

Original Article

## Emotions induced in primiparas in 1-2 months after delivery by narrating their childbirth experiences

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**Objectives:** The purpose of this study was to clarify emotions induced in primiparas by narrating their childbirth experiences in 1-2 months after delivery.

**Methods:** A narrative interview was conducted with puerperants who are in 1 to 2 months after delivery, and the data were qualitatively and descriptively analyzed.

**Results:** The interview was conducted with 7 primiparas whose mean age was 33.1 years (median: 34 years). For emotions induced by recounting their childbirth experiences, 115 codes were derived, and 26 sub-categories and 10 categories were created. The 10 categories were consolidated into 2 core-categories i.e., [Realization of feelings that childbirth experiences could be incorporated into oneself] and [Realization and feelings of fulfilment in becoming a family].

**Conclusion:** By narrating own childbirth experiences, the primiparas in 1 to 2 months after childbirth obtained the realization of feelings that childbirth experiences could be incorporated into oneself, leading to the realization and feelings of fulfilment in becoming a family.

**Key words:** birth-review, puerperal period, childbirth experience, narrative interview

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### I. Introduction

A childbirth experience exerts a big impact on women's later life and the mother-child relation, and it becomes an important process from the viewpoint of women's psychosociological development<sup>1)2)</sup>. It is known that women's satisfaction in their childbirth experiences affect their later mother-child relations<sup>3)</sup>. The factors related to satisfaction in childbirth experience consist of physical and obstetrical factors<sup>4-10)</sup>, psychological factors<sup>11-16)</sup>, human and environmental factors<sup>17-19)</sup>, etc. If women can

positively accept their own childbirth experiences, their childbirth satisfaction is increased and, for this reason, a birth-review is quite effective<sup>20)21)</sup>. A postpartum birth-review is effective for enhancement of mothers' self-esteem and mother-role taking<sup>20)</sup>, and useful for recovery from psychologically traumatic experiences as well as a tool of information collection on loss experience<sup>22)</sup>. The basic attitude needed for the birth-review supporters is to attentively listen to the puerperants<sup>23)</sup>.

Rubin<sup>24)</sup> reports that mothers begin to replicate own childbirth experience 1 to 2 days after delivery (acceptance period) to fully integrate own childbirth experience into reality. At about this point, puerperal women occasionally require detailed information on own childbirth experience or have a need to recount the childbirth experience and, therefore, it is necessary to provide them with adequate supports for their reconstitution of the childbirth experience in the early postpartum<sup>25)</sup>. For this reason, a birth-review is recommended to be conducted within 48 hours after childbirth<sup>26)</sup>. In actual clinical settings, a birth-review is conducted mostly during hospitalization after delivery<sup>27)</sup>. While an early-postpartum birth-review is recommended, disadvantages are also pointed out, for example, puerperants in the early postpartum can hardly give meaning to their childbirth experiences and their self-evaluation is low<sup>28)</sup>, and in case a childbirth experience became traumatized, spontaneous recuperation from the trauma is disturbed by early reflection on the experience<sup>23)</sup>. On the other hand, there are reports demonstrating that puerperants' potential emotions were induced by a birth-review at 2 weeks after delivery in comparison with an early-postpartum birth-review<sup>29)</sup>, that puerperants' self-evaluation was higher and they recounted meaningful contents at a birth-review of 1 month after delivery<sup>30)</sup>, and that a birth-review even at 2 to 3 months after delivery was effective for expressing a sense of loss<sup>22)</sup>. However, there are less reports on puerperants in 1 to 2 months after delivery.

Women after childbirth have a stronger situation-anxiety than ordinary women<sup>31)</sup>. As compared with multiparas, primiparas have lower self-confidence and self-esteem as a parent<sup>32)</sup>, and a stronger childcare anxiety<sup>33)34)</sup>

that is the most intense 1 month after childbirth. The postnatal care project was legislated in 2019 with revisions of the Maternal and Child Health Act<sup>35)</sup>, and the project-usage analysis for 2022<sup>36)</sup> revealed that about 82% of the users were puerperants within 2 months after delivery and more than 90% were primiparas. The major reasons for the project-usage were to seek advisors<sup>37)</sup> and to learn child-rearing skills<sup>38)</sup>. From this analysis, it is obvious that primiparas in 1 to 2 months after childbirth have less self-confidence and various postnatal anxieties.

Thus, to obtain some suggestions effective for puerperants' mental health, we considered it necessary to clarify what emotions are induced in puerperants by conducting a birth-review in 1 to 2 months after delivery when the child-rearing anxiety is strong. Therefore, the purpose of this study was to clarify the emotions induced in primiparas who are in 1 to 2 months after childbirth by recounting their own childbirth experiences at a birth-review.

## II. Methods

### 1. Study design

A qualitative and descriptive study using a narrative interview

### 2. Definition of term

Shinmura<sup>39)</sup> defines emotions as a state of minds or feelings about things like “delight, anger, sorrow and pleasure” and “like or dislike”. Based on this definition, the various feelings expressed at the birth-review were defined as “emotions” in this study.

### 3. Study subject

The study participants were 7 primiparas in 1 to 2 months after childbirth who consented to cooperation for the study in a midwifery home. Primiparas were chosen because the study purpose was to have participants recount their

own first childbirth experiences. A midwifery home was chosen as the study cooperation institution, because it is allowed to deal with low-risk women only who are generally less problematic in the processes of pregnancy, delivery, and puerperium and because the researchers wanted to involve puerperants whose processes were medically normal. In addition, midwives are most appropriate to conduct a birth-review<sup>40-42</sup>), and women who preferred a midwifery home tend to desire receiving care from midwives<sup>43-46</sup>). Therefore, a midwifery home was considered as a suitable institution to listen to content-rich narratives of the participants.

#### 4. Study period

April to October 2022 for data collection

#### 5. Data collection method

Participant recruitment was conducted in the midwifery home by means of a poster. The study contents and the data collection method were explained verbally and in writing to women who expressed the will of cooperation, and only those who consented to the study were chosen as participants. The exclusion criteria were people underage, those whose baby was born dead, those who are not capable to communicate in Japanese, and those who cancelled the consent.

For data collection, a narrative interview method was employed so that the participants can freely talk about their childbirth experiences. The interview method depended on participants' choice between face-to-face and online. The interview was focused on two questions i.e., participants' own childbirth experiences and what they feel after recounting their childbirth experiences. For ethical considerations, the study contents and use of an IC recorder were explained

beforehand to the participants verbally and in writing to obtain their consent. We conducted analysis after obtaining data from each case, and continued data collection until theoretical saturation was achieved, as outlined in previous studies<sup>47</sup>).

#### 6. Analysis method

A qualitative and descriptive analysis was used. A verbal record was prepared based on voice data recorded, and the sentences about emotions expressed by the participants were fragmentized so that one paragraph contains one symbolic meaning to serve as raw data. The raw data were abstracted without changing the meaning to serve as "narrative". In accordance with the similarity of meaning of the "narratives", sub-categories, categories, and core-categories were created and each of them was entitled. To ensure the reliability and validity of analysis results, technical advices and supervision were received from plural expert researchers on qualitative studies.

#### 7. Ethical considerations

This study was conducted after obtaining approval from the Research Ethics Review Committee of International University of Health and Welfare (Approval No. 21-Im-055). Prior explanation was given to the participants verbally and in writing concerning the study purpose and contents as well as the condition that no disadvantage is given even if cooperation is not agreed upon. Also explained were that the data obtained are anonymously treated.

### III. Results

At the interview with the 6<sup>th</sup> participant, the answer was found to be qualitatively quite similar with answers from the other 5 participants. The 7<sup>th</sup> participant's answer was

also qualitatively similar. Thus, the data were considered saturated and data-collection was then finished.

### 1. Overview of participants

Consent to cooperation for the study was received from 7 primiparas in the puerperal period of 1-2 months after childbirth. Their age ranged from 24 to 42 years (median: 34 years). The delivery mode was vaginal delivery in 6 cases and emergency Caesarean section in one case with fetal dysfunction. No problem was observed after childbirth in both mothers and newborns. They were all married and lived with their partner. The interview was conducted face-to-face with 5 participants and online with 2, for 35 to 55 minutes (median 38.5 min.), specifically, (median 38.0 min.) for face-to-face and (median 39.0 min.) for online.

### 2. Analysis results

From the narratives on emotions induced in the 7 primiparas by recounting their childbirth experiences, 115 narratives were derived and 26 sub-categories and 10 categories were created. The 10 categories were consolidated into 2 core-categories. The core-categories, categories, and sub-categories are shown in Table 1. Hereinafter, the core-categories are

shown in [ ], categories in << >>, sub-categories in <>, and narratives in “*bold italic letters*”.

### 3. Emotions induced by recounting own childbirth experiences

The 10 categories created were: <<Feelings of happiness in pregnancy/childbirth >>; <<Realization of feelings of loving childbirth experiences>>; <<Awareness of objectively viewing labor pains>>; <<Feelings of relief arising from having recounted childbirths>>; <<Decrease in negative feelings conceived during childbirth>>; <<Gratitude for safe processes and people around one>>; <<Affirmation of childbirth experiences>>; <<Realization of happiness in having a child being here>>; <<Acquisition of self-confidence in becoming a mother>>; and <<Realization of husbands' existence during childbirth>>. The 2 core-categories consolidated were [Realization of feelings that childbirth experiences could be incorporated into oneself] and [Realization and feelings of fulfilment in becoming a family].

#### 1) Realization of feelings that childbirth experiences could be incorporated into herself

Table 1. Personal Attributes of Subjects

Subject	Age	Gest. Age (wks)	Mode of delivery	Special note in childbirth	Result of 1-month checkup	Nationality Mother /Partner	Birth in	Birth returning to home town	Occupation	Present family status	Wks post partum at interview	Interview length(min)	Interview method	Feeding status
A	38	41	Emergency C-section	Fatal dysfunct.	Normal (mother & child)	Jap/Jap	Hospital	No	Officegoer	Husband & child only	6	38	Face-to-face	Almost breast milk
B	24	39	Vaginal del.		Normal (mother & child)	Jap/Eng	Midwifery home	Yes	Officegoer	Husband & child only	10	38	Online	Only breast milk
C	34	40	Vaginal del.		Normal (mother & child)	Jap/Jap	Midwifery home	No	Officegoer	Husband & child only	10	40	Online	Only breast milk
D	29	40	Vaginal del.		Normal (mother & child)	Jap/Jap	Midwifery home	No	Acup/Moxib. Therapist	Husband & child only	10	39	Face-to-face	Only breast milk
E	42	40	Vaginal del.		Normal (mother & child)	Jap/Jap	Midwifery home	No	Certified care worker	Husband & child only	9	42	Face-to-face	Almost breast milk
F	30	40	Vaginal del.	Weak labor Ebolic-use	Normal (mother & child)	Jap/Jap	Hospital	No	Yoga instructor	Husband & child only	9	35	Face-to-face	Only breast milk
G	35	39	Vaginal del.		Normal (mother & child)	Jap/Jap	Midwifery home	No	Nurse	Husband & child only	10	55	Face-to-face	Almost breast milk

Table2. Emotions induced in puerperants by recounting their own childbirth experiences

Core-Categories	Categories	Sub-categories (Number of Codes)
Realization of feelings that childbirth experiences could be incorporated into oneself	Feelings of happiness in pregnancy/childbirth	Recollection of feelings of happiness conceived during pregnancy (4)
		Recollected pleasure of childbirth (6)
		Feelings of relief conceived during childbirth (4)
	Realization of feelings of loving childbirth experiences	Recollection of memory during childbirth (10)
		Feelings of relief in lasting memories of childbirth (5)
	Awareness of objectively viewing labor pains	Negative feelings against labor pains faded by recounting (5)
		Awareness of having had forgotten labor pains (2)
	Feelings of relief arising from having recounted childbirths	Awareness of having had no chance to reflect on childbirth (6)
		Feeling of happiness in having reflected on childbirth (4)
		Pleasure of having been listened to (4)
	Decrease in negative feelings conceived during childbirth	Resolved feelings of fear conceived during childbirth (5)
		Decreased anxieties during delivery process (3)
Resolved complaints against midwives (2)		
Decreased complaints against own childbirth (5)		
Gratitude for safe processes and people around one	Decreased remorse conceived during delivery (5)	
	Decreased feelings of guilt for a child(ren) (3)	
	Realization of gratitude for people around one (5)	
Affirmation of childbirth experiences	Gratitude for normal processes (3)	
	Realization of own tenacity during childbirth (4)	
Realization and feelings of fulfilment in becoming a family	Acceptance of events occurred during childbirth (3)	
	Realization of happiness in having a child being here	Realization of happiness in having a child being here (5)
	Acquisition of self-confidence in becoming a mother	Awareness of acquisition of self-confidence in becoming a mother(3)
		Acknowledgement of oneself being making efforts at child-rearing (2)
	Realization of husbands' existence during childbirth	Awareness of own minds toward husband (8)
	Wishes to talk with husband about feelings during childbirth (7)	
	Re-realization of gratitude for husband (2)	

By recounting the childbirth experiences after 1 to 2 months, the puerperants had <<Feelings of happiness in pregnancy/childbirth>> by recounting that “*The happiness felt while looking forward to childbirth came back when I was asked to talk about my childbirth*”, etc. Concerning labor pains, they obtained <<Awareness of objectively viewing labor pains>> by recounting that “*The feelings that labor pains have changed to a memory after 2 months*” and “*The negative mind against labor pains have faded while talking with the*

*interviewer after 1 month, and I am prepared to endure a labor pain at the next childbirth, too*”, and they also obtained <<Realization of feelings of loving childbirth experiences>> and <<Gratitude for safe processes and people around one>>. Furthermore, the puerperants succeeded in <<Decrease in negative feelings conceived during childbirth>> by recounting displeasure, fears, remorse, and feelings of guilt conceived during childbirth, saying that “*I could not directly convey my complaints to midwives, but I feel fine now by talking about*

*them*". These led to <<Affirmation of childbirth experiences>> from <Realization of own tenacity during childbirth> by recounting that "*I remembered myself who had made efforts to change baby position*", etc. Thus, they obtained [Realization of feelings that childbirth experiences could be incorporated into oneself].

## 2) Realization and feelings of fulfilment in becoming a family

The puerperants felt anew <<Realization of happiness in having a child being here>> and realized <<Acquisition of self-confidence in becoming a mother>> by recounting emotions conceived during childbirth in their own words based on their status of 1 to 2 months after childbirth, saying that "*My child was born by Caesarean section but, seeing the child growing steadily, I think now that was not so bad for the child*", and "*I realized myself who is rearing my child without any major troubles*". Further, by re-realizing own emotions and feelings of gratitude for husband, the puerperants conceived "*Feelings to wish to reward husband when I heard from him about the childbirth situation*", leading to <<Realization of husbands' existence during childbirth>> by expressing that "*I wanted to talk to my husband about my childbirth while recounting the childbirth experience*". Thus, they achieved [Realization and feelings of fulfilment in becoming a family].

## 3) Relations among 10 categories

For the emotions induced by the narratives of the 7 primiparas recounting own childbirth experiences, <<Affirmation of childbirth experiences>> was achieved by the positive emotions like <<Realization of feelings of loving childbirth experiences>> induced by <<Feelings of happiness in

pregnancy/childbirth>>, <<Gratitude for safe processes and people around one>>, etc. In addition, <<Decrease in negative feelings conceived during childbirth>> was achieved by pouring out the negative feelings, leading to <<Awareness of objectively viewing labor pains>> and <<Feelings of relief arising from having recounted childbirth experiences>>. Conveying these emotions to the interviewer led to [Realization of feelings that childbirth experiences could be incorporated into oneself]. Then, <<Acquisition of self-confidence in becoming a mother>> was realized from <<Realization of happiness in having a child being here>>. Furthermore, [Realization and feelings of fulfilment in becoming a family] was achieved by <<Realization of husbands' existence during childbirth>>.

## IV. Discussion

### 1. Realization of feelings that childbirth experiences could be incorporated into oneself

The participants in this study re-confirmed their own childbirth experiences by reflecting on such experiences and recounting them in their own words to the interviewer. They viewed their childbirths from the third person and expressed emotions felt during delivery. Ogawa<sup>48)</sup> stated that a birth-review is to re-experience puerperants' own childbirths by recounting their childbirth experiences, and the participants in this study also reflected on and re-experienced their childbirths by recounting the experiences. The positive emotions induced by doing so brought feelings of nostalgia and relief. Higashino, et. al<sup>26)</sup> reported that women can accept childbirth as their own experience by reflecting on and

objectively viewing their own experiences. In this study, the participants could objectively view their negative emotions (i.e., fears for labour pains, and anxieties/complaints conceived during delivery) by recounting to the interviewers, and they reconciled other feelings i.e., ‘My experience was meaningful’ and ‘That event was inevitable’. The negative emotions for them were stressful events such as fears for labor pains, complaints, anxieties, guilt, and remorse, but they interpreted and evaluated each event by recounting. The participants viewed labor pains objectively after a while and realized that the pains were fading out and feelings of pain went out of their mind. As for anxieties, complaints, and remorse, they became aware of themselves being eased to such an extent as to verbalize such negative emotions. Kumakura, et al.<sup>49)</sup> conducted a concept analysis of “meaning-making”, and defined it as “To comprehend, interpret, and evaluate strongly stressful events, and constitute them as own issue to cope with the events and, consequently, to discover own lifestyle”. In the present study, the acts that the puerperants recounted childbirth experiences correspond to the acts of “meaning-making” for the stressful events felt during pregnancy and childbirth. Kitamura<sup>50)</sup> states that catharsis refers to the assuage and control of unpleasant moods or negative conceptions by verbalization. In the present study, even the negative feelings evoked by reflecting on the childbirth experiences resulted in “meaning-making” by verbalization, suggesting that the birth-review brought catharsis effects.

As reported in previous studies, a birth-review enables puerperants to objectively view own experiences<sup>51)</sup> and positively think about own childbirth experiences<sup>52)53)</sup>, and it was

made clear that the same effects can be obtained by a birth-review conducted even 1 month after childbirth. Midwives should proactively consider to conduct a birth-review regardless of the early puerperium. A birth-review is recommended to be conducted in the early puerperium<sup>25)26)</sup> but, in the early puerperium, the memory of labor pains remains fresh in women’s minds as well as pains of uterine contraction and perineal pains. In the present study, it was made clear from participants’ narratives that they had realized the fading of the negative feelings against labor pains only when reflecting on their childbirth 1 or 2 months after delivery, not immediately after delivery.

## 2. Realization and feelings of fulfilment in becoming a family

The participants realized that they are well-managing child-rearing to some extent now 1 month later after childbirth, leading to their self-confidence. Mothers can understand child’s wishes by observing infants during child-rearing<sup>54)</sup>, and undergo the processes to catch signs from the infant to respond, learn by try-and-error, make a choice, and establish a way most suitable for mothers and children<sup>55)</sup>. It is easily imaginable to take some time to acquire child-rearing skills, and mothers can increase skills for self-efficacy by increasing their experiences and obtaining self-confidence<sup>56)</sup>. It is necessary for puerperants to positively accept their childbirth experiences to smoothly adapt to the maternal role of the puerperium<sup>57)</sup>. As for factors related to feelings of satisfaction in child-rearing, Akeno<sup>58)</sup> states that it is indispensable for mothers to acquire a parental role as mother and feel satisfaction in the parental role in the early infant period so that they can fully feel satisfaction in child-

rearing. Thus, it was suggested important for midwives to be involved in puerperants so that puerperants can reflect on their childbirths as a happy experience. The participants feverishly spent 1 month after the first childbirth but, by a birth-review conducted around the time when they accustomed themselves to child-rearing, they became aware of their minds toward husband and poured out such minds, leading to feelings of gratitude for husband. Thus, a birth-review became a trigger for awareness of the emotions not only on themselves as a mother and the baby but also on their husband as a family. Enhancement of mother-role taking as an effect of a birth-review is clear in previous studies, but the present study demonstrated that a birth-review conducted in the later part of the puerperium serves as a trigger to reconstruct the relationship with husband as a family.

## V. Conclusion

The emotions induced in women in 1 to 2 months after delivery by recounting their childbirth experiences led to obtaining realization and feelings of fulfilment in becoming a family, through realization of feelings that childbirth experiences could be incorporated into oneself. It was made clear that, by conducting a birth-review 1 month after delivery, puerperants can reflect on labor pains in a relaxed way and even yearn after the pains, and a birth-review serves as a trigger for awareness of the emotions not only on themselves as a mother and the baby but also on their husband as a family.

## Study limitations and future challenges

The present study was conducted in women in one midwifery home for childbirth and postnatal

care that consented to cooperation for the study. Furthermore, the results might have been biased by the mode of delivery and/or the midwifery home settings. No single mother was involved. Therefore, there is a limitation to the sampling method. Furthermore, the participants were those who became pregnant and gave birth within various constraints due to COVID-19<sup>59,60</sup>, significantly influencing the childbirth experiences. These limitations must be considered. Further studies are necessary in a larger number of participants under various modes of delivery and in different kinds of institutions.

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## Conflict of interest (COI)

No business enterprises, organisations, or groups related to COI were involved.

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