Caring Experience of Childbirth Primipara Undergone Emergency Cesarean Section: A Systematic of the literature of Qualitative and Quantitative Study

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Abstract

The problems during childbirth process can be affected both of the mother's health and baby in the future. There is need to explore caring experience among of primiparaous undergone EmCS, so health care professional understand how to empowerment mothers in the emergency situation. This study was to conduct a systematic review of the literature to explore caring experience of primipara childbirth with emergency cesarean section, to understand the factors internal contributing of caring and the factors hindering or enhancing by health care professional. A systematic review was performed to explore experience primipara and identify the strategies which measure health care professional delivered care before, during and after emergency emegergency cesarean section (EmCS). This systematic shows same experiences primiparous mother EmCS in qualitative studies, the dominant feeling is "fear". The results from qualitative studies are supported by quantitative studies showed mother with EmCS significant fear of delivery and have more negative experience of childbirth ($P < 0.001$) and 80% more higher negative experience. Care before, during and after should be guided by foundation that mothers are the central of chilbirth actions, that grant their have autonomy and empowerment in this situation. "Fear" is the dominant felling for mothers' EmCS, mothers needed social support and caring very appropriately in this situation especially in maternity ward. Caring for mothers as nurses being fully present in this moment, avoid lack of the communication and give a control to get comfortable and feeling treated with respect and as an individual, mothers' experience more positively. The suggest for this study is to development instrument include before, during and after delivery with caring, control and communication both for mothers and nurses.

INTRODUCTION

Childbirth is an experience for women that is an unforgettable moment, always endure with them throughout their lives. The problems during childbirth process can be affected the health both of the mother and

baby in the future. In 2012, Fenwick et al, study showed that the prevalence of health problems was increased in mothers who had experienced a cesarean section both of elective or emergency cesarean section (EmCS). In 1986, Mercer study showed that mother's age, education and parity status

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can affect the maternal experience. Primiparous woman is the first time to be a mother. Primiparous women aged 32 years and above expressed feel extra worry about the upcoming birth than the younger women, that means age automatically affected the experience of childbirth (Aasheim, 2013). The statement 'fear of death' and 'losing the child' is manifest childbirth among the primipara (Nakano et al, 2012). Even the mother was happy met her baby, but negative feelings, such as fear, guilt, or anger can foremost their memories of the birth (Ryding, 1998). In 2015, Størksen study showed fear is dominant feeling for mothers who had cesarean section, so needed social support and effort on their self of experience birth to prevent fear of childbirth. That situation need of professional support and the caring very appropriate in this situation, especially in maternity ward, might avoid postpartum suffering especially primiparaous (Ryding, 2000; Silvia, 2014).

In another study that was done by Wiklund's et al. (2007) showed that mothers requesting for caesarean section had more negative expectations of a vaginal delivery ($P < 0.001$) and the other hand mothers who had expected a vaginal delivery, but have an emergency caesarean section had more negative experience of childbirth ($P < 0.001$). Several studies (Fries, 2000 Goldbort, 2006; and Ryding, 2000) showed that caring is one of important element that the health care profesional should have to decrease or prevent fear or traumatic feeling before, during and after emergency cesarean section. The other critical elements are connection and control are missing, that the important thing based on women's stories who get unexpected childbirth might be made to enhance nursing care. There are seven categories of provider 'caring' behaviour to develop of tools to asses the caring that should have for maternity health care during labor and delivaare (a) attend to human needs, (b) be accessible to patient, (c) attend to emotional needs, (d) respect

human dignity /rights, (e) inform/explain/instruct, (f) involve family, (g). incorporate cultural (Moore et al, 2002).

In 2007, Porter study showed lack of the communication, fear and missing out on the birth when immediate postpartum period, it is the most distressing factors all women who undergo unplanned cesarean or emergency cesarean section. On the other hand Pre-operative communication in emergency caesarean section by professional health care did not decrease the anxiety level. The mothers' satisfaction could improve through intra operative psychological support as making mother comfortable, showing baby to mother and early breastfeeding (Kumar, 2014). The effect prenatal childbirth classes that is useful for increase prenatal service, need to include information on and discussion of possible emergency c-section and that emotional support from midwives and nursing staff in the operating room/postpartum unit helps to reduce a woman's negative feelings or fear about birth experiences by EmCS and to realize women experience related physical and emotional difficulties nonetheless of whether the cesarean was emergent or planned (Howharn, 2008 & Yakote, 2008).

The results of this synthesis could give the recommendations as part of practice guidelines about the development tool based on phenomenolgy to effectiveness of interventions by health care professional for primiparous women undergone emergency cesarean section.

METHOD

- Protocol and registration
The American Journal of Occupational Therapy (AJOT) was planned and conducted using the preferred repoerting items for systematic review and meta Analysize (PRISMA) guidelines.

- Eligibility criteria
Type of studies are quantitative (descriptive, independent sample *t* test, paired *t* test, etc.) and qualitative studies to explore the experience primipara with EmCS and to identify tools or methods that used to decrease traumatic postpartum and interaction with other health care professional.
The Type of participants are mothers primiparous experience EmCS or unplanned cesarean section.
The studies published in English and explain or describe caring experience primiparous women with EmCS for qualitative studies from other countries in continent of Asia, Australia and America (Asia and Non Asia). The quantitative studies included of instruments that measure the tools or methods such as Odds Ratio, *f*, SD, *p* Value, mean, etc and country where the tools or methods have implemented. The studies excluded that only reported mode of vaginal birth, multiparous women and child birth more than 6 month.
- Search
Utilizing the electronic of the evidence published between 2006 and 2017 was undertaken using the following databases ProQuest and grey literature through google scholar. For each database a specific search strategy have text terms in four domains: primipara mothers, caring, experience Emergency cesarean section, tools or methods to decrease fear during childbirth and health care professional in maternity ward.
- Study selection
First, titles and abstracts were assessed to exclude clearly irrelevant record. Second, full texts were assessed for eligibility. Third, all search results if duplicates were removed. Fourth, all The articles following inclusion criteria: Fifth, the classify studies into qualitative

and quantitative studies following the authors description. The inclusion Criteria were Participants were primiparous mothers, Participant had caring experience undergone Emergency Cesarean Section, Health care professional working in maternity ward, Area practical : hospitals, The language of the publication is English. While the exclusion criteria were Procedural doctors or drug, Multiparous women, Childbirth : Vaginal or normal , Vaginal Birth After Cesarean Child birth more than 6 month.

RESULT

Seven qualitative and four quantitative articles, originating from several countries, met the inclusion criteria (Table 2). This systematic shows same experiences primiparous mother EmCS in qualitative studies like feeling fear : "unavoidable fear", "I was so scared", "Fear of death", "Fear of a cradle-death". The other experiences are pain in high intensity, have negative experience, losing the child, lose of control, disappointed, feelings of failure and alienation for their infant, and difficulties to breastfeed especially in holding and childcare the baby when already at home. The quantitative studies support the qualitative studies showed mother with EmCS significant fear of delivery and have more negative experience of childbirth ($P < 0.001$) and 80% more higher negative experience than elective cesar section. The mothers have high intensity of postoperative pain affect negative breastfeeding and infant care. In 2006, Goldbort study showed that caring, connection and control are three critical element that health care professional should have.

Caring that mean all the women received the whole care, not only in immediate postpartum but before, during and after EmCS. The primiparous need "help", their need of emotional support for physical and

technological support from the health care professional as provider health care system and family support is complementary support in hospital (Shimpuku, 2010). Emotional support from midwives and nursing staff in the operating room and/postpartum needed, for decrease negative feeling by EmCS (Yakote, 2008). Care before, during and after should be guided by foundation that mothers are the central of childbirth actions, that grant their have autonomy and empowerment in this situation (Nakano, 2012).

Connection : The participants' birthing experiences are riddled with examples of disconnection by their health care in maternity ward or nurses not fully present in the situation. The good communication is the way the connection between nurses and mothers, in this situation make the mother shock of disappointed expectation. The less information on and discussion decrease mothers' emotional support (Yakote, 2008). The potentially traumatic experience for unplanned cesarean or EmCS started with lack of the relation the women's contact with nurses as health care professional, makes women's negative experience

because of loss a sense of control (Roux & Rensburg, 2011).

Control means the lack of control in decision-making, including self-control and control over what was done to/for the patient. Companion to the mother and support from spouse are the important care, mothers should be included in decision making because EmCS is the unexpectations childbirth (Roux & Rensburg, 2011). Nurses should aim to enhance women's perception control during the EmCS process, listening what their thought and feeling about the childbirth experience, and support to increase their cope in this situation (Somera, 2010).

In another study that was done by Yakote (2008) showed how to decrease a women's negative feeling birth experience by EmCS through childbirth classes to give more information and discussion of possible EmCS and emotional support from health care professional in maternity ward. On the other hand, participation in childbirth and parenthood education classes not affect for the first mothers' experience and parental skills. They needed social network of new parent (Fabian, 2005).

Tabel 1. Qualitative (7) and Quantitative (4) Studies Experience Child Birth Primiparous Women Undergone Emergency Cesarean Section

No	Authors and Year (Reference)	Population (N)	Country	Study Design and Measurement	Results
	Qualitative				
1	Yokote, Naomi. (2008).	11	Japan	A semi-structured manner on the second and seventh postpartum days	Six themes were evident from the women's experiences: shock of disappointed expectations, unavoidable fear and responsibility, release from pressure, reexperience of fear and pain, being "saved" by the baby, and getting out of a vicious cycle. The prenatal childbirth classes need to include information on and discussion of possible emergency c-section and that emotional support from midwives and nursing staff in the operating room/postpartum unit helps to decrease a woman's

No	Authors and Year (Reference)	Population (N)	Country	Study Design and Measurement	Results
					negative feelings about birth experiences by EmCS and enhance her experiences as a mother.
2	Somera, M. J., Feeley, N., & Ciofani, L. (2010).	9	Canada	A qualitative semi-structured interviews	<p>Seven themes were identified describing the women's experience: (1) It was for the best, (2) I did not have control, (3) Everything was going to be okay, (4) I was so disappointed, (5) I was so scared, (6) I could not believe it and (7) I was excited.</p> <p>Nurses should aim to enhance women's perception of control during the emergency caesarean birth, encourage open expression of their thoughts and feelings about the birth experience, and support the use of positive reforming to cope with this event.</p>
3	Nakano, A. M. S., Ferreira, C. H. J., de Almeida, A. M., & Gomes, F. A. (2012).	20	Brazil	A qualitative approach using semi-structured interviews	<p>Two thematic categories emerged from the interviews: the meaning attributed to childbirth (with four subcategories) and perceptions of care. Among the participants, the childbirth experience was marked by the 'fear of death' and 'losing the child'. The pain of giving birth was expected, and the moment of childbirth was associated with pain of high intensity</p> <p>Care during childbirth must be guided by the foundation that women are the subjects of childbirth actions, in an attempt to emphasise actions that grant them with the autonomy and empowerment needed to experience the situation.</p>
4	Shimpuku, Y. (2010).	28	Tanzania	A qualitative semi-structured interviews	<p>The two themes were: (1) Women described "help" as professional assistance that safeguards life threatening childbirth; In addition to physical and technological support, women described their needs of emotional support</p> <p>(2) Family support is complementary to professional support in a hospital birth.</p>
5	Goldbort (2006)	10	America	A qualitative semi-structured interviews	<p>Three themes were :</p> <p>(1) Caring : All the women expressed that they received the minimum care (2) Connection : The participants' birthing experiences are riddled with examples of</p>

No	Authors and Year (Reference)	Population (N)	Country	Study Design and Measurement	Results
					disconnection by their caregivers or an absence of the nurses being fully present. (3) Control : the lack of control in decision-making, including self-control and control over what was done to/for the patient
6	Herishanu-Gilutz, S., Shahar, G., Schattner, E., Kofman, O., & Holcberg, G. (2009).	10	America	A qualitative semi-Structured interviews	The themes in this study were: Mothers described alienation from the infant on encountering her/him; primal difficulties in holding; a 'mechanistic' pattern of childcare at home; over apprehension and fear of a cradle-death.
7	Roux, S. L., & Van Rensburg, E. (2011).	10	Africa	In depth interview	An unplanned Caesarean section was identified as a potentially traumatic experience. This was in relation to women's contact with medical personnel, as well as the physical, environmental, and emotional aspects of their unplanned Caesarean sections. A sense of loss of control was the most significant contributor to women's negative childbirth experiences. Feelings of failure and disappointment were primarily related to unmet expectations and a lack of preparedness. Negative experiences were mediated by attentive caregiving, inclusion in decision-making, and support from loved ones.
	Quantitative				
1	Wiklund, I., Edman, G., & Andolf, E. (2007).	496	Scandinavia	Expectancy/Experience Questionnaire (W-DEQ).	Mothers requesting a caesarean section had more negative expectations of a vaginal delivery ($P < 0.001$) and 43.4% in this group showed a clinically significant fear of delivery. Mothers in the two groups expecting a vaginal delivery, but having an emergency caesarean section or an assisted vaginal delivery had more negative experiences of childbirth ($P < 0.001$).
2	Fenwick, J., Hauck, Y., Schmeid, Dhaliwal, S., & Butt, J. (2012).	2699	Australia	Descriptive statistics and frequency distributions were performed to describe the sample. Logistic regression was used to determine the association between mode of birth and the	The occurrence of physical health problems for all women were incontinence (11.5%), no bowel control (2.6%), backache (41%), heavy bleeding (14.1%), and excessive fatigue or tiredness (35.7%). A significant association was found between all cesarean sections (elective and emergency) and the number of physical health problems compared to spontaneous vaginal births. Women who had an

No	Authors and Year (Reference)	Population (N)	Country	Study Design and Measurement	Results
				reported number of physical health problems and psychological health problems	emergency cesarean were most likely (OR 5 3.15, CI 5 2.40–4.13, p , 0.0005) to report two or more physical problems, whereas women who had an elective cesarean were more likely (OR 5 2.75, CI 5 2.08–3.63, p , 0.0005) to report three or more physical problems.
3	Karlström, A., Engström-Olofsson, R., Norbergh, K. G., Sjöling, M., & Hildingsson, I. (2007).	60	Sweden	Descriptive patient survey. The outcome variables were assessments of pain using a VAS and women's birth experience measured on a seven-point Likert scale.	There was no difference between elective and emergency cesarean births in the levels of pain. The risk of a negative birth experience was 80% higher for women undergoing an emergency cesarean birth compared with elective cesarean birth. Postoperative pain negatively affected breastfeeding and infant care.
4	Fabian, H. M., Rådestad, I. J., & Waldenström, U. (2005).	1197	Sweden	Differences between groups were estimated by relative risks (RRs) and 95% confidence intervals. To examine associations, formed by multivariable logistic regression	Participation in childbirth and parenthood education classes did not seem to affect first-time mothers' experience of childbirth and assessment of parental skills, but expanded their social network of new parents.

Discussion

This reveals that there is a gap between what is offered by healthcare providers and what is the women's expected and experience. It shows that fear of the mothers' experience with EmCS is the dominant expression, affect negative experience 80% higher for women EmCS than elective CS (Karlström, 2007) could be decrease beginning with prenatal educational class the material give more information on and discussion of possible EmCS for primipara (Yakote, 2008), not only educational parenthood like usual in hospital. Participation in childbirth education not contribution for first mothers' experience and increase parental skill (Fabian, 2005). The other hand for primiparaous childbirth classes that will be useful for decrease pain during labor with

self-efficacy in coping, to avoid negative mothers' experience and increase for the development of prenatal services or other promotions health (Howharn, 2008). The childbirth expectations of primiparas' related consciousness, have seven themes were: 1) Discovering Joy and Returning to Joy (8/1); 2) Receiving an Education; 3) Making Choices/Exercising Will; 4) Identifying Resources and Gathering Support; 5) Questioning/Doubting; 6) Experiencing the Unexpected; 7) Accepting What Is returning to joy (Highsmith, 2006). The themes of receiving and education and experiencing the unexpected primiparaous women could be facilitating with prenatal class better than after EmCS to avoid symptoms of posttraumatic stress or postnatal depression (Ryding et al, 2004). The materials included the occurrence of physical health problem such as

incontinence, no bowel control, backache, heavy bleeding, tiredness, etc and the other problems are early breastfeeding, how to hold their baby. Empowerment mothers to cope this problems, because women with EmCS reported two or more physical problems than spontaneous vaginal birth (Fenwick et al, 2012; Herishanu-Gilutz et al 2009). In 2015, Størksen study showed fear is the dominant feeling for mothers' EmCS, they needed social support and caring very appropriately in this situation especially in maternity ward. Caring for mothers as nurses being fully present in this moment, and lack of the communication never happen (Goldbort, 2006), might avoid postpartum suffering especially primiparous (Ryding et al, 1998; Silvia et al, 2014). There are seven categories of provider 'caring' behaviour to develop of tools to assess the caring that should have for maternity health care during labor and delivery (a) attend to human needs, (b) be accessible to patient, (c) attend to emotional needs, (d) respect human dignity /rights, (e) inform/explain/instruct, (f) involve family, (g). incorporate cultural (Moore, 2002). In another study that was done by Bowers (2001) showed the caring nursing actions were: (a) being friendly, kind, and respectful; (b) pain management; and (c) monitoring the fetus and mother. The care with traditional comfort (e.g. back rub, hand holding) could be considered the last.

The caregiver not present completely during plan EmCS, the mothers' expected good communication to decrease their fear or negative impact (Goldbort, 2006). In 2016, Burcher et al, study of cesarean birth regret and dissatisfaction showed the four key themes emerged from patients' unplanned cesarean (EmCS) : poor communication, fear of the operating room, distrust of the medical team, and loss of control . The lack of communication in emergency situation builds no connection both of nurses and mothers, makes prohibited open expression of their thoughts and feelings about the birth

experience. Good communication makes connection more better like Mother with EmCS should involve them in the decision making process. Enhanced communication during and after delivery and preparation class reduce distress and improve mothers' childbirth experience (Porter et al, 2007).

Control means the lack of control in decision making, including self control and control over what was done to /for the patient (Goldbort, 2006). In another study by Green & Baston (2003) and Nakano (2012), reported there are three control were: feeling in control of what staff do to you, feeling in control of your own behavior, and feeling in control pain. This study showed experience being in control by staff (39.5%) than in control of their own behavior (61.0%) and parity was strongly associated with feeling in control, with multiparas feeling more in control than primiparas in all cases. All three control outcomes impact to satisfaction, with control of staff being the most significant and relationships with emotional well-being were verified. Ensuring woman undergone EmCS should have assistance from their caregivers both during the event and in the postpartum to avoid the negative effects, with good follow-up in the postpartum period might help reduce some of the negative psychological effects of this experience (Sullivan, 2014). The principal of nurses in maternity ward should have feeling in control to women's had EmCS to being able to get comfortable and feeling treated with respect and as an individual, hope the mothers' experience being positively.

Moreover, it is important for healthcare professionals to realize women's experience similar physical and emotional difficulties regardless of whether the cesarean was emergent or planned (Puia, 2013). Women could be helped to have more positive childbirth experiences, even if birth is by EmCS (Ayers et al., 2006) by created positive atmosphere in maternity ward.

There is important to fill the gap between expectation and caring experience of childbirth of primiparous undergone EmCS, either through phenomenology data to instrument development. The suggest the development instrument include before, during and after delivery with caring, control and communication.

The limitations of this study are the studies published in other languages not included may have missed out recently published studies on this topic and limited number of studies especially for the caring experience primiparous with EmCS context .

CONCLUSSION

This study include seven qualitative and four quantitative articles, originating from several countries, met the inclusion criteria. This systemtic shows same experiences primiparous mother EmCS in qualitative studies such as caring, connection and control. "Fear" is dominant expression for primiparous who had EmCS. This feeling like a vicious cycle could be affected the health both of the mother and baby in the future. Strategic or method that we suggest for women's EmCS are prenatal childbirth class by including the materials about how to cope fear, feeling guilty, problems after cesarean, ask nurses and family to company mothers during and after delivery. Connection by involve mothers in decision-making the EmCS. For nurses, being with mothers fully to companion them, good communication and help control to womens' to being able to get comfortable and feeling treated with respect and as an individual, finally mothers have empowerment and get experience childbirth positively.

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