

Primipara and Multipara Simulated a Normal Birth Experience for Content Analysis

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Abstract

This study helps Primipara and Multipara an attempt to sound about his experiences.

Study to gangwon province, four living in cities by 20 June 2015 and November survey of women in their 20s and 30s by Primipara and Multipara simulation to determine the contents a normal birth descriptive survey research. Content analysis of data meeting the normal delivery in accordance with the procedure of the act a normal birth, felt Primipara and Multipara advantages, disadvantages of a normal birth, on the necessary education to become a normal birth. Meaningful statement the doors and drawn with the categories in accordance with analysing. Accordingly, Primipara and Multiparasimulated a normal birth experience, prenatal education early pregnancy through education active and confirm the time of low birth rates due to family, women's employment and to support delivery of her husband loudly to have children to force them to actively can be achieved.

Keywords: Content analysis, Normal delivery, Primipara, Multipara

1. Introduction

1.1. The Necessity of the Study

Childbirth is a natural phenomenon that leads to the creation of new life. That is the most touching and special moment in women's life and is a unique experience only they can acquire, and that is a normal incident [1]. At the same time, that is part of human growth process and a critical situation. The way of looking at childbirth varies from person to person [2]. Some mothers who found themselves to do better than expected during delivery and thereby felt a sense of achievement regard it as a positive experience, and others look upon it as an unforgettable negative experience due to anxiety, fear or pain that they suffered from [3]. Nowadays mothers who gave birth in the hospital mostly benefit from state-of-the-art technology or machines. Yet how they feel during childbirth is usually overlooked, or no professional health care is provided for them [4]. Childbirth that mothers experience is a sociopsychological process as well as a biological one. That is the most significant incident that they experience in their lifetime, and that is the happiest and impressive phenomenon that they undergo [5]. Nurses should take a close look at mothers during their delivery and help them to gain positive experience by relieving their dread or fear instead of having them merely avoid pain using drug, and

they should ease their anxiety, fear or tension by giving encouragement, diverting their attention or giving some changes so that they could feel at ease [3]. And they should inform them of the fact that mothers who give birth in a natural way acquire more positive delivery experience than those who do it by caesarean section, and provide prenatal education for them to perceive delivery in a positive way [3]. As successful maternal role performance requires not only related knowledge and skills but confidence, mothers should be helped to have confidence to relieve postnatal depression to gain positive delivery experience.

In our country, there are no further efforts than simply offering medical treatment for mothers after their delivery, checking their complications and focusing on health-related diagnostic evaluation during their follow-up hospital visits, and no appropriate intervention is offered for them [6]. As primipara are thought to feel more pain and significantly more anxiety than multipara, health care workers pay more attention to the former, and the latter is likely to go through their delivery and puerperium amid the indifference of medical personnel, since they have already experienced childbirth once or more [7]. When nurses deal with pregnant women who are hospitalized to give birth, they have a tendency to educate only primipara with interest as they think multipara would have no curiosity and do well thanks to their prior delivery experience. In fact, however, it's found in clinical situations that multipara are at a loss as well like primipara while they have labor pains, and that they also are curious about breast-feeding education, which is conducted before mothers move from the delivery room to their wards [8].

So far, studies of postnatal mothers have mostly examined anxiety, maternal identity, maternal stress and postnatal depression [1, 9-10], bond with child [11], maternal role adjustment [12], or the influence of the attitude of spouses to involvement in childbirth on these mothers [13-14]. There may be differences between the normal delivery process perceived by primipara and multipara and the actual delivery process. Some mothers are disappointed at or take a dismal view of delivery process, while others feel it is quite amazing and look at it in a positive way. Therefore mothers should be helped to properly cope with possible negative situations during delivery process, and it's required to accelerate the development of nursing intervention geared toward offering positive childbirth experience by having the right understanding of their delivery process and the nature of the experience.

1.2. The Purpose of the Study

The purpose of this study was to examine the normal delivery experience of primipara and multipara in an effort to provide some information on how to ensure successful and proper normal delivery. It's specifically meant to investigate the normal delivery experiences of primipara and multipara, the strengths of their normal delivery, the weaknesses of their normal delivery and their needs for education necessary for normal delivery.

2. Body

2.1. Research Method

2.1.1. Research Design: A descriptive research study was implemented to have the exact understanding of the experiences of the subjects and make a content analysis of the experiences in an effort to shed light on the normal delivery experiences and actual delivery process of the primipara and the multipara and on the semantic structure of the experiences.

2.2. The Subjects and Data Collection

The subjects in this study were 87 selected women who resided in four different urban communities in Gangwon Province and who were in their 20s and 30s. As for age distribution, 34 women (39%) were in their 20s, and 53 women (61%) were in their 30s. Data were gathered from June 1 through November 30, 2015, with prior written permission from the postpartum care centers of ob/gynhospitals in the regions. This researcher and a research assistant conducted a survey on the women after asking the chiefs of the postpartum care centers for cooperation. Some of the women had difficulty filling out the questionnaires on their own, and the assistant read the questionnaires and filled them out on behalf of them. For ethical considerations, they were surveyed with their own written consent, and they were explained about the status of this researcher, the purpose and process of the study and required time. In addition, they were assured that all their personal information and interview data would be kept confidential, and that all the information and data would be used for the purpose of this study only. Also, they were told that they could stop participating in this study anytime, that they had the right to reject participation in this study, that there would be no disadvantage for them in case of deciding not to participate any more, and that all their information and data would be shredded by a shredder after the end of the study or in case of stopping participating. Each of them was interviewed once in the lounge or in the counseling room not to be disturbed by others. As for the open-ended questions, there were no limits to the amount of their description, and they gave their answers freely without any restrictions. Nonstructured and open-ended questions were used during the interviews to encourage them to talk about their experiences in a natural way. The interviews started with a question "What was your experience with normal delivery?" And they were never interposed while they talked so that they could describe their experiences freely. When there was anything about which they were curious during the interviews, they were explained on that. It took a mean of 30 to 50 minutes to interview each of them.

2.1.3. Instrumentation: To figure out the normal delivery experiences and actual delivery process of the primipara and multipara, four open-ended questions that were prepared by this researcher based on earlier studies and literature were put to use: "How did you feel while experiencing normal delivery?" "What do you think is the strength of normal delivery?" "What do you think is the weakness of normal delivery?" "What kind of education do you want to receive in the future after experiencing normal delivering?" The validity of the instrument was tested by three professors of women's health nursing and two head nurses in charge of the delivery room.

2.1.4. Data Analysis: Content analysis is used in this study, which could be effective at understanding and researching the normal delivery experiences and actual delivery process of the primipara and multipara. This method is to analyze content itself, and was chosen as the method of this study because it is defined as a systematic and objective method to describe content, to categorize it systematically and to investigate what the written information is about [15].

2.1.5. Category Analysis: The researchers marked what's related to the purpose of the study in the collected data according to the procedure of content analysis. And the researchers read the marked parts repeatedly and discussed with each other to select categories [16].

The women gave multiple answers to each item, and what's written by them was categorized by the standards of meaning and similarity of expression. The raw data for each question were classified into several categories on the basis of literature and earlier studies of normal childbirth experiences, and frequency and percentage were calculated, which are the quantitative elements of content analysis [16].

2.1.6. Data Coding: A coding frame was developed to code the data after a pilot survey was conducted, and the data were coded to ensure reliability after the researchers practiced coding until the percentage of their agreement for each item stood at 90 percent or more [15]. When there were any ambiguous parts or problems, the lead researcher had a discussion with the other researchers to reach an agreement. The reliability of the coders was the standard when the principle was applied [15].

2.1.7. Reliability and Validity: To assess reliability, the agreement of the coders was checked. The level of agreement was checked about each item to improve reliability, The parts on which they disagreed were marked, and the parts were classified after they again reviewed these parts and reached an agreement. Three researchers evaluated reliability for all the four questions according to Holsti method [15].one of content analysis methods that the level of agreement among analyzers is measured after classifying the collected data by a particular theme.When Holsti method is used in content analysis, approximately 90 percent of reliability coefficient is considered to be appropriate [17]. In this study, the percentage of reliability for the four questions stood at 90 percent on average, which indicated a high level of agreement. When 5% sampling error is taken into account, it might even go up to 93 percent. Therefore the reliability seemed to be above standard [17].

3. Results

3.1. The General Characteristics of the Subjects

The subjects in this study were 87 mothers who experienced childbirth. As for age, 34 women(39%) were in their 20s, and 53 women (61%) were in their 30s. Concerning religion, the largest group that numbered 35(40%) were unreligious, followed by Christians(29 women, 33%) and Catholics(13, 15%). The smallest group(10, 12%) was Buddhists. As to academic credential, the biggest group(64, 74%) was college graduates, followed by the high-school graduates(9, 10%). The smallest group(8, 9%) received graduate-school education. By occupation, the greatest group(36, 42%) replied they were homemakers, and 22 women(25%) were working. How long it had been since their childbirth was asked, and the most common period was two or three weeks(24, 28%), followed by one or two weeks(20, 23%), four to six weeks(18, 21%) and within one week(15, 17%). The least common period was three or four weeks(10, 11%). As to the gender of children, the largest group(42, 48%) had both one or more male child(ren) and one or more female child(ren), and the second biggest group(25, 29%) had one or more male child(ren), which outnumbered the group that had one or more female child(ren)(20, 23%). As for the health status of the children, the greatest group(45, 52%) replied their children were very healthy, followed by healthy(32, 37%) and middling(10, 11%)(Table 1).

Table 1. Characteristics of Subjects (n=87)

Characteristics	Categories	n(%)
Age	20s	34(39%)
	30s	53(61%)
Religion	Atheist	35(40%)
	Christentum	29(33%)
	Catholic	13(15%)
	Buddhism	10(12%)

Academic background	University graduation	64(74%)
	Graduation	9(10%)
	Graduate degree	8(9%)
Job	Homemaker	36(42%)
	Calling	22(25%)
	Nonresponse	29(33%)
After the delivery date	Within 1 weeks	15(17%)
	1-2 weeks	20(23%)
	2-3 weeks	24(28%)
	3-4 weeks.	10(11%)
	4-6 weeks	18(21%)
The child's gender	Male, female	42(48%)
	Male	25(29%)
	Female	20(23%)
	Be very healthy	45(52%)
Health status of children	Healthy	32(37%)
	Normal	10(11%)

3.2 The Normal Delivery Experiences of the Primipara and the Multipara

The descriptive data of the primipara and the multipara about their normal delivery experiences were analyzed to sort out strengths and weaknesses. As a result, there were four areas, 13 significant statements and five categories.

3.2.1. Feelings about Normal Delivery: Five categories and 13 statements were selected in regard to how the subjects felt about normal delivery. The five categories are [agony and pain], [positive thinking], [postnatal recovery], [normal delivery] and [cesarean section] (**Table 2**). The following answers were categorized into the category [agony and pain]: "It was painful and every living creature is noble." "I had no idea because of severe pain," "lengthy pain," and "The pain and anxiety lasted long though I had a cesarean section." The largest group that consisted of 18 primipara(42%) and 20 multipara(45%) gave these answers. The following answers were classified into the category [positive thinking]: "I found it rewarding," "birth," "mysterious," "maternal love," "I felt very good and happy," and "It was painful yet I found it rewarding," "It was painful yet created new life and was a precious experience." 12 primipara(26%) and 13 multipara(30%) gave these replies. The category (15) was composed of the followings: "Fast postnatal recovery" and "It was good to move around after childbirth," Six primipara(14%) and seven multipara(16%) gave these replies. The category [normal delivery] consisted of the followings: "It gave a hard time to both of the child and myself yet seems to be quite normal," and "I worried if the child would be normal or not." Four primipara(9%) and three multipara(7%) gave these answers. The answer "yearning for cesarean" was classified into the category [cesarean section]. The smallest group that was three primipara(7%) and a multipara(2%) gave this reply.

Table2. What is that Feeling You Experience A Normal Birth Is? (n=87)

Category	Significant statements	Primipara		Multipara	
		Frequency	n(%)	Frequency	n(%)
Pain and saturday	Painful, all living things are noble.	9		10	
	This may have severe pain.	6		5	
	The long and painful suffering	2	18(42%)	3	20(45%)
	Surgery is long, but the pain and anxiety	1		2	
Positive thought	Birth , mystique, maternal love	5		6	
	Feel good and true happiness	4		4	
	Only a sick feeling with a full heart	2	12(28%)	2	13(30%)
	This valuable experience pain even as the birth of a life	1		1	
Recovery after childbirth	The quick recovery after childbirth	4		4	
	In good birth, and move	2	6(14%)	3	7(16%)
Normal delivery	Both child and mother laborious thinking as normal childbirth	3		2	
	Give the child a normal birth	1	4(9%)	1	3(7%)
Cesarean section	Craving for Cesarean section	3	3(7%)	1	1(2%)

3.2.2. The Meanings of the Strengths of Normal Delivery: As for the meanings of the strengths of normal delivery perceived by the subjects, four categories and 29 statements were selected. The four categories are [good recovery], [a bond of sympathy with the child], [healthy] and [positive view] (Table 3). The following answers were classified into the category [normal delivery]: "Speedy recovery," "Body wastes were naturally eliminated from the body," "I felt less pain as recovery from it was faster than that from cesarean," "Fast recovery of the mother," and "The period of recovery seemed to be short." The largest group that was 15 primipara(35%) and 16 multipara(37%) gave these answers. The category [a bond of sympathy with the child] was composed of the followings: "I felt maternal love," "communion with the child during breast feeding," "I felt the joy of the birth of new life," and "I was able to breast-feed my baby." 13 primipara(30%) and 12 multipara(27%) gave these replies. The category [health] consisted of the followings: "Bad blood was removed thanks to natural bleeding," "Healthy life,"

and "There were no scars." Eight primipara(19%) and nine multipara(20%) gave these answers. The category[positive view]was composed of the followings: "Happy memory," "Everything is a merit," and "I want to have a second baby." Five primipara(12%) and six multipara(14%) gave these answers.

Table 3.What Are The Advantages For Normal Delivery? (n=87)

Category	Significant statements	Primipara		Multipara	
		Frequency	n(%)	Frequency	n(%)
Normal recovery	Recover quickly	6		5	
	Recover quickly, this waste naturally emissions.	4		4	
	Recovering faster than cesarean and delivery feels less colic.	3	15(35%)	3	16(37%)
	Maternal recover quickly.	2		2	
	The faster the recovery period does not think surgery			1	
Consensus and form children	While feeling a moment of sese's joy, adults felt the fact that the real fell in front of the house.	2		3	
	Maternal toward feeling	6	13(30%)	4	12(27%)
	Sympathetic and breast-feeding children	3		3	
	It is possible to breast-feeding	2		2	
	It gives no bad blood in the body due to spontaneous bleeding.	4		3	
Healthy	Healthy life	2	8(19%)	5	9(20%)
	No scar.	2		1	
Positive views	Happy memories	2		2	
	I want a second child	1	5(12%)	1	6(14%)
	Everything good points	2		3	

3.2.3. The Meanings of the Weaknesses of Normal Delivery: As for the meanings of the weaknesses of normal delivery perceived by the subjects, four categories and 19 statements were selected. The four categories are[pain and anxiety],[physical changes],[delivery time]and[postnatal care and recovery](**Table 4**).The following answers were classified into the category[pain and anxiety]: "I felt like my body would be shattered," "I was anxious," "It was more painful than artificial labor," and "lengthy pain and anxiety," The biggest group that was 16 primipara(37%) and 18 multipara(41%)

gave these replies. The category[physical changes]consisted of the followings: "The sphincter lengthened," "It left a big scar," "There were a lot of scars," "Nobody can imagine what the pain is like," "metratonia," "physical changes," "I suffer from poor uterine contraction and urinary incontinence1," "My marital relationship is not good because of poor contraction," "My body shape changed," "My foot get bigger" and "My joints hurt including wrists and ankles." 14 primipara(33%) and 16 multipara(36%) gave these replies. The category[delivery time]was composed of the followings: "It took too long to give birth," "The long wait was boring," "I had to struggle with pain for a long time," and "long hours of labor pains." Seven primipara(16%) and seven multipara(16%) gave these answers. The category[postnatal care and recovery]consisted of the followings: "It took long to recover" and "neglected postnatal care." The smallest group that was six primipara(14%) and three multipara(7%) gave these replies.

Table 4. While a Normal Delivery,The Education You Want To Know The Futured?(n=87)

Category	Significant statements	Primipara		Multipara	
		Frequency	n(%)	Frequency	n(%)
Health care and education after delivery	Health management after normal delivery	3		3	
	A lack of knowledge of the recovery management of the health of the mother	4		4	
	Necessary education for postpartum	5		5	
	A variety of postnatal care method(gymnastics, diet, abdominal obesity management)	2	20(47%)	2	22(50%)
	The body and mind need to harvest Rirusu education	1		1	
	Educational baby	3		4	
	It is difficult to know exactly how to represent the baby.	1		2	
	That there is a need education in the big love to normal delivery	1		1	
	To prepare while prevention in advance.	2		2	
Childbirth education	Regular education and common sense should know caveat at the time of the first delivery.	3	15(35%)	3	13(30%)
	Prebirth education	4		3	

	Anesthesia pros and cons	1		2	
	Education about how to delivery just before force	3		2	
	Attitude to be for mothers and children	2		1	
Breath education	Lamaze method	2		2	
	Labor breathing	1	5(12%)	1	7(16%)
	Breathing	2		4	
Medicine education	An oxytotic education	3	3(6%)	2	2(4%)

3.2.4. Preference for Future Education: As for the meanings of education preferred by the subjects after normal delivery, four categories and 18 statements were selected. The four categories are [postnatal health care and education], [prenatal education], [breathing education] and [education on medication] (Table 5). The following answers were classified into the category [postnatal care and education]: "Health care after normal delivery," "poor knowledge on postnatal health care," "in need of education about postnatal care," "a variety of methods for postnatal care (gymnastics, diet or abdominal care, etc.)," "in need of education on how to take good care of the body and calm one's mind," "education on babies," "It's difficult to exactly find out what the baby wants," and "One should take care of her baby with great love." The biggest group that was 20 primipara (47%) and 22 multipara (50%) gave these answers. The followings were classified into the category [prenatal education]: "It will be advisable to be ready in advance," "regular education about necessary common knowledge on delivery and what should be noted in the first delivery," "prior education on childbirth," "the merits and demerits of painless delivery" and "education about how to apply a strain to the body immediately before giving birth" and "posture helpful for the mother and the baby." 15 primipara (35%) and 13 multipara (30%) gave these answers. The category [breathing education] consisted of the followings: "I want to learn about Lamaze method," "how to breath during labor pains," and "breathing." Five primipara (12%) and seven multipara (16%) gave these replies. The category [education on medication] consisted of the following: "In need of exact explanation about oxytotic." The smallest group that was three primipara (6%) and two multipara (4%) gave this reply.

Table 5. While a Normal Delivery, The Education You Want To Know The

Category	Significant statements	Primipara		Multipara	
		Frequency	n(%)	Frequency	n(%)
Health care and education after delivery	Health management after normal delivery	3		3	
	A lack of knowledge of the recovery management of the health of the mother	4		4	
	Necessary education for postpartum	5		5	
	A variety of postnatal care method(gymnastics, diet, abdominal obesity management)	2		2	
	The body and mind need to harvest Rirusueducation	1	20(47%)	1	22(50%)
	Educational baby	3		4	
	It is difficult to know exactly how to represent the baby.	1		2	
	That there is a need education in the big love to normal delivery	1		1	
	To prepare while prevention in advance.	2		2	
	Regular education and common sense should know caveat at the time of the first delivery.	3		3	
Childbirth education	Prenatal education	4	15(35%)	3	13(30%)
	Anesthesia pros and cons	1		2	
	Education about how to delivery just before force	3		2	
	Attitude to be for mothers and children	2		1	
	Lamaze method	2		2	
Breath education	Labor breathing	1	5(12%)	1	7(16%)
	Breathing	2		4	
Medicine education	An oxytocic education	3	3(6%)	2	2(4%)
Futured (n=87)					

4. Discussions

The experiences of the primipara and the multipara with normal childbirth experience were analyzed by making a content analysis to have a more exact understanding of normal delivery as there is lately a growing awareness of the importance of normal delivery along with social changes though the case of cesarean section is on the rise.

In regard to age for childbirth, 34 women (39%) were in their 20s, and 53 women (61%) were in their 30s. The ages of women who give birth have been rising in line with the shifts of the times, and this finding corresponds to the finding of Coyle (2009)[18] that women's economic participation affects their ages for childbirth. And this is a phenomenon that is concurrent with rising ages for marriage.

There were no significant differences between the multipara with one or more childbirth experience and the primipara without it in awareness of delivery experience. They gave similar replies, and little differences were found between the two in the way that they perceived normal delivery while they experienced it. How the primipara and the multipara felt during normal delivery was categorized into four: agony and pain, positive thinking, normal delivery, and yearning for cesarean section. Both of the groups placed the most importance on "agony and pain." Melzack, et. al.(1981)'s study found that both of primipara and multipara scored high in pain [19]. and Ranta, Jouppila P and Jouppila R(1996)'s study also found that both of primipara and multiparae got high scores in pain [20]. Thus, agony and pain were most important during normal delivery. As labor pains vary from person to person, mothers ask for individualized nursing, and their psychological or interpersonal needs are greater than their physical needs. And they are reliant a lot on nursing providers due to severe pain and anxiety [3]. At the same time, they want to serve as participants themselves. So nurses should help them to take part in regulating their own pain instead of simply using drug to relieve it. As the statements about "birth, mystique, maternal love" show, the normal delivery experiences encouraged the mothers to think positively. Kawlet. al.(2004)'s study found that mothers felt a sense of achievement after giving birth, became more realistic about delivery and became more positive [14]. This finding corresponds to the findings of this study. In order to boost the positive thinking of mothers after childbirth, they should be assisted in making preparations for raising their babies [9]. and efficient postnatal health care support and postpartum programs should be provided as nuclear families become the norm. The strengths of normal delivery that the primipara and the multipara experienced were categorized into four: good recovery, a bond of sympathy with the child, health and positive view. Da Costa, Dritsa, Rippen, Lowensteyn & Khalife(2006)'s study found that 77 percent of women who gave birth in a natural way expressed satisfaction as they felt a sense of achievement due to good recovery [21]. This finding suggests that good recovery process is one of major variables to affect positive delivery experience. Mothers who are in recovery process after childbirth are likely to acquire positive normal delivery experience if they are provided with recovery education or programs. Hardin and Buckner(2004)'s study found that women with positive delivery experience got to have positive thinking such as satisfaction, wellbeing or encouragement [22]. This finding coincides with the finding of this study. This finding doesn't necessarily mean that women's delivery experience affect their postnatal lives, but it's definitely evident that normal delivery experience is one of integral factors for postnatal women. The weaknesses of normal delivery that the primipara and the multipara experienced were categorized into four: pain, physical changes, delivery time, and postnatal care and recovery. Both of the primipara and the multipara attached the most importance to "pain and anxiety," and Symon, MacKay and Ruta(2003)'s study also established that the pain and anxiety of pregnant women were significantly more serious immediately before childbirth [23]. Accordingly, guardians and nurses should give their utmost to help relieve women's pain and anxiety that might take place during normal delivery and the preparation of related

strategies is required as well. Education that the primipara and the multipara wanted to receive after normal delivery was categorized into four: postpartum health care and education, prenatal education, breathing education and medicine education. Zubaran and Foresti(2011)'s study found that mothers were in want of education on how to apply a strain to the body, prenatal education and breathing education [24]. which corresponds to the finding of this study. These kinds of education are similar to the most common education that nurses offer for mothers to satisfy their physical and physiological nursing needs, which was found in Park et al.(2012)'s study [13]. Kintz(1987)'s study also found that the most common education provided for mothers during delivery is about how to apply a strain to the body and breathing [25]. Books or video materials are used to offer education for pregnant women in hospitals including university hospitals and general hospitals, or these women acquire knowledge from their experienced acquaintances in a secondhand way. Or they are provided with medical knowledge from doctors on a selective basis, and they are devoid of more practical and scientific knowledge or information on delivery process [26]. In terms of educational content, more practical education is necessary for mothers to have positive delivery experience, and what to teach should carefully be selected. The mothers were in need of education on various postpartum care methods (gymnastics, diet or abdominal care) and on babies after they gave birth to their children. Park Young-joo, et. al.(2004)'s study found that in order to promote the health of mothers and their babies, it's important to facilitate uterine contraction, urination and the recovery of perineal suture, to relieve pain, to assist breast care, to take in the right amount of water and nutrition and to facilitate physical and physiological recovery so that they could experience how to take care of themselves and infants and adapt themselves to changing family relations [27]. Indeed, it's quite important to pay more attention to mothers immediately after delivery than in any other period. Not only primipara but multipara are not able to cope with the crisis properly, and they have little idea how to take care of themselves after childbirth and how to take care of babies, either. Therefore the kind of nursing intervention that involves information on mothers themselves, the growth and development of babies, spouse, changing family life and available community services is required [5]. As the delivery process of primipara and multipara exerts a huge influence on their own postnatal lives and children, intensive prenatal and postpartum education should be provided for them to acquire positive delivery experience. Moreover, families and husbands should be stimulated to give support to their delivery to encourage childbirth in today's age of low birth rate that is rooted in women's employment. In addition, primipara and multipara should learn about postnatal care and how to take care of infants immediately after childbirth.

5. Conclusion and Suggestions

So far, the experiences of the selected primipara and multipara during their delivery process were compared to help provide appropriate nursing for them. 87 primipara and multipara were interviewed, and the collected data were categorized and analyzed according to the method of content analysis to figure out how they felt about normal delivery, the merits and demerits of normal delivery and what education they wanted to receive after normal delivery. Prenatal nursing, postpartum nursing and education on how to take care of infants should all be taken seriously, and in terms of educational content, all the education should be more practical and down-to-earth enough to provide positive delivery experience for mothers. And the development of appropriate educational content is required to ensure the effectiveness of education. There are some suggestions based on the findings of the study: First, more extensive research efforts should be made to test a wider variety of variables that might affect normal delivery experience. Second, standardized nursing programs and educational materials that are available for both of primipara and multipara should be prepared to teach mothers how to deal with labor pains,

how to take care of oneself before and after childbirth and how to take care of infants.

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