

# Expectations and experiences in the childbirth process from the perspective of symbolic interactionism

## Expectativas e vivências no processo de parto a partir do interacionismo simbólico Expectativas y vivencias en el proceso del parto a partir del interaccionismo simbólico

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### ABSTRACT

**Objective:** To understand expectations and experiences related to childbirth in primiparous women. **Methods:** Descriptive and qualitative study that applied symbolic interactionism as a theoretical framework. Data were collected during workshops with the pregnant participants, and by semi-structured interviews carried out before and after childbirth. Content analysis was used to analyze the gathered information. **Results:** Eleven pregnant women and five postpartum women participated in the study. Two categories were identified: Childbirth: a remarkable experience; and Among expectations and experiences. **Discussion:** Meanings developed and modified by interactions with professionals and social networks were present during childbirth, in both expectations and reality. **Conclusion:** Experiencing childbirth can resignify cultural and social paradigms. Recognizing relational techniques can improve quality of care by the inclusion of the development of meanings and experiences.

**Descriptors:** Obstetric Labor; Emotions; Pregnancy; Nursing; Parturition.

### RESUMO

**Objetivo:** Compreender as expectativas e vivências de mulheres primíparas no parto. **Método:** Trata-se de um estudo descritivo, qualitativo tendo como referencial teórico o Interacionismo Simbólico. A coleta de dados ocorreu por meio de oficinas, entrevista semiestruturada no pré e pós-parto. Os dados foram analisados por meio de análise de conteúdo. **Resultados:** Participaram do estudo 11 mulheres no pré-parto e oficina e 05 no pós-parto. Foram identificadas duas categorias: Parto: experiência marcante; e Entre expectativas e vivências. **Discussão:** Nas expectativas e na realidade, no momento do parto, estiveram presentes significados construídos e modificados pelas interações com profissionais e rede social. **Conclusão:** A vivência do parto pode ressignificar paradigmas culturais e sociais. A valorização das técnicas relacionais qualifica a assistência na direção da construção de significados e experiências.

**Descritores:** Trabalho de Parto; Emoções; Gravidez; Enfermagem; Parto.

### RESUMEN

**Objetivo:** Comprender las expectativas y vivencias del parto en mujeres primerizas. **Método:** Se trata de un estudio descriptivo, cualitativo, cuyo referencial teórico fue el Interaccionismo Simbólico. Los datos fueron recolectados mediante talleres y entrevistas semiestructuradas aplicadas antes y después del parto. Datos analizados utilizando análisis de contenido. **Resultados:** Participaron del estudio 11 mujeres en el preparto y el taller, y 5 en el posparto. Fueron identificadas dos categorías: Parto: experiencia trascendente; y Expectativas y vivencias. **Discusión:** En las expectativas en la realidad, al momento del parto estuvieron presentes significados construidos y modificados por las interacciones con los profesionales y con la red social. **Conclusión:** La vivencia del parto puede ressignificar paradigmas culturales y sociales. La valoración de las técnicas relacionales califica la atención en el camino a la construcción de significados y experiencias.

**Descriptores:** Trabajo de Parto; Emociones; Embarazo; Enfermería; Parto.

## INTRODUCTION

Childbirth care has gone through important changes over the past several decades, including moving from home to hospital, transitioning from being the responsibility of traditional midwives to being that of physicians, becoming medicalized and instrumentalized rather than physiological and assisted, and moving from being physiological to being pervaded by interventions. Although these transformations have brought with them reductions in maternal and child mortality, women's protagonism in childbirth has been substantially decreased, and they have been put in the position of spectators and actors submitted to the manifestation of health issues<sup>(1)</sup>.

As a consequence of this modification in the role played by women in childbirth, and the growth in the number of interventions during this event in Brazil, discussions about childbirth care and movements on behalf of women's reproductive rights have been initiated. These initiatives culminated in obstetric care progress and improvement in maternal morbimortality in the country<sup>(2)</sup>. Examples that illustrate these advances are Rede Cegonha and the Program for Comprehensive Women's Health Care.

These changes have aimed to make more positive experiences during childbirth possible. Becoming aware of negative aspects during natural childbirth can encourage women to opt for surgical procedures in future pregnancies<sup>(3)</sup>. A longer expulsion stage, in association with lack of analgesia, are responsible for more unpleasant feelings during labor<sup>(4)</sup>. Women who have gone

through childbirth may report their positive or negative experiences to their peers.

Pregnant women, especially primiparas, listen to accounts of other women in the different spaces where they go and picture how their childbirth could be, including problems. However, negative experiences during this event may not occur. In face of this scenario, the authors of the present study posed these questions: What are the expectations and experiences of primiparous women regarding childbirth? Are the difficulties and potentialities that they expect confirmed by the delivery event, according to their perceptions?

Childbirth is a highly complex process and experience, and it is influenced by women's psychological state, social interrelationships, and cultural beliefs<sup>(4)</sup>. Everyday social relationships develop and are developed by meanings that permeate cultural beliefs and subjectivity. These meanings are the elements that make up expectations, actions, and behaviors<sup>(5)</sup>.

Understanding expectations and experiences related to childbirth can help professionals plan effective actions toward humanization and empowerment and implement new educational actions and care to be offered during pregnancy and the postpartum period. Taking into account subjectivity and individual needs during childbirth contributes to better quality of nursing care.

The objective of the present study was understanding primiparous women's expectations and experiences related to childbirth.

## **METHODS**

This was a descriptive and qualitative study that used symbolic interactionism as a theoretical and methodological framework. Symbolic interactionism is a theoretical perspective oriented toward elucidating the way people interpret objects and individuals they interact with, and how this interpretation guides actions in specific situations. The meaning assigned to objects and individuals is developed during social interaction and can be manipulated or modified by a process of interpretation used by people to understand and signify these objects or individuals where they are found<sup>(5)</sup>. Consequently, use of the chosen theoretical framework was justified by the fact that childbirth is a time at which interactions and resignifications occur.

Data were collected in a prenatal care group made up of women who showed low obstetric risk at a hospital in the Brazilian state of Minas Gerais that is a national reference in natural childbirth care and humanization. The participants were approached randomly and face-to-face by a researcher while waiting for a prenatal appointment. The researcher explained the study objectives and methods and asked the women if they would agree to participate. When the answer was positive, and after signature of a free and informed consent form, the first interview was carried out. Although the women talked about their feelings and emotional issues, none of the pregnant or postpartum women showed complications caused by the study. Women who went through the first interview and were part of the focus group later contacted one of the researchers to notify them that their child

had been born, and the same researcher who had conducted the first interview met these postpartum women to carry out a second interview. This subsequent interaction with the researcher allowed women to talk about possible consequences of the interviews and focus group.

The data saturation method was used to determine sample size, and saturation was reached in the ninth interview. Two other women were interviewed to confirm data saturation. Eleven pregnant women participated in the focus group and were interviewed, and five postpartum women were interviewed.

Semi-structured interviews, a workshop, and a field diary were used to collect data. The interviews were carried out by a previously trained researcher and took place in the home of each participant before and after childbirth. A place in the house where the researcher and the participant could be alone was chosen.

The interviews were guided by a script that had been pretested with primiparous postpartum women before data collection. During this pretest, it was found that primiparous women interpreted the word "childbirth" as the expulsive stage of childbirth. Since the intention was understand women's expectations starting with the onset of contractions, the researchers replaced that term with the word "labor" in the guiding questions with this subgroup of women. This difficulty did not occur in the test with postpartum women and, therefore, the word "childbirth" was kept. The participants in the pretest were excluded from the final sample.

Primiparous women who were at least 36 weeks pregnant and with neither complications nor a high-risk pregnancy were interviewed. The pre-childbirth interview was guided by a script with two parts. The first was designed to collect general data such as age, gestational age, marital status, and level of education. The second part of the script consisted of guiding questions: What is labor for you? What do you think will help you during your labor? What do you think will be most difficult during your labor?

When the first interview was over, participants were invited to attend a workshop focused on body mapping. This is a data collection instrument characterized by production of a life-sized drawing of one's body. During the process, participants artistically express feelings and aspects of life related to the theme under discussion, including beliefs, knowledge, emotions, and desires. This type of instrument is widely used in studies that aim to explore the nature of the models of health and well-being of specific individuals<sup>(6)</sup>.

The subject that oriented body mapping was the childbirth process, and the guiding questions used in the individual interview were also applied. During the workshop, the body contours of the pregnant women were drawn on pieces of paper and, with the mapping as a starting point, they answered the guiding questions by using figures, drawings, and sentences and placing them inside or outside the life-sized contour. At the end, they shared their concerns, expectations, and knowledge with the help of the body maps.

The maps were photographed for later analysis. The workshop lasted around 60

minutes and was led by two researchers, one of whom has training and experience in leading groups. The final part of the meeting was used to summarize and validate the collected data. The participants agreed on the produced synthesis and had the opportunity to include aspects they had not mentioned previously. Field notes were written down immediately after the completion of the workshop.

The second interview occurred at the homes of the participants approximately 15 days after childbirth and included two parts. The first was designed to gather information on delivery mode, complications, and presence of relatives and friends during childbirth. The second part of the interview was a request and two questions: Tell me about your childbirth. What difficulties did you face? What do you feel helped you during childbirth?

The interviews and workshop were recorded and fully transcribed immediately after they ended. The interview script had been pretested, so the questions could be adapted when necessary. The participants were identified with the letters BC (which stands for "before childbirth") or AC (which stands for "after childbirth"), followed by the letter M and a number indicating the data collection order. For accounts recorded during the workshop, the identification was the letter W followed by the letter P and the number of the chair occupied by the participant. This code protected the women's anonymity. Data collection occurred between October 2018 and February 2019.

Data analysis was carried out by applying the content analysis technique proposed by

Bardin, which is defined as a set of instruments to examine communication types oriented toward showing the meaning of people's speech by means of inference.<sup>8</sup> Full transcription of all the interviews was skimmed so the corpus of the material could be defined. Data codification occurred by means of identification of themes that expressed the meaning of the accounts, and subsequently these themes were classified into groups according to their similarities. The following themes were found: envisioned childbirth and actual childbirth; planning and childbirth: a special moment; and between accepting and turning down interventions. These themes originated the category Childbirth: a remarkable experience. The themes that emerged from the groups that described the factors related to difficulties or inconveniences during childbirth culminated in the creation of the category Among expectations and experiences. Last, the categories were interpreted based on inferences and the literature<sup>(7)</sup>.

The development of the present study complied with ethical standards and the proposal was approved by a research ethics committee as per report no. 3,186,684 and Certificate of Presentation for Ethical Evaluation no. 87584818.1.3001.5132.

## **RESULTS**

The 10 pregnant women who participated in the pre-childbirth interview and workshop were married. Their average age was 29 years, and all had a college degree. The post-childbirth interview showed that four women experienced natural childbirth as planned and one was submitted to a cesarean because the

baby was in a breech position. Some women who participated in the first interview were not located during preparations for the second interview. They were probably temporarily living at the home of relatives and friends.

After data analysis, two categories emerged: Childbirth: a remarkable experience and Among expectations and experiences.

### **Childbirth: a remarkable experience**

There were expectations about childbirth in the pregnancy experience. According to the accounts of the interviewed women, they expected that their childbirth would have no complications, would be smooth, safe, and humanized, and would evolve as planned. This is evident in the excerpts below:

*I hope that everything happens the right way so everything is fine. That my body is ready and working so everything goes well, that the baby is safe and healthy, and that I really have this support from everybody who is going to be there. [...] And I hope that the process is, I will not say fast, but lasts a reasonable time and has no complications! (BCM1)*

*What I expect from my childbirth is that our decisions are really respected. H. and I have a childbirth plan. I hope I have enough freedom during labor so I can walk and express everything I feel at the moment. (WP1)*

The primiparous women interviewed in the present study expected that childbirth would be special to them, because it was an event that would mark them for the rest of their lives:

*In my opinion, it is a unique accomplishment. I really do not have words to describe how important a natural childbirth is to*

*me. It will be a once-in-a-lifetime achievement, a huge achievement, because it is an unmatched moment. (BCM8)*

*Well, I think it is going to be the most important and remarkable moment in my life, and that is exactly why we are seeking an experience like S. had with humanized childbirth. Because we understand that this is the type of moment in which we have to feel as safe as possible, a moment that requires huge serenity, since it will stay with us for the rest of our lives. I think it is going to be one of the most important moments of my entire life! (BCM4)*

Postpartum women reported that childbirth was a memorable experience and happened according to plan:

*My husband cut the umbilical cord and participated a lot. It was no doubt an amazing and unforgettable experience, and we received our child the way we had planned it. (ACM5)*

*In general, it was the way I expected it to be. The differences were that it did not occur in the bathtub and the placenta did not come out spontaneously, so an induced discharge was necessary. But none of that changed the beauty and the power of everything we lived. (ACM1)*

The pregnant women expected that invasive interventions such as episiotomy, cesarean, and use of oxytocin were not necessary. However, they tried to prepare psychologically to accept the interventions if the need presented itself.

*If I follow the process and I can tell that an intervention is needed, of course I will do it, because our safety comes first, mine and hers, obviously. But I will do as much as*

*I can until the time that is right for her, when she shows me that she is ready. (BCM5)*

Although the pregnant women did not want interventions to be carried out, most were submitted to different procedures they agreed on or asked for:

*After five hours in that phase, I began feeling tired because the contractions were short and the process did not evolve even after I got some synthetic oxytocin after my consent. The baby would start going down and then went back up. So, oddly enough, I asked them for an episiotomy. (ACM4)*

### **Among expectations and experiences**

The pregnant women mentioned the presence of their families, trained professionals, and well-equipped settings as factors that would probably help in their childbirth experience. According to their perceptions, it was also necessary to prepare the mind and body for the experience to be positive. The following accounts illustrated these points:

*Who I expect to support me in that moment? My husband, L., and also my mom and my sister. I think they will help me a lot when the time comes. (WP2)*

*First, emotional support, but also massage to relieve the pain, hot showers, guidance and monitoring by professionals who are checking up on me, and support from my husband. (BCM9)*

The postpartum women stated that knowledge acquired during pregnancy, participation of their families, and support from professionals were factors that helped during childbirth:

*The knowledge I gained on the subject, the excellent choice of professionals that looked after me, and the participation of my family*

*made all the difference for me to feel safer at the moment my daughter was being born. (ACM4)*

When the participants were pregnant, they thought that childbirth would be negatively affected by pain, tiredness, anxiety, problems with user embracement, complications, interventions, and phone calls. The excerpts below reinforced this finding:

*I think that the weakness is the pain we get to feel during childbirth, which I do not know, but which can be so exhausting that it makes you fall asleep or even faint. (WP2)*

*My anxiety, because I am really anxious. I think that my anxiety can be a hindrance during my childbirth. And the way I am going to be received at the hospital, I think. Even more than my anxiety. (BCM8)*

Among the mentioned factors that could negatively affect childbirth, some were emphasized by the postpartum women as being problems that really did interfere with the process.

*The difficulties began when my blood pressure increased and the fear and anxiety about not being able to do it and having to go through a cesarean set in. (ACM3)*

*Having people close to me who tried to put me off having childbirth the way I wanted it and the lack of knowledge and practice of the doctor on duty, who did not know how to assist a vaginal breech birth. (ACM4)*

## **DISCUSSION**

Actual childbirth is a moment in which women rediscover and resignify their potential and strength<sup>(8)</sup>. From the perspective of

interactionism, the expectations of primiparous women about childbirth are the result of meanings developed during their interactions with the environment, themselves, people in their social network, and professionals, by means of sharing feelings, experiences, knowledge, and other aspects present in these relationships. This information influences the understanding and expectations of women about events during childbirth. The accounts recorded in the present study showed that these meanings provided resources for actions<sup>(7,9)</sup> and helped the primiparous women prepare for childbirth. Interaction and communication play a crucial role in care offered by professionals during pregnancy, childbirth, and the postpartum period, since these two abilities are the means by which professionals plan health care and get to know women and their families<sup>(5)</sup>. Care guided by humanization and active participation of the support network in decision-making during childbirth can foster resignification of this moment for women and their relatives<sup>(9)</sup>.

During the experience of childbirth, when women are inserted in the actual context of delivery, they allow and go through interventions that they considered unacceptable when they were pregnant. The set of previous meanings takes on new dimensions during childbirth, determining resignification and acceptance of possibilities labeled impossible before<sup>(5)</sup>. It must be emphasized that there are situations in which interventions are necessary, but women in labor have to be informed about the procedures to be carried out so they can be

involved in the decisions and their protagonism is reinforced<sup>(10)</sup>. Excessive interventions during childbirth can have the effect of lowering the quality of care offered to women in labor. Given this scenario, the World Health Organization and the Brazilian Ministry of Health have proposed several changes that stress improvement in women's health care and the need to restore natural childbirth and recognize its importance in humanizing health care<sup>(11)</sup>.

These changes are being integrated into everyday care gradually, because it is necessary to consider the impacts of social relationships on the development of meanings given to childbirth<sup>(5)</sup>. The presence of relatives during the event strengthens the bond between family members and positively impacts the relationships they develop with newborns. Going through this experience is fundamental to recognizing the importance of labor and maturing the function of motherhood that will later be put into practice<sup>(8)</sup>.

Pregnant women expect that professionals are qualified and offer support, safety, humanization, respect, information, continuous technical support, confidence, and strategies to relieve labor pain. Therefore, expected care goes beyond the centralized biomedical model, and the meanings shaped during the interaction between women and support teams guide the actions of the involved people in the interest of care<sup>(5)</sup>.

The sense of duty of professionals and the trust patients place in them sustain care continuity, but service users must take their share of responsibility regarding health care

delivered to them and, consequently, play a leading role in it<sup>(10)</sup>. Recognizing the importance of exchanges in the care environment leads to better quality of the service offered by professionals<sup>(10,12)</sup>. These interactions can foster resignifications for both parties<sup>(5)</sup>. Women's experiences regarding childbirth will depend on meanings originating in their cultural beliefs, fears, interactions with the involved professionals and relatives that help them, and the level of information to which they have access<sup>(2)</sup>.

The possibility of gaining knowledge about childbirth is fundamental for the (re)signification process, because it increases women's confidence in their ability to give birth to a child, in feminine empowerment, in the validation of the experience, and in the preparation for the delivery of their baby<sup>(8)</sup>. Empowerment of pregnant women and their accompanying people must be part of educational actions and health promotion beginning with prenatal care<sup>(13)</sup>. Listening and offering information on pregnancy, childbirth, the postpartum period, and care of newborns contribute to developing meanings that result in behaviours favorable to the childbirth process<sup>(3)</sup>.

The accounts of the women emphasized that care groups for pregnant women stood out among the several sources that women can use to obtain information, and showed that these meetings of these groups were a factor that helped during childbirth. The knowledge acquired in this context allows women to have more positive expectations<sup>(4)</sup>. It is necessary to discuss women's emotional and psychological conditions, as well as knowledge

related to their physical situation, in these groups.

Women and the people accompanying them must receive information, psychoemotional support, and indications of practices that improve the childbirth experience<sup>(4)</sup>. Care groups are the spaces in which pregnant women can go through this preparation. Using group dynamics favors learning, interaction, support, and exchange of knowledge between pregnant women, accompanying people, and professionals<sup>(14)</sup>. However, it is necessary for professionals who conduct the meetings to be versed in group dynamics and their proper application<sup>(15)</sup>.

The knowledge obtained in everyday life by means of participating in groups, interacting with people who belong to one's social network, and getting information from the media, among other alternatives, helps signify and resignify childbirth. Professionals who assist with this event must recognize these forms of knowledge and offer the necessary guidance in favor of a humanized context. Awareness of pregnant women's knowledge develops care humanization<sup>(10)</sup>. In addition to the knowledge acquired during prenatal care, the information and support offered during labor can make women feel more reassured and better assisted during the process<sup>(16)</sup>.

Recollection of positive meanings and spirituality were not cited by the pregnant women, but were mentioned in postpartum interviews. Spirituality contributed to decreasing pain<sup>(17)</sup> and gave women determination to deal with the critical moments of the childbirth process so they could carry on until the end. It is known that

some activities, including use of a birthing ball and acupuncture, help relieve pain and manage subjective aspects<sup>(18)</sup>. Therefore, there are multiple options that can help women during childbirth.

In contrast, there are factors that cause difficulties and can hinder the expected process. One of these elements is pain. The results showed that it was an expectation and a concern for primiparous women. Although they expected that pain-relieving methods would be offered to them during labor, some reported anxiety and fear of not being able to deal with this issue. The literature points out that pain is one of the predictors related to traumatic childbirth experiences<sup>(10)</sup>. One study found that, when women pictured the childbirth moment, they often associated it with an unpleasant situation pervaded by pain, discomfort, and distress. Pain, fear, and anxiety can cause stress and convey the message that the process is permeated with trauma to women. This perception intensifies fear and can lead women to opt for a cesarean in future pregnancies<sup>(10)</sup>.

In the postpartum interviews, the participants did not cite pain as a hindrance in the childbirth process. It is likely that the presence of the facilitators mentioned above, such as accompanying people, use of nonpharmacological techniques to relieve pain, and pharmacological analgesia,<sup>(4,18)</sup> can help primiparous women have a more positive experience. When these alternatives are included in the protocols of healthcare institutions, they help promote humanized care<sup>(18)</sup>.

Another study showed that some postpartum women had their expectation regarding pain confirmed during childbirth, and others did not. In the former group, the joy of having gone through this experience was reinforced, regardless of delivery mode<sup>(4)</sup>.

Communicating with women allows professionals to understand their mutual expectations, carry out good obstetric practices, and apply the principles of the Childbirth Humanization Policy<sup>(10)</sup>. Nurses must understand the expectations, needs, values, and beliefs of their patients in order to plan individualized care<sup>(19)</sup>. In this context, interacting with professionals, especially nurses, can become an important resource for constructing and validating meanings related to childbirth.

The main limitation of the present study is that it was carried out in a hospital. This may have altered the meaning given to childbirth, since women who receive care in primary healthcare settings or other services could have different experiences. Additionally, it was not possible to interview all the postpartum women who participated in the pre-childbirth interview and the workshop. However, the data showed that the childbirth experience fosters resignifications that originate in the interactions that occur in the environment. The meanings developed during everyday relationships can change as a consequence of factors such as knowledge and the experience of childbirth itself.

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