain that dominates both perception and action, creating a tension between bodily instincts and perceived loss of control. Participants described labor as encompassing intense, radiating pain that transformed their bodily boundaries, eliciting fear, helplessness, and existential vulnerability. These experiences align with prior research, which found that traumatic or overwhelming labor is characterized by heightened corporeal suffering, stress, and paradoxical emotions.<sup>5</sup> The participants’ narratives reflect van Manen’s concept of the lived body, where the body is not a neutral object but a site of existential meaning, communicating distress and primal drives beyond conscious cognition.<sup>15</sup>

Empirical studies have demonstrated that addressing corporeality through continuous support, empathetic communication, and realistic antenatal preparation can mitigate feelings of dispossession during labor and foster more intelligible and manageable experiences of childbirth.<sup>1,3</sup> Watson’s Theory of Human Caring further situates these findings within a nursing framework, emphasizing holistic interventions that attend simultaneously to physical, emotional and existential dimensions.<sup>16</sup> The presence of compassionate, attentive nursing care validates

embodied experiences, supports coping strategies, and promotes empowerment during the highly vulnerable labor period.

The theme “Navigating Safety and Anxiety: The Dual Impact of the Birth Environment on Primiparous Women” illustrates the complex role of the birth environment in shaping emotional and existential experiences. Participants reported that hospital equipment, monitoring devices, and attentive staff provided reassurance and a sense of security, yet simultaneously, unfamiliar surroundings, bright lights, and noise contributed to anxiety. This dual perception of the environment mirrors findings from studies emphasizing that birth spaces are existentially meaningful, where spatial, social, and sensory factors intersect to influence maternal well-being.<sup>9</sup> <sup>10</sup> Van Manen’s lived space (spatiality) conceptualizes the hospital environment as an active participant in the mother’s lifeworld, shaping experiences of safety, control and comfort.<sup>15</sup> From a nursing perspective, Peplau’s Interpersonal Relations Theory underscores that the therapeutic presence of nurses can transform environmental stress into emotional reassurance, reducing anxiety and promoting coping.<sup>17</sup>

Time perception emerged as another critical dimension in the theme “Time Stretched and Subjectively Endured: The Perception of Prolonged Labor and Waiting in First-Time Childbirth.” Participants described labor as temporally distorted, where waiting, contractions, and procedural delays intensified feelings of helplessness, anxiety, and exhaustion. These experiences echo prior research demonstrating that prolonged labor contributes to negative psychological outcomes and heightens perceived trauma.<sup>4,5</sup> Lived temporality, as articulated by van Manen, situates labor not as linear clock time but as an existentially charged temporal experience shaped by bodily sensations, emotional states, and relational contexts.<sup>15</sup> Benner’s theory of skill acquisition highlights the importance of nurses’ experiential judgment in recognizing the mother’s subjective temporal experience, providing timely reassurance, interventions, and anticipatory support to reduce distress and enhance coping.<sup>2</sup>

Relational support was identified as a central factor in the theme “Support and Guidance Shape Emotional Safety and Coping During Childbirth.” Participants emphasized that the presence of partners, family members, and healthcare providers through physical comfort, emotional reassurance and guidance enhanced coping, reduced fear and increased feelings of safety. This aligns with studies demonstrating that continuous companionship improves maternal satisfaction, reduces perceived pain, and strengthens coping strategies during labor.<sup>8,9</sup> Van Manen’s lived other (relationality) framework situates these interactions as central to the childbirth experience, emphasizing that the relational world profoundly influences emotional safety and empowerment.<sup>15</sup> Peplau’s theory further supports these findings, highlighting the therapeutic value of interpersonal relationships in promoting trust, coping, and maternal confidence.<sup>17</sup>

Finally, the theme “The Role of Hospital Environment and Medical Equipment in Shaping Safety, Comfort, and Labor Experience” illustrates how materiality mediates childbirth experiences. Participants described functional monitoring devices and NICU equipment as reassuring, while discomfort from sterile, hot, or small spaces increased stress and physical strain. These experiences resonate with Nightingale’s Environmental Theory, which posits that environmental conditions including cleanliness, temperature, light and equipment directly affect health, comfort and coping.<sup>18</sup> Van Manen’s lived things (materiality) further conceptualizes material objects as active mediators of meaning during childbirth, shaping emotional responses and physical experiences.<sup>15</sup>

Recent studies reinforce and extend the present findings by demonstrating that the embodied intensity of childbirth and the accompanying sense of vulnerability among primiparous women are consistent across diverse cultural contexts. A multicountry qualitative synthesis found that first-time mothers frequently describe labor pain as overwhelming and disorienting, often accompanied by fear, loss of control, and heightened emotional distress, particularly when expectations are unmet or support is inconsistent.<sup>19</sup> Similarly, contemporary European and North American studies highlight that negative childbirth experiences are strongly associated with inadequate communication, limited involvement in decision-making, and insufficient emotional support, all of which contribute to perceptions of trauma and dissatisfaction.<sup>20</sup> These findings corroborate the current study’s emphasis on corporeality and existential vulnerability, further validating the relevance of addressing both physical pain and psychological meaning in childbirth care.

In addition, evidence from large-scale cohort and qualitative studies indicates that continuous labor companionship, supportive provider interactions and a calming birth environment significantly improve maternal satisfaction, reduce perceived pain, and lower the risk of negative psychological outcomes such as postpartum anxiety and trauma.<sup>21,22</sup> Moreover, studies conducted in high-resource settings emphasize that humanizing birth environments through privacy, sensory modifications and patient-centered design can mitigate anxiety and enhance women's sense of control and safety.<sup>22</sup> These global findings support the study's conclusions and highlight the universal need for integrated, respectful, and environment-sensitive maternity care policies that prioritize both technological safety and compassionate, relational care.

The findings of this study suggest that improving childbirth experiences for first-time mothers requires a holistic, woman-centered approach in both clinical practice and policy. Clinically, there is a need to strengthen individualized pain management and continuous labor support through both pharmacological and non-pharmacological strategies, alongside enhanced antenatal preparation to reduce fear and improve coping. The physical birth environment may be optimized to promote comfort and reduce anxiety by ensuring privacy, minimizing noise and harsh lighting, and allowing flexibility in labor settings, consistent with Nightingale's Environmental Theory. Effective communication and timely updates during labor are essential to address distress related to prolonged or uncertain timelines, while relational support must be prioritized by encouraging the presence of companions and strengthening nurses' interpersonal skills in line with Peplau's Interpersonal Relations Theory. At the policy level, institutions may implement guidelines that promote respectful maternity care, continuous support and patient-centered communication, ensuring that technological interventions are balanced with compassionate, humanized care.

## CONCLUSIONS

The study concludes that first-time mothers experience intense physical pain and a sense of loss of bodily control during childbirth, highlighting the need for effective coping strategies during labor. The birth environment plays a dual role, simultaneously providing reassurance and provoking anxiety, which emphasizes the importance of creating a safe, supportive, and calming setting for laboring mothers. Additionally, the perception of prolonged labor contributes to increased stress and emotional fatigue, underscoring the need for continuous emotional support and clear communication throughout waiting periods. Emotional and practical support from healthcare providers and companions significantly enhances maternal coping and confidence, reinforcing the value of relational care in childbirth. Furthermore, the physical environment and the use of medical equipment influence both safety and comfort, suggesting that optimizing hospital settings and equipment utilization can improve maternal satisfaction and overall well-being.

**Ethical Approval:** The study was reviewed and approved by the Misamis University Research Ethics Committee.

**Conflict of Interest:** None declared

**Data Availability:** Available upon request

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