CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter will be presented in three sections. The first part will be the conclusion of the study findings. The second part will be the recommendations for implementation of practice, education, and research in nursing and midwifery. The final part will convey the limitations of the study.

Part 1 Conclusions of the Study Findings

Thai women in this study were limited to the first-time mothers who gave vaginal birth in a hospital in the central region. The context of study was limited to hospital birth which was varied according to the policy of each setting. The setting in this study was a general hospital in a province that provided care to about 3,000 births yearly. The policy of the hospital during study (2003-2004) was natural birth focused under obstetrician's supervision without family presence during both labor and birth. Due to the natural birth focus, nurse-midwives were primary care providers of all public cases with limited analgesia by obstetrician's order. A woman who was a personal client of an obstetrician was attended by regular nurse-midwives. Following admission and the obstetrician would be called into organize and assist with the baby's birth later.

The participants of this study included 20 women who were rather young. Most women were housewives who had no income. All completed secondary to bachelor education, lived with their husbands and intended to have a baby. Most

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women were public clients, while only three women were private clients of an obstetrician.

Based on grounded theory methodology, the process of coping with childbirth by loving the baby and being loved was generated to explain the women's perceptions and coping with childbirth. Initially, childbirth was viewed as a fearful event involving suffering by participants. To cope with the fear and suffering, the women employed five major strategies. The first strategy was building hope for a normal healthy baby and a natural birth. Secondly, the women prepared themselves for childbirth by learning about childbirth, mind-preparing and seeking assurance. Thirdly, self-encouragement, including adhering to the baby and the family members, positive thinking, enduring, thinking of supernatural powers and comparing themselves with other parturient women, was employed. The fourth strategy was self-managing labor pain, including moving and changing positions, holding objects, effleurage, compression and massage, breathing techniques and concentration, as well as crying. Finally, in addition to self-coping resources, the women sought encouragement and help from their husbands and families, other parturient women and health care providers. Following these coping strategies, the women achieved self-fulfillment, including feeling glad, relieved and proud. This process was triggered and influenced by the women's sense of loving their baby and being loved by others.

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Part 2 Recommendations

These findings suggested some recommendations for nurse-midwifery practice, education and further research as follows.

Implications for Nursing and Midwifery Practice

Results from this study will help health care providers understand how Thai women perceive and cope with childbirth. Nursing intervention can be improved based on the information in this study to provide quality care for Thai women.

1. As the findings revealed the importance of encouragement by loving the baby and being loved by someone, women should maintain their sense of loving the baby and being loved during labor by providing continuous verbal and physical encouragement.

2. As the findings revealed that positive meaning of perception was crucial, health care providers in labor-delivery units should promote positive meaning by assessing women's personal meanings, giving appropriate information about the process of childbirth and motivating hope. However, women's individual differences should be considered.

3. As the findings revealed that fear was common in parturient women, fear should be relieved or obviated by avoiding unpleasant pictures or stories illustrating difficult birth or anomalous babies from women's sight during childbirth.

4. As childbirth is an anticipatory event, childbirth education should be encouraged. Although knowledge about childbirth is tacit knowledge that is difficult to explicate to the inexperienced and each birth is unique and underdetermined, childbirth education in pregnancy, especially sharing by health care providers, can help women cope with childbirth with confidence.

5. Health care providers can encourage confidence in vaginal birth by helping establish and maintain women's and baby's health throughout childbirth.

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6. As found in this study that encouragement by the family was crucial for women, family presence during birth should be allowed. Family-centered care should be encouraged as the standard policy of labor-delivery units.

Implications for Nursing and Midwifery Education

Teaching and learning in midwifery practice should give more emphasis to women-midwives' interaction than the technical practice of conducting of baby. The policy of practical health setting should be established on the evidence-based support from the global society and in the Thai context, particularly in such matters as continuous support in labor.

Implication for Nursing and Midwifery Research

Further research on coping with childbirth should be conducted in more various groups of women, such as these undergoing cesarean birth, medical complications, or premature birth. A clinical practice guideline for vaginal birth care may be developed from the findings in this study for further action research.

Part 3 Limitations of the Study

Transportation was a limitation for participant selection because the second interview would be performed in the participants' homes. For this reason, women whose residences were inconvenient to visit or who planned to move to other provinces could not be selected. For applicability, the data were drawn from participants who were limited by some characteristics (as described in chapter 4) so the findings of this study can be applicable to the women who give vaginal birth in a

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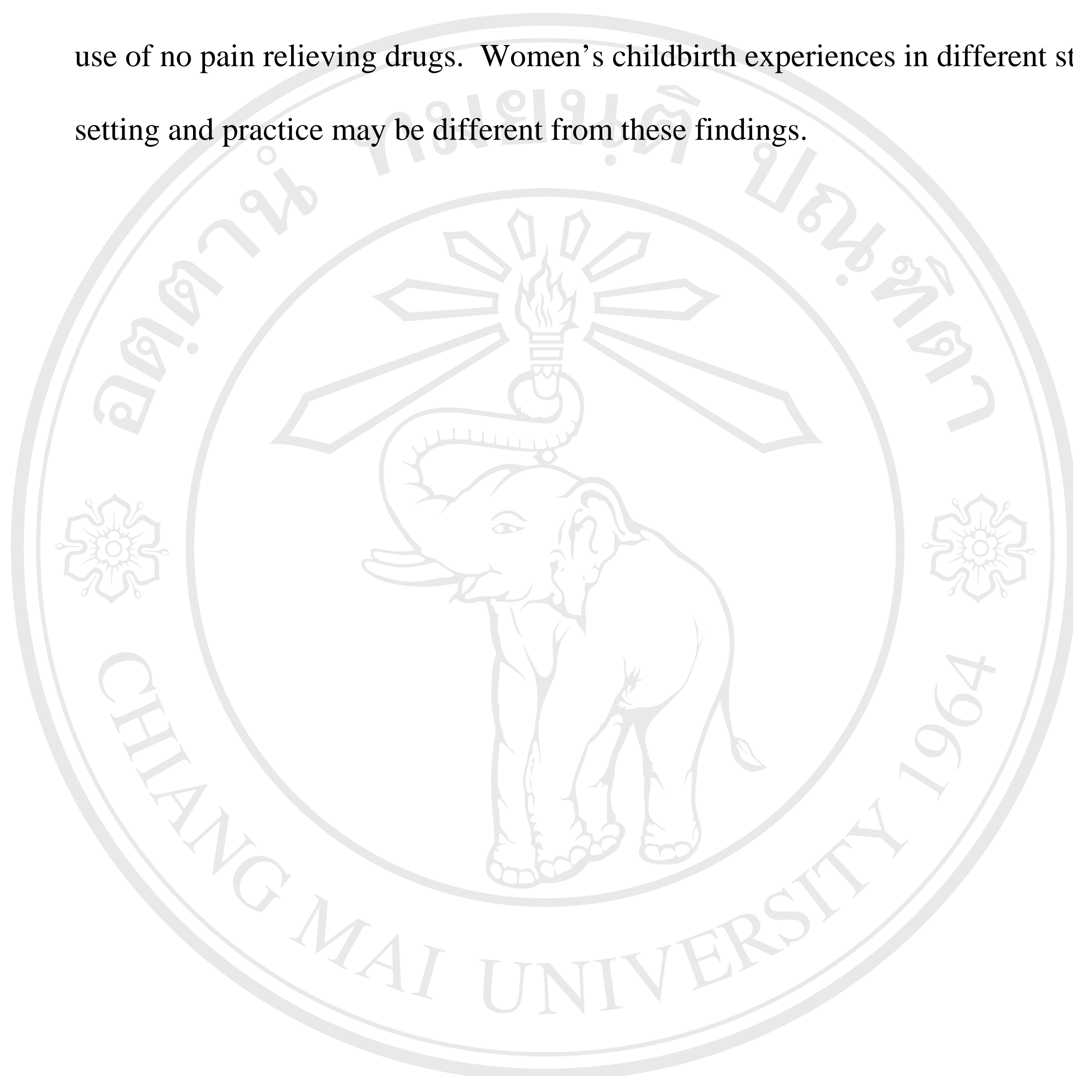
similar setting, such as public hospital, and have similar characteristics of childbirth, such as no of institutional childbirth education, family absence during labor, and the use of no pain relieving drugs. Women's childbirth experiences in different styles of setting and practice may be different from these findings.



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