A qualitative analysis of women's short accounts of labour and birth in a Western Australian public tertiary hospital

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Précis
Western Australian women reflect on their expectations and experience of birth in a public tertiary hospital.

Abstract

This paper reports the findings of the postnatal qualitative arm of a larger study, which investigated women's prenatal and postnatal levels of childbirth fear. Women's expectations and experiences of labour and birth in a Western Australian public tertiary hospital were identified following thematic analysis of short written accounts from 141 participants who had given birth in the previous 6-14 weeks. Four major categories emerged to describe features and mediating factors in the trajectory of childbirth and the early puerperium. 'Anticipating labour and birth', 'Labour and birth depicted', 'Mediating factors and their consequences' and 'Evaluating, resolving, and looking ahead' portray womens' comparative reflections on expectations and realities of birth, on mediating influences, and on moving on from their experience. These findings will provide maternity care professionals with insight into the personal and environmental features of the childbirth setting which colours womens' recollections. Being aware of what women value during labour and birth will reinforce the need for professionals to provide care using a mindful approach that considers the potential psychological, emotional and behavioural implications of events.

Keywords Childbirth, satisfaction, expectations, fear, experience

INTRODUCTION

Childbirth is more than a biological process; it is a seminal life event for women which is so multi-dimensional that it is difficult to describe.[1, 2] It is now firmly established that women's experiences at the time of giving birth are central to their own and their families' health and well-being in the puerperium and beyond. Evidence clearly suggests that what happens during labour and birth affects a woman's well-being and her sense of self.[3-5] A positive birth experience is profoundly satisfying, while an unsatisfying experience is likely to negatively affect emotional well-being in the immediate postnatal period and beyond.[6, 7] There are also short-term and long-term implications for the health, behaviour, and development of children whose mothers suffer sub-optimal mental health postnatally.[8, 9]

In order to optimize the birth experience and minimize negative sequelae for women and their families, it is essential that we base our care in what women themselves expect, hope for, and value in childbirth.[10-12] Satisfaction with the birth experience is related to what women initially want and expect from childbirth.[13] Internationally, a number of key features of childbirth have been found to inform women's evaluation of their birth experience. These include the extent to which the experience matched or bettered prior hopes, beliefs and expectations, attitudes and behaviours of caregivers, length of labour, level of distress, occurrence and extent of complications, presence of a family member or friend, and involvement in decision-making.[6, 14-20] Australian research has expanded upon aspects of childbirth such as intrapartum pain relief, continuity of caregiver, the needs of migrant and non-indigenous groups, and home birth, as well as aspects of postpartum care, health and functioning.[21-25] Fenwick et al's investigation of Western Australian women's expectations of childbirth provides valuable information to assist in the promotion of a realistic understanding of childbirth, and support of women in achieving satisfying birth experiences.[10] However, features of labour and birth that Australian women retrospectively recall as significant have yet to be reported.

This paper reports the findings from the qualitative arm of a study investigating the experience of labour and birth for a cohort of women residing in Western Australia. The study seeks to strengthen the evidence base from women's own perspective. To this end, the researchers aimed to describe women's experiences of labour and birth in a Western Australian public tertiary hospital, to report features of the childbirth experience that these women recall as influential, to discover the impact of birth on these women, and to identify

how they move through and integrate their labour and birth experience. The investigation was conducted in a context of rising trends in childbirth intervention in Australia, and concern with the implication of such childbirth intervention on postpartum maternal mental health.[13, 26, 27]

METHODS

The researchers employed a qualitative descriptive approach for this arm of the study, which provided insight through a process of identifying and describing the major themes women chose to write about in their postnatal narratives.

This study was carried out at Western Australia's King Edward Memorial Hospital for Women (KEMH). KEMH is a government-funded tertiary maternity health care facility that can provide a full range of clinical services to women and infants regardless of the complexity of their care needs. Latest available national childbirth statistics identified that in 2003, 97.2% of Australian childbearing women gave birth in a hospital.[28] and in 2004, one-fifth of the 25,111 births recorded in Western Australia occurred at KEMH.[26]

Participants for this study were recruited from the antenatal clinics at KEMH. The cohort included women living in and around the city of Perth (the capital of Western Australia, population 1,508,000), as well as women who normally resided in rural or remote Western Australia but who had relocated for care of a complex pregnancy. Participants were recruited from a range of midwife-led and obstetrician-led normal and complex care antenatal clinics. All women enrolled at the hospital for antenatal care were screened for eligibility, and then all eligible women were invited to participate. Inclusion criteria for participation in the study included aged 16 years or over, parity zero to four, and the ability to read, write and comprehend English. Participants included West Australian-born women, migrant women from within and outside Australia, and refugee women.

Data were collected as part of a larger study investigating women's prenatal and postnatal childbirth fear levels, which was conducted at KEMH between September 2005 and May 2006. The larger study required completion of two complementary validated, reliable instruments designed to assess women's prenatal and postnatal childbirth fear. The 'Wijma Delivery Expectations Questionnaire' (WDEQ-A) was completed at 35 to 37 weeks' gestation and the 'Wijma Delivery Experiences Questionnaire' (WDEQ-B) at six weeks postnatal.[29] At the end of each questionnaire respondents were asked an open-ended question, '*Is there anything further you would like to tell us?*', and it is the analysis of these postnatal responses that is reported in this paper.

The qualitative analysis approach employed in this study follows what Crabtree and Miller characterize as a generic 'editing analysis' style (p.146).[30] This commenced with the researchers 'acting as interpreters', reading through the women's written accounts and identifying meaningful statements or 'segments', which were then coded. Similar segments of data were clustered, and emergent themes identified and named. There was constant movement of the data and revision of the themes as the analysis progressed, and eventually a number of major categories and sub categories were identified. Patterns and structures that connected the categories were then sought, with the emerging pattern describing the features of childbirth that were implicated in women feeling satisfied with or disappointed by their childbirth experience (Table 1 provides an example of an audit trail). Whilst a computer word-processing program was used to manage and store data, no specialized software program was used for the analysis.

Permission to conduct this study was obtained from the Internal Review Boards (Ethics Committees) at King Edward Memorial Hospital and Curtin University of Technology, and informed consent was obtained from all participants.

FINDINGS

Postnatal WDEQ-B questionnaires were sent to participants five weeks after birth. Questionnaires were completed and returned between 6-14 weeks postnatal, with a mean return time of two weeks and four days. Reminder letters were sent to women who had not responded after four weeks. Of the 401 postnatal WDEQ-B questionnaires sent, 61% (n=246) were returned completed. One hundred and forty-one (57%) of the completed and returned postnatal WDEQ-B questionnaires included a response to the open-ended question '*Is there anything further you would like to tell us?*' The length of responses ranged from one or two sentences to a full page with five or six paragraphs, and depictions of negative birth experiences were far longer and more elaborate that those of positive ones.

The age of the participants ranged from 16 to 44 years, with a mean age of 31 years. There was an approximate 50% split both for nulliparity and multiparity, and for normal unassisted birth and instrumented or cesarean birth. While broad diversity was represented in the sample participating in the larger study, the respondents who chose to participate in the postnatal qualitative arm were largely university-educated, Australasian-born, and spoke English as their first language. Sixty percent were between 26 and 35 years of age, and almost all had an

annual household gross income above the national average of AU$51,183, which is equivalent to US$39,916 or £20,575 GBP (Table 2).

Four major categories were identified from the analysis: Anticipating labour and birth, Labour and birth depicted, Mediating factors and their consequences, and Evaluating, resolving, and looking ahead (Table 3). When viewed as a dynamic whole, these illustrate not only the characteristic features of labour and birth that influence women's birth memories, but also how women negotiate, process, and make sense of their labour and birth. In the report of the findings, examples of words and phrases used by women that typify the themes from which categories were developed are identified in italics.

ANTICIPATING LABOUR AND BIRTH

Anticipating labour and birth comprises two subcategories and tells of women's recollections of what they initially wanted and expected from their birth experience and what they feared. First-time mothers and those with previous childbirth experience are equally represented in this category, as are positive and negative expectations for labour and birth.

Wanting and expecting labour and birth to be normal and uncomplicated

The respondents who expected and wanted labour and birth to be normal and straightforward further defined this as a quick, easy, manageable vaginal birth with little or no intervention or medication. The women who anticipated a '*normal*' birth used words and phrases such as *'relaxed', 'natural', 'uncomplicated', 'drug-free', 'no intervention' and 'wanting to be present to the experience'* in describing how they imagined and planned their birth. Expecting, wanting and being determined to achieve a natural normal birth on their '*own'* was clearly evident in the data. Participants who had positive expectations of birth often anticipated and hoped it would be *'quick', 'easy', 'smooth' and 'short'*. One woman's comment typifies this sentiment, *'I thought the chances that labour and birth would be easy were high.'*

Fearing and expecting labour and birth will be painful, complicated and dangerous

The statements in this subcategory reveal labour and birth as being scary, potentially dangerous, and stressful. The nature of these participants' anxieties is complex and varied; however, danger and fear were predominantly equated with childbirth intervention, feeling out of control, and pain. Respondents wrote of feeling *'worried about being harmed', 'nervous at the thought of having no control', '…fearful for my safety'* and imagining it to be

'…painful and horrible'. For a number of respondents, fear of childbirth in a current pregnancy seems to have developed secondary to a previous unpleasant or traumatic birth experience. For example, one woman wrote she was *'…scared because I know what to expect.'* In contrast the collective tone of the submissions from participants who had not previously given birth also reflected a sense of mild panic. These women wrote of the worst thing being *'…not knowing what to expect', and 'feeling unprepared'*. Two respondents were specifically concerned about their baby being damaged or harmed during the birth process.

LABOUR AND BIRTH DEPICTED

The spectrum of women's experiences of labour and birth are described in the two sub-categories that contribute to Labour and birth depicted. Initially the participants' hopes and fears of labour and birth were balanced between expecting a fulfilling or a frightening experience. One-third of respondents recalled the reality of birth as positive, quick, and uncomplicated; however, two-thirds reported finding it different than how they expected in a negative way. These results support the existing body of research in finding that a normal, natural birth is perceived as 'good', while a 'bad' birth is one which is fraught with perceived abnormality, danger and complication.[18]

Natural, straightforward, and easy

For women who documented their labour and birth as a *'beautiful'* and *'enjoyable'* experience, this was in the context of having a *'smooth', 'natural', 'relaxed', 'uncomplicated'* experience which *'went by the book', 'wasn't too painful'* and during which they *'didn't feel worried'*. By and large, these respondents experienced a natural onset of labour which then progressed reasonably quickly to a normal vaginal birth with minimal or no pharmacological pain relief or other intervention. The following comment exemplifies this: *'I had a fantastic birthing experience… I had no drugs or gas during the birth and felt that my partner and myself delivered our baby with minimal intervention from the staff…Everything went like a dream…'*

Confronting, complicated, and unexpected

The overall tone in this subcategory was one of alarm, shock, and disbelief. An *'upsetting', 'distressing'* and *'frightening'* birth experience which was *'beyond my imagination'* equated with a *'long', 'drawn out', 'slow'* and *'frustrating' 'ordeal'*, where there were *'unexpected complications'* with *'things going wrong'*, and which resulted in *'an emergency'* requiring

'intervention'. Fears for the baby's well-being were also evident in some women's statements, for example *'my baby was taken straight to ICU'* and *'my baby's cord snapped…and she lost a lot of blood'*.

MEDIATING FACTORS AND THEIR CONSEQUENCES

The concepts clustered under this category identified human and environmental factors around labour and birth that affected whether it was ultimately a positive or a negative experience. These factors and the immediate consequences for how women felt about their birth, their self, their caregivers, and the environment at the time are considered here. For the majority of women, their experience was enhanced by a combination of feeling safe, secure, supported, respected, confident, and in control. For some respondents, the reverse occurred and their memories are of their experience being diminished not only by their own lack of confidence, but also by feeling their options were limited and being treated unkindly or disrespectfully. Comments in both subcategories are by women who had both uneventful normal births and births which were complicated and required intervention, and demonstrate the power of interpersonal exchanges to enhance and diminish womens' birth experiences.

Enhanced birth

Respondents who reported feeling '*confident'*, *'calm'*, *'in control'* and *'composed'* did so in a climate where they were supported to *'be flexible'*, *'to negotiate'*, *'to exhaust all options'* and *'to delay interference'*. The dominant factor in these respondents' experience was the '*fantastic'*, *'amazing'*, *'kind'*, *'helpful'* and *'supportive'* attitude and care of the health care professionals they encountered during the intrapartum period. A positive encounter with medical staff (primarily anaesthetists) is acknowledged by a small number of women as making *'a huge difference'*, and this was in the context of caesarean section. For 28% (n=20) of respondents however, this support was attributed to midwives and midwifery care. Participants' comments convey a sense of trust, fondness, gratitude, and meaning in their relationship with midwives, whether or not they had met them prior to labour and birth. The fact that midwives were *'supportive'*, *'knowledgeable'*, *'caring'*, *'helpful'*, *'friendly'*, *'approachable' 'respectful'*, *'encouraging'* and *'professional'* made women feel *'safe'*, *'proud'*, *'confident'*, *'relaxed'* and *'comfortable'*. There was also a sense of respondents feeling that midwives *'made all the difference'*, that they 'got through it because of the *midwives'* and that the midwives *'made labour and birth smoother and more enjoyable'*. A small number of participants also mentioned the essential role their partners played in keeping

them calm and centred, and for one it was her strong faith and the support of her prayer community that sustained and strengthened her.

The analysis revealed that in addition to people making a positive difference, features of the environment were also reassuring and contributed to a sense of safety, increased confidence, and optimism. The fact that the hospital was *'spotlessly clean'*, offered *'security'* and had the *'latest equipment'* assisted in making women feel *'safe'*, and *'reduced fears'*. For one respondent, *'having this baby in the same place as our first was comforting and gave me a feeling of safety'*, while another *'just knew I and my baby would be safe'*.

Diminished birth

While so many respondents cited the attitude of midwives and standard of midwifery care as making a profoundly positive difference to their experience, these factors also had a part to play in diminishing the experiences of a small number of women. Midwives who were *'rude', 'unsupportive', 'officious'* and *'secretive'* promoted a sense of bewilderment, disappointment, and of feeling *'not heard', 'dismissed'*, and *'uninformed'*. In addition, some respondents *'felt pressured'* to *'give birth ASAP'*, or to *'have an epidural so I was less hassle'*. Some respondents felt midwives were keen to assert their power by *'not offering any other pain relief than epidural'* or withholding information: *'I was told the littler* [sic] *I knew the better. I wanted to be informed and kept up to date, but the midwives were reluctant to do this'*.

Comments from a number of women demonstrate how erosion of confidence and self-determination occurs in a diminishing climate, and causes women to feel *'doubtful', 'lack of involvement'* and a sense of *'not knowing what was going on'*. For one woman who felt her *'labour was in the hands of the midwives'*, the effect was that she *'felt a real loss of control as a result.'*

EVALUATING, RESOLVING, AND LOOKING AHEAD

Evaluating, resolving, and looking ahead portrays how women reflected on and made judgements about labour and birth. Whether women's original birth beliefs were reinforced or refuted, and how women integrated and moved forward from their childbirth experience were also represented in this category. It is evident that resolution of birth events was a highly complex process for women, and very strong but mixed feelings were common in the original short accounts.

When labour and birth went as planned or anticipated, women reported the experience as *'wonderful', 'like a dream', 'perfect', 'enjoyable and fulfilling', 'incredibly empowering'* and *'amazing'*, with one respondent stating she *'felt like Wonderwoman,'* and another recalling *'feeling triumphant'*. The effect appears to be sustained with one participant responding at 14 weeks postnatal that *'If I feel down, I think of my birthing experience and it lifts me up. It wasn't easy but it was beautiful still…'* A sense of relief and gratitude that it was over and all was well was recalled by six respondents who initially expected and did achieve a normal experience, suggesting that even the most optimistic and confident of women have some trepidation about labour and birth.

A few participants felt that labour and birth were not as bad or were better than expected. A number of other women conveyed that although their childbirth experience became complicated or wasn't as they hoped or expected, it was still a positive experience after which they had *'no sadness', 'no regrets', 'no remorse', 'no negative feelings'* and *'no problem coming to terms with what happened'*. Where this was the case, overwhelmingly it was the sense that they had some say in the decision-making process that women attributed as helping them to *'get through'*. This is evident in the reflection provided by one woman, who intended to labour and give birth at home but who was admitted to hospital when complications occurred and eventually gave birth by caesarean section:

> *'Even though it ended in a totally different way then planned, overall it was an incredibly empowering experience. This is largely because I was able to negotiate exhausting all options before we decided on the c section. I needed to delay interference until I felt there was no option…'*

Having their negative feelings validated and acknowledged as justifiable by others who held credibility (such as partners, midwives) was also important to some women. The following statement is a good example of this, *'…I came to terms with birth going differently to* [sic] *planned with the support of (the) midwives and (my) partner.'*

Where respondents made comment about their plan, hopes, and expectations of labour and birth changing (n=28, 19.9%), it was in the context of a normal scenario becoming complicated. One participant *'planned a natural birth but plans changed…'* while another *'wanted and intended to have a vaginal delivery but had to have a c(esarean) s(ection) instead'*. For these women birth *'went nothing like I imagined'*, and the complications they

experienced were *'unexpected', 'not as intended'* and *'far from what I wanted'*. There is a sense that they *'didn't achieve'* what they expected or hoped to. The outcome for these women included *'distress', 'regret', 'disappointment'*, with one woman expressing that she was *'devastated'*.

Implicated in women's negative experiences was the sense that the hospital system or its representatives did not share their belief in birth as a seminal event. Seven respondents implied that their birth experience was not seen as anything special by the hospital because of *'policies and protocols', 'insensitive'* care and inattentive *'preoccupied'* staff. Comments were also provided by a small number of women who discovered late in pregnancy that they would need a planned caesarean section for medical reasons. In these cases, women indicated that the use of the term 'elective' was very provocative, implying the women themselves had chosen caesarean when in fact it had been chosen for them.

Respondents whose birth was as good as or better than anticipated and those who were satisfied with their experience despite it not being as they originally thought or planned, maintained a sense of balanced optimism and enthusiasm about birth in the future. Conversely, a small number of respondents (n=5, 3.6%) for whom birth was disappointing and who had some regrets were largely *'turned off*' birth in the future as a result, and at the time they returned their questionnaires (between six and fourteen weeks postnatal) had made a firm choice about their future childbearing. *'I don't want another baby', 'I will never have another baby', 'I won't put myself through it again', 'I never want to go through labour and birth again'* and *'no more children'* clearly convey a sense of finality.

DISCUSSION

The analysis presented in this paper is of data collected from a self-selected sample of women who were giving birth at a large public tertiary (specialist) referral centre in Western Australia and were participating in a larger study about expectations and experience of childbirth. Given that there remains a limited understanding of women's contemporary childbirth expectations, especially within an Australian context, these findings provide an insight into what women themselves want from and value in childbirth, how their experience is affected by the features of the labour and birth environment, and how the birth experience reinforces or refutes women's beliefs about birth.

Childbirth expectations

The childbirth expectations identified in this study confirm earlier qualitative work by Fenwick and associates.[10] However, what is noticeably different is that women's values and beliefs about birth in this study were seemingly more polarized. Childbirth was either perceived to be a normal, natural process that women can and should achieve themselves, or to be a pathologically hazardous event, fraught with risk and danger, to be feared and surrendered to medical control.

This difference may be a result of the fact that in this study not only were there more descriptions of negative birth experiences than positive ones, they were also described at greater length and in much more graphic detail. One possible explanation for this is that writing about a traumatic experience is known to have a therapeutic and potentially reparative effect.[31] It is possible that these women were following the often compelling urge to 'repeat and retell' their story in an effort to distil its effect or simply make sense of it.[32] Petrie et al[33] found demonstrable improvement in immune function as well as reduced rates of illness and healthcare-seeking behaviours in people who documented the lived experience of a traumatic or distressing health event in a personal diary. Lange et al[34] and Beck[32] also reported expressive writing opportunities on the Internet to have been profoundly beneficial, possibly because of the sense of psychological safety and reduction in inhibition afforded by the anonymity of such a forum. Similarly, the anonymity this study provided may have encouraged women to share their stories.

Childbirth fear

The findings support previous international evidence that childbirth fear is certainly an issue that confronts many women both before and after birth. The findings support the notion that childbirth fear not only develops as a result of a previous traumatic birth experience, but also occurs in some women as a primary fear prior to their first labour and birth.[35, 36] Fear of childbirth is a cause for concern because of its demonstrated link with medical intervention in labour and birth, which in turn is known to be associated with complications such as post-traumatic stress and postnatal depression.[37-39] Secondary fear of childbirth may also lead to women calculating to avoid childbirth again by requesting caesarean section the next time.[40] It has been identified that 6 -10% of women have a level of childbirth fear that is disabling or causes dysfunction.[41] Furthermore, 13% of non-pregnant women are fearful enough of childbirth to postpone or avoid pregnancy.[36]

Although studies focussing on fear of childbirth have primarily been conducted with Scandinavian populations, it is a cross-cultural phenomenon.[13, 37, 42, 43] While there is limited research on childbirth fear in Australia the results of this study suggest that this country is no different, with white, well-educated, Western Australian women appearing to have considerable concerns and anxieties around birth. It seems reasonable to suggest that further investigation into the phenomena of childbirth fear within the Australian context is certainly warranted.

The importance of relationships and positive caregiver interactions

The actions and interactions women shared with health care professionals during labour and birth contributed significantly to how women perceived their childbirth experience. Being afforded what Matthews and Callister[44] coined 'dignity' during childbirth assisted women to positively integrate the experience despite how apparently straightforward or complicated labour and birth were or became. Waldenstrom et al[45] also identified that respectful relationships, especially with midwives, had a strong mediating effect on womens' childbirth experiences. The findings echo those of Fahy and Parratt[46] who found that where childbearing women felt allied with midwives, they were far more likely to feel stronger, more confident and empowered. Recent work undertaken in Western Australia also clearly demonstrated that the attitudes and behaviours of caregivers had a significant impact on how women reflected on their birth experience,[47] which is consistent with the findings of Hodnett's systematic review.[14]

Unresolved birth distress

Clearly, labour and birth can have an extreme effect on future birth choices and plans, particularly for women whose experience was not so positive. Three elements emerged as having dynamically equal importance in women's ability to reach a sense of resolution after a disappointing or traumatic birth experience. Feeling as if they had or were given time to assimilate unexpected events as they occurred, feeling vindicated or absolved of any sense of responsibility for what happened to them by people they respected, and having the opportunity to talk about what had happened afterwards seemed to combine to give women a sense of integration and perspective on their birth experience by 6-14 weeks postpartum. These findings support recent work by Australian researchers, which found that a brief midwife-led counselling intervention for women after a traumatic birth experience alleviated stress and trauma symptoms and feelings of self-blame at 3 months and improved confidence

about future pregnancy.[48] Where these three elements were absent, women planned to allay the possibility of another disappointing or traumatic childbirth experience by the most extreme means possible – avoiding childbirth altogether. These findings therefore also echo those of Swedish researchers Gottvall and Waldenstrom's[49] investigation into the effect of a traumatic birth experience on future reproduction. In the Swedish study, 12% of the cohort of 617 women had a traumatic birth experience with 38% of those (4.5% of the cohort) having no more children. The remaining 62% deferred future childbearing for an average of 4.2 years - almost twice as long as women who had a positive experience of birth (2.4 years). In the study reported in this paper, the percentage of respondents asserting they would have no more children because of a disappointing, scary or traumatic birth experience is slightly less at 3.6%.

Limitations

The ability to generalise the findings of this study are limited because the demographic profile of the hospital's maternity care attendees from which the sample was drawn is vastly more varied than those who chose to participate in this arm of the study indicates. A second limitation is that the employment of a single open-ended question after a structured-item survey may have biased the responses to the question. However, the same question was asked of women both prenatally and in the postnatal period, and there was no guidance or prompting. While women's responses to the question in the antenatal period were indeed related to the content of the preceding questionnaire (i.e. were focused on childbirth fears), the responses received from women postnatally were much more diverse, and about a wide range of topics related to the childbirth experience.

CONCLUSION

For women to be able to effectively face the challenges of early motherhood, it is imperative that they are not distracted from doing so by having to carry a burden of residual negative emotions brought about by their birth experience. The comprehensive account of the childbirth and early puerperal trajectory from the perspective of women presented in this paper strongly identifies the consequences of two key factors: the relationship between women and health professionals during labour and birth, and the effects of childbirth fear and trauma.

The difference that midwifery and other maternity professionals' care makes to birthing women's experience and subsequent decision-making cannot be overstated. When intrapartum caregivers are confident, sensitive, and respectful, women's satisfaction is high, residual negativity is low, and belief in birth is maintained. Where care is suboptimal and/or women's fears, distress or disappointment are not identified or adequately addressed, women's satisfaction is low, lingering psycho-emotional negativity occurs, and confidence about future birth is dented.

This study adds to existing knowledge of what women believe and value about the childbirth experience, and of the features of care that women say are important for them to experience childbirth positively. In the current climate of rising prevalence in pathopsychology related to childbirth and its sequelae, maternity health care providers must do all they can to address women's fears as early in pregnancy and/or as soon after a traumatic birth as possible. These findings serve to remind childbirth professionals to challenge unnecessary medical intervention in labour and birth, and of the vital importance of fostering women's intra-partum confidence and decision-making. Prioritizing such measures in practice would mean that women are more likely to have positive and satisfying birth experiences, and undoubtedly would minimize the risk of women emerging from childbirth with feelings of regret, disillusionment or trauma.

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Table 1: Example of data analysis audit trail

Original data	**Concepts**	**Sub-category**	**Major category**
• baby came out in the end with no problem • birth experience smooth and enjoyable • birth went without a hitch • managed to give birth with no drugs, no epidural • I did it with only gas & I was happy to do it as natural as possible • had an uncomplicated birth…my experience of labour was very relaxed • had an easy labour • Giving birth was really not that hard • wasn't as frightful an experience as I was expecting • it all went by the book • was never worried • it happened to go so smoothly... better than textbook apparently! There were no complications • everything went well. • This was my fourth natural delivery • had a healthy baby born naturally • natural delivery was beautiful	No problem smooth enjoyable without a hitch managed no drugs happy natural uncomplicated relaxed easy not that hard not so frightful went by the book no worries went smoothly better than textbook no complications went well natural natural natural beautiful	Natural, straightforward and easy	**Labour and birth depicted**

Table 2: Participants' demographic and obstetric data

Variable			Number	Percentage
Age	16-20		5	3.5
	21-25		27	19.1
	26-30		42	29.8
	31-35		43	30.8
	36-40		17	12.1
	41-45		7	5.0
Highest level of education	Did not complete high school		23	16.3
	High school graduate		32	22.7
	Vocational education or training / apprenticeship		24	17.0
	University including postgraduate		62	44.0
Combined annual pre-tax income in AU$	< $20,000		4	2.8
	$20,001 - $40,000		15	10.6
	$40,000 - $60,000		41	29.1
	$60,000 - $80,000		31	22.0
	> $80,000		38	27.0
	Not disclosed		12	8.5
Country of birth	Australia & New Zealand		107	75.9
	Europe		25	17.7
	Asia		3	2.1
	Other		6	4.3
Language spoken at home	English		138	97.9
	Other (Japanese, Spanish, Vietnamese)		3	2.1
Gravidity	1		58	41.1
	2		34	24.1
	3		32	22.7
	>4		16	12.1
Parity	0		70	49.6
	1		49	34.8
	2		16	11.3
	> 3		6	4.2
Attended childbirth education classes	Yes	All participants	70	49.6
		Primiparae	58	82.9
		Multiparae	12	17.1
	No	All participants	71	50.4
		Primiparae	12	16.9
		Multiparae	59	83.1
Mode of birth	Normal vaginal		68	48.2
	Non-elective caesarean		32	22.3
	Vacuum / forceps		23	16.3
	Elective caesarean		17	12.1
	Breech vaginal		1	0.7
Baby to special care nursery at birth	Yes		13	9.2
	No		128	90.8
No of babies this birth	1		138	97.9
	2		3	2.1
Analgesia in labour	IM narcotic		36	25.5
	Epidural		66	46.8
	Other		33	23.4
	None		6	4.3

Table 3: Key categories and subcategories of findings

1. ANTICIPATING LABOUR AND BIRTH
    - Wanting and expecting labour and birth to be normal and uncomplicated
    - Fearing and expecting labour and birth will be painful, complicated and dangerous
2. LABOUR AND BIRTH DEPICTED
    - Natural, straightforward and easy
    - Confronting, complicated and unexpected
3. MEDIATING FACTORS AND THEIR CONSEQUENCES: ENHANCED OR DIMISHED BIRTH
    - Enhanced birth
    - Diminished birth
4. EVALUATING, RESOLVING, AND LOOKING AHEAD