Women's Expectations and Experiences Regarding Nursing Support during Childbirth

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ABSTRACT

Context: Women giving birth always need to be provided by support and care during childbirth, trustful relationships with the health professionals, mainly childbirth nurses. The midwife can promote women feeling of being empowered and subsequently having positive experience and satisfaction during childbirth.
Aim: The study aimed to assess the women's expectations and experiences regarding nursing support during childbirth.
Methods: A descriptive design utilized in carrying out this study. A purposive sample of 400 women recruited in this study that conducted at the antenatal clinic and postnatal room, Ain Shams University Maternity Hospital. The study utilizes three tools: A structured interview questionnaire to assess socio-demographic characteristics of the study sample, the expectations of nursing support during labor and birth, and the childbirth experience questionnaire.
Results: 58.3% of the studied sample had negative expectations toward nursing support.62.6% of the studied sample had negative experiences toward childbirth.
Conclusions: The study concluded that more than half of the studied sample had negative expectations toward nursing support. Besides, slightly less than two-thirds of the studied sample had negative experiences toward childbirth. Also, there was a highly significant correlation between the total expectations of the nursing support score of the studied sample and their total childbirth experiences. The study recommended conducting an educational program to childbirth nurses regarding expectant mothers' expectations, wishes, and needs during labor.

Keywords: Expectations, experiences, childbirth, nursing support

1. Introduction

Childbirth is a natural process in which after approximately, 282 days of pregnancy, the fetus, placenta, and membranes moved through the birth canal and expelled *(Adams, Eberhard-Gran, & Eskild, 2012).* Birth is a dynamic and transformative experience on both individual and societal levels and has the power profoundly affected the lives of those involved. Giving birth is a complex event; a relatively long interval from conception to delivery can cause expectations about the birth experience, so it needs supportive care and empowerment of the women *(Abdel Ghani & Berggren 2011).*

The expectation defined as believing that something is going to happen or believing that something should be a certain way. It includes positive and negative beliefs, attitudes, and perceptions. Childbirth expectations play an essential role in the woman's response to the birthing experience and postpartum period. It has been suggested that the similarity between a woman's expectations and her experiences of childbirth may affect their wellbeing and satisfaction of childbirth. Women's beliefs and expectations regarding childbirth differ significantly from one another. Women choose their care and birth setting based on their definitions of pregnancy and childbirth. Personal conditions are a reflection of women's anxieties about maintaining a sense of personal control *(Akker-van, Dommelen, Bruin, & Graaf, 2016).*

The experience of birth is likely to play an essential role in the psychological outcome. Women satisfaction with their experiences of control during labor and birth will increase birth satisfaction and decrease the incidence of traumatic perception of birth and postpartum depression. So, identifying women's expectations, wishes, needs, and fears can empower the health care providers to achieve a common target of a positive birth experience *(Ambrosini, 2012).*

Women's feelings of being empowered were due to a presence and trustful relationship with the health professionals, mainly childbirth nurse. If the women felt empowered, it resulted in a better ability to feel controlled and then will reach satisfaction. Inadequate support could lead to a negative birth experience where felt abandoned, immobilized, and not prioritized by the nurse professional *(Buckley, 2015).*

Nurses play an essential role throughout labor and delivery by providing required nursing interventions for them. The nurse is the initial person who comes to make

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contact with parturient women. Nurse should be respectful, available, encouraging, expert and supportive during labor and delivery. The nurse should ensure comfort measures, information, instructions, emotional support, advocacy, and support. Besides, she should prepare the environment to meet woman's expectations, maintain personal control and to provide reassurance, encouragement, and guidance if needed *(Kordi, Bakhshi, &Tara, 2014).*

2. Significance of the study

In Egypt, the large maternity governmental hospital is facing serious challenges in providing care. Health care providers perceived load as the leading challenge to quality care. The caseload observed included obstetric emergencies, high-risk cases, cesarean sections in addition to normal delivery. Their main concern is how to manage the cases with minimum loss. Furthermore, limited facilities, the current nursing shortage, nurse job dissatisfaction, and inequality of distributed cases over the day are causing staff overloading at peak intake. This surrounding environment minimizing the chance to stop for minutes and think about the nursing role in promoting positive woman's expectations about childbirth and how to be enjoyed with her birth experience *(Mohammad, Alafi, Mohammad, Gamble, & Creedy, 2014).*

Childbirth is a crucial experience in women's life as it has a substantial psychological, emotional, and physical impact. Expectations of childbirth have been linked to women's satisfaction with the childbirth. A positive experience during labor is vital to the women, infant's health, and the mother-infant relationship. Knowing women's needs, values, preferences, and expectations during labor by applied research and new evidence-based practice will assist health care providers, specialist nurses, and midwifery in providing a high quality of care. It built on facts resulting from recent evidence. So, the current study will be done to fill a knowledge gap that has been existing about women's expectations and experiences during childbirth and the effect of nursing support.

3. Aim of the study

This study aims to assess women's expectations and experiences regarding nursing support during childbirth.

3.1. Research questions

- What are the women's expectations regarding nursing support during childbirth?
- What are the women's experiences regarding nursing support during childbirth?

3.2. Operational definitions

Expectation

A belief that something should happen in a particular way, or that someone or something should have particular qualities or behavior.

Experience

The process of getting knowledge or skill from doing, seeing, or feeling things.

4. Subjects and Methods

4.1. Research design

The descriptive study design used in this study to answer the research questions. Descriptive research aims to accurately and systematically describe a population, situation, or phenomenon. It can answer what, when, where, when and how, to investigate one or more variables. The researcher does not control or manipulate any of the variables, but only observes and measures them *(McCombes, 2019).*

4.2. Research Setting

The study conducted at the antenatal clinic, Ain Shams University Maternity Hospital. It consists of two rooms for examination and medical advice and a waiting area for mothers. The second setting was the delivery department (immediate postpartum room), which consisted of 10 beds for mothers during their fourth stage of labor.

4.3. Subjects

Purposive samples of 400 women according to the formula Sample size estimated to be sample size calculated using Open Epi, Version 3, and open-source calculator and based on a study carried out by *(Mohammed, 2016).* The study reached 350 women as 50 women were dropped out throughout the study.

$$\text{Sample size} = \frac{Z_{1-^2}P(1-p)}{d^2}$$

Z_{1-} = is standard normal variate (at 5% type I error (p<0.05) it is 1.96 and at 1% type I error (p<0.01) it is 2.58). As in majority of studies p values are considered significant below 0.05 hence1.96 is used in formula.

P = Expected proportion in population based previous studies or pilot studies.

d = Absolute error or precision- has to be decided by researcher.

Subjects were included in the study according to the following criteria:

- Multipara or primipara.
- 37th week of pregnancy.
- Normal vaginal delivery.
- They have a telephone or cell phone for accessible communication with them after birth to fill the childbirth experiences questionnaire.
- Pregnant women without any complications and medical problems during pregnancy.

4.4. Tools of data collection:

Data collected through the utilization of the following tools:

4.4.1.A Structured Interview Questionnaire Sheet

The researcher developed it after reviewing the related current and previous literature to collect data. It consisted of (14 closed-ended questions). This tool took around 15 minutes to be filled by mothers. It consisted of two parts:
Part I designed to assess socio-demographic characteristics of the study sample. It includes assessment of age,

education level, occupation, place of residence, (phone number) (Q1-5).

Part II. It designed by the researcher to assess past and present obstetric history of the study sample. It includes previous pregnancy and delivery, parity, previous pregnancy outcome, type of delivery, a medical problem during the previous delivery, number of abortions, and place of the previous delivery. It has involved information about present pregnancy as gestational age, antenatal follow up (Q 6-14 closed-ended questions).

4.4.2. Women Expectations of Nursing Support during Labor and Birth (ENSDLB)

It adopted from *Oweis, & Abushaikj, (2004).* It consisted of 9 statements. It was translated into communicative Arabic by experts in Faculty of Language Ain shams university, to assess women's expectations of nursing support during labor and birth at the antenatal clinic. It took about 5 minutes to be filled by mothers.

Scoring system

The scoring system was as follows: 1= strongly disagree 2=Disagree 3=Agree 4=strongly Agree. Reverse scoring considered for statements reflecting negative expectations for childbirth. Item added for each participant and the total score obtained. The total score divided by maximum score (36) x 100 to obtain percent score. The percentage score converted to expectations levels as follow: positive expectations if the percent score was 75% or more and negative expectations if the percent score was less than 75%.

4.4.3. Women Experience Questionnaire (CEQ)

It adopted from *Walker, Wilson, Bugg, Dencker, & Thornton, (2015).* It was translated to communicative Arabic by experts in Faculty of Language to assess women's experiences after delivery. It took 15 minutes to be filled by mothers. It consisted of 20statements assessing four main domains of the childbirth experience:

- Experience of own capacity (7 statements)
- Experience of professional support (5 statements)
- Experience of Perceived safety (5 statements)
- Experience of nursing participation (3 statements)

Scoring system

Childbirth experience questionnaire is a 4 points-Likert scale. The scoring system is as follow:

- 1 = strongly disagree
- 2=disagree
- 3=agree
- 4=strongly agree.

Reverse scoring considered for statements reflecting negative experience for childbirth. Item of scores added for each participant, and the total scores obtained. The total score divided by maximum score (80) x100 to obtain percent score. The percentage score converted to experience levels as follow:

- Positive experience if the percent score was 75% or more.
- Negative experience if the percent score was less than 75%.

4.5. Procedures

Official approval issued form the dean of Faculty of Nursing, Ain Shams University, to the director of the maternity hospital, Ain Shams University explaining the aim of the study to get permission for data collection.

The pilot study carried out on 10% of the total sample to test the reliability and applicability of the data collection plan. Pregnant women of the pilot study included in the mainstream sample, no significant modification was found after the pilot study, so they included in the study. After obtaining the official approval for data collection, the researcher attended the previously mentioned setting three days per week from 9 am to 2 pm for six months from December 2018 to May 2019.

Ethical consideration: All official permissions to carry out the study secured from relevant authorities. All pregnant women were informed about the importance and aim of this study. Oral consent obtained from participants after explaining the purposes of the study, no harmful methodology used with participants. All women informed that their participation is voluntary and their rights to withdraw at any time. Human rights assured. Data treated confidentially and using a coding system for data. Also, women informed that the collected data would be used only for the present study, as well as for their benefit.

At the beginning of the interview, the researcher introduced herself to women. The researcher interviewed each woman individually in the antenatal clinic to fill the childbirth expectations questionnaire. The average time taken for filling the questionnaire was about 5minutes.

The researcher contacted the studied sample directly after birth (postnatal room) to fill out a childbirth experience questionnaire form within 15 minutes. If the interview is not possible after the birth, the researcher called them (by telephone) to fill the form within 5 minutes. The researcher completed the questionnaire for illiterate women.

4.6. Limitation of the study

One of the limitations was drop out of 50 mothers, 20 of them delivered outside Ain Shams University Hospital, and 30 of them did not get a response to the telephone, so they were excluded.

4.7. Data analysis

Data were revised, coded, tabulated, and analyzed using numbers and percentage distribution. Date entered and cleaned on a personal computer using SPSS program version 16. The following statistical techniques used: Percentage, Chi-Square, Mean, and Standard deviation. Also, r test used for testing correlation. Significance of the Results:

- When $p > 0.05$, it is statistically insignificant.
- When $p \leq 0.05$, it is statistically significant.

- When p≤0.01 or p≤0.001 it is high statistically significant.

5. Results

Table 1 shows the frequency distribution of the study sample according to their socio-demographic characteristics it shows that 61.7% of the studied subjects' age ranged between 20 to 30 years. Slightly more than one-quarter of the studied subjects, (25.7%) reads and writes. Around two-thirds of the study subjects (63.1%), and (68.0%) were housewives and from a rural area.

Table 2 reveals the frequency distribution of the study subjects according to their obstetrical history it shows that 39.4% of the studied subjects were primiparous. Three-quarters of the studied subjects (76.2%) had no history of abortion. The majority of the studied subjects (84%) had a follow-up for their present pregnancy.

Table 3 represents the frequency distribution of the study subjects according to their previous delivery history. It shows that the majority (85.0%) of the studied subjects delivered normally. Concerning medical problems during previous delivery 85.8% of the studied subjects did not have problems during previous delivery and the majority of them (94.3%) had a healthy baby as outcomes of the previous pregnancy. Concerning the place of the previous delivery, the majority (88.7%) of the studied subjects delivered at the hospital

Table 4 shows the frequency distribution of the studied subjects regarding nursing support expectations, it demonstrates that 50% and 42% of the studied subjects expected the nurse to respect and to provide privacy for them & expect the nurse to support psychological, while less than half (44.9%) of them were not expected the nurse to include them in the decision.

Figure 1 illustrates women's total expectations score toward nursing support, it shows that 58.3% of studied subjects have negative expectations, while 41.7% of them have positive expectations.

Table 5 shows the frequency distribution of the studied subjects' childbirth experiences of nursing professional support and participation. It demonstrates that 40.0%, 43.1%, 41.1% and 52.0% of the studied subjects disagreed about the nurse kept informed about what was happening during labor and birth, the nursing team gave the opportunity to have a baby or put in under care, the nurse understood needs and the nursing team gave a say in the choice of pain relief. Meanwhile, 40.9%, 48.0% & 46.0% of the studied subjects agreed about the nurse devoted enough time; they felt well cared for by the nurse and impression of the nurse skills made feel secure.

Table 6 shows the frequency distribution of the studied subjects regarding childbirth experiences. It demonstrates that slightly less than half (43.1%, 41.1%) of the studied subjects agreed that labor and birth went as had expected, felt capable during labor and birth. Meanwhile, 40.0%, of the studied subjects strongly agreed to have been good control at giving birth,

Table 7 shows the correlation between total women's expectations and their total childbirth experiences. It demonstrates a highly significant positive correlation between total women's expectations and their total childbirth experiences at (p-value <0.01).

Table (1): Frequency and percentage distribution of the study subjects according to their demographic characteristics (n=350).

Demographic characteristics	(n=350)	
	No.	%
Age (years)		
<20 years	53	15.1
20 to 30 years	216	61.7
31 to 40 years	59	16.9
>40 years	22	6.3
Mean± SD	27.8±5.2	
Education		
Illiterate	73	20.9
Reads and writes	90	25.7
Preparatory	75	21.4
Secondary	68	19.4
University education	44	12.6
Occupation		
Work	129	36.9
Housewife	221	63.1
Residence		
Urban	112	32.0
Rural	238	68.0

Table (2): Frequency and percentage distribution of the study subjects according to their obstetrical history (n=350)

Obstetrical History	(n=350)	
	No.	%
Gravidity		
1	138	39.4
2	81	23.1
3	93	26.6
≥3	38	10.9
Number of abortions		
None	267	76.2
1	49	14.0
2	24	6.9
3 & more	10	2.9
Follow-up during present pregnancy		
Yes	294	84.0
No	56	16.0

Table (3): Frequency and percentage distribution of the study subjects according to their previous delivery history (n=212).

Pervious Delivery History	(n=212) *	
	No.	%
Type of pervious delivery		
Normal delivery	180	85.0
Cesarean section	16	7.5
Ventouse	12	5.6
Forceps	4	1.9
Medical problems during a previous delivery		
Yes	30	14.2
No	182	85.8
Outcomes of the previous pregnancy		
Healthy baby	200	94.3
Twins	2	0.9
Premature baby	10	4.7
Place of the previous delivery		
Hospital	188	88.7
Private clinic	9	4.2
At home	15	7.1

**Multiparas equal 212*

Table 3: Frequency and percentage distribution of the studied subjects regarding nursing support expectations (n=350).

Women Expectation	Strongly disagree		Disagree		Agree		Strongly Agree	
	No.	%	No.	%	No.	%	No.	%
Expect the nurse to respect and to provide privacy	17	4.9	49	14.0	175	50.0	109	31.1
Expect the nurse to give attention	108	30.9	88	25.1	84	24.0	70	20.0
Expect the nurse to welcome	25	7.1	49	14.0	140	40.0	136	38.9
Expect the nurse to include them indecision	157	44.9	112	32.0	35	10.0	46	13.1
Expect the nurse to answer questions	84	24.0	64	18.3	129	36.9	73	20.8
Expect the nurse to accept behaviors	74	21.1	85	24.3	105	30.0	86	24.6
Expect the nurse to give pain relief	60	17.1	66	18.9	119	34.0	105	30.0
Expect the nurse to support psychological	37	10.6	26	7.4	147	42.0	140	40.0
Expect the nurse to give information	72	20.6	140	40.0	94	26.9	44	12.5

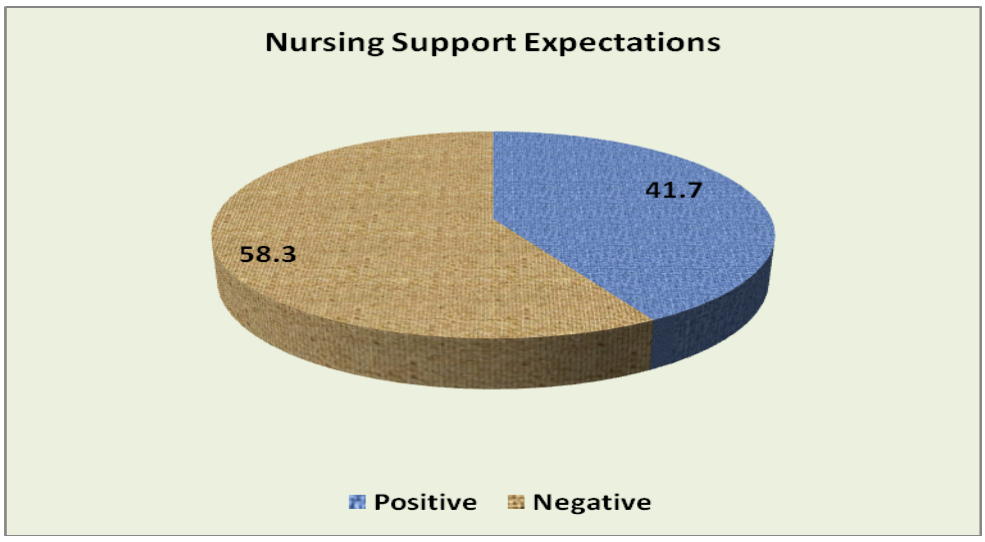

Figure (1): Percentage distribution of the studied subjects regarding their total expectations score toward nursing support (n=350).

Table (4): Frequency and percentage distribution of the studied subjects regarding childbirth experiences of nursing professional support and participation (n=350).

Women's experience of nursing professional support	Strongly disagree		Disagree		Agree		Strongly Agree	
	No.	%	No.	%	No.	%	No.	%
Professional Support								
The nurse devoted enough time	18	5.1	49	14.0	143	40.9	140	40.0
The nurse gave privacy during delivery	109	31.1	88	25.1	84	24.0	69	19.7
The nurse kept informed about what was happening during labor and birth	136	38.9	140	40.0	25	7.1	49	14.0
The nurse understood the needs	107	30.6	144	41.1	39	11.1	60	17.1
Felt very well cared for by the nurse	35	10.0	46	13.1	168	48.0	101	28.9
The impression of the nurse skills made feel secure	42	12.0	42	12.0	161	46.0	105	30.0
Participation								
The nursing team gave a say in deciding birthing position during the first stage of labor	133	38.0	74	21.2	76	21.7	67	19.1
The nursing team allowed having a baby or putting in under the care	130	37.1	151	43.1	41	11.7	28	8.0
The nursing team gave a say in the choice of pain relief	112	32.0	182	52.0	31	8.9	25	7.1

Table (6): Frequency and percentage distribution of the studied subjects regarding childbirth experiences of nursing support (own capacity and perceived safety) (n=350).

	Strongly disagree		Disagree		Agree		Strongly Agree	
	No.	%	No.	%	No.	%	No.	%
Own Capacity								
Labor and birth went as had expected	55	15.7	151	43.1	133	10.9	11	3.1
Felt strong during labor and birth	102	29.1	126	38.0	69	19.7	53	15.1
Felt capable during labor and birth	110	36.0	144	41.1	65	18.6	31	8.9
Was tried during labor and birth	100	28.6	105	34.0	82	23.4	63	18.0
Felt happy during labor and birth	95	27.1	74	30.0	92	26.3	89	25.1
Have been good control at giving birth	42	12.0	49	21.1	140	40.0	119	34.0
The feeling of pain was far beyond expectations	123	35.1	126	14.0	52	14.9	49	14.0
Perceived a Safety								
Felt scared during labor and birth	105	30.0	87	24.9	84	24.0	74	21.1
Have many positive memories from childbirth	104	29.7	102	29.1	84	24.0	60	17.1
Have many negative memories from childbirth	95	27.1	105	30.0	67	19.1	83	23.7
Some memories from childbirth make women feel depressed	105	30.0	109	31.1	42	12.0	94	26.9

Table (7): Correlation between women's expectations of nurses' support and their birth experience (n=350).

	No.	%	r	P
Total women Expectations of nurses' support				
Positive	146	41.7		
Negative	204	58.3	0.71	0.02
Total Childbirth Experiences				
Positive	120	34.3		
Negative	230	65.7		

6. Discussion

Childbirth expectations play an essential role in the woman's response to the birthing experience and postpartum period. *(Kordi et al., 2014).* The most active participant in the childbirth experience is the labor and delivery nurse. As the majority of women focused on the labor and delivery nurse as a source of physical comfort, emotional and informational support, professional nursing care assisting the physician or administering medicine, and monitoring the woman, the baby, and the progress of labor. The present study aimed to assess women's expectations and experiences regarding nursing support during childbirth.

Regarding socio-demographic characteristics of the studied subjects, slightly two-thirds of them their age ranged between 20 to 30 years. Slightly more than one-quarter of the studied sample can read and write. About two-thirds of the study subjects were housewives and from a rural area. This study finding contrasts with *Mohammad et al. (2014)*, who studied the Jordanian women's dissatisfaction with childbirth care. The study found that the mean maternal age was at range of 17-36 years, and most of the women were aged younger than 25 years. One-third of women completed the primary school, and one-third graduated from high school, and among all women, the majority of them were unemployed. This result agreed with *Pirdel (2015),* who compared women's expectations of labor and birth with their experiences among primiparas and multiparas with standard vaginal delivery. The study found that the mean ages of the women were 22.8 ± 3.9 and 27.7 ± 6.6 years.

Regarding the obstetrical history of the study subjects, the results of the present study revealed that about one-third of the women were primiparous; three-quarters of them did not have a history of abortion. The majority of the study sample followed-up in their present pregnancy. This finding was in the same line with *Sandall, Soltani, and Gates (2016)*, who studied the midwife-led continuity models versus other models of care for childbearing women. It reported that all the women were primiparous and stated that, the antenatal care was considered adequate in the majority of the studied women.

Concerning the previous delivery history of the study subjects, the results of the present study revealed that the majority of the women delivered normally. About two-thirds of them had three and more delivery. Concerning medical problems during the previous delivery of the study sample did not have problems during previous delivery. The majority of them have a healthy baby as an outcome of the previous pregnancy. In relation to the place of the previous delivery, the majority of the study sample delivered at the hospital. This result agreed with *Gebremeskel, Dibaba, and Admassu, (2015),* who studied the timing of first antenatal care attendance and associated factors among pregnant women in Arba Minch Town and Arba Minch District, Gamo Gofa Zone, south Ethiopia. The study found that the Ninety percent of the women reported that vaginal delivery was the ideal mode of delivery.

Regarding women expectations of nursing support during childbirth, the present study revealed that the majority of the studied sample agreed with the nurse respects and provides privacy for them and expect the nurse to support psychological, while about half of them were not expected the nurse to include them in the decision. This study finding agreed with *Stenglin, and Foureur, (2013),* who conducted a study in one of the public hospitals in Gauteng revealed that women feel valued when midwives give them support during labor and birth.

The present study findings also supported studies in Iran. The study conducted at the Educational Hospital of Arak University of Medical Science by *Kordi et al. (2014).* Their findings indicated that midwifery support improves coping strategies to deal with childbirth stress, thereby enabling mothers to experience more comfortable labor with less anxiety, as identified in most of the comments made by the mothers who participated in that study.

In the same line, *Stenglin, and Foureur, (2013),* who designing out the fear cascade to increase the likelihood of normal birth, suggests that the women experiencing the feeling of loneliness during delivery also mention that they are tired and anxious. Offering supportive care and empowerment of women during delivery will decrease fear from delivery among women. The present study agreed with the results of *Adams et al. (2012),* who studied the fear of childbirth and duration of labor mentioned that the fear of delivery in pregnant women results from negative experiences of delivery, interventions performed during delivery.

Carlsson, Ziegert, and Nissen (2015) confirmed the current study finding. Their study examined the relationship between childbirth self-efficacy, aspects of wellbeing, birth interventions, and birth outcomes. The study stated that, consequently, it is crucial in terms of woman's rights that nurses should protect women's privacy during both nursing interventions and interventions performed by doctors.

Similarly, *Paudel et al. (2015),* examined the women's satisfaction of maternity care in Nepal and its correlation with intended future utilization. The study indicated that women who had negative expectations related to behaviors during pain intensity feel severe pain. Moreover,

insufficient information obtained about labor and behavioral control during labor is one of the critical factors that cause a loss of confidence in women about childbirth.

In the same line, with current findings, a study conducted by *Kungwimba, Maluwa, and Chirwa, (2013).* They studied the experiences of women with the support they received from their birth companions during labor and delivery in Malawi. The study indicated that the use of different sources to obtain information and knowledge about childbirth helped women to cope with the actual childbirth experience and influenced their childbirth expectations as well.

According to the researcher's point of view, the nurses and other health care providers should focus their supportive interventions, both prenatally and during labor and delivery, on facilitating women's achievement of personal control and meeting expectations.

Regarding women's expectations of nursing support, the result of the present study indicated that slightly less than two-thirds of the studied subjects had negative expectations toward nursing support. This finding may be due to the absence of nursing support in critical times during childbirth. Similarly, a study conducted by *Olza, Leahy-Warren, and Benyamini, (2018),* who studied the women's expectations from delivery nurses. They stated that the nurse always accompanying women during delivery should make women confide in them by making use of their effective communication skills and giving support to women.

These results are supported by other research findings *Akbarzadeh, Masoudi, Zare, and Kasraeian, (2015),* who studied the comparison of the effects of maternal supportive care and acupressure and indicated that the women having vaginal birth would like to be informed about the delivery process continuously. In the same line *Gebremeskel et al. (2015),* reported that the overall care that mothers received during childbirth rated as good.

These findings are consistent with *Sydsjo et al. (2015),* who studied the effects of continuous midwifery labor support for women with severe fear of childbirth and reported that majority of the respondents felt very well cared for by the midwives. This suggested that they were satisfied with the support and care received.

Another crucial key finding in this study was that around half of studied subjects have disagreed that nurse kept informed about what was happening during labor and birth, the nursing team gave the opportunity to have a baby or put in under care, the nurse understood needs and the nursing team gave a say in the choice of pain reliever. This finding indicated that nurses were capable of doing another work as documentation or collecting supplies rather than involved in care. *Sydsjo et al. (2015)*, whose findings suggested that continuous support significantly reduced the intensity of labor pain among participants. Similar findings reported in another Iranian study. *Lally, Thomson, MacPhail, and Exley (2014),* indicated that women in their study expressed a degree of uncertainty about the level of pain they would experience in labor and the effect of different methods of pain relief.

Similarly, *Sengane, (2013),* showed that continuous support during labor noticeably decreased requirement for analgesia. While mothers' expectations concerning midwives' care during labor had not met, they become dissatisfied and finally have negative experiences of their labor. Thus, from the mothers' viewpoints, the main contributing factor to a pleasant childbirth experience is the full support provided by midwives. Similarly reported in a study conducted in Tanzania by *Shimpuku, Patil, Norr, and Hill, (2013),* whose findings indicated that a shortage of health care providers, mostly in rural areas of Tanzania, makes it challenging to provide mothers with the support they need in the hospital, and therefore mothers feel neglected.

These findings are consistent with *Borrelli, Spiby, and Walsh, (2016),* who studied what is a good midwife reported a satisfaction with their midwifery care, this did not mean that every aspect of midwifery care and support perfectly rendered, and this should give attention to strive for perfection and improvement of the childbirth experience. Similarly, a study done by *Shahoei, et al. (2014),* who studied the Iranian Kurdish women's experiences of childbirth experiences of perceived safety that were assessed against feeling scared during labor and birth, having positive, negative or depressive memories from childbirth. They felt secure from the impression of the health care workers' skills.

Regarding the correlation between women's expectations regarding nurses' support and their total childbirth experiences, the results of the present study illustrated a highly significant correlation between women's expectations and their total childbirth experiences. This finding was similar to the study conducted by *Nilsson, Lundgren, Karlstrom, and Hildingsson, (2012)* in Sweden to identify the factors influencing positive birth experiences for first-time mothers and indicated that support and a feeling of being empowered was due to the presence of trustful relationships with the professionals. These findings may highlight the fact that educational programs are a contributory factor in increasing realistic knowledge to expectant mothers about what happens during labor.

In conclusion, the present study emphasized that nursing support during childbirth is an essential factor in having a positive experience and normally adapt during the childbirth experience, this support assured the need for an evaluation of the current preparations of women for childbirth by the professional nurse. Maternity and health care professionals can significantly provide women's needs. The deviation from what is typical or predictable produces distress, in the researcher point of view, identifying women's expectations, wishes, needs, and fears empower the health care providers to achieve toward a common target of positive birth experience.

7. Conclusion

The study concluded that more than half of the studied sample had negative expectations toward nursing support. Besides, there was a highly significant correlation between

total childbirth expectations, total expectations of nursing support & their total childbirth experiences.

8. Recommendations

In the light of the results of the present study, the following recommendations suggested - Conduction of an educational program to childbirth nurses regarding women's needs, values, preferences, and expectations during labor will be a crucial factor to assist health care providers especially nurses and midwifery.-Establishment of childbirth education classes by nurses can have a possible affirmative responsibility for the birth experience of women. -Further studies are needed to evaluate the effect of a health education program for pregnant women regarding birth preparation and satisfying birth experience. - Further qualitative research about women's views and expectations of childbirth, including pain management, expectations about the baby, and satisfaction.

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