

# Indonesian mother's feeling and thought during pregnancy: a qualitative study

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## ABSTRACT

During pregnancy, the mother may have a different experience based on many factors. The purpose of this study was to explore the experience of pregnant women in Indonesia. Some studies establish to explore experience during pregnancy in a particular area. However, limit number study underlined the experience in the general area. A descriptive phenomenological study was used to explore the experience of pregnant women during pregnancy. Purposive sampling, one-on-one, in-depth with semi-structural interviews were conducted to collect data. Narratives were analyzed by Colaizzi's (1978) seven-step method. Data saturation was achieved after interviewing 3 pregnant women. Four themes and the sub-themes were : having feelings (happy for pregnancy coming true and worry about cannot have vaginal delivery), changes in physical condition (evening sickness, appetite changes, difficult sleep, and eating pattern have to change), deal with pregnant physical condition (lying down when vomiting and changing the meals time), ensure pregnancy safety (seeking help from husband, continuous monitoring of fetal head's position, pay attention to changes in body weight, and pay attention to the data of hemoglobin). This finding presents the evidence for midwives to the importance of understanding the feeling and experience of the mother during pregnancy. Support and attention consider important for mother who experiences CS history and Placenta Previa in the current pregnancy.

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## 1. Introduction

The women's personal conditions, cultural beliefs, attitude, socioeconomic status, preparation, knowledge, community, and societal conditions were some instances an inhibitor or facilitator during the childbearing transition in the women's life major development (Gomora, A., Mukona, D., Zvinavashe, M., Dhaka 2015). Besides, the psychosocial and physical development to be able to facilitate and inhibit the adaptive functioning in either way (Meleis 2012). Transition condition impacts the way a person moves through the transition during pregnancy progress that facilitates or obstruct advancement toward achieving a healthy transition (Meleis 2010). Many qualitative studies underlined the experiences of pregnant women in the certain concern, for instance in advance maternal age (Aldrighi et al. 2016; Shahoei, Riji, and Saedi 2011) the feeling

during pregnancy (Shahoei, Riji, and Saeedi 2011), and life experiences at 41 weeks (Wessberg, Lundgren, and Elden 2017). The boundary number of study on the mother's sensation and believed during pregnancy in Indonesia was the major intention to conduct this research. Midwives need to understand those issue to provide the best prenatal care for the mother. Therefore, the aim of this study was to address the midwives' need.

## 2. Methodology research

This study was exploring the mother's feeling and thought during pregnancy, thus phenomenological approach used. The population in this study was the pregnant women who come to the antenatal care at private clinics in the north of Yogyakarta, Indonesia within a month. The inclusion criteria were: (i) pregnant women at any ages, (ii) pregnant women at the third trimester, (iii) pregnant women at any parity, (iv) pregnant women with or without obstetric complication at the current pregnancy or earlier, (v) pregnant women who will to contribute in this study, (vi) agreeable to share their thought and feeling. However, the pregnant women who cannot read and speak in Bahasa automatically excluded. Out of 85 pregnant women, three were interviewed after met criteria and achieving saturation.

### 2.1. Data collection

The proposed informant was approached by the midwife in the clinic and introduce to the author before the interview session. The interview was conducted in the midwifery private clinic at lasted 30-40 minutes and were recorded and transcribed verbatim. Consent regarding the project well-informed and the rights of the informant has explained. The privacy of the interview room was established to decrease the bias due to an inappropriate situation. The guideline was: (i) could you tell me concerning your feeling and thought in this pregnancy? (ii) could share with me your experience in this pregnancy. In addition, to reassure the pregnant women to share further information, the inquiry questions such as "can you tell me more about that?" has been delivered. At the end of the interview, the closing question "is there anything else you would like to share with me?" also has been given by the researcher (Polit and Beck 2017).

### 2.2. Data analysis

The author followed Collaizi's seven-step standard set (Morrow et al. 2015). The first step, we red all the protocols to acquire a feeling for the pregnant women, then each protocol has been reviewed and extracted to highlight the significant statement. Next, organized the formulated meanings into clusters of themes has been established. This step consists two sub-steps:(i) refer these clusters back to the original protocols to validate them, (ii) note discrepancies among or between the various clusters, avoiding the temptation of ignoring data or themes that do not fit. Then, after that, we integrated results into an exhaustive description of the phenomenon under study. Furthermore, we formulated an exhaustive description of the phenomenon under study. However, the rigor of credibility, fittingness, and confirmability, were obtained along with the audit trail, member check and peer debriefing(Guba and Lincoln 1994). For the credibility, the researcher was peer debriefed regarding data analysis by classmates and three professionals on the expert panel with the experiences in a particular area and have published many works in the qualitative study.

### 2.3. Ethic

Ethical consideration was approved by the Institutional Review Board (IRB) in Yogyakarta, and consent obtained from the women. They were asked by the researcher to describe their feeling, thought and experiences during pregnancy.

### 2.4. Result

Four emergent themes were identified to illustrate the experiences of the pregnant women in Indonesia. These themes were: (i) having feelings; (ii) changes the physical condition; (iii) deal with the pregnant physical condition; and (iv) ensure pregnancy safety.

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### Theme 1: Having feelings

This topic includes the sub-themes: happy for pregnancy coming true and worry about cannot have a vaginal delivery.

*Happy for pregnancy coming true.* Mothers really excited and struggling with the effort to get this pregnant. She also mentioned if she felt joy and happiness when know she got pregnant as described below:

*This is my expected pregnancy, so when I knew if I was late on my period I was so happy. Several I got the examination and waiting for three months and until the midwife recommend me to have the pills to stimulate my menstruation (R1).*

Yes, I am happy with this pregnancy of course (R3).

*Worry about cannot have a vaginal delivery.* While mother stated that her SC history led her to have the concern to deliver by the vagina, other pregnant women experience her worry to incapable to have the vaginal delivery due to her obstetrics condition.

*I want to have a vaginal birth... My feeling now is nervous, because I have SC for my first delivery(R1).*

In addition, the placenta covered the way a bit as Doctor' said, that make my concern getting worst. Therefore, it makes me keep thinking if probably I could not have a vaginal delivery.

### Theme 2: Changes physical condition

This theme included four sub themes: Evening sickness, appetite change, difficult sleep, and change in eating pattern.

*Evening sickness.* Mother said if she has vomiting and nausea in the evening in this pregnancy.

*When in the morning I have my breakfast as regularly, but then in the evening everything that I ate come out at all, even if I have nothing to ate before it was still come out (R1).*

*Appetite change.* One pregnant woman stated if she experience the appetite change.

*For this second pregnancy, I have loss some appetite to eat, no as previo us. So I just ate what I want (R2).*

*Difficult to sleep.* Mother stated if she starts to have sleep problem since late stage of the pregnancy.

*But since my pregnant was 7 month I begin have difficult to falling asleep and difficult to found the comfort sleeping position as well, and once I woke up at night, then I will difficult to continue my sleeping (R1).*

*Eating pattern have change.* Mother tried to take meal as she wants and deal with the pattern changes included frequency and the portion of meals.

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*The other thing was since my 8 month until now my eating pattern have change, I only take meals three time a day with small portion otherwise before I was take it for five times (R1).*

### Theme 3: Deal with pregnant physical condition

The theme included: lying down when vomiting and changing the meals time.

*Lying down when vomiting.* After mother experience nausea and vomiting, she tried to found the comfort position as lying down.

*I have vomited after evening, once it occurs, I just lying down (R1).*

*Changing meals time.* Women described the changing time to having meals was occurring after she vomit the food in the evening, therefore she has to had second meal at late night.

*Sometimes I will have my second dinner at 11pm or 12 am because after vomit, my stomach was empty at all (R1).*

### Theme 4: Ensure pregnancy safety

This theme included four sub themes: Seeking help from husband, continuous monitoring of fetal head position, pay attention to changes in body weight, and pay attention to the data of hemoglobin.

*Seeking help from husband.* Mother seeking help from husband to remind her to had the second dinner.

*I ask my husband to woke me up to have my meals (R1).*

*Continuous monitoring of fetal head position.* To ensure pregnancy safety, mother said if she is monitoring her fetal head position which is help by midwives in her antenatal care visit. Mother also said if she is waiting for the next antenatal care schedule to know the progress of her baby.

*I am concerning on my baby's head position that insist in up (R1).*

*Pay attention to changes in body weight.* The mother described that she has not gain weight significantly during this pregnancy, however, she has routine weigh scale at antenatal care visit.

*I have question that playing in my mind was like, why my weight not increase significantly during this pregnancy. Therefore, I am waiting for the next antenatal care schedule (R3).*

*Pay attention to the data of hemoglobin.* Mother described her awareness on the improvement of hemoglobin measurement during pregnancy. She just kept in mind why her hemoglobin data was stuck on the same level.

*I also wondering why my hemoglobin did not increase? (R3).*

### 3. Discussion

During pregnancy, women experienced a variety of feelings: 'satisfied and happy', 'unpleasant' and 'ambivalent' (Shahoei, Riji, and Saeedi 2011). However, in our current finding, all the respondent expresses their happiness for the pregnancy coming true while they also shared their worry about cannot have vaginal delivery. Two respondent mentioned the reason of their worry is due to her cesarean section (CS) history, while another one has Placenta Previa. Based on previous study, two of those cases are common to end up with CS method as delivery (Mann et al. 1999; Regan et al. 2015). The findings of our study help midwives to understand that women need more support from health care provider in the particular condition (Mojriani et al. 2018). In our finding, one mother has vomit and nausea in the evening. However, vomit and nausea are the most common pregnancy-related complaint (Einarson et al. 2010), beside sleeping disturbance (Heitmann 2016; Heitmann et al. 2015) and appetite (Paterson, Hay-Smith, and Treharne 2016), also eating changed pattern. Mothers seems try to deal with some complaint during pregnancy, as we found in this study such as have eat in a small portion and some frequencies, ask help from her husband to get a second meal and try to find the pleasant position after vomit occur. Those are in line with the previous study and protocol. The University of Washington (2017) released the guidelines for prenatal education as for the meal and appetite change during pregnancy. Mother recommended to have eat a few crackers or any other food you can tolerate before getting out of bed in the morning, and even during the night, if you wake up.

In this study, women said if she laid down after have evening sickness. Similarly, lying down is the most comfort position for pregnant women to stretch their body (Khavari et al. 2017). However, in term of husband's role during pregnancy, he, as underlined by previous finding (Isabel et al. 2014) is the main facilitator for mother to establish care seeking behavior. As the close person, father or intimate partner playing an important role during pregnancy. He can help mother to take care at home such as remind her to take an iron tablet, take enough nutrition or other health care practices during pregnancy (Alio 2015). Mother in this interviewed described that this pregnancy brought them a sense of needing to provide the safekeeping of the baby. This finding was also reported by senior study (Meier and Avillaneda 2015). Mother will observe her pregnancy as the part of a sense of ownership and responsibility (Shahoei, Riji, and Saeedi 2011). We also found if mother pay attention to her body weight. This supported by other researcher (Wessberg, Lundgren, and Elden 2017), stated that women were interested in monitoring health parameters such as Body Mass Index provided reassurance interested monitoring. The awareness of changes in body weight also reported by Rathi & Palekar, (2012). Hemoglobin examination issue is the part of our finding from mother. Based on mother's awareness of hemoglobin improvement, she tried to ensure her pregnancy safety as the part of seeking-care behavior. Through this way, mother reassured on her health status regarding anemia issue. Anemia is a condition in which the number of red blood cells (and consequently their oxygen-carrying capacity) is insufficient to meet the body's physiologic needs (WHO 2011).

### 4. Conclusion

This study described the experience during pregnancy among Indonesian pregnant women. The findings of this study indicate that Indonesian women experience a happy feeling for this pregnancy but also in the same time feeling worry for the disability to have vaginal delivery. Besides, women also have some complaint during her pregnancy and they also described how to deal with that kind of complaint. Lastly, women also shared her experience in term of ensure her safety pregnancy. Thus, it is important for midwives to ask pregnant women about their feelings and experience concerning the current pregnancy, childbirth and future motherhood. Special consideration should be given to women with Cesarean Section of previous pregnancies and other obstetrical problem (Placenta Previa) in this pregnancy. These findings are important markers for further research concerning women's experiences of worry feelings, as well as midwives' perceptions about and their interaction with pregnant women.

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