'Lived Experience' of Pregnancy as reported by Primigravida Mothers during 3rd Trimester of Pregnancy and On-Hand Help to Mothers Coping with Pregnancy in Nainital

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Abstract

This study aimed to explore the 'Lived experience' of primigravida mothers during 3rd trimester of pregnancy, to identify the health status of primigravida mothers and foetus and to provide on-hand health instruction to primigravida mothers based on identified needs for improving physical health, health of foetus, improvement in nutrition pattern and day-to-day activity modification in selected block of Haldwani, Nainital, (Uttarakhand). Qualitative perspective, phenomenological research design was used and data collected from 30 mothers through structured interview schedule for personal profile, health assessment for mothers and foetus and unstructured interview and analysed. The experiences of the primigravida mothers were described under various major categories such as Self and Pregnancy, Changes in Activities during Pregnancy, Foetus and Self, Coping related to Pregnancy, Support System during Pregnancy, Self and Outcome of Pregnancy. The on-hand health instruction was rendered to all the mothers whenever they reported physical problems. Women require help from family members during pregnancy to cope with physical and emotional changes. The entire study was cost effective, simple and carried out in an acceptable way to explore the 'Lived experiences' of primigravida mothers during 3rd trimester of pregnancy.

Pregnancy is very specific and long journey for women. Pregnancy news excites women, she plans everything for the arrival of the new baby with a lot of concern and happiness. It's a wonderful experience yet it is associated with some unpleasant disorders.

Childbirth is a new experience for the primigravida mothers. She plans to eat healthy food and also alters her lifestyle to suit her baby best. Pregnancy is not only a period of great pleasure but also one of the great stress to women physically and mentally even in a healthy woman. Family plays a vital role duirng pregnancy because family is the central nucleus of people and the health of the mother and the infant determines the health of the family. During pregnancy appropriate care of the mothers is important.

There are numerous myths existing in the community about care of pregnant women that influence their health practices during pregnancy. One such practice is that during pregnancy women should avoid hot foods and medicines lest her foetus be born with a hot illness, such as rash. Another example is that cold foods are avoided after delivery lest they clot the blood and impede the flow causing it to go backwards into the body and cause nervousness or insanity (Cecil, 1990). The maternal mortality rate in India (2015) is 174 /100000 live births. The cause of the maternal mortality is aggravated by pregnancy or its management. The causes of maternal mortality include bleeding, infection, medical disorders, unsafe delivery, abortion and lifestyle pattern (Cator et al, 2010).

Obstetrics and preventive medicine make sure that mothers will have good health throughout the pregnancy and end of pregnancy may culminate in a healthy mother and a healthy baby. Mental and physical preparation is important for mothers in pregnancy. Ample time and opportunity must be given to the expectant mothers to have a free and open talk on all aspects of pregnancy and delivery (Myles, 2001). It is necessary to understand the 'Lived experience' of a primigravida mothers during pregnancy. By understanding the feelings of the mothers, it is possible to provide appropriate health instructions on pregnancy-related changes to mothers for smooth and uneventful pregnancy period.

This study was undertaken to help the mothers cope with pregnancy in a selected block of Haldwani, Nainital (Uttarakhand).

Objectives

This study had following objectives.

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1. To explore the (a) 'Lived experience' of primigravida mothers during 3rd trimester related to mothers' attitude toward the pregnancy; response of the family members towards the pregnancy of primigravida mothers as perceived by the mothers; role change in the mothers due to pregnancy; coping related to role changes during pregnancy; and (b) feeling of mothers, pregnancy related to health of the foetus; outcome of delivery; care of baby after delivery; and future of the baby.
2. To identify the health status of primigravida mothers and the foetus.
3. To provide on-hand health instruction to primigravida mothers based on identified need for improving physical health, health of foetus, improvement in nutrition pattern and day-to-day activity modification.

Methodology

The research approach for the present study was qualitative. Phenomenological research design was considered to be the most appropriate to use as the research was concerned with 'Lived experience' of primigravida mothers. Considering the factors such as geographical proximity, feasibility and data saturation, 30 primigravida mothers during the 3rd trimester of pregnancy were chosen as a sample from the selected block of Haldwani, Uttarahand.

Results

The personal profile and health status of primigravida mothers and foetus are shown in Tables 1 and 2.

The experiences of the primigravida mothers were described under the various major categories and each major category had various subcategories. The first major category was Self and Pregnancy (choice of pregnancy, changes noticed during pregnancy, anxiety due to pregnancy, feeling related to pregnancy, health problems related to pregnancy, feeling towards the delivery or outcome of delivery and sharing feeling about the delivery). Second major category was Changes in activities in Pregnancy (day-to-day activities, activity changes in pregnancy and stress-related activity). Third major category was Foetus and Self (foetal movement, foetal health, gender of baby and preference of gender of baby). Fourth major category was Coping related to Pregnancy

Table 1: Personal profile of primigravida mothers in terms of frequency and percentage (n=30)

S.No.	Personal profile	Frequency	Percentage
1	**Age of mother (in years)**		
	a. 20-25	21	70
	b. 26-30	8	26.7
	c. 31-35	1	3.3
2	**Education status of mother's**		
	a. No formal education	1	3.3
	b. Primary education	2	6.7
	c. Middle education	4	13.4
	d. Intermediate and below	8	26.5
	e. Graduation	8	26.5
	f. Post-graduation	7	23.4
3	**Occupation status (self)**		
	a. Housewife	27	90
	b. Housewife as well as student	3	10
4	**Occupation status (husband)**		
	a. Government job	4	13.3
	b. Private employee	19	63.3
	c. Own Business	7	23.3
5	**Duration of working experience of the mother**		
	a. 1.5 year	1	3.3
	b. 2 months	2	6.6
	c. Nil	27	90
6	**Professional working hours of mother**		
	a. 8	2	6.6
	b. 6	1	3.3
	c. Nil	27	90
7	**Family income**		
	a. Below 10000	Nil	-
	b. 11000-20000	8	26.6
	c. 21000-30000	9	30
	d. 31000-40000	10	33.3
	e. 41000-50000	1	3.3
	f. Above 50000	2	6.6
8	**Duration of marriage**		
	a. 6 months – 1 year	11	36.6
	b. 1.5-2 year	12	40
	c. 2.5-3 year	6	20
	d. 3.5-4 year	4	6.6
9	**Religion**		
	a. Hindu	29	96.6
	b. Muslim	1	3.3
	c. Sikh	-	-
	d. Christian	-	-
10	**Type of family**		
	a. Nuclear family	9	30
	b. Extended family	-	-
	c. Joint family	21	70
11	**Size of family**		
	a. Below 5 members	11	36.6
	b. More than 4 members	19	63.4
12	**The mother living with…**		
	a. In-laws	19	63.3
	b. Husband	8	26.6
	c. Parents house	2	6.6
	d. Alone	1	3.3
13	**Community**		
	a. Urban	10	33.3
	b. Rural	11	36.7
	c. Semi-urban	9	30
14	**Food habit**		
	a. Vegetarian	13	43.3
	b. Non-vegetarian	17	56.6

Table 2: Health status of primigravida mothers and the foetus in frequency and percentage (N=30)

S.No.	Health Assessment	Frequency	Percentage
1	**Registration to ASHA**		
	a. 1 month	9	30
	b. 2 months	3	10
	c. 3 months	12	40
	d. 4 months	4	13.3
	e. 5 months	2	6.7
2	**Gestational age**		
	a. 28-30 wks	11	36.7
	b. 31-33 wks	7	23.3
	c. 34-36 wks	12	40
3	**Past medical history**		
	a. Medical problem	2	6.7
	b. No Medical history	28	93.3
4	**Past surgical history**		
	a. Surgical history	1	3.3
	b. No surgical history	29	96.7
5	**Menstrual history**		
	a. Normal	28	93.3
	b. Irregular menstruation	2	6.7
6	**Personal history**		
	a. Contraceptive	6	20
	b. Addicted to	-	-
	c. Previous blood transfusion	-	-
	d. Corticosteroid	2	6.7
7	**Body mass index**		
	a. Underweight	1	3.33
	b. Normal	12	40
	c. Overweight	15	50
	d. Obese	2	6.67
8	**Blood pressure**		
	a. Normal	30	100
	b. Gestational hypertension	-	-
9	**Blood glucose**		
	a. Normal	30	100
	b. Gestational diabetes	-	-
10	**Obstetrical grip**		
	a. Fundal height proportional to gestational weeks	29	96.7
	b. Fundal height not proportional to gestational weeks	1	3.33
	c. Auscultation foetal heart rate (140-160beats/min)	30	100

(precaution taken during pregnancy and strategies adopted to overcome these changes, support from health care worker and experience of disease before the pregnancy).

Fifth major category was Support system during Pregnancy (response of family members, notice differences in-laws, helping in ADL, adequate support from family members, sibling in pregnancy, share worried about baby health, prefer feeling to share, happier in family and reassurance when needs during pregnancy) and sixth major category was Self and Outcome of Pregnancy (provide care to baby, future of baby and choice of delivery).

As per the objective, the intention was on-hand health instruction to mothers. As the needs of mothers were identified in term of reported problems, health instructions were given. This on-hand health instruction was carried out whenever the problem was reported by them and identified by investigator. In the present study, five areas of on-hand health instruction were identified and each major area consisted of many minor areas. First were the physical problems related health instruction (back pain, abdominal cramps, oedema in extremities, breast care, shortness of breath, frequency of urine, pruritus itching, leg cramps, leucorrhoea and sleep disturbance). Second area was muscle stretching and circulation-related health instruction (antenatal exercise and physical activity). Third area was digestion related health instruction (acidity, heartburn and constipation). Fourth area was advice on nutrition and antenatal advices. Fifth area category was foetus/baby health related (foetal movement count and care of baby).

Discussion

Earle (2016) conducted a qualitative study to explore women's 'Lived experience' of conception and to deconstruct the dichotomy between the terms "planned" and "unplanned" pregnancy"; 19 primigravidae mothers were interviewed. The interview data were grouped into four categories, the first category (planned pregnancy) outline the planned approach category currently advocated by health professionals. The second category reflects the 'Lived experience' of women who stop using contraception but adopt a more relaxed approach for planning of pregnancy. The third category was rather ambiguous and describes the 'Lived experience' of those who want to be pregnant but for whom it would not be socially acceptable to plan a pregnancy. The final category (the accidental pregnancy) was unambiguous and could be described as unexpected pregnancy resulting from failed contraceptive (Earle, 2016).

Similarly concerns were expressed by many mothers who participated in the present study. They expressed that pregnancy was planned. Only six mothers mentioned that pregnancy was unplanned. The mothers whose pregnancy was unplanned also mentioned that 'pregnancy was by mistake'. Whereas, 4 (13%) responses indicated that 'the wedding itself was suddenly completed so there was no time for planning'. Similarly, 5 (17%) mothers indicated they 'wanted to study' before getting pregnancy and 2 (7%) responses were that they were 'not prepared

mentally' to become pregnant.

The study conducted by Modh et al (2011) on experiences of pregnant mothers about Changes during Pregnancy showed that these experiences may include physiological experiences such as weight, skin symptoms, hormone secretion, etc. or psychological experiences such as depression, mental imagery, and marriage. To establish a positive image of the body during pregnancy, pregnant women are recommended to be provided with information and consultation about body changes during pregnancy and after delivery.

In the present study, mothers reported various physical and psychological changes during pregnancy. These changes were so natural that the physio-psycho dynamic changes in the system appear during pregnancy. The changes mentioned by them were related to digestion, physical features, and feeling, sleep and physical movement. About 16 (53%) mothers mentioned that they experienced 'heart burn'. 'Constipation' was mentioned by 11 (37%) mothers. Similarly, 8 (27%) mothers mentioned they had 'anorexia', 5 (17%) mothers said 'Nausea or Vomiting' and 4 (13%) mothers reported 'Acidity'.

Conclusion

Mothers need support to cope with pregnancy-related changes. Family is an important unit of support for mothers to deal with physical and psychological changes during pregnancy. The whole study was cost effective, simple and carried out in an acceptable way to explore the 'lived experience' of primigravida mothers during 3rd trimester of pregnancy.

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