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Women's Satisfaction with their Childbirth Experiences: What Influenced Their Satisfaction and What They Wish They Had Been Told

Kara Sylvester

WOMEN'S SATISFACTION WITH THEIR CHILDBIRTH EXPERIENCES: WHAT INFLUENCED THEIR SATISFACTION AND WHAT THEY WISH THEY HAD BEEN TOLD

By

Kara Sylvester

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Advisory Committee:

Sandra L. Caron, Professor of Family Relations, Advisor

Mary Ellin Logue, Assistant Professor of Early Childhood Education

Mary Madden, Assistant Research Professor

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Thesis Advisor: Dr. Sandra L. Caron

An Abstract of the Thesis Presented
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This study was done to determine what influences women's satisfaction with their childbirth experiences and if the type of childbirth education class they attended was a factor in satisfaction. Investigation into this question is necessary to provide helpful information to three groups of people. Childbirth educators will benefit from information about how to best prepare women for their childbirth experiences. Labor support people will benefit by learning what aids in creating a satisfactory experience for laboring women. Finally, expecting women will benefit from learning what might make their experience satisfactory or not.

Literature about the benefit of childbirth education has conflicted, but heavily supports its role in preparing women for childbirth experiences. The role of expectations has also been explored and studies have said that both negative and high expectations can play a positive role in women's satisfaction with their childbirth experiences. Other factors that have been found to influence women's satisfaction besides information and expectations are that of labor support and feeling a sense of control and power during the process.

Qualitative data was collected in this study through one-hour long interviews with ten women. Five of the women attended a hospital-based childbirth education series and five attended an independent childbirth education series. The interviews were transcribed and the results were analyzed by finding themes and commonalities. The results from this study showed that the two groups of women recalled their experiences differently. They also differed on their views of natural childbirth, use of pain medication, and use of a doula. However, both groups showed that satisfaction was influenced mostly by the support they received as well as their expectations about birth being met. Dissatisfaction was mostly influenced by insensitivity and lack of support from the hospital staff, and expectations not being met. Most satisfied are the women who receive support and have expectations that are met or exceeded. Expectations are easier to meet or exceed if they aren't too high and unrealistic or if women take control over their childbirth environment and support.

The study explores the roles of different types of childbirth education classes, different types of women, as well as expectations in women's satisfaction with childbirth experiences. Though this study reinforces previous research that says labor support, control and personal expectations are significant influences in women's satisfaction with their childbirth experiences, more research is needed to determine whether or not there is a significant difference between the type of information disseminated in hospital and independent childbirth education classes.

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CHAPTER 1

REVIEW OF THE LITERATURE

As a member of the mammalian species, every human being has been through the event of childbirth at least once, as the organism being born. Delivering over 4 million babies every year eighty-one percent of American women experience this process again as the laborer (National Vital Statistics Report, 2001). Yet women in labor and the event itself seem to lack the respect deserved for such a necessary biological process. Women are often given misleading information that can result in distressing childbirth experiences due to unrealistic expectations (Wolf, 2003). Women in labor are also seen as sick instead of healthy women going through a natural process, resulting in more hospital births than ever (Davis-Floyd, 1992).

Until the mid 1800's childbirth rarely took place in a hospital or under a physician's care. Around this time obstetricians began competing with midwives and eventually dominated. New anesthesia was being introduced and natural childbirth, the only way known then, gave way to the "modern" method of nearly or completely unconscious birth (Davis-Floyd & Sargent, 1997). Davis-Floyd (1992) seeks to call attention to the idea that, "obstetrical procedures are in fact rational ritual responses to our technocratic society's extreme fear of the natural processes on which it still depends for its continued existence" (p. 2).

In 1847, the first known administration of anesthesia for childbirth occurred as James Young Simpson administered diethyl ether to a woman in labor (Caton, 1999). This evolved into a nearly universal procedure by the 1940's and 1950's in America, as did the disappearance of midwives and breastfeeding. The 1960's then gave way to the

Lamaze movement, encouraging women to birth in a conscious and aware state, as well as Dick-Read's natural childbirth movement, which became the modern way of birth at that time (Davis-Floyd, 1992). By the 1980's midwives and breastfeeding reemerged, as did other alternative childbirth methods.

Childbirth Education

Childbirth education is seen in several different forms. It may come from sources like books (e.g. *What to Expect When You're Expecting; The Complete Book of Pregnancy and Childbirth; The Thinking Woman's Guide to a Better Birth*), magazines (e.g. *Parenting),* the Internet, and experienced friends and family members. According to the Maternity Center Association's Report of the First National U.S. Survey of Women's Childbearing Experiences released in 2002, 68% of non-first time mothers relied upon their own past experiences as a first or second source of information specific to pain relief. Forty-two percent of first-time mothers and 23% of non-first time mothers also considered friends or relatives as sources of information on pain relief. Books and the Internet were considered top sources of information for first-time mothers, 25% and 11% respectively, while non-first time mothers relied upon these sources much less, 13% and 5% respectively (Declercq, et al, 2002).

Forty-eight percent of first-time mothers in the Maternity Center Association (2002) study relied upon their childbirth classes. These antenatal, or prenatal, classes are usually held for four to eight weeks, approximately one to two months before women are due. Seventy percent of first-time mothers attended childbirth education classes in the Maternity Center Association (2002) study. According to Johnston-Robledo (1998), lower income women were less likely to attend childbirth classes than higher income

women. They still had similar experiences, but the lower income women experienced a higher level of pain.

Antenatal classes are often either hospital-based or held independently. Of the 1,583 women surveyed in the Maternity Center Association's study, 88% attended classes at a hospital site, or a doctor's or midwife's office, while 7% attended a class at a community site, and 4% attended a class in a home. Hospitals provide childbirth education services supposedly to prepare women for their upcoming experience. According to Spiby et al. (1999), "the aims of antenatal education are generally agreed to be the provision of information about the process and choices for labor and infant feeding, an opportunity for women to form a supportive network with others in a similar situation and to help women to learn skills to cope with labour" (p. 389). The goals of hospital childbirth education classes can also be seen in other ways. For instance, Elizabeth Armstrong (2002) suggests that "patient education serves to transfer responsibility for health outcomes from the medical profession to the patient ... to shift the actual burden of care work as well, from the hospital to the pregnant woman" (p. 599). Zwelling (1996) believes that one of the prevailing goals of hospital-based childbirth education is simply to prepare the parents to be better patients in the maternity care system. Henci Goer, considered an expert on evidence-based maternity care also holds this belief. The author of *The Thinking Woman's Guide to a Better Birth* and *Obstetric Myths versus Research Realities*, Goer says "It is in the hospital's and obstetric staff's interests to have patients who will comply with policies and not make waves by questioning or refusing them" (2001). She says that labor epidurals generate significant revenue and that "hospital-based educators are often told not to discuss the potential

problems with epidurals" (Goer, 2001, ¶ 2). Apparently women are being convinced to comply with institutional rules, which may explain a lack of satisfaction with some women's childbirth experiences. Hospitals presuming women will merely comply to their procedures rather than be part of their own childbirth event may explain some women's dissatisfying experiences.

As birth became a more hospitalized, medical event, the needs of women and obstetricians conflicted and continue to do so. Hospital procedures meet the needs of the staff and physicians rather than the laboring women, exhibiting the apparent lack of respect earlier mentioned. Techniques such as the lithotomy position, restraining women, withholding food from them, as well as other procedures, are routine in most hospitals, yet are often unnecessary and uncomfortable to the laboring woman and are sometimes done without the woman being asked (Davis-Floyd, 1992). This medical authority that began influencing our culture over a century ago arises from their belief of what birth should be like, and how their institution can ensure that. However, women often have different beliefs of what their birth experience should be like. These differences may be seen between hospital-based and independent childbirth education classes. They may have different priorities, different goals, and therefore be giving women different information. Furthermore, these women may leave with a different level of preparedness.

Nevertheless, do childbirth education classes in general actually prepare women? Do they actually help childbearing women at the time of labor? Crowe & von Baeyer (1989) conducted a childbirth education review using a 26-item measure of women's knowledge of the labor and delivery process and found that women whose scores showed greater knowledge of childbirth after classes actually reported less pain during labor and

delivery. In this study, not only was it noted whether or not women *attended* childbirth education classes, but whether or not they actually learned and recalled the information given. Crowe & von Baeyer's (1989) findings suggest that childbirth education prepared these women for their experience.

Six of eight participants in a study by Gibbins & Thomson (2001) found that childbirth preparation helped them cope with their experience. It gave them knowledge of pain relief, which allowed them to make informed choices, and helped them to cope psychologically. Their partners were valuable in providing support, reassurance, and helping maintain control.

Information received and overall childbirth satisfaction were found to be significantly correlated in a study by Slaninka et al. (1996). Their homogenous sample found knowledge gained during their childbirth preparation classes to be the second most important strategy to assist them with coping with the birth, with presence of labor support ranked as the number one strategy. The most valuable information received in the class was the tour of the hospital and information about the process of labor and birth. When asked what was most helpful, information gained during class was mentioned after presence of labor support and nursing care (Slaninka et al., 1996).

Not all studies found childbirth preparation to be correlative with childbirth satisfaction. A study done by Slade et al. (1993) found that attenders and nonattenders of antenatal classes showed no difference in experiences of personal satisfaction, suggesting that further research is required on this topic.

Role of Expectations in Satisfaction

As previously mentioned, childbirth education provides information about the childbirth process as well as appropriate emotional and physical coping methods. It often provides specific information about procedures, in addition to pain during birth, a topic the majority of pregnant women would consider of utmost interest. This information, like any type of information, leads to expectations. These expectations may be beneficial depending on whether or not they are realistic. However, determining the accuracy of these expectations happens after the childbirth when the mother can compare her expectations with reality. Therefore, the benefits of the childbirth information received are not determined until after the labor, playing a large role in women's satisfaction or dissatisfaction with their childbirth experience.

Many studies have been done about women's satisfaction with their childbirth experiences, yet how is satisfaction defined? Some say it is a positive attitude or emotional response (Linder-Pelz, 1982), while others say it is an evaluation of the emotional response (Hunt, 1977). Others believe a woman feels satisfied based on how well the experience met her criteria (Bramadat & Driedger, 1993). This leads to conflicting theories about how satisfaction of women's experiences is based on their expectations. The *discrepancy theory* suggests that any experience that differs from expectations will result in dissatisfaction even if the experience is better than expected (Pascoe, 1983). This leads to three other theory models: 1) the *contrast model* suggests that people magnify the difference if there is any discrepancy; 2) the *assimilation (cognitive dissonance) model* suggests that if there is a discrepancy, then one will reduce it to fit their expectations; and 3) the *assimilation-contrast model*, a combination of the

previous two: assimilation will occur within a certain range, and if it is outside that range, contrast will occur (Hunt, 1977). Understanding the meaning of satisfaction, what impacts it, and what *it* impacts, is important when determining women's satisfaction with their childbirth experiences.

The contrast model suggests that women who expect childbirth not to be painful, based on information received, will be unprepared for the realities and will be unsatisfied with their experience (Arntz et al., 1991). Yet several studies have concluded that high expectations of pain are not bad for women. They instead associate them with achieving a goal and better psychological outcomes (Gupton et al., 1991). Deutsch (1945) argues, "anxiety is a form of psychological preparation that acts as a major defense against the stress of labor, and is psychologically beneficial to women" (p. 65). The results in Crowe & von Baeyer's (1989) study also challenge the view that anxiety enhances the experience of pain. Women who expected more pain after they took the antenatal class experienced *less* pain during labor and delivery. Their explanation was that the women with high anxiety were relieved when the pain didn't meet the level they expected, whereas the woman with low levels of anxiety were shocked by the amount of pain received, much like Deutsch's (1945) argument.

However, high levels of positive expectations may be the most helpful. Positive expectations were strong predictors of positive emotional experiences in this Slade et al. (1993) study. What women expected but did not receive were fewer interventions, to use more coping exercises and for them to have been more effective. Since their unmet positive expectations still led to positive experiences, this can be seen as an example of the assimilation model.

On the other hand, contrasting Deutsch (1945) and Crowe & von Baeyer's (1989) claim and thus exhibiting the discrepancy theory, Green (1993) found that women who expected very or unbearably painful labor had lower satisfaction than women not expecting this, while women who found pain to match their expectations were more satisfied. Multiparas were more positive about the breathing and relaxation exercises than primiparas and the most satisfied women were those who used the techniques either all the time or not at all. Also, the more worried women were less satisfied with how they coped and with the birth as a whole (Green, 1993). Hodnett (2002) found similar results that the least satisfied women were those who were very anxious about their labor pain, also contrasting Deutsch's (1945) positive view of anxiety.

The eleven women in the Hallgren et al.'s (1995) study viewed childbirth as either threatening, a normal process and a challenge, a trustworthy life event, or joyful but frightening. These different perceptions resulted in different experiences as they each responded to the childbirth education differently. The "joyful but frightening" group of women believed that the information was of no use. The women in the "threatening" group found the knowledge either contributing to their fears, or appreciated the knowledge. The "normal process and a challenge" group thought there were too few meetings, it was too disparate, and too many participants were in the class. They also felt unprepared. The group who felt childbirth was a "trustworthy life event" found the knowledge contributed to their positive experiences. This may be a call to childbirth education to provide better, more useful information to prepare women for childbirth, and to discuss with them their expectations and fears beforehand, as suggested by Beaton & Gupton (1990).

So what information is considered useful and should be communicated through childbirth education? Though childbirth is a necessary biological event, the fact that it is also a considerable life stressor may aid in answering this question. According to Dr. Tim Lowenstein's Life Stress Test, pregnancy is rated 12th of 42 life stressors, while actually receiving this addition to the family is rated 14th (http://www.cliving.org/lifstrstst.htm). Johnson (1973) states that the psychological models of preparation for stressful events emphasize the importance of information (sensory information), predictability (procedural information), and control (coping information). So, three aspects must be addressed in labor: women's expectations of what will happen (information), how they will feel (predictability), and what control they will have (control) (Slade, 1993). Similarly, Antonovsky (1987) suggests that childbirth and its educational information need to have a "sense of comprehensibility, manageability, and meaningfulness" (p. 137). In order for information to be stored and later retrieved, especially during as stressful an event as childbirth, it must especially be easily understood, convenient, and meaningful.

Satisfaction with Childbirth Experiences

According to the Maternity Center Association's (2002) report most women felt positive about their childbirth experience. Experienced mothers considered their experience more positive than first time mothers. Ninety-five percent of the mothers said they understood what was going on, 93% felt comfortable asking questions, 91% received the attention they needed, and 89% felt involved in making decisions as much as they wanted to be. At the same time, 48% felt overwhelmed, and 41% felt weak. Women's biggest source of anxiety is the fear of the unknown, according to Beaton &

Gupton (1990). Of 329 women, 78% expressed fears related to pregnancy, childbirth or both (Melender, 2002). The top three childbirth concerns were of pain, duration, and panic or lack of control. Melender (2002) found that the causes of the fears were either negative mood, negative stories told by others, or "alarming information" from doctors or books. These studies, and others, present a challenge for childbirth educators. Women fear the unknown, yet they also fear possible alarming information. A balance of realistic information and information that decreases anxiety is necessary.

So how do childbirth educators realistically prepare women for the realities of childbirth without ruining their excitement? Two authors, Naomi Wolf and Sandra Steingraber, have found one popular pregnancy and childbirth book that attempted this challenge and failed. These authors found the resulting misconceptions to be more disturbing than the reality of childbirth information. Naomi Wolf expressed her disappointment with *What to Expect When You're Expecting* as she wrote about her journey to motherhood in the midst of such misconceptions as this particular childbirth guidebook provided. "The book reassured me about every damn thing under the sun... at the expense of a full array of hard data" (p. 24). Another author, Sandra Steingraber, expressed similar disappointment as she wrote *Having Faith: An Ecologist's Journey to Motherhood.* Steingraber (2001) was disappointed that *What to Expect When You're Expecting* "takes a very stern, absolutist position" on topics such as smoking and drinking, but holds a "don't-worry-be-happy approach" about chemical contaminants in food, a teratogen Steingraber considers to be an equal threat to the fetus. Apparently this book provided high, unrealistic, misleading expectations to these women that led to their dissatisfaction.

Factors that Influence Satisfaction with Childbirth

Some studies have found that increasing women's confidence in coping with labor was the most important predictor in reducing pain (Lowe, 1989), and of an ultimately positive experience (Booth & Meltzoff, 1984; Reading & Cox, 1985; Stolte, 1987; Crowe & von Bayer, 1989; Lowe, 1991; Shearer, 1995; Gibbins & Thomson, 2000). Yet few women feel extremely confident about using any of the coping strategies in labor that were covered in their antenatal class (Green, 1993). Such coping strategies influence the ability to control panic, which influences personal satisfaction in labor. A personal choice of the coping method used, and confidence in its use (through practice) is important in its efficacy (Slade et al., 1993). As a result, increasing confidence has been the priority in some childbirth education classes.

Partner support is also an important factor in women's childbirths, and is beneficial if partners discuss their expectations of one another. Eight UK couples in a study by Somers-Smith (1999) were interviewed about their expectations of their partner. The women expected support from their partner in practical ways such as hand-holding and wiping her forehead, but felt that encouraging psychological and emotional expressions were more important for them. After the birth, the mothers were satisfied with their partner's support, but the fathers were uncertain of their roles. Somers-Smith (1998) concludes that it is important for the fathers (supporters) to be familiar with the childbirth process, as well as the expectations and needs of the mother in order for the support to be beneficial.

Quine et al. (1993) found social class and adequate information to be factors that influence satisfaction with childbirth experiences. They interviewed 59 first-time

mothers who attended hospital maternity classes, and were therefore considered to have the same amount of preparation. However, working class women felt less prepared, were less satisfied with the information they received about childbirth, felt less supported by their partners, family, and neighbors, and were less satisfied with their birth experiences, though they reported no differences in the amount of pain received or expected. These women felt they hadn't been given enough information, didn't feel they understood what they had been given, and were more likely to consider the information "too technical." The researchers felt that social class affects the social support as well as the information women received. The more support women received, the less pain they reported, and the more satisfied they were. Those who felt more informed felt more prepared, and therefore felt more satisfied (Quine et al., 1993).

Scienta est potentia. "Knowledge is power." And some may say power is control. Certain goals of childbirth education seek to give women information about childbirth to in turn give them a sense of power and control during the process. However, "women have differing tastes and differing expectations of control during birth" (Armstrong, 2002, p. 600).

Being in control has been cited more than once as an important factor for women in childbirth (Gibbins & Thomson, 2000; Simkin, 1991; Fowles, 1998; Knapp, 1996). When Gibbins & Thomson (2000) asked women what could have made their experience better, they considered it most important to be as fully informed as possible, to be able to make informed decisions, and to feel in control.

Penny Simkin (1991) interviewed twenty women from the natural childbirth culture of the late 1960's and early 1970's. The women who had the highest long-term

satisfaction ratings thought they had accomplished something important, that they were in control, and that the experience contributed to their self confidence and self esteem. They also felt well cared for by the staff. Those who were less satisfied felt they had little or no control, and recalled negative interactions with the staff. Here again, control over what was happening to them and decisions about their care were essential in their feelings about their childbirth experience. If treated with respect or not, these women had permanent positive or negative impressions of their experience (Simkin, 1991).

Another study pointed out the importance of being in control. The top four maternal frustrations in a study by Fowles (1998) were pain, *lack of control*, *lack of knowledge*, and negative perceptions of providers. These were well intertwined, as pain often resulted from a feeling of lack of control, and both led to negative perceptions of caregivers. As many other researchers have concluded, caregivers "must strive to meet expectations and return control of labor to the woman and her partner as much as possible" (Fowles, 1998, p. 240).

Here again, the importance of expectations and being a part of the decision-making process are found. Hodnett (2002) searched through 137 reports identifying factors that influence women's evaluations of their childbirth experience. She found that personal expectations, amount of support from caregivers, quality of patient-caregiver relationships, and involvement in decision making all superseded factors like pain, childbirth education, physical environment, and medical interventions. Hodnett (2002) also found that the most satisfied used no medication.

Knapp (1996) found similar findings when studying the relationship between perceived control and childbirth satisfaction. Her sample included 80 primigravid

women who attended a childbirth preparation class offered by community-based certified childbirth educators. The study resulted in a positive correlation between women's perceived control (using the Pregnancy Attitude Index) and childbirth satisfaction (using the Labor/Delivery Evaluation). Also positively correlated with childbirth satisfaction were cervical dilation upon hospital admittance, the length of time in labor, not using medications, as well as delivering in a birthing room instead of a delivery room. This researcher found that mothers' perception of control is considered a primary effect on childbirth satisfaction, while medical management is considered a secondary effect (Knapp, 1996).

Brown & Lumley's (1994) study of 790 Australian women also discovered that information, participation in decision-making, and relationships with caregivers were the most significant factors in childbirth satisfaction. In another study, participation in the delivery process was the most important factor concerning the medical care, while information received was most important concerning the nursing care for 1790 women from the Montreal area (Seguin et al., 1989).

Conclusion

According to the literature reviewed, there are several aspects of childbirth education and the event itself that influences women's satisfaction with their labor experiences. Information should be accurate, allowing for women to create realistic expectations, and should be extensive, so that women feel prepared. As far as the experience itself, women are more satisfied if they receive support, and feel in-control and part of the decision-making process. If their expectations are unrealistic and/or are unmet, and if they feel the control is not in their hands, women tend to be dissatisfied

with their childbirth experiences. Also discussed were the hypotheses that hospital-based childbirth education classes have a different focus than independent childbirth education classes. This leads to the question of whether these classes are preparing women differently, and creating different expectations, therefore resulting in different levels of satisfaction. This information can be beneficial to childbirth educators and should encourage them to reconceptualize the transfer of information to expecting parents.

Purpose of Study

All of this information leads to my interest in asking women who attended hospital-based childbirth education classes and women who attended independent childbirth education classes about the childbirth information they received, as well as their expectations, experiences, and overall resulting satisfaction. Comparing these two groups of women in terms of their expectations and resulting satisfaction will help answer whether the type of antenatal class women attend, as well as other factors, is correlated with their satisfaction with their childbirth experiences. The purpose of this study is to determine:

1. What influences women's satisfaction or dissatisfaction with their childbirth experiences and how?
2. Specifically, how does childbirth education prepare women for their experiences?
3. How can this information be regarded in terms of recommendation for childbirth educators, labor support people, and expecting women?

CHAPTER 2
METHODOLOGY

Sample

This sample consisted of ten first time mothers who gave birth in the previous two to twelve months. Half of the sample attended an independent childbirth education series, the other half a hospital-based childbirth education series. These women were recruited through an Infant Massage class offered once a week, with the help of a local independent childbirth educator and doula, and through referrals from other participants in the study (see Appendix A).

The ages of the women interviewed ranged from 20 to 35, with the average age of 29.8 years old. This average is 4.7 years older than the average age of the first-time mom in America in 2001 according to the Centers for Disease Control (www.cdc.gov.nchs). Six mothers had boys and four mothers had girls. Six of the mothers had given birth 6 months prior to their interviews, while two had delivered 7 months prior, one 11 months prior, and one 12 months prior to the interview. Nine of the ten mothers delivered vaginally, while one mother had an emergency c-section after being in labor for nine hours. All of the women gave birth in hospitals. Eight gave birth at a large, local hospital in central Maine, while two women gave birth at neighboring hospitals that provided birthing tubs and midwives.

Nine of the mothers were married, while one was single and living with her father. Mothers' level of education included some high school (n = 1), high school degree (n = 1), bachelor's degree (n = 3) and master's degree (n = 5). Income ranged

from the $10,000-20,000 range (n = 1) to over $100,000 (n = 2), and one mother did not supply this information.

On the demographics survey mothers were given a list of other sources of childbirth education. Nine of the mothers said they used books as other sources of childbirth education. Five women had read *What to Expect When You're Expecting*, and two women had read *The Bradley Way*. See Appendix E for a list of other books.

Nine considered their doctors a source of other childbirth education, two considered their midwives a source, and five considered their doulas another source of childbirth education. Seven mothers had received other childbirth education from their families, five from friends, four from magazines, and three from the Internet. Three mothers had read the magazine *Fit Pregnancy*, one read *Parenting*, and one read *Mothering Issues*. One mother mentioned the Internet sites Babycenter.com and Babymed.com.

As previously mentioned, half of the sample attended a hospital-based childbirth education class, while half attended an independent childbirth education class. Following is information specific to each class and the women in them.

Hospital-Based Childbirth Education Class

Four of the women in this group attended a childbirth education class at the same local hospital. They may or may not have had the same instructor, but all classes should have been conducted using the same curriculum. The other woman attended a hospital class at a different hospital of which specific information is not provided. The local hospital-based class is held 25-30 times per year and is taught by a total of 8 Registered Nurses. The series includes 4 three-hour classes that are held, for instance, on 4 Monday

evenings in a row. They also offer occasional weekend classes with each class being five hours. Classes are limited to twelve couples and cost $88. Classes are covered by most insurance policies, including Mainecare (previously Medicaid). Participants sign up by calling the hospital's scheduling center. Following is a brief outline of the hospital-based childbirth education series curriculum provided by the local hospital's Coordinator of Childbirth Education, Pamela Houston (personal communication, April 21, 2004):

Class 1:

Introductions - overview of course, registrations
Fear - Tension Pain, Family Centered Care
Anatomy - Video, discussion of changes, danger signs, preterm
Exercises (kegels, squatting, pelvic rock)
Nutrition, healthy habits
Video - Understanding Labor
Relaxation Exercise

Class 2:

Icebreaker
Review signs of labor and discuss 1st stage of labor in detail
Slow, deep relaxation breathing with focal point demo, return
Video about comfort measures, position changes then practice
Light, patterned breathing - demo, return demo
Discuss Birth Plan and opening discussion with HCP
Discuss selecting Pediatric HCP and Day Care Provider
Relaxation/Visualization exercise
Birth Video if time or at Class 3

Class 3:

Icebreaker
Practice breathing, positions and comfort measures
Hospital Procedures and Interventions - Video and discussion
Tour of Grant 7 - Labor area, Postpartum and Newborn Nursery
Stage 2 and 3 Labor, Pushing and Placenta - Video, discussion
Apgar chart
Relaxation exercise

Class 4:

Ice Breaker
Labor and Birth Variations (Induction, Slow or Fast, PROM)
Labor Rehearsal - Breathing, Positions
Cesarean Birth - Video and discussion

Unexpected Outcomes - Illness, death, NICU, support systems
Relaxation exercise, emphasize normalcy of birth
Postpartum - physical and emotional adjustments, PPD
Birth Video
Evaluations and Certificates

There are no assigned readings although many handouts and a booklet, Pregnancy, Birth and You from ICEA are distributed. For information about the hospital sample, see Table 1.

Table 1

Hospital-Based Childbirth Education Group

	Gina	Fran	Pam	Martha	Angela
Demographics					
Age (years)	35	30	26	33	20
Child's sex	Boy	Girl	Boy	Girl	Boy
Child's age (months)	6	12	6	6	6
Marital status	Married	Married	Married	Married	Single
Level of Education	Master's degree	Master's degree	Bachelor's degree	Master's degree	Some high school
Income bracket	Over $100,000	$20,000-29,999	$50,000-74,000	Over $100,000	$10,000-19,000
Other Education					
Doctor	*		*	*	*
Friends	*			*	
Family	*				*
Books	*	*	*	*	*
Magazines	*				
Internet		*			*
Doula			*		
Other			(Work experience)		
Type of Birth					
Vaginal	*	*	*	*	*
C-Section					
Ruptured membranes	*				*
Induced		*		*	
Epidural/Other pain medication		*		*	*

Independent Childbirth Education Class

Four of the women in the independent group attended a local independent childbirth education class, while one attended an independent Bradley-method class further away. The local class is delivered through a five-week series held 18 times per year. Each class is held once a week for 2.5 hours. Participants are mostly referred from their doctors or the local hospital's scheduling center, while there are some women "who research and don't want hospital classes," according to independent instructor Evelyn Conrad (personal communication, April 13, 2004). A series cost $65 and most insurance pays for it, including Mainecare. Following is a brief outline of the independent class curriculum.

Class 1:
- Physical and emotional changes
- Warning signs
- Physiology of labor and birth
- Video: The Timeless Way
- Early labor
- Relaxation and breathing techniques

Class 2:
- Review of stages and phases of labor
- Nutrition
- Active labor
- Video: Labors of Love
- Relaxation and breathing techniques

Class 3:
- Tour of [local hospital]: Labor and delivery, and postpartum
- Positions for labor
- Physical comfort measures
- Second stage of labor

Class 4 :
- Labor scenarios
- Cesarean birth
- Video: Home Before You Know It OR Gentle Birth Choices (class decides)
- Circumcision

Postpartum

For information about the independent sample, see Table 2.

Table 2

Independent Childbirth Education Group

	Amy	Karen	Rachel	Hannah	Shawna
Demographics					
Age (years)	28	21	38	35	32
Child's sex	Boy	Boy	Girl	Girl	Boy
Child's age (months)	6	7	11	6	7
Marital status	Married	Married	Married	Married	Married
Level of Education	Master's degree	High School diploma	Bachelor's degree	Master's degree	Bachelor's degree
Income bracket	$30,000-39,999	$20,000-29,999	$50,000-74,999	$50,000-74,999	Rather Not say
Other Education					
Doctor	*		*	*	*
Midwife	*		*		*
Friends	*		*	*	
Family	*	*	*	*	*
Books	*		*	*	*
Magazines				*	*
Internet	*			*	
Doula	*		*	*	*
Other					
Type of Birth					
Vaginal	*		*	*	*
C-Section		*			
Ruptured membranes					
Induced		*	*	*	
Epidural/Other pain medication		*			

Though the topics discussed are very similar, it is unknown how they are taught, and what is emphasized or encouraged (e.g., epidural pain medication vs. doula support). This could be done by objectively evaluating the childbirth class and its instructor rather than asking the participants.

Procedure

Women were interviewed in their homes, with the exception of one telephone interview, at a date and time convenient for them. Interviews averaged an hour in length and were tape-recorded. The interview was guided by the questions found in Appendix B, and were approved through the University of Maine's College of Education and Human Development Human Subjects Committee. At the onset of the interview, participants were reassured that their responses would be kept confidential and that the tapes would be destroyed upon final approval of the thesis. Participants were given a number code to allow for unidentifiable organization.

Data Analysis

Interviews were transcribed, averaging 11 pages each. Interviews were divided into two groups before analysis: hospital-based childbirth education group and independent childbirth education group. They were analyzed deductively and inductively: research questions directed the analysis, and generalized themes were developed as a result of the interview data. Themes for research question 1 included Coping methods (Support and Medication), Natural Childbirth, and Satisfaction/Dissatisfaction (Final Product, Hospital Staff and Environment). The major theme for research question 2 was that of Expectations. Research question 3 yielded

varied answered and are presented as a summary of participants' advice for childbirth educators, labor support, and expecting women.

CHAPTER 3

RESULTS

The purpose of this study was to explore what factors influence women's satisfaction with their childbirth experiences. Specifically the roles of childbirth education and women's expectations were examined. Here, the results of the themes that emerged from my three research questions will be given. Other responses are included in Appendix F.

Research Question #1

The first research questioned asked,

- How do women describe their childbirth experiences? Specifically, what influences women's satisfaction or dissatisfaction with their childbirth experiences and how?

To answer this question mothers were asked to talk about their childbirth experiences, and to describe what was satisfying and not satisfying about the experience. The first interview question asked participants to describe their childbirth experiences starting from when they felt their labors had begun. Several themes emerged from their distinct experiences including: Thoughts/Feelings, Coping, and Views on Natural Childbirth. The second interview question asked what specifically influenced their satisfaction or dissatisfaction with their experiences. Here satisfying themes include the final product/seeing baby, and hospital staff. Dissatisfying themes include interventions, and hospital staff or policies.

Thoughts/Feelings

As the results were analyzed both similarities and differences were found among the women in the hospital-based childbirth education group and the independent childbirth education group. In terms of similarities, women from both groups had doubted their endurance at one point during their labors, and some women from both groups experienced fear, confusion, and/or embarrassment during the process.

Differences were found between the two groups of women in several categories. Four of the five women in the hospital-based childbirth education group had asked themselves at one point in the labor, "Why would anyone ever do this again?" However, each mother realized that "time heals all wounds."

- Why would any woman choose to do this more than once? Yeah, just because it was so hard and so uncomfortable, I just couldn't figure out why anyone would choose that once you know what it feels like. Well, now I know because I have this person here. But it took me a little while to figure that out. Yeah, it's one day out of my life and I get this whole person.
- I mean, the first few weeks afterwards I thought, "Now I understand why some people only have one child." No, time heals all wounds. I definitely want to have more of them!

(For more quotes relating to this and the following themes, please refer to Appendix F.)

No women in the independent childbirth education group mentioned such a thought. What women in this other group did mention was a feeling of pride. "Karen" had been pressured into taking pain medication (discussed later), but she showed her pride for what

she had done before that: "Well, I did it for like nine hours without nothing and at the end my husband got an attitude and made me [get an epidural]. But for the most part I did it on my own. I mean I tried." Other women ("Amy", "Rachel", and "Hannah," respectively) had feelings of pride, too.

- I remember thinking to myself, "Holy cow." I mean, to my husband, all I could think of was, "Did you see what I just did?! Did you see what I just did?! I just produced a child! Did you see it?" So I just remember feeling so proud of myself.
- I wanted to avoid the epidural, and I did. So I was proud of myself that I got through that without the epidural. And I was proud of the baby for making it through and I was proud that I didn't have an episiotomy.
- It was very empowering just to go through that because I'd never had to deal with that kind of pain.... So, the pain really surprised me how intense it was. I was really, I felt really proud of myself just soon after... that I was able to do it, to handle it and not have to go on medication except for the Pitocin for the induction.

Coping

Medication. More women in the hospital-based childbirth education group received interventions and pain medication than the women in the independent group. Three women in the hospital group received pain medication. "Fran" and "Martha" were very pleased with this, while "Angela" had negative memories. Martha was especially grateful for the pain medication she received. When she first arrived at the hospital after laboring at home for thirteen hours she had only dilated 1 centimeter. She was

disappointed and exhausted since she thought she had progressed much further than that. Her nurse had called her doctor who decided to try something she'd never tried before "but she had read about it and stuff so she knew that it was safe."

- And they gave me, with my permission, a shot of morphine and something that starts with a 'V'; I don't remember what the other drug was in it. What that did was it relaxed my body and I was able to sleep. Because I don't do well without enough sleep and at this point I pretty much had only gotten an hour and a half during the night because the contractions started so early. So I was scared to death. So that pretty much knocked me out so I still felt the contractions but not nearly like they were before. Not nearly. So over the next three and a half to four hours I dilated up to seven centimeters. So that really helped a lot. That was very very fast. So at that point at seven centimeters the morphine started to wear off and I started to feel uncomfortable again because it had been about three to four hours.... So the nurse examined me again, saw that I was seven centimeters and told me I could have an epidural if I wanted one because they usually do an epidural between four and seven centimeters or something like that. So I was like, "Where do I sign?!" Because I had gone in with the attitude that I don't want to do any pain meds unless I have to.

Martha's husband is in the medical field and she expressed that he often "gives epidurals for whatever procedure they're doing, so their patients aren't in pain." She explained that he was "very in favor of an epidural," but that she was, too, once she "was in enough pain." She also spoke about her change in view regarding the epidural.

- In class they did talk about an epidural, and they really took away some of the fears that I had. Because anything involving the spinal cord is so nerve-racking. But one of the videos they showed where the needle goes and it doesn't actually go into the spine, it just goes into the fluid around it and the risks of anything happening are there, but they're very, very slim, so that made me feel [better]... that from class, and also having my husband know the anesthesiologist and know what kind of job he did made me feel much better. ... Another thing that they said was, "If you are tolerating labor well at four or five centimeters, then you probably don't need an epidural. That's usually when they're making a decision is between four and seven centimeters. You probably won't need an epidural because you probably won't be tolerating it too awfully bad when you get to nine or ten centimeters. But if you're having trouble tolerating at four or five centimeters, you should definitely get, or you should definitely consider getting, an epidural because it's going to be really painful when you get to nine or ten centimeters."

Martha explained the "bizarre" feeling of having an epidural as "a little bit of a tingling, not anything painful, just kind of like a tingling. ... And for the most part I felt nothing other than this fluttering type feeling in my stomach. ... It was a very bizarre feeling." Her candid, satisfactory feelings about having an epidural continued when she spoke about the final stages of birth:

- I think having the epidural turned out to be one of the best parts because I got to be an active participant in the process, and I remember looking down at one point in between contractions and actually seeing her head coming out. And that was

really neat. And I know that if I hadn't had the epidural I would have been in so much pain that I wouldn't have, or I assume I would have been in so much pain that I really wouldn't have been able to enjoy that end of it. Like I said, those would be the most satisfying parts.

Angela, however, felt like she was less able to be an active participant as a result of her pain medications. The least educated mother and with the lowest income, Angela mentioned feeling like she had let herself down when she accepted offers for pain medication. Here she recalled her negative memories of the pain medications she received during her labor.

- I wasn't expecting to be so out of it. I was actually kind of hoping I'd be more aware of what was going on, and I wasn't. And that's hard for me to deal with, you know? Because I bruised the shit out of my son's head trying to have him because I'd suck him back up. His head was so bruised and that first week after he was born, I hated to look at his head because I knew I had caused it.

She also spoke of the difficulties of breastfeeding as a result of the pain medication she received.

Only one woman in the independent childbirth education group received pain medication during her labor. Karen explained that she didn't want an epidural because she wanted to do it "on her own," but that her husband threatened her. She described the feeling of receiving the epidural.

- It wasn't the best thing in the world. It was like this icy cold shock of numbness going from your back down to your feet. And as he's doing it everything in your

body is going numb. And you can't feel from your toes, and then you can't feel from knee down, and then the next thing you know, you can't feel nothing. And I'm going, "Oh, well this is not nice. Now I know how it feels to be paralyzed. This is not nice." So I did it but I didn't want to do it because I didn't want to go through that numbing feeling. But I did it because the husband was being pushy.

Karen later described how her husband had been "pushy." "He said, 'I'll leave if you don't do it.' He said, 'You're not jeopardizing his life, so you better do it.' So I did it..." She explained this further:

- Well, I did it for like nine hours without nothing and at the end my husband got an attitude and made me. He wanted me to at the end because he could see my face was in a lot of pain because at the end of the laboring, I mean as you get further into, the pain gets further, more hurtin' So as I was getting into it, like now it's like 6 o'clock, now it's goin' on afternoon time. So now he's seeing the pain in my face and he's worried about me jeopardizing the baby's life. And he was mostly in for it for the baby. "If you're gonna be stubborn, then I'm going to do something about it because I need to protect the baby if you're not."

  *KS: Yeah? So he was thinking that the baby was in jeopardy because you were in a lot of pain.

  Mom: Yeah, he did. Every time a contraction would come I'd try to push because it felt like I had to push, and I was only 5cm. So, they made me take the epidural. [My husband] said, "If you don't take it, I'm leaving." So he threatened to leave. So I said, "Fine, I'll do it."

Her husband had not accompanied her to the independent childbirth education classes.

Support. With the exception of Karen, most women in the independent group mentioned how "amazed," "fascinated," "involved," and "excited" their husbands were, while women in the hospital group mostly said their husbands just "did great."

One woman in the hospital group had the support of a doula as a coping method, while four in the independent group had doulas and were very thankful for such support.

- If it had been just the two of us it would have been a lot harder.
- Just knowing she was there I think helped me be more firm about what I needed, and not ready to just give [my baby] up to the nurses.
- She fulfilled our expectations of what she would be able to offer there. And that was nice. She'd ask, "Do you want me to massage your feet?" and things like that. So, it was nice. She kind of fit into the process easily.

Natural Childbirth

Views on natural childbirth were very different between the groups. Two women in the hospital group had wanted a natural childbirth and were able to do so. Two other women in the group felt it wasn't important to them, one of which had negative thoughts about the topic. Martha was especially upset about the apparent hype about giving birth "the natural way."

- I wish that they didn't refer to not using drugs, "the natural way." I think that would have everybody's mind set. I feel like that puts a lot of pressure on moms to not use drugs. And I think that in the childbirth process, each situation is different, and for me, I was in so much pain. I was so uncomfortable, beyond anything I've ever experienced, that it would have just been a horrible [experience]. What I see myself doing, knowing myself, I see myself if I had

gone in with the attitude "I will not get any drugs" and I was determined not to have any drugs, I would have been in there hyperventilating out of fear and crying hysterically and it would have been a horrible, horrible experience for me. And I think by calling not using drugs "the natural method" it makes moms feel guilty if they do opt to use any drugs. And I think that we've come a long way in modern medicine. I mean, I think that we should be open to it. I also don't think women should go in saying, "I'm absolutely going to. The first spot of pain, oh give me a drug." But I think women should be open to using them. I don't think we should call it "the natural way," maybe "the medication-free way" but I don't think it should be called "the natural way."

In the independent group, four women had wanted a natural childbirth. Two women switched hospitals to ensure they would be "on the same page" as their practitioners and would be able to have the births they wanted. Amy, who had switched practitioners during her pregnancy, said this of her physician:

- I didn't get the feeling that it was real empowering the woman to do this spiritually and naturally and I felt I was more misled by him.... I didn't get that he had a very holistic view of the whole birthing experience.

She also said of childbirth: "I think that it's supposed to happen. This is natural, you're not supposed to be scared."

Satisfaction and Dissatisfaction

Healthy Babies. Several women in each group said that the most satisfying aspect was having a healthy baby. From the hospital-based childbirth education group, Gina said, "I guess that was a satisfying thing, was knowing that there is a huge surprise at the

end. I was pretty satisfied with the whole process. As satisfied as you can be." She further explained, "The Machiavellian Principle, or whatever it is, 'The end justifies the means.' She was worth it!" Martha said this about seeing her child for the first time:

- I remember the first time I saw her, it was like I looked at her and I felt like I had known her forever. She looked so much like my husband, but also just a combination of my husband and all of our other family members all tied up into one little face. And it was just the neatest thing in the world. I'll never forget, or I hope I'll never forget what that was like.

Several women in the independent childbirth education group also said that their healthy babies were the most satisfying aspects of their childbirth experiences. "The most satisfying thing was holding my baby afterward. That was just an amazing moment." Karen also said, "When I finally got back to my room and I was able to finally hold him and look at him, that was the best."

Hospital Staff and Environment. Both groups of women were satisfied and unsatisfied with the hospital staff and environment. Some women in the hospital group felt that their nurses were helpful and respectful, while some thought they were insensitive and impatient. Gina felt her wishes were respected and that the environment was very calm, but didn't appreciate the strong encouragement to induce halfway through her labor. Fran thought her nurses were great, but said she "almost lost it" when one of the nurses was chatting with other staff about the weather while she was trying to push. "I mean, at one point I wanted to say, 'Shut up! Shut up! I'm trying to push here! I can't concentrate with you talking about the weather and how cold it is!' But I didn't, I

was just like, 'concentrate, concentrate.'" Pam, spoke about an impatient nurse's decision that led to her unsatisfying experience of tearing badly, having blood clots, and hemorrhaging that resulted in surgery. Apparently "they found out that because the nurse had me push before I was completely dilated I tore my cervix and that's why I was hemorrhaging." She was unhappy with that decision and later spoke specifically of the insensitivity of the nursing staff.

- And I guess a couple of things I should mention... it was really... after he was okay and I was holding him, and nursing him for that first time, one of the nurses came over and said, "Wow that was hairy for a minute. We thought we were going to lose him." And told me that. So that was just horrible after it sunk in what she said, so I had a really hard time with that and just for almost a week and a half thought that's what really had happened.

Apparently that hadn't happened. Her doula came over to debrief about the experience and told her they only had to give her son one puff of oxygen. Pam didn't appreciate being given that scary information to begin with, but especially was unhappy about it when she learned it wasn't true.

The two women in the independent group who switched practitioners were the only ones in this group who mentioned their satisfaction with the hospital staff and procedures. They especially appreciated being able to have their babies with them after the birth, as well as knowing their choices. The other women in this group who had stayed at the local hospital were uncomfortable and unsatisfied with the hospital environment and staff because they felt a loss of control, they were intimidated, and the nurses were "pushy." Some of the equipment, being stuck on a monitor, and seeing the

IV on her hand were especially intimidating to Hannah. She also thought the room was small and that she felt confined. Hannah relayed this memory:

- It was funny… I remember seeing the doctor afterwards with the face shield on. And I was so glad that I didn't open my eyes earlier on to see that because that would have been really startling. That was kind of funny thinking about it later how surprised I was to see her with this big face shield, like she was a welder or something. It's not what you expect.

Karen was unsatisfied with the hospital environment as well.

- I didn't mind being there, but I don't like hospitals because they're always coming in and poking you, prodding you, and you just want to be left alone. "Hello, I just had surgery. Stop pushing on it!" I just wanted to be left alone, let me sleep!

Research Question #2

The second research question was intended to investigate women's childbirth education experiences.

- How do women describe their childbirth education experiences? Specifically, how does childbirth education prepare women for their experiences?

Several interview questions were asked to answer this research question. Some questions inquired about specific information that was or was not provided during the classes. Women were also asked about their expectations of childbirth before they attended the classes and their expectations after the classes to determine if there had been any change due to the class. Whether or not their experiences met their expectations was also asked.

Women in both groups remembered and appreciated different aspects of their childbirth classes, yet most wished they had been told similar types of information about the labor, procedures, and postpartum/newborn issues. A common interest between the groups was that of getting to know the other women in the class. Mothers in the independent group appreciated being able to do this, while women in the hospital group wished they could have done more of that. Overall, the women in both groups felt prepared for most possible childbirth situations as a result of their childbirth education classes.

Women spoke extensively about their expectations of childbirth after the class, the roles they play, and whether or not they were met. Most of the women in the independent group felt their childbirth experiences "exceeded" or met their expectations, unlike the women in the hospital group. Those women's expectations weren't met for different reasons like not being able to squat because she was too tired, or not being able to have her son in the room with her after the birth.

Both groups also spoke about the role of expectations. Several women mentioned the beneficial role of negative expectations. Gina wishes she had been told how hard it was going to be, but understands why no one told her that. "I guess you'd scare them when they're a little nervous anyway." However, she remembers one woman in her childbirth class, "who said specifically she had not done any reading or anything on it because it would make her afraid. I remember my reaction was [that] I needed to know in order to not be as afraid." So Gina needed information in order to feel prepared for and not afraid of a difficult or scary birth and it could be said that she believed in the beneficial role of scary or negative expectations. Fran could also fit into this category

since she believes people should have a certain amount of fear in them when experiencing childbirth. "And as my mom says, 'Well, most people don't really want to tell you because they don't want to scare you.' But you have to go through it! So why not be a little bit scared?"

Karen and Rachel also indicated that having negative or scary expectations about childbirth can end up being advantageous. Karen explained it this way:

- The more you listen to what people are saying about how theirs went, the more you're going to get scared and the more you're gonna freak out when it finally comes and when it comes down to it really is not all that bad once you go through it. ... Because everybody in childbirth classes were terrified once they had seen the videos. I mean I was, too, but then once you go through it yourself, it's like it doesn't really exist anymore because now you're focused on what has to be done and doing it.

Rachel expressed her opinion of how important it is to prepare for childbirth by refuting friends' comments implying "ignorance is bliss."

- I have a couple of friends who right out said, "Well, don't read too much. You don't want to know too much. It makes you nervous." And one of them is an educator like myself and I was just really surprised because that's what education is about... learning so that you are prepared, so you know what the options are. And not thinking that doctors have all the answers and going into it blindly.

Another view of this was also articulated: high or positive expectations of birth could result in a negative experience. To prevent such an experience Fran's childbirth

educators gave this advice: "'Don't go in there with such high hopes and high expectations that you'll have the perfect birth plan that you want. Try to keep your options open.'" Fran recalled hearing stories of other women who had wanted a certain birth but were unable to have it that way.

- I mean I had heard so many people after who had said, "Oh yeah, I had a plan and it didn't work at all. I had to get a c-section, or I had to get an episiotomy. I had to do this or I had to do that, and I really didn't want any of it." And so there were so many people that actually had these expectations that just were shot. Actually I don't know very many people who had actually said, "Oh yeah, I wanted this done and it all went just the way I planned it."

On the same note, "Shawna" said that if someone had high, positive expectations about her labor that weren't met, "That would be very upsetting. You'd feel like a failure."

Research Question #3

The third research question was about what information these women had to offer to childbirth educators, labor support people, and expecting women.

- How can this information be regarded in terms of recommendation for childbirth educators, labor support people, and expecting women?

Three interview questions were asked to help answer this research question. Each was about what advice they would give to the three previously mentioned groups of people.

Mothers in the independent group advised childbirth educators to emphasize in their classes that women have choices and some power over the childbirth process and also to emphasize the importance of support. These pieces of advice were also given

from some members of the other group, but less thoroughly and passionately. Earlier mothers had mentioned wanting to learn more about specific hospital procedures, and postpartum issues like circumcision.

In terms of labor support, mothers encouraged the partners or doulas to know what the woman wants and to do anything necessary to support her through that.

Fran and Martha, two women in the hospital group who gladly received epidurals, advised expecting women to "keep their options open" and "to go in with an open mind." Martha went on to confirm her unsupportive thoughts about natural childbirth by saying, "Don't go in saying, 'I'm not going to use drugs, I'm going to do it the natural way.'" Several mothers advised expecting women to do as much reading and learning as they can and to not be afraid of learning.

- Just to be as informed as possible and to not let personal baggage or past messages keep you from figuring out what you're really looking for out of the experience and to be open to new ideas, and to trust in your instinct, I guess. I think the education is the key...being informed. Looking at different ways of experiencing childbirth, I think is really important to me. Because then, what is it? "Knowledge is power" or something.
- Just that they have choices, and just because if they say, "We're going to give the child a bath. We're going to take him for a half hour under the warmer," you can say, "No, I don't want that to happen," and know that that doesn't have to happen. Because they could make you feel like you're doing something awful, or that this is the way that everybody does it. That you do have some choices. Choices in

> medication, choices in whether or not you're induced. I mean, you've got all kinds of choices.

They also advised women not to listen to other people's scary stories and to not be afraid of childbirth because "it can be a really wonderful experience." Two mothers strongly suggested expecting women get doulas.

CHAPTER 4

DISCUSSION

An abundant amount of information was gathered from the interviews with these ten women. Fortunately, all were enthusiastic to tell their stories of their childbirth experiences. Their experiences appear to remain very momentous events in their lives that are recalled with both positive and negative memories. Some memories were shocking, some were funny, and some challenged preconceived notions. More importantly, all stories provided significant information to this thesis.

This study was conducted to ask women who attended hospital-based childbirth education classes and those who attended independent childbirth education classes about the childbirth information they received, their expectations, their experiences, and their overall resulting satisfaction. Comparing these two groups of women in terms of their expectations and resulting satisfaction was intended to help answer whether the type of antenatal class women attend, as well as other factors, is related to their satisfaction with their childbirth experiences. The purpose of this study was to determine what influences women's satisfaction or dissatisfaction with their childbirth experiences and how; how childbirth education prepares women for their experiences; and how this information can be regarded in terms of recommendations for childbirth educators, labor support people, and expecting women.

The analysis found that women in both groups differed little in what was most and least satisfying about their childbirth experience. In general they were most satisfied with the arrival of their healthy babies. When speaking specifically of the birth experience, they were especially satisfied with the support from their husbands and/or doulas and

sometimes from the hospital staff. Factors that influenced dissatisfaction were most commonly the hospital staff, and its environment and procedures. In terms of childbirth education experiences, women from both groups wished they had heard more information about the labor, procedures, and postpartum issues or newborn care. As far as the role of expectations, women from both groups suggested that negative or scary expectations could be better than having positive or high expectations. Both groups also suggested that childbirth educators let women know they have options, and that expecting women should do as much as they can to learn about the upcoming event.

Two clear differences were found between the two groups in this study that need to be discussed. First, four women in the independent childbirth education group had a doula during their experience, while one woman in the other group had this support. Women in both groups were most satisfied with the support they got from their husbands and/or doula. This is in agreement with Slaninka et al's (1996) study that found labor support to be the most helpful strategy in coping with birth, as well as that of Somers-Smith (1998) who confirmed the importance of husband participation. Labor support has been shown to be highly influential and the women who had doulas received extra support and were satisfied with this.

The second difference was discovered when women recalled their childbirth experiences. Four of the five mothers in the hospital-based childbirth education group remembered pondering why anyone would choose to go through such an experience again. However, four out of five mothers in the independent childbirth education group remembered the pride they felt. These are two very different thoughts or feelings that were recollected. Why such a difference? The original hypothesis would suggest that

women who attended a hospital-based childbirth education class were prepared differently than the women in the independent childbirth education class. For instance, the hospital-based class may have given women the impression that childbirth is a physically torturous event (possibly encouraging the use of pain medication, as suggested by Zwelling and Goer), while the independent class could have given women the idea that it is an emotionally rewarding experience. For instance, it is unknown whether all women in the hospital-based group received the same messages because they may have had different instructors, but Martha remembered how her hospital-based childbirth educator recommended seriously thinking about getting an epidural once you've reached a certain point in the labor. Amy, Rachel, and Hannah remembered the message from their same independent childbirth educator that they have choices about what kind of birth they want and that they don't have to receive medication if they don't want to. These are slightly different messages that may have prepared the women differently, especially when it came to pain management. This may be due to different agendas, as Zwelling (1996) and Goer (2001) suggest. Hospital-based classes may try to teach women to be better patients and to be compliant by encouraging the use of pain medication. Possibly as a result of these messages, only one woman in the independent group received pain medication, but four had doulas, while three women in the hospital-based group received pain medication and only one had a doula. However, more research specifically about childbirth education messages is needed to determine if these hypotheses are accurate. Also, the current sample is not larger enough to make such conclusions.

Still, this leads to another possibility regarding the women who attend these classes. Are they different types of women? Do the women who attend independent childbirth classes lead an "alternative" lifestyle and consider childbirth a more holistic event? For instance, Fran, in the hospital-based group, described her expectations of the birth experience in much simpler terms than Rachel or Shawna ("okay, you go in, you wait for yourself to get big enough, and you push, and that's it" vs. the other women expressing their feelings of confidence and knowing what they wanted.) In other words, the type of woman may influence her views about birth, what kind of class she attends, and also how she looks back on it. This is different than the original hypothesis that the type of class alone influences how a woman will experience her childbirth and relates to the study done by Hallgren et al (1995). Some women in the Hallgren et al (1995) study, who may be similar to the women in the independent group in this study, felt childbirth was a "normal process and a challenge." They wanted to meet more often, have fewer people in the class, and receive less disparate information, much like the women in the independent group. Also found in this study was that women who were fearful of childbirth received the information given in their classes three different ways. They were either appreciative of the information, or thought the information they received was of no use, or thought it contributed to their fears. Simply put, women receive information differently. This can be based on their existing perceptions, or personalities, as seen with the different reactions to information by the frightened women.

There is yet another possibility of what influences women's satisfaction with their childbirth experiences: The role of their expectations before birth. Women were asked about their expectations about childbirth before and after their childbirth education series,

in addition to how well their experience met their expectations. Women in the independent group not only felt proud, but considered their expectations met, "exceeded," or as two women (one who had a c-section, and one who considered her experience "agony" and was vomiting throughout it) said their expectations were "not met at all." Only one mother in the hospital-based group fully explained how her difficult experience didn't meet her expectations. The other four women weren't so fervent about the meeting of their expectations. They appeared quite neutral on the topic and managed to come up with something that didn't meet their expectations (e.g., the birthing ball didn't help as much, not sitting around sipping water like the videos showed; the baby wasn't as wrinkly as expected). Therefore, it appears that women in the hospital-based group had fewer expectations about the childbirth experience since they weren't so clear or passionate about whether or not their expectations were met.

When answering the questions about their expectations, some women offered their own hypotheses about the role of expectations in childbirth experiences. Two women in each group suggested that having expectations of a scary or negative childbirth could be beneficial. Women could go in with these expectations and either have a better experience and recall it as "not that bad," or have the scary expectations met and later feel neutral about the event. These hypotheses are supported by the literature reviewed that anxiety is a form of preparation (Arntz et al., 1991; Deutsch, 1945).

On the other hand, the results of some women's experiences in the current study support Slade et al.'s (1993) findings that positive expectations were predictors of positive emotional experiences. The women in the independent group who had positive expectations, specifically Amy and Rachel, had positive emotional experiences. These

two mothers took a path different than the other women by switching practitioners in order for their expectations to be met. The women who felt the most positive about their experiences either had few expectations and weren't disappointed, or had high expectations and had them met.

Not only do women's expectations, or the kind of class they attend, or the type of person they are influence their satisfaction with their childbirth experiences, other factors influenced women's satisfaction with their childbirth experiences, too. These include being treated with respect, having positive interactions with hospital staff, and feeling a sense of control and decision-making ability, also found in Gibbins &Thomson (2000), Simkin (1991), Fowles (1998), and Knapp (1996). Quine et al (1993) also found that social class was a factor in satisfaction among her sample. Working class women received less support, felt less prepared, and were less satisfied with their experiences. The current sample included two women who were in a low social class. They were both unsatisfied with their experiences. One of these women received little support from her husband and ended up having a c-section. He had pressured her into getting an epidural because he believed that since she was in pain, their baby was in jeopardy. One explanation for this misunderstanding is that he did not attend the childbirth education class with his wife at all. Therefore, it must be stressed that labor support partners, whether they are friends or mothers or husbands, should absolutely accompany the mother to a childbirth education series. Without accurate information about the birth process, partners may not be adequately supportive. Further research should also be done about the correlation between social class and childbirth satisfaction.

Also found to be a key factor in satisfaction was found in Hodnett's (2000) study and also in the current study as well: not using medication. Four of the women in the independent childbirth education group and two women in the hospital-based group received no pain medication. Of these six women, four were satisfied with their experiences. The two who weren't completely satisfied because they happened to have very difficult labors were still proud about their accomplishments. On the other hand, two of the women who received medication, Fran and Martha, were quite satisfied with their experiences, and would attribute that to the pain medication they received. This goes back to the role of expectations before the labor even begins. If women had neutral expectations regarding pain medication they were satisfied either way. Women who had high expectations about not receiving pain medication were satisfied only if this expectation was met but may still feel pride due to other expectations that were met.

Conclusions

Which type of class is attended is not clear to have a significant impact on satisfaction. They may give different messages, but it appears to depend on the type of woman as to how the messages are interpreted. Most women in this study held the attitude that "knowledge is power." Women used this knowledge about childbirth in different ways. They hired a doula, switched practitioners, received pain medication, or loosened their expectations. More research is needed on the messages given in childbirth education classes.

Most satisfied were the women who received support and had expectations that were met or exceeded. Expectations were easier to meet or exceed when they weren't too

high and unrealistic or if women took control over their childbirth environment and support.

Limitations

This study was descriptive in nature and does not allow for correlations to be made. The study was limited to only ten women, all of who lived in the Greater Bangor area. They weren't selected randomly and their demographics do not generalize well to the rest of the population. All of the participants voluntarily contacted the researcher and most were referred from other women who had recently been part of the study. Therefore, many of the participants were either friends or knew the same woman who helped recruit. As a result, several women shared similar characteristics such as education level and income.

Implications

These results imply that for a woman to have a satisfying experience she needs to have support during the labor, and her expectations need to be explored. Scary information or stories shouldn't necessarily be avoided because the resulting anxiety could be a form of preparation. If women only receive information that leads them to expect a normal birth, as *What to Expect When You're Expecting* has been said to entail, women could be setting themselves up for disappointment. The results also suggest that childbirth education classes should spend more time dealing with women's existing expectations and supply the information accordingly.

As a result of women answering what advice to give childbirth educators, labor support people, and expecting women, implications have been found. Their suggestions imply that childbirth educators should emphasize that women have choices and power

over their childbirth experiences, and to emphasize the importance of support. Some women suggested the class be shortened and more intimate. They also wish more information would be given about postpartum issues and newborn care (e.g., circumcision, how often babies cry, etc.). Two women advised expecting women to go into the experience with an open mind and their options open. The mothers also advised expecting moms to become informed and learn as much as possible, to get a doula, and to not be afraid of childbirth.

Implications/Suggestions for Further Research

More research needs to be done about the possible differences in preparation between hospital-based and independent childbirth education classes. More research needs to be done about the messages they are giving and their effects. This could be done by observing and evaluating the classes and their messages.

It is also suggested that the role of women's personalities in the satisfaction of their childbirth experiences be examined. Not only could a basic personality test be given, but more specifically how women deal with stressful situations and pain should be examined.

More research could also be done about the characteristics of the labor experiences and mothers who feel more pride about their births. Another beneficial study would be of second-time moms; how their experiences differed and what advice they would give.

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APPENDICES

APPENDIX A

Information Letter For Interested Mothers

Dear Interested Mothers,

My name is Kara Sylvester and I am a graduate student in Human Development at the University of Maine. I am interested in interviewing first-time mothers about their childbirth experiences for my master's thesis. I am interested in what information mothers received about childbirth, and other factors that may have influenced their satisfaction with their childbirth experiences. This research may provide useful information for childbirth educators and others.

Participation in this study is voluntary, and if you decide to participate you may withdraw from the study at any time. Participation will include an interview conducted at a time and place that is convenient for you. The interview will last approximately one hour. Questions about your childbirth experience will include "What in particular was satisfying?" and "What advice would you give expectant mothers?" You may refuse to answer any question. With your permission, the interviews will be tape recorded and I will transcribe the tapes with no identifying information. The tapes will be destroyed upon final approval of the thesis and the transcripts will be kept until they are no longer needed.

If you are interested in participating in this study or would like me to contact you with more information, please provide your name and phone number and I will contact you. If you prefer to contact me, please call me at 581-2091. Or you may call my faculty advisor, Dr. Sandra Caron, at 581-3138. Thank you!

Sincerely,

Kara Sylvester

Reply Form

If you are interested in learning more about participating in this study, please provide the following contact information.

Thank you!

Name _____

Home address _____

_____

_____

Telephone # _____

E-mail address (if any)_____

Childbirth education received

Please circle one: Independent class Hospital-based class

Please keep for your information:

Kara Sylvester
309 Shibles Hall
University of Maine
Orono, ME 04469

207-581-2091
207-866-3373

APPENDIX B

Interview Protocol

Research Question 1

1. Tell me about your childbirth experience.
2. What in particular was satisfying and what wasn't?

Research Question 2

3. What expectations of childbirth did you have before your childbirth education class?
4. Tell me about your childbirth education experience.
5. What information was clear, and what was unclear or misleading?
6. What information was helpful, and what was irrelevant?
7. What expectations about childbirth did you have after your childbirth education class?
8. How well did your childbirth experience meet your expectations from the class?

Research Question 3

9. What information do you wish you had been told?
10. What advice would you give childbirth educators?
11. What advice would you give to labor support people (partners, doulas, labor and delivery nurses)?
12. What advice would you give expecting women?

APPENDIX C

Demographics Survey

Age _____

Marital Status

☐ Single
☐ Living with another
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Rather not say

Level of Education

☐ Some high school
☐ High school diploma/GED
☐ Some college
☐ Associate's degree
☐ Bachelor's degree
☐ Some graduate work
☐ Master's degree
☐ Certificate of Advanced Studies
☐ Professional degree
☐ Doctorate degree

Annual Household Income

☐ Under $10,000
☐ $10,000-$19,999
☐ $20,000-$29,999
☐ $30,000-$39,999
☐ $40,000-$49,999
☐ $50,000-$74,999
☐ $75,000-$99,999
☐ Over $100,000
☐ Rather not say

Childbirth Education

☐ Independent class ☐ Hospital class

Other Sources of Childbirth Education

☐ Family ☐ Books ☐ Other (Please specify) _____
☐ Friends ☐ Magazines
☐ Doctor ☐ Internet

APPENDIX D

Consent Form

Women's Satisfaction with Their Childbirth Experiences

Purpose of Study: The purpose of this research project is to examine what factors influence women's satisfaction with their childbirth experiences, and what women wish they had been told about childbirth.

Procedure: During the interview, participants will be asked about their childbirth experiences and their opinions about what influenced their satisfaction or dissatisfaction. They will also be asked about what advice they would give others involved in childbirth experiences. This interview should last approximately one hour. With the participant's permission, the interview will be tape recorded and transcribed with no identifying information.

Risks: Except for participants' time, possible inconvenience, and possible discomfort in discussing some of their childbirth experiences, there are no foreseeable risks to them in participating in this study. Participants may choose to skip any questions with which they are uncomfortable.

Safeguards:

Confidentiality: No names will be used during the interviews and no other identifiable information will be used in the investigator's thesis or any other report of the study that may be written. A code number will be used and details may be changed to protect participants' identity. The tapes will be destroyed upon final approval of the thesis, and the transcripts will be kept indefinitely. All data collected will be kept in a locked file cabinet in the investigator's office.

Voluntary: Participation is voluntary. Participants have the right to refuse to participate in or to withdraw from this research at any point.

For further Information: For more information about this study, participants may write or call the office of Kara Sylvester at 309 Shibles Hall, University of Maine, Orono, ME 04469, (207) 581-2091, Kara.Sylvester@umit.maine.edu, or her faculty advisor, Dr. Sandra Caron, at 112 Merrill Hall, University of Maine, Orono, ME 04469, (207) 581-3138, Sandy.Caron@umit.maine.edu.
If participants have any questions about their rights as research participants, they may contact Gayle Anderson, Assistant to the University of Maine's Protection of Human Subjects Review Board, at 581-1498, or Gayle.Anderson@umit.maine.edu.

Copies of this form will be given to all research participants. If participants wish to receive a summary of the research results, they may indicate below and provide their mailing address on the attached sheet.

Please check one:

_____ I would like a summary of the results of this study. This will include a brief description of the research questions and a summarization of the pertinent findings. Individuals will not be identifiable in this summary.

Please provide your name and address below:

_____

_____

_____

Thank you!

Appendix E

LIST OF BOOKS READ

- *Birthing From Within*
- *Misconceptions*
- *Mother's Nature*
- *Mama Toto*
- *Mayo Clinic Book of Pregnancy and Baby's First Year*
- *Pregnancy, Childbirth, and the Newborn*
- *When a Child is Born*
- *The Girlfriend's Guide to Pregnancy*
- *The Womanly Art of Breastfeeding*
- *Birth Without Violence*
- *Your Pregnancy Week By Week*
- *Childbirth Without Fear*
- *What to Eat When You're Expecting*
- *What to Expect When You're Expecting*
- *Pregnancy and Natural Childbirth*

APPENDIX F

Comments Not Included in Manuscript

Research Question 1

Hospital-based Childbirth Education Group

- And by 7cm I was just like, "okay, you know what, I don't think I can handle this anymore!" So, I don't know, I just felt like I couldn't make it through each contraction. And she had always been facing up, I guess you could say, sunny-side up, so I started having I guess a back labor sort of thing, because the contractions you could see on the monitor were little double contractions. I mean, up until that point I had still been on the ball and kind of moving around and okay. Like just kind of breathing through and I mean, it really wasn't that bad until that point and then I'm like, "Okay, I'm getting really tired and I don't know if I'll be able to make it through the whole process..." So I asked them to do an epidural.
- I was nervous, though, but not nearly as scared as I was when I first got to the hospital. And then at that point I was ready for it to be over. But there were periods during the afternoon when I was just like, "Just cut me open and take her out!" .... When I first got to the hospital, I was just so scared of what lay ahead. And, I mean, I knew what was coming. I think I was just scared of the pain. I was just scared of the pain. So, but as the day wore on I just got more and more tired, and I had the pain meds. So I no longer was afraid of the pain.
- I was by myself, so I knew I was going to be going in for surgery and that it was really risky, and so I was just scared. And I just started to pray and everything,

that everything would be okay and that I'd be able to see my baby again. It was just really intense. Everybody had left because they were all preparing the operating room. So my nurse ended up coming back in. And this just always gives me goose bumps, but she just kind of had this really weird look on her face because she had interrupted me when I was praying. She just kind of looked at me and I said, "What's the matter?" And she said, "Oh, I don't know. That's weird, I thought I just saw a man in here." And she turned around and said, "Oh, I guess he's gone." So right then and there I knew things were going to be okay.

- Why would any woman choose to do this more than once? Yeah, just because it was so hard and so uncomfortable, I just couldn't figure out why anyone would choose that once you know what it feels like. Well, now I know because I have this person here. But it took me a little while to figure that out. Yeah, it's one day out of my life and I get this whole person.
- I mean, the first few weeks afterwards I thought, "Now I understand why some people only have one child." No, time heals all wounds. I definitely want to have more of them!

Coping

- Yeah, he actually read it more than I did. He took his coach job really seriously. He memorized his lines and things. We practiced. So that was good." She said she couldn't imagine "how women did it without that, or how they do it without a support like that."
- My husband couldn't handle really being right there but what he did is he sat behind me and held me up and rubbed my back and stuff. It was funny because at

one point he got really kind of nauseous and had to go sit in a seat and put his head between his legs for two contractions, and those were the two contractions that I remember the most because he wasn't there. Which was really bizarre because he wasn't doing a lot, but I just remember his absence.

- I think another thing that's really important is to stress how important a very helpful partner is. And if a person doesn't have a partner, they can find ways to find one or letting people know where they might find out about doulas or whatever. Just because I can't imagine doing that without a partner, a supportive partner who is there for me…

Pain Medication

- So I asked them to do an epidural. And the only bad part about that was just the fact that when you feel a contraction and your whole body tenses up and they're like, "You've got to relax for me to put this needle in your back." And so I mean, 'Okay, wait until a contraction's done and then I can relax!' …. So I got the epidural and it kind of went slow but I mean I didn't feel anything anymore, which was nice, so then I slept off and on for the next three hours I guess. That was kind of nice because I actually got to rest.

Natural Childbirth

- I'm so more relaxed when it's more natural than the medical model. So that was really hard that I felt like it was so medical and it felt like more of an emergency than a birth because it came so fast. I feel like maybe if it wasn't so chaotic in the room with all these medical people and everybody made it seem like it was this big emergency and everything, then maybe I would have been able to relax a little

bit more, be able to open my eyes and be more focused as far as how my pushing went and things like that. So I think that would be a big help.

- Because I was vomiting a lot, like every 5th or 6th contraction, they offered to give me medicine. And that was also a tough decision… I decided not to take that. I don't remember why exactly, but I just didn't want any interference. But it might have made it easier. But I just didn't want to take any drugs.
- Once he was out I sort of didn't feel like I needed to be a hero anymore. So I took everything I could basically to get my body back to being comfortable.
- I wish that they didn't refer to not using drugs, "the natural way." I think that would have everybody's mind set. I feel like that puts a lot of pressure on moms to not use drugs. And I think that in the childbirth process, each situation is different, and for me, I was in so much pain. I was so uncomfortable, beyond anything I've ever experienced, that it would have just been a horrible [experience]. What I see myself doing, knowing myself, I see myself if I had gone in with the attitude "I will not get any drugs" and I was determined not to have any drugs, I would have been in there hyperventilating out of fear and crying hysterically and it would have been a horrible, horrible experience for me. And I think by calling not using drugs "the natural method" it makes moms feel guilty if they do opt to use any drugs. And I think that we've come a long way in modern medicine. I mean, I think that we should be open to it. I also don't think women should go in saying, "I'm absolutely going to. The first spot of pain, oh give me a drug." But I think women should be open to using them. I don't think

we should call it "the natural way," maybe "the medication-free way" but I don't think it should be called "the natural way."

Independent Childbirth Education Group

Thoughts/Feelings

- So I remember asking them, how long would I take to actually push the baby out? And they said, "On average, two and a half hours." And I remember thinking that I wasn't going to do this for two and a half hours.
- I mean, the worst part for me was the pushing. But it wasn't like pain, it was the feeling like, I felt I was treading water and I wasn't going to be able to complete it. That's the only way I can describe it. I wasn't feeling pain. I was just feeling tired, like, "am I going to be able to finish this?" by the end. I felt I was treading water. That's the only way I can describe it. "Will I be able to finish?"
- They kept saying, "Open your eyes so you can see her coming out"... because we didn't know if it was a boy or a girl. I didn't want to... I remember kind of feeling, I don't know if it was fear, but it was a very strong feeling. I didn't want to open my eyes and see that... see the baby coming out and see the doctor and see all those people clustered around my legs.
- My doula kept encouraging me to make sounds. And that was one part I was really uncomfortable with because I didn't like having to make these sounds as I was going through the contractions. But I did, I don't know why even in that situation I was kind of embarrassed to be vocalizing anything.
- I remember thinking to myself, "Holy cow." I mean, to my husband, all I could think of was, "Did you see what I just did?! Did you see what I just did?! I just

produced a child! Did you see it?" So I just remember feeling so proud of myself.

- I wanted to avoid the epidural, and I did. So I was proud of myself that I got through that without the epidural. And I was proud of the baby for making it through and I was proud that I didn't have an episiotomy.
- It was very empowering just to go through that because I'd never had to deal with that kind of pain.... So, the pain really surprised me how intense it was. I was really, I felt really proud of myself just soon after... that I was able to do it, to handle it and not have to go on medication except for the Pitocin for the induction.

Interventions

- With my doctor... she also I think, to me, seemed to have convenience in mind. It was tied to a health issue, too, but in thinking of inducing me, in the morning or whatever, like scheduling an induction... I just remember her saying, "Wouldn't that be better than coming in in the middle of the night when you're really tired, you know, starting that process when you're really tired and you need so much energy for giving birth." I guess I heard a lot of doctors will plan inductions or c-sections for convenience sake or whatever.
- And like with being induced, my doula had given me a lot of examples of women who insisted that they shouldn't be induced and they'd put it off and put it off because they really wanted to have the baby completely naturally. My doctor was more of the mind that "Why suffer for 24 hours? If we have the medication to make it go so that you can suffer less and ensure that the baby comes out healthy,

or make it more likely to have less difficulty on the baby, why do you want to wait?"

C-Section

- The recovery after it was much better than if I had given birth to him the regular way. I mean, there was pains and there was discomfort but I hated hospitals so I tried to get over it quickly and be the tougher person, just to get out.
- I found out after the fact what it was all about, and I didn't think it was that bad.... With any surgery you'll find that it hurts, but after I had it done, I was all happy that I could sit and enjoy.
- The worst, probably the worst thing would have been the c-section because I didn't want it and I didn't know what to expect, and I didn't know what was going to happen after, and the recovery towards it.... When I went in there my intentions were, I don't want a c-section. I wanted to do it natural because my mother had c-sections with me and my brother, and she had this ugly scar, and I hated it, so I didn't want to go to c-section because I didn't want to have a scar or anything like that. So I wanted to do it as natural as natural could be, but I ended up having to go for a c-section, and my husband signed papers and sent me off. So that probably would have had to have been my worst thing there.
- Yeah, you could feel the pressure, but you couldn't feel the pain. So that was good. But you could feel all the yanking and the tugging and the pushing on my belly to get it to come down. I remember all that. I know that feeling. I mean they were like literally shaking me to get it to come out. I go, "Holy people!" Yeah, I went into the surgery room doing this [covers eyes]. Because everything

was scattered everywhere. They had tools everywhere. I go, "Well, maybe if I do this [covers eyes] I won't see anything so it won't scare me." So I did. And I go, "You are putting a sheet in front of my face so I can't see nothing, right?" They did, but they did this little light thing above so I could see all of the blood and everything, but I couldn't see what they were doing, so that was a good thing. I did see the yellow stuff they put on you before surgery. I saw *that*. They like, just poured it on me. I'm like, 'Oh, well that's nice and sanitary. Thank you very much. Just pour it on. Doesn't matter, there's nobody down there.' Yeah, so they did and like, within a couple of minutes he was born. And then the hours of putting it back in, I thought, 'this is ridiculous. It takes less time to take him out than it does to put it all back.'

Coping

Support (husband)

- He was really glad we had met with my doula quite a few times beforehand and he got a chance to get to know her a little bit and she really set our mind at ease with a lot of this. I think he just found it fascinating. Especially when the baby started coming out, he just… I was aware enough of him experiencing it that I knew he was really into it and just, I could hear him sometimes making exclamations like, "Wow." So, he held my hand a lot throughout, which, when my doula wasn't there he would try to kind of talk with me a little bit if I was having a hard contraction just to you know, comfort me.
- And then when she came out, it was just kind of interesting being aware of hearing my husband kind of exclaim… I can't really remember what he said, but just kind of hearing his excitement.

Medication

- It wasn't the best thing in the world. It was like this icy cold shock of numbness going from your back down to your feet. And as he's doing it everything in your body is going numb. And you can't feel from your toes, and then you can't feel from knee down, and then the next thing you know, you can't feel nothing. And I'm going, "oh well, this is not nice. Now I know how it feels to be paralyzed. This is not nice." So I did it but I didn't want to do it because I didn't want to go through that numbing feeling. But I did it because the husband was being pushy.
- Well it was more that kind of thing where every woman gets an epidural. All my girlfriends had an epidural, and just the idea of someone sticking a needle in my spine, right away I thought, 'This does not sound good. This does not sound like what I want.' And you know, but they'd say, "Oh, everybody does it. It's fine. It doesn't hurt you, it doesn't hurt the baby." I just, because of my strong beliefs and all the reading and research I've done in general I am skeptical of "Oh, the drugs don't have any side effects." You know, that's just not the case with most things. They do ... So I'm not one to just kind of go on. I'm not a believer in just the status quo. So, it wasn't so much that I heard, "Oh all the women are going to have an epidural so I'm going to have an epidural," it was more like, 'Oh geesh, how am I going to avoid what everybody's having. I want something different.' So I would say it was that... "How am I going to avoid what all my girlfriends are having?"
- And I wanted to avoid the epidural, and I did. So I was proud of myself that I got through that without the epidural." ... "I don't blame any woman who gets an

epidural. I don't know if I would go through it again without an epidural. It was pretty bad.

Natural Childbirth

- I didn't get the feeling that it was real empowering the woman to do this spiritually and naturally and I felt I was more misled by him.... I didn't get that he had a very holistic view of the whole birthing experience.
- She also said of childbirth: "I think that it's supposed to happen. This is natural, you're not supposed to be scared."

Hospital-based Childbirth Education Group

Satisfying

Hospital staff

- Well, the nurses were all really, really good. Afterwards all the nurses that came in to check on me and give me pain medication and stuff, were saying, "Oh my! She really did a number on you." So that was always nice to hear! Okay, well, gee, I guess the pain is warranted then.
- The one when I ended up having surgery was *wonderful*. I was so thankful they had had a shift change. My nurse when I ended up starting hemorrhaging... was just wonderful. She stayed by my side and just held my hand and made sure to check in on me because I knew my husband was a basket case as far as wondering how things were.
- I think my doctor probably wanted to rush it along a little bit more but he was respectful of what I wanted. I was never pushed or anything. It was a long labor.

And one thing I remember about the resident who actually did the birth, was that he kept really good eye contact with me, so he was very clear about just talking right with me and keeping me focused. It was very helpful. My husband and the nurse both helped with the pushing. They were right there, one on each side. They helped me ...

- I guess the other satisfying thing was that I felt very respected and my wishes were very respected. I think that they were just wonderful the way they handled it. They took care of him first, and took care of me at the same time and gave him to my husband right away as soon as he was all checked. And then they were wonderful about putting him on me and allowing me to hold him and let us have our family time as soon as it was medically appropriate. They kept the lights down low the whole time, and kept distractions to a minimum so I think they created a very calming atmosphere around the birth, through the whole thing really. That helped a lot. I think the only light was what the doctor had shining down here. The only light in the whole room.

Dissatisfying

- I guess one was the fact that the nurse had me push before I was ready. Just to know now that all of that hemorrhaging and surgery and recovery, I mean it took five months for me to recover and everything, could have been avoided. Because I was doing fine blowing through the contractions and not pushing. If she would have just coached me to wait a little bit longer. And I guess just the sensitivity of the nurses at the hospital.

- Well, the nurses were all really, really good, except the one that kept saying, "you're almost there, you're almost there, you're almost there." I just felt like she was saying that forever. I really don't know how long she actually said that, though. Maybe she only said that for ten minutes. But it felt like an hour. "Oh, it's never going to come out! Ahhh!" [Laughter].
- The only time I felt angry or upset was really, really close to the end and I felt that urge where some women want to like yell and scream and they're real angry, was when one of the nurses who was... the nurse who was with me all day who was now off duty, because we didn't know what sex she was and she could have swore it was going to be a boy. She was hanging around to find out what it was going to be and then she was talking to the pediatricians there that were on duty and I could just hear them talking and I just felt like saying, "Shut up!" Yeah, [they were talking about] other stuff! Like the weather or something! So, I mean, at one point I wanted to say, "Shut up! Shut up! I'm trying to push here! I can't concentrate with you talking about the weather and how cold it is!" But I didn't, I was just like, 'concentrate, concentrate.' That was the only thing I think I found dissatisfying, was that one moment when there was like stuff going on, and I was trying to push. And at that point there were a lot of people... there were pediatricians, I think there were two of them, that nurse, the nurse that was now with me, the doctor, my husband, a student that was getting to observe the whole process, and I think there was somebody else in there. So there were a lot of people in the room.

- So they got me up there and there were no doctors there at that point so the nurses were taking care of me. And it was just really crazy. We had, I think at one point there were 3 or 4 nurses in there and then one of the doctors from family practice ended up coming in, one of the interns, and then the head of the family practice doctors, and then somebody from registration came up and was asking me questions. At one point there were six or seven people in the room not including my husband and doula. One of them was someone from registration as I was in transition, asking me questions about my insurance and things like that. So she was asking me questions, the nurse is asking me questions and I'm having major contractions and I'm trying to blow through and trying to answer both of them. It was just insane. I do remember that point and a lot of it after that, I think I just kind of shut down and shut things out at that point.
- And I guess a couple of things I should mention... it was really... after he was okay and I was holding him, and nursing him for that first time, one of the nurses came over and said, "Wow that was hairy for a minute. We thought we were going to lose him." And told me that. So that was just horrible after it sunk in what she said, so I had a really hard time with that and just for almost a week and a half thought that's what really had happened. And my doula came over about a week and a half after he was born to process things because she knew I wasn't remembering a lot and wanted to process with me, so I told her that comment and I just broke down, you know. Because we had tried for four years to have children so this has been... we had gone through infertility treatment and everything... so this had been a really big thing to be able to be pregnant. And

she told me that wasn't the case. She had been right there with him and they only had to give him one puff of oxygen before he started to breathe.

- For me, the worst part about it was that when I finally became fully dilated, I had to go poop and I refused to take a shit in the bed, for the longest time. And I think it was because I was so far out of it from the pain meds that I didn't realize that I was ready to push.

Independent Childbirth Education Group

Satisfying

Healthy baby

- The most satisfying thing was holding my baby afterward. That was just an amazing moment.
- When I finally got back to my room and I was able to finally hold him and look at him, that was the best.

Support

- Having my husband be able to stand by me and not leave the room and having him participate. And he cut the baby's umbilical cord which was something he had said he didn't want to do. And I was accepting of that, it wasn't that important to me. But then when he actually did it, that was a nice surprise. I was like, "Wow, he really did get into it!"

Hospital Staff/Procedures

- So I didn't have an episiotomy and I was happy that we had switched because here she was, I was only at 8cm, and here she was saying, "I'm going to help you." Well, I don't know if my OB-GYN would have done that for me. My OB-

GYN might have been like, "Well, we're going to cut ya. That's it. You're at 8cm. The baby's gotta come out and it's been too long." So, it could have been worse, I really think. If we hadn't made that change, it could have been worse.

- I think the most satisfying thing also was that I was just able to do it how I wanted to do it." She said, "And that's probably the most satisfying thing. I really felt like I had taken control of what was going to happen during my whole experience. Not control as in I could determine what my body was going to do, but control as in information and I knew stuff."
- I felt very comfortable, I knew what I was going to be able to do, I knew that I was going to be able to walk around, I knew my husband was going to be able to spend the night with me. I think it was those choices, and I had a very hard time, um, because I didn't make those choices until right at the end. And I'm not a person who felt like, "Oh, I should just stick it out. So many women have babies." I guess I figured it all was just sort of the same. But I was really glad I switched practitioners. Yeah, I was very comfortable with the whole thing. I think my husband and I both felt that if we had gone to [local hospital] we would have kind of had to fight for some of the things that we wanted and I didn't have to fight for anything. Everybody in the room was on the same page. And so I just felt very at peace and I was very happy. They let me, you know, do everything naturally.

Dissatisfying

Hospital procedures

- You feel like you lose control a little bit, I think, in the hospital. Like afterwards, I hated it when they had to take him away. I just hated that."
- I kept wondering, 'when can she come in?' And that was one thing at the hospital where I felt I had to trust them. I didn't want them to give her a bottle and they did. Ultimately they didn't ask me. I would have said I wanted my husband there to give her the bottle, or something like that. So that was the one thing, that... it doesn't feel like a big deal now, but now that I thought of that... I remember that happening and that I was kind of like, 'oh so that's what it feels like in a small way to have them take it away from you... take away part of your experience.'

Hospital Staff

- She kind of had an attitude, you know, you always get one of those at hospitals. And we had her. You know, the snappy kind of people. And she was a head nurse of this floor. I'm like, 'oh good, so we have a snappy head nurse.' So, okay, the day's going on that we had him. Well this one night I actually asked if I could have him in the bedroom with me. I could barely move, but I asked anyways because every time he came back from being checked on, you know his heart beat, his blood pressure, all that... he was screaming because this nurse was so rough and so mean, you know. I said, "Is it all right if I have him in my bedroom tonight?" Because they rotate nurses. Well, this nurse was on that night. She said, "That's fine." Well, she came in at midnight to do his b.p., and his heart beat and everything. All right, that's good. Well, she comes back, "the baby turned blue, you can't have him back, and we need to keep in the nursery." I go, "What?! What do you mean he turned blue?"

- I was very nervous and upset about that that they were going to want to stick needles in her when she was right out of me, so that, I kind of lost it a little bit. I was crying and upset.
- They said, "No, the baby's fine." And they didn't even have to. So, it was like, well, you know, why'd you get me all worked up for nothing?
- The first nurse that was on duty, she wasn't crazy about us co-sleeping. I can tell you that. She said, "Well, you may just want to put the baby in the basinet," but we really wanted her right there. I mean, she had been with me all those months, you know, I wanted her right there. Well, I didn't realize, I don't know a lot about temperatures because I've never really been a person who runs temperatures. But they take temperatures constantly, especially with that whole infection scare. So they said, "Oh, I let the doctor know that her temperature was 99 two times now. So we've got to draw blood from the foot." And the first one they got up there couldn't do it, and the baby was screaming, it was a real scene.

Research Question # 2

Hospital-based Childbirth Education Group

- The instructor did a great job as far as really explaining what does that mean emotionally, when you're in transition, it can be really hard emotionally, that you might want to give up, you know, she really prepared that that's the hardest part and that some women get almost to the point of hysterical because they're just so tired and in so much pain and they feel like it's going to go on forever. So she

really taught both to the woman and to the support person as far as getting through that.

- Furthermore she recalled hearing about some of the medical interventions that may be presented during labor and birth. She appreciated how she explained which interventions they would be able to refuse, which ones you can compromise on, and so forth. "So she really gave you your options and choices so you could go in there feeling a little bit empowered."
- [The classes] were useful for him because he knew the tools. So he knew that knitting needle thing was used to break the bag of water. "Okay, let's get the contractions going more and get this birth thing going." So I mean he knew what they were so he didn't have to ask. So he said that was really good for him. And the monitors they keep putting on, or the monitor they try and put on her head inside, when they did that. "Okay, that's how that works. No it doesn't hurt, it just attaches to the skin. They're already going through enough stress right now that they probably aren't going to feel a little thing on their head." So, he found that good.
- Pain is different for each person so you can't compare labor stories. She said some people have more pain sensors than other people, and some people just tolerate it differently. So it was nice to have somebody say, a third person say, "Everybody feels pain differently."
- I found it ironic that they were talking about not eating certain kinds of fish. You have to be careful when you're pregnant, but these women were eight or nine months pregnant. By then, all you're going to do is give them so much anxiety

about the fish they've eaten for the past eight or nine months. So I just thought that was kind of ironic. So they could really, for the most part, cut that entire nutrition section out because it's too late. And all you're going to do is stress out mothers... Make them feel so guilty for the way they've eaten the entire pregnancy.

- As a professional, knowing what I know, [it] was really hard because I felt she was definitely of the medical mindset, which is fine, I mean... that's one way, but [she] just really had no problem with vacuum extraction births...She did the one about c-sections, troubles that happen in labor, and I forget what the other piece was. We ended up leaving early in that one because my husband seems to really attach to the medical things because of research. He feels like that's the safe way, so a lot of the information she was giving, I felt for one did not represent how I wanted to approach childbirth, and two, I just felt was a real disservice because I felt that people weren't being given the consequences to some of those choices fully.
- And she was very pro-pain medication/epidural use and everything. Which my husband wanted me to have from the minute we got to the hospital... that was his goal. So we had a long... quite a few long talks during our pregnancy that that wasn't going to happen. That was my goal not to do that, so that was really hard to go in and then for him to hear her supporting the epidurals. That presented some issues after we left the class to then clarify to my husband once again what my wishes were.

Misleading Information/What They Wish They Had Been Told

- I just thought, 'okay, you push and the baby comes out.' No, you push and you push and you push, which I mean... I know people told me that that you push for an hour or ... but it just doesn't click... Because when they show you videos I don't think they necessarily show you pushing for an hour and a half.
- 'Okay, my contractions are two minutes apart, this baby's coming out in half an hour, let's get to the hospital! Let's get there quick!' So I get there, the nurse examines me. I had only dilated to one and a half centimeters! At that point I became hysterical. I'm like, "This is going to be the longest day of my life! I don't want to do this anymore. I don't want to do it!"
- I remember some of the women in the class brought their moms a couple of times, and I remember the moms laughing about some of the things they had seen on TV. In particular when Murphy Brown had her baby, I don't remember that, but also when Rachel had her baby on *Friends* and how ridiculous. I mean, Rachel had a breech baby and she ended up delivering it vaginally with no problems whatsoever? It is possible to deliver a breech baby vaginally, but not quite with your hair in place. [Laughter] And with your makeup on! [Laughter]
- What it is, how it's done, and the pros and cons of it, because that's not something that I remember being brought up. I think all they said in class was that you should discuss it with your doctor, but they didn't really. I would have liked the pros and cons some more because in retrospect I probably would have requested an episiotomy. My husband thought that an episiotomy was standard of practice here, and it's not. So he was absolutely shocked when I didn't get one and tore. He was appalled. "You should never tear!" I'm still not sure that was a fault of

my doctor, but it was just [my husband's] understanding of the standard of practice here.

- Gina wished somebody had told her "how much they cried or how often they poop and stuff." Angela wished she had been told how long it takes for the umbilical cord to come off. Fran said she wished someone had told her to "read your baby books" before you give birth. "Nobody actually said, 'Make sure you read those before you give birth because you don't have any time after.' So I didn't ever actually read any of them. And that's the one thing I think, 'well why didn't they tell me that?'"

Expectations After Class

- "Don't go in there with such high hopes and high expectations that you'll have the perfect birth plan that you want. Try to keep your options open," I think is what they kept saying, and so that's kind of what I was trying to do. If I need to have an epidural I'll have it, if I don't I won't. I don't really care one way or the other.
- Yeah, I think they did, just as far as having a much better understanding of what was going to happen and what I could do about it, how to get through it. That was really helpful because I just didn't know. Oh, I know... one thing that I learned in the class was that, well, I could pretty much do what I wanted for the birth. And I wasn't sure about that being in the hospital, if that was the case. So I was relieved that I could do that.
- So I guess my expectations changed a lot as far as my decisions and how I wanted my labor to go instead of just thinking that it will just happen the way I'm told for it to happen, you know what I mean? That I really felt like I had a choice.

- Learning what I learned in class I came out of it not being very afraid, a little bit afraid of the discomfort, but not too afraid of the process.
- I always thought, 'oh man, I don't want to have to vacuum my kid out of me. I mean, I don't want them to suck her head like that. Why would you want to do that?' And then as soon as the time came it was, "Help me anyway you can. Get this baby out. I'm having trouble by myself pushing." At that point it was "vacuum, forceps, whatever you have to do. I'm tired, I'm hungry."
- So I was like, "Where do I sign?!" Because I had gone in with the attitude that I don't want to do any pain meds unless I have to. I went in open to it. Some people go in, "Just give me the pain meds!" And other people go in, "Well, I'm not going to use any." I went in kind of halfway in between.

Independent Childbirth Education Class

Childbirth Education Class

- It was good to talk about that [circumcision]. That was a very difficult decision for my husband and I. We flip-flopped back and forth on it a lot. We couldn't make up our minds ... and she didn't lean one way or another. She gave arguments for both sides in the class. And we had a really tough time on that.
- So I guess that was one of the things that was helpful. I knew what to say I wanted and didn't want. And otherwise, I think I would have just taken it for granted that they knew what was best and I wouldn't have questioned it.
- I mean, the way my background is... you do what the doctor says, is kind of what my background is. So it definitely was, I was going in a different direction from where I learned to go, and leaning toward my doula's way of thinking. It felt more right, but I think being someone that is brought up to listen to what others

tell you, it was still... there was that tension in trying to go with what I thought was right as opposed to what the doctor's perspective on that kind of thing. ... And that was actually a lot of the message I got from my doula was, 'your body knows when it is ready,' and that's not the message I got from the doctor. I felt the doctor [thought she] knew when my body was ready. So, there definitely was a tension in trying to come to terms with both of those ways of thinking. Figuring out, 'well, where do I fall within that?' And I fell right in the middle it seemed, even though I wanted to be more like my doula's way of thinking. I definitely wasn't totally opposed to some of the things the doctor was saying.

Research Question # 3

Hospital-based Childbirth Education Class

Advice for Expecting Women

- What you do when you go through labor and you give birth is the hardest thing anybody could ever do, so you deserve respect, and you earn it. Just to keep that in mind. Some women might not have positive feedback from other people or not have support or whatever, just to keep in mind that what they've accomplished when they're doing is an incredible thing. It's something they should be really proud of, regardless of the outcome, if they're giving their child up for adoption or whatever. To be able to bring a person into the world is just an amazing thing. She should have respect for herself about it.

BIOGRAPHY OF THE AUTHOR

Kara Sylvester is the daughter or Brian and Debbie Sylvester. She was born in Augusta, Maine on October 9, 1979, and grew up in the neighboring town of Manchester, Maine. She graduated from Maranacook Community School in Readfield, Maine in 1998. In 2002 Kara received her Bachelor of Arts in Psychology at the University of Maine at Farmington.

In the fall of 2002, Kara enrolled in the graduate program in Human Development at the University of Maine. During her two years in the program she worked as a research assistant at the Center for Research and Evaluation. Kara is a candidate for the Master of Science degree in Human Development from the University of Maine in May, 2004.