

ADOLESCENT PERCEPTION OF THE
CHILDBIRTH EXPERIENCE

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We hereby recommend that the thesis prepared under
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With the completion of this goal, it is with a thankful heart that I express my appreciation to some very important people:

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CHAPTER 1

INTRODUCTION

In the United States and in many countries throughout the world, the incidence of pregnancy during adolescence has reached epidemic proportions. Each year, more than 540,000 teenagers, 15 to 19 years old, become pregnant (Guttmacher Institute, 1976). Becoming pregnant during this period of life complicates and compounds the adolescent's development tasks and frequently conflicting feelings regarding the pregnancy and its outcome are experienced by the adolescent.

For some adolescents, there is much difficulty and even disgrace involved with the pregnancy. The problems of being an adolescent, especially a pregnant adolescent, in a society which frowns on pregnancy during this period, may result in distorted perceptions of the adolescent during her pregnancy and childbirth experience. Studies have indicated that the way the adolescent perceives her experiences during pregnancy will be a deciding factor in determining her childbirth experience (Goodrich, 1966).

Each person presents certain needs and exhibits certain behaviors based on a unique background of past experiences and perceptions. Perceptions influence behavior and are controlling elements in determining reactions to environmental stimuli. They not only affect but are affected by stimuli and events in the environment such as hunger, pain, or the tasks of the moment. Perception is the result of conditioning, of reward and punishment, and of social influences.

One's perceptual background affects how one perceives a stressful situation. Because childbirth is recognized as a psychologically and physiologically stressful experience, the care of the adolescent mother may be directed toward preparing her mentally and physically for the event. This study was designed to examine the adolescent's perception of the childbirth experience.

Problem of the Study

The problem of this study was:

Is there a difference in perceptions of adolescents who attended childbirth classes and those who did not attend childbirth classes?

Justification of Problem

Adolescents in the United States have rates of childbearing that are among the world's highest. About ten percent of the United States' adolescents get pregnant and six percent give birth each year. (Guttmacher Institute, 1976, p. 6)

Factors contributing to the increase in adolescent mothers are varied. Some of the factors cited by Sklar and Berkov (1974) are the baby boom following World War II which led to an increase in the adolescent population; women reaching menarche at an earlier age, thereby increasing the number of adolescents who can get pregnant; and new sexual freedom.

For most adolescents, motherhood is a first-time experience. The individual adolescent's perceptions of childbirth may be an important influence on her self-image as a mother. Part of the goal of nursing is to assist the pregnant adolescent emerge from the childbirth experience with a positive image of herself as a mother. Bem (1968) stated that individual perceptions are connected to attitudes that people form about situations or events. Background and personality are involved in the formulation of perception. Therefore, individual perceptions of the same stimuli differ and varied perceptions lead to different reactions or behaviors.

What is perceived is apparently a compromise between what really is and what is selected to be recognized; therefore, distortions are not unusual. Allport (1961) found that perceptions are closely linked to actual experiences in any situation. Allport stated that there may be some differences in perception descriptions and the related experience, but so small a difference as to be irrelevant. The studies have shown that once a perception of a situation or stimuli is received by an individual and proves satisfying, it tends to become fixed, and to influence future perception.

The influences of past experiences, sociocultural expectations and ideas about childbirth, and the changes occurring within one's body are all likely to affect the behavior and experience of a woman during labor (Prince & Adams, 1978). It is evident that women from different cultural backgrounds behave differently in labor. They respond to cultural expectations and norms. Some expect the experience to be agonizing and behave accordingly. In the history of European civilization, suffering during childbirth was presumed and the minds of the women were conditioned to the idea that pain was essential to childbirth. African tribes went to extraordinary lengths

to appease the wrath of their gods. When trouble arose during labor and childbirth, they believed that free confession would overcome any trouble and labor and childbirth would then be pain free (Dick-Read, 1972).

The adolescent may perceive childbirth as a physiological and emotional change. Feelings of fear, pleasure, pain, and/or anger may alter her perceptions. Behaviors of the laboring adolescent can be assessed if her perceptions are understood as those frequently held in common by such patients (Goodrich, 1966).

Allport (1961) stated perception is a variable activity by which organisms succeed in adapting themselves within the limits of minute error, so that there is built up in man a pattern of events that is approximately "in tune" with the world. The facsimile of the perceived object or situation is usually not exact, but only reasonable. Although some persons perceive childbirth as a normal and natural function of women, it is also an intense and challenging experience. The adolescent who undergoes the childbirth experience without some knowledge of the experience may find it frustrating and unsatisfactory. An educational program introduced early in the pregnancy might be an effective intervention

to enhance adolescent perceptions of the childbirth experience. The acquisition of knowledge about childbirth is of great importance to the adolescent and should not be denied. Goodrich (1966) emphasized the importance of prenatal education, stating:

There has been some tendency in recent years to equate parent education with "natural childbirth." To those for whom this term constitutes a semantic block, let me say, regardless of the method of delivery, education for childbirth is a valuable and necessary part of modern prenatal care. The time will come, and soon I believe, when prenatal care will not be complete without it. (p. 184)

Although many studies have been conducted regarding adolescent pregnancy, relatively few have dealt with the perceptions of the childbirth experience of adolescent mothers. The adolescent's attitude toward labor, including her preconceived idea of how it will be, and her expectations of what will take place, will be important to know in that she will act and react as influenced by her attitudes. Many aspects of the adolescent's life contribute to her attitude toward labor. Her mother's influence regarding her own childbirth experience, previous hospital experiences, the amount of exposure to the subject of childbirth, and her feelings about herself concerning pain, her body, and her pregnancy

will be influential in forming the adolescent's attitude toward labor. If the feelings of the adolescent regarding childbirth and parenthood are identified, personnel in the health care field will be better able to meet the adolescent mothers' needs and plan for their optimal care.

Theoretical Framework

This proposed study has a theoretical base from Lewin's (1935) field theory. What a person perceives and how he reacts to the perceptions are inherent only in that person. These perceptions can be either the result of attitudes, values, or beliefs, or acquired through formal participation in a learning experience. The perceptions of the adolescent during the childbirth experience may be acquired through either of these means (Dick-Read, 1972). According to Dick-Read, attitudes, values, and beliefs are acquired over time by observing and listening to significant others, the media, or other nonprofessional persons.

Lewin (1935) stated:

A person's perception of an event is essentially a constructive process within which the person infers a hypothesis and relates his sense data to that event in the interest of reducing surprise. (p. 198)

If the adolescent who is about to experience childbirth can perceive it with relaxed confidence, the tensions and fears associated with it may be eliminated. These tensions and fears may be reduced through a childbirth education program. This program may offer the adolescent the opportunity to express her concern about her ability to cope with the childbirth experience. This program should be directed toward helping the adolescent gain confidence in her ability to help herself during childbirth. By teaching the facts and by giving instruction as needed, a state of anxiety may be replaced by a sense of well-being (Dick-Read, 1972).

Learning is an integral part of how the adolescent perceives the childbirth experience. Four concepts of learning which have been identified by Lewin (1935) may be applied to the adolescent awaiting childbirth. Learning, Lewin (1935) stated, "consists of changes in cognitive structure, changes in motivation, changes in ideology, and gain in voluntary control and dexterity" (p. 198). According to Dick-Read (1972), as one learns, he increases his knowledge base to include those things necessary for the task of the moment.

Assumptions

The basic assumptions accepted for this study were:

1. That people could describe their perceptions and that these descriptions would be of the actual experience.

2. That the labor and delivery experience could be recalled with some degree of accuracy 12-48 hours postpartum.

Research Question

The research question for this study was:

Is there a difference in perceptions of adolescents who attended childbirth classes and those who did not attend childbirth classes?

Definition of Terms

For the purposes of this study, the following definitions were used:

1. Adolescent--an individual in a period of time beginning with early signs of puberty and extending to young adulthood between the ages 12-19 years of age (Howe, 1980).

2. Perception of childbirth experience--what the participant describes, taking into account beliefs, attitudes, and level of knowledge about the actual experience of labor and delivery of an infant through the birth canal. The perception was measured by the childbirth questionnaire developed by the investigator.

3. Childbirth classes--a course in which information related to childbirth is presented. This course includes information regarding care of the mother during pregnancy, the labor and delivery process, the postpartum period, infant care, and care of the new mother and infant after dismissal from the hospital.

Limitations

For the purposes of this study, there were a number of variables which influenced the adolescent patient's attitude and subsequent behavior during the childbirth experience and were not controlled. These variables were as follows:

1. Stressful experiences of the adolescent prior to labor.

2. The type and amount of medical and family support given to the adolescent during labor.

3. Cultural, social, and family influences upon the adolescent.

4. Whether the pregnancy was planned or unplanned.

5. The kind and amount of analgesia or anesthesia used during labor.

6. The kinds and amounts of knowledge regarding the childbirth experience and adolescent possesses.

7. Variation of educational levels between adolescents.

8. Emotional environment of the adolescent patient prior to labor.

Summary

This study was undertaken to identify adolescents' perception of the childbirth experience, as few studies have been conducted to determine adolescents' preconceived attitudes and expectations of labor and delivery. Chapter 1 has provided an overview of the study. Justification of the problem has been given and the theoretical framework for this study has been described.

CHAPTER 2

REVIEW OF LITERATURE

The literature was reviewed and discussed in three main areas. Perceptions, the experience of childbirth and the adolescent, and childbirth classes were reviewed in relation to past and current studies relevant to these topics.

Perception (Webster's New World Dictionary, 1968) "is awareness of an impression, an event, an object, or an action received by the mind through the senses" (p. 1085). Dick-Read (1972) further stated that sights, sounds, and associations, real and imaginary, imprint themselves upon the human mind to mold and influence its reaction to a stimulus or behavior. According to Lewin (1936), perceptions may produce a change in the goal or reaction and lead to a change in the person's direction or action. Lewin further stated that many influences by which the environment affects the inner-personal regions occur by way of perception and whether or not one can induce a person to perform a certain action depends not only on which inner regions are touched, but also on the sequence in which they are touched.

Perceptions of a stimulus affect behavioral situations in one's environment and are, in turn, affected by the environment. A person's perceptions are responsive to conditioning, reward and punishment, and to social forces. How an individual perceives his situation is a major determinant of his behavior in that situation (Lewin, 1936).

This concept has implications for the nurse in her psychotherapeutic role of environmental management. The nurse must create the milieu in the maternity ward where there is not routine for routine's sake, but a truly patient-centered therapeutic environment. Nursing research in this area has centered largely on the individual nurse-patient relationship, yet the social sciences would also indicate the nurse has a more far-reaching effect in setting the tone for the entire maternity ward.

One of the ways this influence is felt is through communication. Tagliacozzo and Mauksch (1964) in their study on the meaning of communication to the hospitalized patient discovered that, "Communication has two primary functions--the securing of information and the developing of interpersonal contact" (p. 101).

Tryon and Leonard (1965), in an experimental study, found that labor patients who were given the opportunity

to take an active part in the decisions about their own care had more satisfying experience, and their recovery results were better than those who were not involved in making decisions about their own care. If giving patients a choice in their care would, in fact, alleviate much of their fear and anxiety, it would seem advantageous to fulfill the patient's need. Weidenback (1958) has called this "deliberative nursing." After 40 years of experience in nursing, she has evolved the following statement to make clear the primary purpose in "deliberative nursing":

Deliberative clinical nursing is meant to facilitate the efforts of the individual to overcome the obstacles which interfere with his ability to respond capably to demands made of him by his condition, environment, situation, and time. (Weidenback, 1958, pp. 400-401)

In discussing "deliberative nursing," Weidenback stated that the nurse cannot give effective nursing care without knowing what the individual patient's perceptions are. This entails assessing and validating the patient's verbal and nonverbal behavior and responding to this so that the patient can more specifically relate her needs to the nurse. She made the assumption that all behavior is meaningful and represents individual responses to perceptions. These perceptions are the

motivating force that determines how effectively an individual will be able to cope with demands in her immediate situation.

Field (1967), in stressing the need to consider social and emotional forces in the care of the sick, based her concept on experience in a large general hospital. The philosophy she propounds is that emotions have an effect on bodily functions and that understanding of this concept must be put into practice. The concept, as it evolves, shows that the integration of medical and social care of the sick is influenced by increased understanding of human behavior. Patients are not only sick persons, but are high school graduates, parents, wives, apartment or house dwellers, as well as people with dreams and aspirations for the future. All of this background plays a part in the patient's perception of and response to the medical profession.

In critiquing the results of various experimental studies with subject's introspective reports of impressions or phenomenon, Michotte (1963) stated, "Emotional states develop under the influence of many factors and acquire full significance in connection with behavior" (pp. 282). When an emotional state develops, it appears

to be linked with a phenomenon which produces behavior such as fear, pain, pleasure, anger, and such. Emotions evolve and change during the course of life due to conditioning and education. The study of emotions includes the psychosocial background of a person and the perceptions of events that lead to individual behavior.

According to Grimm (1961), the childbirth experience was felt to affect not only the woman herself, but her relationship with members of her family.

It must improve or hurt her relationship with her family. It cannot remain exactly like it was before. It must either validate the position of the family members or make them appear ludicrous.
(p. 1)

Bradley (1974) likewise indicated that with preparation the family was changed from a passive participant to a useful participant. Tanzer (1968), in reporting her research, described the same differences:

Natural-childbirth families were overwhelmingly seen as strong, competent, and helpful during childbirth, especially in providing emotional support and encouragement. They were often "in charge" and could be leaned on. Control-group families, on the other hand, were usually described as incompetent, weak, helpless or impotent, nervous, in the way, and needing themselves to be "taken care of." (p. 20)

Behavior of the adolescent labor patient then can be assessed if one understands the perceptions of individual

patients or those perceptions frequently held in common by the patient. The literature frequently referred to the idea of labor and delivery as a crisis in its reference to the many way in which it could subsequently affect the patient and her relationships with others.

Clark and Affonso (1979) said:

The maternity cycle is a time when persons have a chance for personal growth unattainable at any other time in their lives . . . when they want to grow, to learn, to succeed. (p. 245)

Therefore, it would be helpful to the nurse if she understood the woman's attitude toward labor in order to more successfully guide and support her during labor. She further stated that the nurse must understand that individuals tend to respond to painful stimuli in the way that is acceptable in their culture and although the patient might never realize what the nurse had done, this was not important since she wanted "the patients to see their accomplishments as coming from their own strengths and resources" (Clark & Affonso, 1979, p. 243). Horwitz and Horwitz (1967) agreed, saying that "as a highly charged emotional experience, the maternity cycle holds definite potential for human growth" (p. 198). Bernstein (1970) stated that if medical personnel could understand the feelings expressed by their patients and

the motivation behind patients' behavior, not only would the medical personnel be more comfortable in their situations, but a real contribution to patient care and recovery would result.

Horwitz and Horwitz (1967) stated that satisfaction with the childbirth experience made the mother much better prepared to "tackle the tasks of mothering." If the experience was less than good or even traumatic, she felt it might interfere with her mothering ability. Chertok (1972) indicated that it was only in the last 20 or 30 years that the mental hygiene of childbirth had been considered important with regard to the mother-child relationship. While he indicated that there was not as yet sufficient statistical proof to positively show the relationship of such things as the childbirth experience, breast feeding, rooming-in, and other early mother-infant interaction, it seemed apparent that pleasing experiences at this early time could have only a happy influence on the pair.

Early studies in this country indicated measurable benefits of childbirth education. Thoms and Wyatt (1951) described the results of training 1,000 women in slightly over a year. Their interest seemed:

directed to assuring each woman a psychologically and emotionally satisfying labor experience, and one which is at the same time physically safe for both the mother and child. (Thoms & Wyatt, 1951, p. 205)

While the results as stated in the study emphasized the safety factor and discussed medication, anesthesia, and length of labor, effects on the neonate, and satisfaction with childbirth experience, they also reported support during labor as the most important factor involved in success and expressed a feeling that childbirth education was the most important task of our society. Thoms and Wyatt (1951) established criteria for giving support to all patients in the study. They described these criteria as follows:

The patient in labor is in a room by herself; during this period she may have her husband with her if she wishes. The patient is kept informed of her progress and during active labor is not allowed to be alone. Attention is focused on her needs and what she is trying to accomplish. Any therapy or instruction is in the hands of the nurse or physician. activity and busyness on the part of those attending her are kept to a minimum. (Thoms & Wyatt, 1951, p. 209)

Sloan and Hogan (1952) compared groups attending classes with those not attending classes. They found that of the 742 clinic patients interviewed, 69.4% expressed interest in attending classes, while 30.6% did not speak English or were not interested. An additional 249 clinic

patients sought instruction and were taught. Private patients requesting instruction were also included.

In the classes it was stressed that there was no such thing as success or failure. To measure satisfaction with the method, there was a questionnaire for both the doctor and the patient. The obstetrician was asked questions about the mother's control, the extent to which she was cooperative, and her apparent pleasure or displeasure with the delivery and her baby. The mother was asked four specific questions:

Are you satisfied with your experience?
Would you elect natural childbirth next time?
When did you experience the greatest degree of pain or discomfort?
Are you happy with your baby? (Sloan & Hogan, 1952, p. 308)

Results were listed in medical categories by length of labor, spontaneous deliveries, and amount of pre-delivery medication. The test results of all were in those patients who had requested classes. In making concluding remarks, the authors expressed what is apparently a fairly common belief of medical personnel making this type of study. They seemed to feel that

this program fills a big need in the general preparation of the patient which will be manifested in less anxiety and more intelligent cooperation than can be statistically measured. (Sloan & Hogan, 1952, p. 647)

Tanzer (1968) in her review of literature, felt that most studies, like the ones illustrated previously, implied that the psychological variables "are intangible and hence not amenable to analysis or experimental treatment" (p. 18). Two studies that have, however, studied the psychological variables seemed to point most to the need for this study.

Frisch (1971) used the five labor needs identified in the Lesser-Keane study to explore mothers' perceptions of their labor experiences and develop some hypotheses. The five major needs of the laboring patient, as identified by Lesser and Keane were

to be sustained by another human being, to have relief from pain, to be assured of a safe outcome both for herself and the baby, to have attendants accept her personal attitude toward and behavior during labor, and to receive bodily care. (cited in Frisch, 1971, p. 65)

Frisch's (1971) study also found that:

1) age, social class, sedation and anesthesia influence the mothers' perceptions of their labor; 2) all women experience the five Lesser-Keane needs; and 3) pain in its severity, relief, and unknown limits was the most constantly decisive influence on the general evaluation of labor.

This study also resulted in the formulation of three hypotheses about causal relationships between several variables and patient satisfaction to be tested through further research. These variables include 1) the way in which the five needs of the laboring patient . . . are met;

2) the way in which the most dominant need--relief from pain, is met; and 3) the mother's expectations. (p. 1)

While Frisch (1971) found that preparation for labor was not significantly related to the mothers' perceptions, it is possible that this was because she combined together participants in all types of classes while doing the statistical analysis. Frisch felt also that causal research was needed to test the relationship between the expectation of labor and the actual experience and suggested study of the significance, source, and meanings of mothers' expectations in relation to a positive perception of labor. This author further suggested that mothers be studied prenatally, immediately after delivery, and later in the postpartum period to determine how close the expectation was to the actual experience. With this type of study, Frisch also suggested the comparison of the effects of several different teaching experiences (Frisch, 1971).

Tanzer (1968) specifically compared those having psychoprophylactic preparation with those having no classes. Three examination periods were used: the first in the 7th month of pregnancy, the second 2 weeks before delivery, and the third 1 month after delivery. Numerous

psychological tests were utilized and showed some significant results. Tanzer (1968) found that there was no certain type of woman who chose natural childbirth but that it was the classes themselves and not any certain type of woman that was responsible for the difference in attitudes shown. This author also showed differences relating to self-image, response to husband, and general perception of the childbirth experience, and suggested further investigation along the lines of her study to ground the approach to the psychological aspects of childbirth.

Elms and Diers (1963), Tryon and Leonard (1965), and Bender (1967) found that the nursing approach to a patient could not be generalized. These studies pointed out that the patient's background (sociological, psychological, and physiological) had an effect on their perceptions and resulting behavior. Bem (1968) and Allport (1961) both spoke of perceptions as veridical, or closely related to the actual experience. Michotte (1963) stated, as did Bem (1968), that perception comes about through social conditioning and education which indicates that perception is related to an individual's background. Therefore, perception will have an individual meaning to

all people. They suggested an assessment profile of the patient. This tool, used experimentally with nurses under the direction of Brown (1964) has been found to be adequate, not too complex, nor time consuming. Brown stated that nurses must have basic cultural and psychosocial information about patients to establish a supportive relationship. Brown (1964) believed that systematic study is urgently needed to determine the extent to which the various social roles in a background influence the behavior of patients, help the nurse understand patients better, and help the nurse give more individualized care. One of the important parts of this care, as Brown expressed it is the interest the nurse has in the patient as an individual.

Only when it [knowledge] serves to create interest in patients as individuals, and when interest stirs imagination to try to think how patients think and feel, can this knowledge be applied.
(Brown, 1964, p. 127)

Clark and Affonso (1979) repeated this philosophy of patient-centered care, but expanded it in discussing the maternity patient. These authors believed that good nursing care of the parturient patient entails knowledge of the patient's physiological, psychological, and sociological condition and that of her family also.

The inclusion of the family in the assessment and care can, Clark and Affonso (1979) believed, enhance the childbearing experience.

Clark and Affonso (1979) stated that when an adolescent experiences labor and delivery for the first time, she encounters something for which ordinary life experiences have not prepared her, although she might have had many ideas about this experience. The adolescent's attitude toward the childbirth experience, including her preconceived idea of how it would be, and her expectations of what will take place, will also be important to know in that she will act and react as influenced by her attitude. Many aspects of the adolescent's life contribute to her attitude toward the childbirth experience. Her mother's influence regarding her own childbirth experience, previous hospital experiences, the amount of exposure to the subject of childbirth, and the adolescent's feelings about herself concerning pain, her body, and her pregnancy, all will be influential in forming her attitude toward the childbirth experience. Because people behave, in part, as influenced by how they think, knowing the adolescent's attitudes toward the childbirth experience will enable the nurse to

anticipate what to expect and, thereby, specifically care for the adolescent in labor (Clark & Affonso, 1979).

Childbirth classes are aimed at providing factual information to the participants so that their anxieties about pregnancy and childbirth will be reduced. These classes help the participant learn how to integrate the physical, emotional, and intellectual aspects of their personalities so that they can work as a harmonious and focused unit throughout the complex demands of labor and childbirth (Dickason & Schult, 1979). Dickason and Schult (1979) stated that the "unprepared client remains out of focus as labor approaches and finds the physical and emotional responses of labor dominating and opposing" (p. 164).

Auerbach (1968) stated that

since individuals learn at different rates and speeds, the childbirth educator's aim should be helping the parent or parents to gain an understanding of the pregnancy-birth continuum, and to understand and cope with anxiety, rather than to teach specific techniques of prepared childbirth. (p. 111)

Nine basic assumptions about childbirth education classes have been identified by Auerbach (1968). These are:

1. Parents can learn.
2. Parents want to learn
3. Parents learn best what they are interested in learning.

4. Learning is most significant when the subject matter is closely related to the parents' own immediate experience.

5. Parents group education is as much an emotional experience as it is an intellectual one.

6. Parents can learn best when they are free to create their own response to a situation.

7. Parents can learn from one another.

8. Parents group education provides the basis for a remaking of experience.

9. Each parent learns in his own way.
(Auerbach, 1968, p. 329)

Clark and Affonso (1979) stated though childbirth classes are important and a beneficial part of prenatal care, many misconceptions about the actual event may be held constant by each individual. The birth process is usually seen as frightening and carries the possibility of mutilation and death. The realities of labor and birth must become a part of any expectant parent education group. Visual aids, films, and detailed descriptions from others may well interfere with her idea of the childbirth experience by integrating inappropriate thoughts and behaviors of what to expect during childbirth.

Negative attitudes and other cultural social factors influence the participant and her involvement in the childbirth process. If she has unresolved conflicts about her sexuality, this pregnancy, and/or motherhood,

the likelihood of her participation in a childbirth class will be reduced (Dickason & Schult, 1968).

In summary, throughout her life, the adolescent has dealt with many situations that have an influence on how she will deal with the specifically stressful time of labor. The adolescent's attitude toward labor itself, influenced by the many factors surrounding her life, is an important variable to consider in relation to behavior in labor, in that behavior is influenced by one's perceptions.

Individual perceptions of the same stimuli may differ since backgrounds and personality are involved in the formulation of perception and perceptions lead to reactions or behavior. Behavior of the laboring adolescent patient then can be assessed if one understands the perceptions of individual patients or those perceptions frequently held in common by such patients.

A review of the literature related to the topics of anxiety of pregnancy and childbirth, methods of preparation for childbirth, and variables associated with childbirth revealed several findings of special interest for this study of attitude of primigravidas toward labor and delivery. Anxiety in pregnancy and

labor predisposed women to difficult labor and complications affecting the child if tension was extreme. Education and experiences with childbirth tended to decrease fears. Most concerns or causes of anxiety during the hospital stay related to professionals and hospital routine, while causes of anxiety prenatally were related to physical complications of discomfort. A strong need for an experience like the woman's expectations was also mentioned.

Childbirth classes seemed to lead to decreased fear and increased interest in the baby. Prepared husbands were more supportive than were unprepared husbands. Prepared mothers experienced less pain, required less sedation, had lower blood pressure between contractions, and had shorter labors. Training was also correlated with a positive childbirth experience and exhibiting less bodily tension during labor.

Satisfaction with labor and delivery was related to meeting a woman's expectations of the childbirth experience. Being awake for delivery, breathing techniques, relaxation, presence of the husband in labor, and analgesia were other sources of satisfaction. Factors that would increase satisfaction with subsequent delivery were also mentioned.

Support of the laboring woman was the final area reviewed. It seemed apparent that nursing support of the woman was needed, but the type of the support and the ways in which the nurse should work with the prepared adolescent seemed to need further study.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research methodology for this study was a descriptive exploratory comparative method. According to Fox (1976) the survey approach is used "to answer our research question through a data-gathering process that enables us to describe the present more fully and adequately" (p. 31). Diers (1979) stated that

factor searching studies literally look for ways to categorize, classify or conceptualize situations. They are used when the researcher wants to take a new look at an old situation, or when there is no useable information about a particular phenomenon available. (p. 100)

Kerlinger (1973) reviewed exploratory studies as having three purposes:

to discover significant variables in the field situation, to discover relations among variables, and to lay the groundwork for later, more systematic and rigorous testing of hypotheses. (p. 406)

Setting

This study was conducted on the postpartum unit of a county hospital situated in a large city in the Texas panhandle. This hospital has a bed capacity of 289 with

an average obstetrical admission of approximately 150 deliveries each month; approximately 40% of the deliveries being to adolescent primiparous patients. The postpartum unit consists of 42 beds which accommodate obstetrical and gynecological admissions.

The childbirth classes provided information on various topics relating to pregnancy, labor and delivery, and infant care. The classes included both physical and psychological aspects of preparation for childbearing and parenthood. The material presented in the classes included not only guidelines for prenatal hygiene and infant care but also included facts of the physiology and hygiene of pregnancy. Facts were presented in a manner that helped the participants to understand the changes that take place during pregnancy, the development of the baby, and the benefits of good care to both mother and baby. Emphasis was placed on the normalcy of pregnancy and childbirth. The classes were conducted by a professional nurse at the county hospital aforementioned.

Population and Sample

The population consisted of 32 postpartum, primiparous adolescent females between the ages of 15 and 19 years, who delivered between April 15, 1980 and May 28,

1980, and who were willing to participate in the study. The following criteria were used to determine inclusion in the sample:

1. Clients were adolescent females between the ages of 15-19 years.
2. Clients were primiparous.
3. Clients were unmarried.
4. Clients had experienced an uncomplicated vaginal delivery.
5. Clients spoke and understood English.

Protection of Human Subjects

Permission was obtained from Texas Woman's University Human Research Review Committee to conduct the study (Appendix A). Written permission was also obtained from the hospital where the data would be collected (Appendix B).

Each participant was given an oral explanation (Appendix C) regarding the purpose of the questionnaire and asked if she would be willing to participate in the study. Each participant was told that the questionnaire would be used only to gather information to help enhance the adolescent's perception of the childbirth experience, answers would not be seen by the physicians and nurse

on the unit, nor would they be placed on the patient's chart. Each participant was assured that their participation or nonparticipation in the study would not affect the nursing care she or her infant would receive while hospitalized. Each participant was also told that Texas Woman's University would not be responsible for any harm that came to them as a result of participation or nonparticipation in the study. Signed consent forms (Appendix D) were obtained from those participants over age 18 years and from the participant's parent or guardian if the participant was under 18 years of age. A special envelope for the consent forms was used by the researcher. The envelope, which contained the signed consent forms, remained in the possession of the researcher.

Instrument

A questionnaire, designed by the researcher (Appendix E), was the tool used to identify adolescent perceptions of the childbirth experience. The questionnaire consisted of nine multiple choice questions with a Likert-type scale ranging from 0 to 4. Participants were asked to circle the most appropriate response with 0 being "strongly agree," 1--"agree," 2--"undecided," 3--"disagree," and

4--"strongly disagree." Two open-ended questions, relevant to seeking information about childbirth and support received during labor were included. Participants who attended childbirth classes were also asked to complete five additional open-ended questions related specifically to the childbirth classes.

The questionnaire was submitted for review to the following individuals: (a) an eighth grade English teacher, (b) two ninth grade students, (c) two labor and delivery unit staff nurses, (d) six postpartum unit staff nurses, (d) three master's prepared nurses with specialization in the field of Maternal-Child Nursing, and (e) two nursery unit staff nurses. These individuals were asked to evaluate the questionnaire for clarity and suitability for the designated purpose. The questionnaire was approved as containing useful information to assess the adolescent's perception of the labor experience. The ninth grade students (ages 15 and 16) stated that the terminology was commensurate with the educational level of many adolescents. The questionnaire was administered in the form presented to the evaluators.

The Director of Nursing Service of the county hospital where data were collected was contacted by the researcher after receiving permission from the Human Research Review Committee at Texas Woman's University to obtain permission to conduct the study. A copy of the permission form to conduct the study was signed by the Director of Nursing Service after permission to conduct the study was obtained. Copies of the consent form the participants would sign, the demographic data sheet, and the questionnaire were given to the Director of Nursing Service, the clinical supervisor, the head nurse on the postpartum unit, and the head nurse in labor and delivery to review prior to the collection of data by the researcher.

Data Collection

Data were collected by the researcher 12 to 48 hours after the adolescent mother participating in the study delivered. Each participant in the study was contacted and the researcher explained the purpose of the study to the adolescent participants and to parents or guardians how the information would be used and how the information would be acquired. Participants were assured that inclusion in the study or the decision not to participate

would not affect the care she or her infant would receive while hospitalized, that the physicians or nurses would not see this information, nor would this information be included in her hospital record. Each participant was also told that all information would be kept by the researcher until the conclusion of the study, at which time it would be destroyed.

Treatment of Data

Data were tabulated and analyzed by application of percentages, tables, and narrative description. In order to compare the groups' responses to questions, the t-test was utilized at the .05 level of significance. The t-test may be used to find the probability of the standardized score when the data under study meets the following criteria: (a) only two groups of subjects are being compared, (b) the sample groups are independent of one another, (c) the researcher has interval data and wants to determine if two groups have significantly different means, and (d) the combined sample size is less than 100 subjects (Turney & Robb, 1971).

CHAPTER 4

ANALYSIS OF DATA

The purposes of this study were to study two problems. One problem investigated by this descriptive-exploratory study was the determination of adolescent perceptions of the childbirth experience. Also, a comparison of responses of adolescents who attended childbirth classes with the responses of adolescents who did not attend childbirth classes was investigated.

Description of Sample

Thirty-two of the patients admitted to the labor and delivery unit between April 15, 1980 and May 28, 1980 met the criteria for inclusion in the study. Seventeen of the 32 were adolescents who had attended childbirth classes (Group I). Fifteen of the 32 patients were adolescents who had not attended childbirth classes (Group II). All participants ranged in age from 15-19 years. The mean age of the sample was 17.6 years. Of the mothers in Group I (prepared), two were 15 years old, three were 16 years old, six were 18 years old, and six were 19 years old. The educational level or

"highest grade completed," in Group I ranged from the 8th grade to the 12th grade. Two mothers completed the 8th grade, one mother completed the 9th grade, five completed the 10th grade, six completed the 11th grade, and three completed the 12th grade. Of the mothers in Group II (unprepared), two were 15 years old, two were 16 years old, one was 17 years old, three were 18 years old, and seven were 19 years old. The "highest grade completed" in Group II ranged from the 8th to the 12th grades. One mother completed the 8th grade, two mothers completed the 9th grade, two mothers completed the 10th grade, two mothers completed the 11th grade, and eight mothers completed the 12th grade.

Findings

On the questionnaire, the summary of the responses to Question 1, "The childbirth experience was just like I imagined it would be," is found in Table 1. The mean for Group I (prepared) was 1.756, while the mean for Group II (unprepared) was 4.533. A comparison of Group I and Group II responses indicates $t = 8.720$ (30), $p = .002$ and, therefore, a significant difference at the .05 level.

Table 1

Responses to Question 1: "The childbirth
experience was just like I imagined
it would be"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Strongly agree	9	52.9	0	0
Agree	6	35.3	0	0
Undecided	0	0	1	6.7
Disagree	1	5.9	5	33.3
Strongly disagree	1	5.9	9	60.0
Totals	17	100.0	15	100.0

$\underline{n} = 32.$

On the questionnaire, the summary of the responses to Question 2, "My mother told me everything to expect when I had my baby," is found in Table 2. The mean score for Group I (prepared) was 2.059 and the mean score for Group II (unprepared) was 1.667. Comparison of Group I and Group II responses indicates $t = 1.284$ (30), $p > .05$ with no significant difference between the groups.

On the questionnaire, the summary of the responses to Question 3, "My friends told me everything to expect when I had my baby," is found in Table 3. The mean score for Group I (prepared) was 3.800 and the mean for Group II (unprepared) was 3.769. When comparing responses of Group I and Group II, $t = .066$, $p > .05$ with no significant difference between the two groups.

On the questionnaire, the summary of the responses to Question 4, "I learned a lot about having a baby by watching television, listening to the radio, and going to the movies," is found in Table 4. The mean score for Group I (prepared) was 3.562 and the mean for Group II (unprepared) was 3.938. Comparison of Group I and Group II responses indicates $t = .847$, $p > .05$, with no significant difference between the two groups.

Table 2

Responses to Question 2: "My mother told me
everything to expect when I had my baby"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	6	35.3	5	33.3
Agree	7	41.2	10	66.7
Undecided	1	5.9	0	0
Disagree	3	17.6	0	0
Slightly Disagree	0	0	0	0
Totals	17	100.0	15	100.0

n = 32.

Table 3

Responses to Question 3: "My friends told me
everything to expect when I had my baby"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	1	5.9	2	13.3
Agree	2	11.7	3	20.0
Undecided	4	23.4	0	0
Disagree	4	24.0	7	46.7
Slightly disagree	6	35.0	3	20.0
Totals	17	100.0	15	100.0

n = 32.

Table 4

Responses to Question 4: "I learned a lot about having a baby by watching television, listening to the radio, and going to the movies"

Responses	Group I. (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	2	11.8	3	20.0
Agree	3	17.6	1	6.7
Undecided	1	5.9	4	26.7
Disagree	6	35.3	5	33.3
Slightly disagree	5	29.4	2	13.3
Totals	17	100.0	15	100.0

$\underline{n} = 32.$

On the questionnaire, the summary of the responses to Question 5, "I was really nervous about having the baby," is found in Table 5. The mean score for Group I (prepared) was 1.118 and the mean score for Group II (unprepared) was 1.867. Comparison of the responses of Group I and Group II indicates $t = 2.208$, $p = .035$ which indicates a significant difference at the .05 level.

On the questionnaire, the summary of the responses to Question 6, "I screamed and cried during the time I waited for my baby to be born," is found in Table 6. The mean score for Group I (prepared) was 2.600 and the mean score for Group II (unprepared) was 1.333. Comparison of Group I and Group II responses indicates $t = 5.551$, $p = .001$ which is a significant difference at the .05 level.

On the questionnaire, the summary of the responses to Question 7, "I wanted to be awake to have my baby," is found in Table 8. The mean score for Group I (prepared) was 2.412 and the mean score for Group II (unprepared) was 3.933. Comparison of responses for Group I and Group II indicates $t = 4.222$, $p = .006$ which is a significant difference at the .05 level.

Table 5

Responses to Question 5: "I was really nervous about having the baby"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	16	94.1	10	66.7
Agree	0	0.0	0	0.0
Undecided	1	5.9	2	13.3
Disagree	0	0.0	3	20.0
Slightly disagree	0	0.0	0	0.0
Totals	17	100.0	15	100.0

n = 32.

Table 6

Responses to Question 6: "I screamed and cried during the time I waited for my baby to be born"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	0	0.0	4	26.7
Agree	2	11.8	4	26.7
Undecided	1	5.9	2	13.3
Disagree	3	17.6	5	33.3
Slightly disagree	<u>11</u>	<u>64.7</u>	<u>0</u>	<u>0.0</u>
Totals	17	100.0	15	100.0

n = 32.

Table 7

Responses to Question 7: "I wanted to be
awake to have my baby"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	3	17.6	0	0.0
Agree	9	52.9	1	6.7
Undecided	0	0.0	3	20.0
Disagree	5	29.5	7	46.7
Slightly Disagree	0	0.0	4	26.6
Totals	17	100.0	15	100.0

48

$\bar{n} = 32.$

On the questionnaire, the summary of the responses to Question 8, "Medication I received during labor made it easier to have the baby," is found in Table 8. The mean score for Group I (prepared) was 2.933, while the mean score for Group II (unprepared) was 2.800. A comparison of Group I and Group II responses revealed $t = .0493$, $p > .05$ with no significant difference between the groups.

On the questionnaire, the summary of the responses to Question 9, "At this time, I never want to have another baby," is found in Table 9. The mean score for Group I (prepared) was 5.733 and the mean score for Group II (unprepared) was 5.067. A comparison of Group I and Group II responses reveals $t = 1.768$, $p = .011$ indicating a significant difference at the .05 level.

Question 10, an open-ended question, elicited responses as to "the person who supported me most during labor." In Group I (prepared), the support individuals most mentioned (49.6%) were the mother and the baby's father. In Group II (unprepared, the support individual most frequently mentioned (46.8%) was the mother.

Question 11 asked the question, "Did you read any books about childbirth?" In Group I, 70.5% responded

Table 8

Responses to Question 8: "Medication I received during labor made it easier to have the baby"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	0	0.0	2	13.3
Agree	10	58.8	8	53.4
Undecided	2	11.8	3	20.0
Disagree	5	29.4	2	13.3
Slightly disagree	0	0.0	0	0.0
Totals	17	100.0	15	100.0

$\underline{n} = 32.$

Table 9

Responses to Question 9: "At this time, I never
want to have another baby"

Responses	Group I (prepared)		Group II (unprepared)	
	Number Responding	Percentage Responding	Number Responding	Percentage Responding
Slightly agree	10	58.8	0	0.0
Agree	0	0.0	9	60.0
Undecided	5	29.4	2	13.3
Disagree	2	11.8	4	26.7
Slightly disagree	0	0.0	0	0.0
Totals	17	100.0	15	100.0

n = 32.

"yes" and 40% in Group II responded "yes." The "no" response was checked by 29.5% in Group I and by 60% in Group II. The second part of the question asked for the names of books read. Books most often mentioned were Thank you, Dr. Lamaze, Birth Without Violence, Life Before Birth, and Childbirth and Pregnancy.

Question 12 through Question 16 were answered only by Group I (prepared). To Question 12, "The childbirth classes helped me prepare for having my baby," 53% responded "yes" and 47% responded "no." Responding to Question 13, "Did you practice any of the childbirth classes at home?," 53.1% stated "yes" and 46.9% responded "no."

Question 14 asked "Who encouraged you to practice?" The individual most frequently mentioned was the "nurse" (47%). To Question 15, "Do you feel these exercises helped to make the childbirth experience easier?," 58.8% responded "yes" and 41.2% responded "no." With regard to Question 16, "Would you encourage all pregnant women to attend childbirth classes?," 100% responded "yes."

Summary of Findings

Utilizing the t-test, analysis of data from Questions 1 through 9 revealed there were significant differences

when comparing Group I (prepared) and Group II (unprepared) responses as to: "childbirth being as imagined," "nervous about having a baby," "screaming and crying during labor," desire to be awake at delivery," and "interest in having another baby." There were no significant differences when responses of groups were compared as to: "mother telling everything about labor," "friends telling everything about labor," "learning about childbirth from television, radio, and movies," and "medication making labor easier."

The "mother" was the support person during labor most often mentioned by 40.6% in Group I and by 46.8% in Group II. When asked if childbirth books were read, 70.5% in Group I and 40% in Group II responded "yes." The books most frequently read were: Thank You, Dr. Lamaze, Birth Without Violence, Life Before Birth, and Childbirth and Pregnancy.

To Questions 12 through 16 answered only by Group I (prepared), 53% stated that childbirth classes helped prepare them to have their baby; 53.1% practiced exercises at home; 47% stated that practicing exercises was most often encouraged by the nurse; while 58.8% responded that the exercises made the childbirth

experience easier. The group unanimously, 100%, stated that they would encourage all pregnant women to attend childbirth classes.

CHAPTER 5

SUMMARY OF THE STUDY

This study identified adolescent perceptions regarding the childbirth experience. In addition, there was a comparison of perceptions of adolescents who did and did not attend childbirth classes.

Summary

A descriptive exploratory study was conducted utilizing a sample drawn from the obstetrical population when they were admitted to the labor unit of the county hospital in the Texas panhandle. Thirty-two adolescents, with a mean age of 17.6 years, were participants in the study. All participants had received medical attention during their pregnancies and had apparently healthy infants. Seventeen of the participants had attended childbirth teaching classes and 15 had not.

Data were collected from the hospital medical record and from an interview questionnaire while the respondents were in the postpartum unit of the hospital. The questionnaire contained 16 questions, 11 which

were answered by both groups of participants and 5 that were answered by those participants who had attended childbirth classes. Data from Questions 1 through 9 were analyzed using the t-test and a .05 level of significance. Data from remaining Questions 10 through 16 were tabulated as to percentages of responses.

Of the first nine questions, comparison of group responses indicated significant differences in five separate questions. With Question 1, "The childbirth experience was just like I imagined it would be," a significant difference was found with $p = .002$.

With Question 5, "I was really nervous about having the baby," a significant difference was found with $p = .035$. With Question 6, "I screamed and cried during the time I waited for my baby to be born," a significant difference was found with $p = .001$.

With Question 7, "I wanted to be awake to have my baby," a significant difference was found with $p = .006$. In Question 9 which asked, "At this time, I never want to have another baby," a significant difference was found with $p = .011$.

Discussion of Findings

A review of the literature yielded relatively few studies relevant to the perceptions of adolescents in relation to the childbirth experience. Lack of knowledge regarding the childbirth experience may produce perceptions of an unsatisfactory labor and delivery (Clark & Affonso, 1970; Dickason & Schult, 1979) as evidenced by the findings of this study. Findings of this study are also supported by the theoretical framework (Dick-Read, 1972; Lewin, 1935). Tensions and fears associated with childbirth may be eliminated if the adolescent is aware of what to expect during the childbirth process. Childbirth classes may be instrumental in helping the adolescent cope with the experience of childbirth (Goodrich, 1966). Participants who attended childbirth classes unanimously stated that all pregnant adolescents should attend childbirth classes.

Conclusions and Implications

Although no firm conclusions may be drawn from the findings of the study, the following speculations may be made:

1. Childbirth classes can make a difference in the adolescent's perceptions of the childbirth experience.

Pregnant adolescents should be encouraged to attend childbirth classes.

2. The individual viewed as the main support person during labor was not the health care provider, but rather the mother of the adolescent. There should be consideration for offering teaching for this individual also.

Recommendations for Further Study

A primary recommendation for further study entails the identification of perceptions of adolescents regarding the childbirth experience utilizing a more sophisticated instrument which has been tested for reliability.

In addition, a study should be conducted to determine the influence of independent variables such as age, marital status, parity of participants, and uncomplicated vaginal delivery of a healthy infant and their effects on the findings of the study.

Review of the literature and the findings of this study indicated a need for further studies of this nature. Consideration should be given to conducting investigations utilizing different research designs.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY
Box 23717, TWU Station
Denton, Texas 76204

1810 Inwood Road
Dallas Inwood Campus

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Brenda Mitchell Jackson Center: Dallas
Address: 3102 Orange Date: 4/10/80
Amarillo, Texas 79107

Dear Ms. Jackson:

Your study entitled Adolescent Perception of the Childbirth

Experience

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

____ The filing of signatures of subjects with the Human Subjects
Review Committee is not required.

____ Other:

X No special provisions apply.

Sincerely,

E. Kurtz

Chairman, Human Subjects
Review Committee

at Dallas

APPENDIX B

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS INWOOD CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

DALLAS PRESBYTERIAN CENTER
8194 WALNUT HILL LANE
DALLAS, TEXAS 75231

HOUSTON CENTER
1130 M.D. ANDERSON BLVD.
HOUSTON, TEXAS 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Brenda Mitchell Jackson
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

Adolescents Perception of the Childbirth Experience

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (wants) (~~desires~~) a conference with the student when the report is completed.
4. The agency is (~~willing~~) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: April 12, 1980

Brenda M. Jackson
Signature of Student

Gaie Watson
Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original - Student;
First copy - agency; Second copy - TWU College of Nursing.

APPENDIX C

Oral Presentation to Subjects

Hello, my name is Brenda Jackson. I am a R.N. and graduate student at Texas Woman's University in Denton, Texas. I am conducting a study in order to find out how adolescent mothers feel about their experiences during childbirth and perhaps find ways of improving the care the adolescent mother receives during the childbirth experience. Would you be willing to fill out this questionnaire?

Your answers will be confidential. This study is not connected with this hospital in any way. The doctors and nurses will not see any of the answers you give me and none of this information will go on your hospital record. Your name will not appear in the study, only your answers will be used in this project. Your participation in this study is voluntary and you may withdraw at any time. Withdrawal from the study will not affect the care you receive while in the hospital. No medical service or compensation is provided to the subjects by the University as a result of injury from participation in research.

Thank you for your time and effort. I will be glad to answer any questions you may have about the questionnaire or the procedure for answering it.

Thank you,

Brenda M. Jackson, R.N.
Graduate Student

APPENDIX D

Title of Project: Adolescent Perception of the
Childbirth Experience

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time. I further understand that no medical service or compensation is provided to subjects by the university as a result of injury from participation in research.

Witness _____ Date _____

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Position

One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee.

APPENDIX E

Questionnaire

Please answer according to the following key:

0--strongly agree

1--agree

2--undecided

3--disagree

4--strongly disagree

- | | | | | | | |
|----|--|---|---|---|---|---|
| 1. | The childbirth experience was just like I imagined it would be. | 0 | 1 | 2 | 3 | 4 |
| 2. | My mother told me everything to expect when I had my baby. | 0 | 1 | 2 | 3 | 4 |
| 3. | My friends told me everything to expect when I had my baby. | 0 | 1 | 2 | 3 | 4 |
| 4. | I learned a lot about having a baby by watching television, listening to the radio, and going to movies. | 0 | 1 | 2 | 3 | 4 |
| 5. | I was really nervous about having the baby. | 0 | 1 | 2 | 3 | 4 |
| 6. | I screamed and cried during the time I waited for my baby to be born. | 0 | 1 | 2 | 3 | 4 |
| 7. | I wanted to be awake to have my baby. | 0 | 1 | 2 | 3 | 4 |
| 8. | Medication I received during labor made it easier to have the baby. | 0 | 1 | 2 | 3 | 4 |
| 9. | At this time, I never want to have another baby. | 0 | 1 | 2 | 3 | 4 |

10. The person who supported me most during labor was:
☐ my mother
☐ my grandmother
☐ my sister/brother
☐ a caseworker or social worker
☐ the baby's father
☐ my girlfriend
☐ a nurse

11. Did you read any books about childbirth?
☐ Yes
☐ No

Please list the names of the books you read:

IF YOU ATTENDED CHILDBIRTH CLASSES, PLEASE ANSWER
THE FOLLOWING QUESTIONS:

12. The childbirth classes helped me prepare for having
my baby.
☐ Yes
☐ No
13. Did you practice any of the childbirth exercises
at home?
☐ Yes
☐ No
14. Who encouraged you to practice?
☐ my doctor
☐ a nurse
☐ my mother
☐ my girlfriend
15. Do you feel these exercises helped to make the
childbirth experience easier?
☐ yes
☐ no
16. Would you encourage all pregnant women to attend
childbirth classes?
☐ yes
☐ no

Demographic Data

1. Age _____
2. If student, highest grade completed:
1 2 3 4 5 6 7 8 9 10 11 12 13 14

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