



WOMEN'S EXPECTATIONS AND EXPERIENCES DURING PREGNANCY AND CHILDBIRTH AT KANYAMA GENERAL HOSPITAL IN LUSAKA: A PHENOMENOLOGICAL STUDY

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Abstract:

Introduction: While understanding pregnant woman care expectations is essential, there is a paucity of literature on the expectations and experiences of women during childbirth in our maternity facilities. The main objective of this study was to explore women's expectations and experiences during pregnancy and childbirth. **Methodology:** The study was conducted at Kanyama General Hospital in Lusaka, and a qualitative interpretative phenomenological research design was adopted. The study sample comprised 10 purposively selected postnatal women accessing postnatal services. Data were collected using a semi-structured interview guide and analysed thematically. **Results:** After thematic analysis, seven main themes; expectations during pregnancy, expectations during labour, expectations during the postnatal period, experiences during the antenatal period, experiences during labour, experiences during the postnatal period and challenges encountered at the facility while accessing maternity services. The findings indicate that most women are expected to be taught how to keep healthy during pregnancy; they want to go through pregnancy without any problems and have normal labour; midwives and nurses are always available and receive good care. With regards to expectations during labour, most women said that they wanted to be delivered without complications, to have a female midwife or nurse to attend to them, the steps and progress of labour explained to them, as well as their well-being and the baby.

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Postnatally, the women are expected to be taught how to take care of the baby, immediately discharged after delivery, have blood pressure checked, and check on the baby's condition. The women's experiences during the antenatal period included having had teaching sessions on the preparation of labour and signs of labour, whereas their experiences during labour included having had a safe delivery but experiencing much pain; the midwives or nurses monitored them, the midwife or nurse on duty was very helpful and encouraged women to be strong. Some women reported that during labour midwives were only available when it was time for examination. Sometimes, they were left and attended to by the nurse when admitted. They further stated that during the postnatal periods, midwives were helpful, gave them adequate attention, and were readily available in the wards, while others had prolonged stay in the ward, which they never expected. Moreover, women faced the challenge of a shortage of midwives or nurses to look after them and provide them with access to services. There were long queues with limited infrastructure space, and women lacked interaction, encouragement and assurance from some midwives and nurses. A few women reported that the doctor did not always see them and were not adequately monitored during labour. **Conclusion:** The findings show that the women had different expectations and experiences during pregnancy, labour and postnatal period. Therefore, there is a need to consider these expectations and experiences if quality maternity care services are to be provided. However, more research is required to understand women's expectations during pregnancy, labour, and postnatal.

Keywords: expectations, experiences, during pregnancy, labour, childbirth, postnatal

1. Introductory Remarks

Pregnancy and childbirth are significant events in women's lives that can be associated with both positive and negative emotions. Research suggests that pregnancy to childbirth may affect a woman's sense of self (O'Brien *et al.*, 2018), as well as her physical and psychological well-being (Bai *et al.*, 2019). A positive birth experience can provide women with feelings of satisfaction and empowerment. In contrast, a negative birth experience can lead to feelings of disappointment, the delay of subsequent pregnancies (Olza *et al.*, 2018) and, in some cases, the development of postnatal psychological difficulties such as post-traumatic stress disorder (PTSD) or depression, which are in turn associated with poor offspring developmental and psychological outcomes (Rees *et al.*, 2018). According to Preis *et al.* (2018), pregnant women may form beliefs about what to expect during labour and birth.

Women's expectations and experiences of maternity care are increasingly receiving attention internationally (WHO, 2016). In some settings, women are receiving too many interventions too late; in other settings, women receive too many interventions that they may not need too soon (WHO, 2018). According to Birgitta *et al.*, (2022), there has been extensive investigation of women's satisfaction, expectations and experiences internationally on maternity care during pregnancy and at childbirth. They further state

that this expectation in women's experience of birth has been examined sporadically over the last 50 years with conflicting results. However, women's expectations regarding support during childbirth are not always met. For instance, a study by Birgitta *et al.* (2022) conducted in Sweden showed that 31% of women in the study rated the support from midwives worse than they expected, and midwives present in 19% of cases were worse than they had expected. Unmet expectations and a negative birth experience also seem to influence future reproduction because women who have gone through a negative birth experience have fewer children after the negative experience.

Expectations have also been found to differ according to other factors, such as attendance at antenatal classes and pregnancy risk (Fleming *et al.*, 2022). Women who attend antenatal classes are more likely to have detailed expectations, which are more positive than those of women who do not attend classes. Lopes and Silveira (2021) found that negative expectations were associated with finding birth less fulfilling, being less satisfied with birth and reporting less emotional well-being after birth. Conversely, positive expectations were associated with greater birth control, satisfaction, and emotional well-being. Webb and Colleagues (2021) also found that expecting positive emotions during birth was predictive of experiencing positive emotions, and expecting negative emotions was predictive of experiencing negative emotions. However, neither study took an interpretive phenomenological study to explore the women's expectations or experiences during pregnancy and childbirth in public health facilities like at Kanyama General Hospital in Lusaka.

The World Health Organization (2015) statement recognizes maternal perceptions of trauma and disrespect during childbirth as a global issue. Mothers have varied expectations regarding their care during childbirth (World Health Organization, 2016). Most mothers' expectations stem from their previous experiences that occurred during childbirth. The lived experience of giving birth is a powerful life experience which is coloured by circumstances and expectations of the woman, her sense of self during the journey, the journey itself, as well as the first sensitive hours of motherhood. According to the literature, pregnant women's expectations regarding healthcare include the provider showing respect, listening, understanding and discussing problems with them by health providers (Dzomeku *et al.*, 2017).

According to the literature, pregnant women's expectations regarding healthcare include the provider showing respect, listening, understanding and discussing problems with the pregnant woman (Esther *et al.*, 2021). Claridge *et al.* (2021) assert that the ability of health services to meet patients' expectations in terms of the emotional and human features of the interaction and the outcome of care matters most to patients, like in the situation of pregnant women. While understanding pregnant woman care expectations is essential, there is a paucity of literature on the expectations and experiences of mothers during pregnancy and childbirth in our maternity facilities, hence this study.

In Zambia, maternal mortality is a significant cause of death among women. In 2017, maternal-associated deaths accounted for 17.2% of all deaths in women aged between 15-49 years (Gianetti *et al.*, 2019). The major direct causes of maternal mortality in Zambia arise from complications related to pregnancy and birth, such as haemorrhage,

septicaemia (blood infection), obstructed labour, hypertensive conditions, as well as unsafe abortions. Indirect causes are multi-factorial and inadequate human resources and commodities.

The majority of these maternal deaths could be prevented by ensuring access to good-quality maternal health services, such as antenatal and postnatal care, and skilled attendance during childbirth, including emergency obstetric and neonatal care (CSO [Zambia], MOH [Zambia] and USAID Zambia (2017). Several studies indicate that in some birthing facilities, not all women had a positive childbirth experience or met their perception of “quality care” with adequate professional accountability (World Health Organization, 2018; Farmer, 2019). It has been noted that disparities in expectations and experiences have hindered access to safe maternity care. A growing body of literature has established that disrespect and abuse during delivery is prevalent in settings around the world and not only affect the quality of the delivery and postnatal experience itself but also influences subsequent interactions with the healthcare system (Smith *et al.*, 2020). Meeting pregnant women’s expectations is a measure of the quality of healthcare and the most important predictor of overall pregnant women’s experience (M’soka *et al.*, 2015). Insight into the perceived expectations experience associated with pregnancy and childbirth can be highly beneficial to understanding and promoting a positive experience for all women and their families.

The exclusion of women’s subjective expectations and experiences from midwifery service during pregnancy and childbirth renders an incomplete and unclear depiction of the centrality of being „with woman“ experience to the profession of midwifery. The government, through corporate partners, has been making deliberate steps to upgrade some clinics into first-level hospitals; this is done in order to improve service delivery to the Zambian people and take quality healthcare services as close to the families as possible. Although hospital-based maternity care has significantly improved in developing countries, this progress can introduce additional problems. The experiences of giving birth in the hospital are very different from home birth, especially in the alignment of women’s expectations and experiences with childbirth and psychosocial support. Noteworthy investments in resources focusing on the physical aspects of a woman's pregnancy and childbirth have failed to achieve tangible results in combating high maternal mortality in Zambia (Sserwanja *et al.*, 2021), with many more women still preferring to give birth at home and not health facilities, despite the reported risks of homebirths.

A study by Maung *et al.* (2022) argued that women have well-formed expectations of many aspects of childbirth, the baby, their own role as a parent and their partners' role as a parent. These expectations are continually refined and developed with new information and experience. Adalia *et al.* (2021) found that expectations were associated with the birth experience. The negative expectations were associated with finding birth less fulfilling, being less satisfied with birth and reporting less emotional well-being after birth. For example, a study by Malouf *et al.* (2019) reported negative experiences of the physical environment of postnatal wards, staff attitudes and communication, staff having insufficient time to offer meaningful support, lack of information about baby care, and

inadequate support for infant feeding. Conversely, it has been repeatedly noticed that women's expectations and unpleasant birthing experiences each contribute to the creation of a sizeable discrepancy between expectations and reality for a birthing mother (Esther *et al.*, 2021). Research must consider earthing the expectations-experience gap during pregnancy to childbirth from pregnant women at the health facility. For some women, their expectations of care in health facilities are hindrances to their assessment of skilled birth care (Sserwanja *et al.* (2021). Studies have reported that some women use facility-based childbirth care as a last resort (Dzomeku *et al.*, 2017; Kwaleyela *et al.*, 2019; Fleming *et al.*, 2022). However, neither study considered women's expectations and experiences during pregnancy and childbirth in public health centres in Lusaka. Due to limited research and literature on women's expectations and experiences during pregnancy and childbirth, it is essential to explore the women's expectations and experiences during childbirth at Kanyama General Hospital in Lusaka.

Pregnancy and birth are unique processes for women. Pregnant women hold different expectations during childbearing based on their knowledge, experiences, belief systems, culture, and social and family backgrounds. Pregnant women's expectations and experiences at health facilities could significantly affect the utilisation of health facilities for delivery. While other urban health facilities continue to record an increase in the number of pregnant women using health facility delivery services, Kanyama general hospital records suggest an increase in the number of home deliveries (HMIS, 2022). From Kanyama General Hospital, the situation is different; the statistics of pregnant women delivering at home have kept on increasing, as shown in the table below, as it has become a source of concern (HIMS, 2019-2022).

Pregnant women and their families have a decision to make when it comes to where to give birth. Many still believe the hospital is the safest place for even normal, healthy women despite mounting evidence to the contrary. Although hospitals are the most common choice, some women still choose to have their babies in a home setting, as evident from the statistics above. This trend is worrisome because it could contribute to a high number of maternal and neonatal deaths in the country. From the table, it has been observed that there is a steady increase in the statistics of women who deliver at home, attributed to inadequate satisfaction from delivering at the facility. Other hospitals have attempted and succeeded to a degree in encouraging pregnant women to utilize health facilities for delivery. However, similar solutions have not had the desired effect at Kanyama General Hospital.

As the study by Kalusopa *et al.* (2019) noted, women hold detailed expectations during pregnancy and assistance regarding childbirth care. If their expectations are not met and their experiences at the health facilities are negative, they may not utilize the health facilities for delivery, which leads even to more maternal and neonatal deaths. There is often a gap between what women expect to receive from their maternity care at the facility and the level of services provided by healthcare professionals while at the facility, forcing them to deliver at home. Therefore, conducting this phenomenological study was timely and necessary to explore pregnant women's expectations and experiences during pregnancy and childbirth at Kanyama General Hospital in Lusaka.

2. Methodology

This qualitative, interpretative phenomenological study was used to explore the women's expectations and experiences during pregnancy and childbirth. The study population consisted of postnatal women who were accessing maternity care services at Kanyama General Hospital in Lusaka. Only women who accessed maternity care services at the facility, lived in Kanyama Township, gave consent to participate in the study, and had a „normal“ vagina birth were included in the study. Purposive sampling was used to select the study participants. Data was collected using an in-depth interview guide developed by the researcher. The researcher conducted a face-to-face interview with each participant. Each interview was conducted in a private room using the local language. Before the interview, a mutual relationship was established with the participants in order to gain their trust. Participants were requested to introduce themselves. Then, the researcher explained the purpose of the study and the participant's rights to withdraw from the study without any penalty. The interviews lasted between 30 and 60 minutes and were recorded using an in-depth voice recorder with the permission of the interviewees. The researcher also took down notes in her notebook as a reference point when presenting and analysing data while observing non-verbal cues. Data collection continued until saturation was achieved.

The study's trustworthiness was maintained using Lincoln and Guba's (2013) strategy, which comprised credibility, dependability, confirmability, and transferability. To enhance the credibility of this study, prolonged engagement was undertaken. The researcher spends sufficient time (20-30 minutes) interacting with the participants better to understand their expectations and experiences during pregnancy and childbirth. Member checking was performed during the interview by reading out what was documented in the field note to the participants and confirming if that was what they wanted to share. Probing questions were also used to confirm that the researcher got the participant's responses. To enhance dependability, the researcher maintained an audit trail in which the research designs, data collection methods and analysis were documented, as described earlier in this chapter. Confirmability was enhanced by applying bracketing, which is described by Connelly (2016) as holding in abeyance preconceived beliefs and opinions about the phenomenon under study. By applying the bracketing process, the researcher ensured that the findings were grounded in data and not on previous knowledge about the topic. To ensure the transferability of the research, the researcher provided background information to establish the context of the study and a detailed description of the phenomenon to allow comparisons to be made. Thematic analysis was used to analyse data.

The University of Zambia Biomedical Research Ethics Committee and the National Health Research Authority approved the research study. Written permission to conduct the study was obtained from the Lusaka district health management officer and the superintended administration of Kanyama Hospital Medical. Informed consent was obtained from the study participants.

3. Results

After data collection, all the interview schedules were edited for accuracy, completeness, uniformity and consistency. Data analysis was analysed using thematic analysis. The findings were presented according to themes and sub-themes that emerged during the discussion and subsequent data analysis. The key themes that emerged following data analysis were expectations during pregnancy, labour and post-natal periods of childbirth, lived experience during pregnancy, labour and post-natal, positive and negative experiences of women about pregnancy and becoming a mother and challenges.

3.1 Demographic Data of the Participants

Table 1: Demographic Data of the Participants (n=10)

Variable	Values	Frequency	Percent (%)
Age	Below 20	1	10
	21-30	3	30
	31-40	5	50
	Above 41	1	10
Marital Status	Single	3	30
	Married	7	70
Number of Children	5	6	60
	4	3	30
	1	1	10
Age of Babies	1 Day	3	30
	2 Day	3	30
	3 Day	1	10
	5 Day	2	20
	6 Day	1	10
Educational Level	Primary	2	20
	Secondary	5	50
	Tertiary	3	30
Occupation	House wife	3	30
	College student	1	10
	Civil servant	4	40
	Business woman	2	20

Table 1 shows the demographic data of respondents. Most participants were between 31 and 40 years old, representing 50%, while 30% were between 21 and 30 years of age. Participants below the age of 20 and those above the age of 41 represented 10% for each grouping. About 70% (7) of the participants were married and 30% (3) were single. Sixty percent (6) of the study participants had four children each, 30% (3) had three children represented, and 10% (1) had one child. Approximately 30% of the women's babies were aged 1 and 2 days, respectively, 20% were aged 5 days and 10% each were aged 3 and 6 days, respectively. Half (50%) of the participants had attained Secondary education, 30%, had attained tertiary education, and 20% (2) had attained primary education. About 40%

of the participants were civil servants, 30% were full-time housewives, 20% were engaged in business, and 10% were college students.

3.2 Women's Expectations during Pregnancy, Labour and Post-natal Periods of Childbirth

The first research question posed was "What were the women's expectations during pregnancy, labour and post-natal periods of childbirth at Kanyama General Hospital in Lusaka".

Three themes emerged from the discussion: expectations during pregnancy, labour and post-natal periods of childbirth. The subthemes for the expectations during pregnancy were to be taught how to keep the pregnancy, not to have problems, labour time will not be longer, to have readily available midwives and nurses, and to receive good service care as a pregnant woman. The subthemes for expectations during labour include having a nurse by their side who should help women when they need anything, delivering well without complications, having a female nurse to attend to them, and to be explained to on the steps and progress of labour and also their well-being and the baby. The sub-themes for expectation during the post-natal period include being taught how to take care of the baby, to be immediately discharged after delivery, checking my blood pressure and also checking on the baby if sucking and the baby's wellbeing and being treated differently from others and be monitored frequently to avoid me losing the baby.

Table 2 summarizes the themes and sub-themes of women's expectations during pregnancy, labour, and postnatal periods.

Table 2: Summary of women's expectations and experiences during pregnancy, labour and post-natal periods

Themes	Sub-themes
Expectation during pregnancy	▪ Taught on how to keep the pregnancy. ▪ Pregnancy not to have problems. ▪ Labour time will not be longer. ▪ Readily available midwives and nurses. ▪ Receive good service care as a pregnant woman.
Expectations during labour or childbirth	▪ Nurse by the side through who should help women when they need of anything. ▪ Deliver well without complications. ▪ Female nurse to attend to them. ▪ Explained the steps and progress of labour and also their wellbeing and the baby.
Expectation during post-natal periods	▪ Taught how to take care of the baby. ▪ Immediate discharge after delivery. ▪ Check blood pressure and check on the baby if sucking and the baby's wellbeing. ▪ Treated differently from others and be monitored frequently to avoid losing the baby.
Experiences during pregnancy	▪ Teaching session on the preparation of labour signs. ▪ Smooth delivery but experience much pain. ▪ Nurses used to monitor women throughout the day in the ward. ▪ Nurses on duty were very helpful and encouraged women to be strong.

	▪ Women during pregnancy never had any meals, and that led them not to have the strength during the time to bear out the baby. ▪ Used to drop water, thinking the baby can drain. ▪ Some investigation was not provided at the facility. ▪ Some drugs were finished in the hospital, and women used to buy them when prescribed.
Experiences during labour	▪ The nurse was only available when it was time for examination. ▪ Sustained tears when instructed to push during delivery. ▪ Wrong measurements of labour progress. ▪ Did not feel the heartbeat of the baby. ▪ Just stayed a few minutes and delivered. ▪ Left and attended to by the nurse when admitted. ▪ Guide on what to do and not to do. I was in severe pain, and at the same time, I was thirsty but had no one to assist me. ▪ Severe pain and no nurse paid attention. ▪ The nurse shouted at me as she was scared that the baby might die. ▪ Delivered on the floor and later took me to the labour room to finish with me. ▪ The midwife was so helpful. ▪ Breastfeed the baby. ▪ Nurses did not check on the baby after delivery, ▪ Prolonging stay in the ward, which was never expected. ▪ Baby did not cry at birth. ▪ Having a stillbirth. ▪ Received emotional support after having a stillbirth.
Experiences during the postnatal period	▪ Midwife was so helpful, ▪ Breastfeed the baby. ▪ Nurses did not check on the baby after delivery. ▪ Prolonging stay in the ward, which was never expected. ▪ Baby did not cry at birth. ▪ Having a stillbirth. ▪ Received emotional support after having a stillbirth.

3.3 Expectation during Pregnancy

During the interview discussion, women's expectations during pregnancy were explored. The sub-themes that emerged from the discussion were that the women wanted to be taught how to keep the pregnancy, the pregnancy not have problems, labour time not be longer, to have readily available midwives and nurses and to receive good service care for pregnant women. These responses were evidenced in the following verbal account given by the following participants:

"I was expecting to be taught on how to keep the pregnancy and what I should do and expect." (W#1)

"My expectation was to be helped by midwives and be given instruction on what to do and how-to behaviour during pregnancy and when develop contraction". (W#6)

"I was thinking I would go to the theatre the pregnancy used to pain. I thought my pregnancy would not have problems. Otherwise, I was expecting to go through pregnancy without complication on both me and my baby". (W#2)

Other participants indicate the following:

"I was expecting to have normal antenatal care where they will check on me and the well-being of the baby. Also, to find good nurses who will check on my pregnancy and know how my baby is growing". (W#4)

"I was expecting to be attended to well since all my pregnancies. I have been having high blood pressure and ending up losing the pregnancy. Have my urine, blood and Blood pressure check-ups and be assisted by being given proper instruction and have adequate check-ups". (W#7)

3.4 Expectations during Labour

The women's expectations during labour were to have a nurse by their side who should help women when they needed anything, to deliver well without complications, to have a female nurse to attend to them and to be explained the steps and progress of labour and also by their wellbeing and the baby as indicated by the following participants during the interview:

"I was expecting to have a female nurse by my side who will help me when I need anything; I used to think the female nurse on my side who assist me in delivering well without complications". (W#1)

"Because of the stories I have being hearing from different women about labour. I was just expecting to find a nurse who would be calm with me and give me instructions so that I follow. To have a midwife who will monitor me and encourage me as well as who will instruct me on what is expected of me. I never had any thought of having a male nurse to help me deliver." (W#5)

"I thought that the nurse that admits you are the one to deliver you. And also, that I will be informed of any active and receive adequate instruction". (W#7)

"I would be told of anything happening the nurse will find from my assessment and not to take longer without delivering. I expected not to stay longer in labour and.... Also, that I may be taken to operation since my stomach was in pain, and that nurse will assist me when delivering". (W#8)

"I expected that I would be explained to the steps and progress of labour, my wellbeing, and that of the baby. Also, not to stay longer in the delivery room and also be discharged without complication". (W# 3)

3.5 Expectation during Post-natal Periods

Most women's expectations during post-natal periods included being taught how to take care of the baby, being immediately discharged after delivery, having blood pressure checked and also to check if the baby was sucking and the baby's well-being, and being treated differently from others and being monitored frequently to avoid me losing the baby as indicated in the following narratives:

"I was expecting that I was going to be taught how to take care of the baby, then after delivery I will go home nothing will happen, that is to go home immediately few hours after delivery". (W3)

"I thought that I was going to be discharged the same day after delivery". (W#9)

"I was expecting that before discharge, I should be checked to see if I am fit to go home. To check my blood pressure and also to check on the baby if sucking and has no body temperature". (W#10)

"I expected to be treated differently from others and be monitored frequently to avoid me losing my baby.... and be instructed and give me information on what is required". (W#7)

3.6 Women's Lived Experience during Pregnancy, Labour and Post-natal

The second research question for the study aimed at exploring women's lived experiences during pregnancy, labour and postnatal period. The participants were asked "what are women's lived experiences during pregnancy, labour and postnatal period at Kanyama General Hospital?" The women communicated different and diverse experiences during pregnancy, labour and postnatal periods, as indicated by the subthemes generated during data analysis as shown in the table below.

The major themes that emerged during the discussion were lived experiences during pregnancy, labour and postnatal. The subthemes for lived experiences during pregnancy had teaching sessions on the preparation of labour signs, having smooth delivery but experiencing much pain, the nurses monitoring women throughout the day in the ward, and the nurses on duty were beneficial and encouraging women to be strong, women during pregnancy never had any meals and that leads them not to have strength during the time to bear out the baby, used to drop water, thinking the baby can drain, some investigation was not provided at the facility, and some drugs were finished in the hospital, and women used to buy when prescribed.

Sub-themes for experiences during labour include; the nurse only being available when it was the time of examination, Sustained tears when instructed to push during delivery, wrong measurements of labour progress, did not feel the heartbeat of the baby, Just stayed few minutes and delivered, left an attended to by the nurse when admitted, I had no guide on what to do and not to do I was in severe pain and at the same time I was thirsty but had no one to assist me, I was in severe pain and no nurse paid attention, The nurse shouted at me as she was scared that the baby may die, and delivered on the floor

and later took me to the labour room to finish put with me. Sub-themes for expectations during the post-natal period include; the midwife was so helpful, did not breastfeed the baby, the nurses did not check on the baby after delivery, prolonged stay in the ward which was never expected, the baby did not cry at birth, having a stillbirth and received emotional support after having a stillbirth.

3.7 Experiences of the Women during Pregnancy

Most women expressed that they experienced teaching sessions on preparation of labour signs, and smooth delivery but experienced much pain, the nurses used to monitor women throughout the day in the ward, the nurses on duty were beneficial and encouraged women to be strong. Some participants expressed that they used to drop water, thinking the baby could drain, some investigation was not provided at the facility, and some drugs were finished in the hospital and women used to buy when prescribed, as explained by one participant in this narrative:

“During pregnancy, all the antenatal visits we would have a teaching session on the preparation of labour, signs that when noticed we should not stay home expect that some drugs were finished in the hospital and we would be told to go a buy”. (W#10)

In conformity with the findings above, one participant said:

“I was sick, I used to drop water, I used to think the baby could drain, the nurses used to monitor me throughout the day in the ward, the nurses used to encourage me from thinking a lot”. (W#3)

Another participant said the following:

“During my pregnancy, I went for antenatal, and I had no complication, I was attended to very well”. (W#4)

Nevertheless, another participant shared:

“During the antenatal check-ups, midwives were so helpful, I was given information that I needed to know when to know that I am in labour.” (W#6)

Participants also said that the nurse was very calm and soft when attending to mothers. During antenatal visits, nurses examined the pregnancy growth and checked if the baby was well, going home without complications, and having a healthy baby. This is what one participant said:

“The positive is that they would examine the pregnancy growth for all my antenatal visits and check if the baby is well. The antenatal health talk was very beneficial, and some nurses used to attend to us calmly, asking how we stay home and what food we eat”. (W#2)

Because of this, one participant commented that despite delivering on the floor, using screens created privacy.

"I can confirm that the environment is now conducive. The rooms are clean, and some nurses were very calm and soft when attending to me". (W#7)

In support of this view, this is what this participant stated:

"I received adequate information during teachings at antenatal; the third nurse assessed me before she could give me the drug. We had health talks that were well done, and we all participated in the postnatal ward. I received information about how to stay healthy during pregnancy and also information after delivery on when to return and how to take care of the baby. The first admitting nurse apologized for a mistake made of the wrong measurement after I was shifted to the labour room". (W#4)

These were some comments from the participants on this issue:

"I was shouted at by a nurse, and one day, I was chased from antenatal because I was late but never got to listen to my explanation as to why and that day, I was not feeling too well. (W#5)

"Lack of privacy in labour room as nurses compare and do not draw near to listen to you". (W#6)

"I was discharged early while still bleeding and with swollen legs such that I was brought back to the hospital in less than 24 hours of discharge. After I was told, my baby was not breathing well in the womb.... there was no intervention as the nurse knocked off from her shift without giving me feedback from her". (W#9)

Contributing to the same subject, one participant commented:

"I waited for some time without being seen by the midwife and.... when she examined me, I was told I was 3cm dilated and disappeared only to show up when I the baby was almost coming out, meaning me and my baby were not monitored like my other birth experience during labour". (W#10)

3.8 Experiences of the Women during Labour

According to the participants, midwives were only available when it was time for examination, sustained tears when instructed to push without feeling the urge during delivery, wrong measurements of labour progress, did not feel the heartbeat of the baby, stayed a few minutes and delivered. Participants also indicated that they were left and attended to by the nurse when admitted, had no guide on what to do and not to do, were

in severe pain and no nurse paid attention, were being shouted at by the nurse, and were delivered on the floor. This is indicated in the following narratives by some participants:

"During labour, the nurse was only available when it was time for examination. I never had any meals, and that led me not to have strength during the time to out the baby. I sustained tears because I was instructed to push even when there was no pain to allow me not to have a dead baby". (W#1)

"The nurse that admitted me was nowhere to be seen; she only admitted me and gave me a bed, and the next time she showed up was when the baby was almost coming out. I had no guide on what to do and not to do. I was in severe pain, and at the same time, I was thirsty but had no one to assist me." (W#6)

"The day labour started, I came to the hospital and was given a bed with those who were also still pregnant. I was in severe pain, and no nurse paid attention. Later, I took myself to the labour ward and requested the nurse to examine me, for I was in severe pain. She told me my time for my examination was not due, but what I felt was the baby wanting to come out. After examination, I was told I had progressed and should be in the in-labour room. Whenever I screamed for help, the nurse would always compare me with other women in the labour ward who would not scream and, worse, a young girl who was just opposite to me. When I felt like bearing down while lying on my side, I started pushing when my neighbour went and called for a nurse, who came and instructed me to now sleep on my back. I failed because my leg could no longer move. The nurse shouted at me as she was scared that the baby might die. Other nurses came along, and I was assisted; the baby did not cry immediately and was rushed to another room. After 5 hours, I was told my baby failed to cry as she was tired." (W#7)

Another participant expressed that:

"Because of my previous experience of staying many days without delivering in the ward. This time around, I reached the hospital when I was in severe pain and progressed. When I reached the nurse, she told me to spread my plastic and chitenge to be examined; after the examination, she told me to carry my bags to the labour room. I told her I could not because of what I was feeling. She insisted and told me that when the pain reduced, I could go, but the pain never reduced. She left me and gave the book to the student to escort me to the room. On my way to the room with the student, the pain continued. I slept down and started pushing. That is when the same nurse came and delivered me from the floor and later took me to the labour room to finish up with me. The good thing was my baby did not fall or have any complications." (W#8)

However, the participant (W#3) said:

"I liked the fact that my concern of bleeding was not neglected but was taken with urgency".

Another participant (W#5) said:

"The nurses were there to offer support and worked hard to make my baby cry. I received the best treatment".

Nevertheless, another participant lamented that:

"I was neglected knowing that I was a blood pressure patient, I was in so much pain, and the nurse could not attend to such that I had to take myself to labour room. I was compared with other women who were in labour room, which I felt was wrong because we all have different feelings and reactions to pain. The nurses were nowhere to be seen when I screamed and called for help when I started pushing the baby. I was put in the same room with those having their babies when mine died. I was also not checked or examined because I did not have a baby". (W#7)

In addition, two participants commented that:

"At the delivery site, the nurse examined and may have made a mistake with the finding, thinking I could have managed to walk to the labour even when I explained that I could not walk to the room worse living with a student who I think did not know and understand anything. I also did not like the midwife telling me to carry my bags when she saw my expression of pain after her examination". (W#8)

3.9 Experiences of Women during Post-natal Periods of Childbirth

Some of the women's experiences during the post-natal periods included the midwife being so helpful, while others said they did not breastfeed the baby, the nurses did not check on the baby after delivery, prolonging their stay in the ward, which was never expected, the baby did not cry at birth, had a stillbirth and received emotional support after having a stillbirth. These were evidenced in the following verbal accounts given by the following participants during interviews:

"The nurses are caring. They have kept coming to check on the baby and ask me how I have stayed". (W#2)

"The nurse will always check on us whenever they are called up. After delivery, I bled a lot, and I was treated as an emergency. I started bleeding a lot after delivery, so nurses gave me medicine to stop bleeding. Drip fluid was given to me, and afterwards, I was taken to the postnatal ward. I had a prolonged stay in the ward, which I never expected." (W#3)

“After delivery, I stayed in the labour room for an hour before going to the postnatal ward, and I was with my baby. Later, I was taken to the postnatal ward, where the midwife was very helpful. I was told the danger signs to look for in the baby and myself when to return to the hospital and the importance of under-five clinics”. (W#6)

“After delivery, I was checked in the labour ward and taken to the postnatal ward where I was rechecked, and my baby too was checked. The ward health talk was given to us as a group, and we were discharged”. (W#8)

Commenting on the same subject, other participants stated that:

“After delivery, I was so much in pain that I did not even breastfeed my baby. The nurses did not check on the baby after delivery, and the baby was only wrapped in the blanket and was not clothed or fed, which led my baby to have a fever that developed two hours after discharge. currently, my baby is being referred to university teaching hospitals for further care”. (W#9)

“The baby did not cry at birth. Therefore, the baby was taken away from me, and they explained why. Furthermore, late after the baby cried, they brought her and gave it to me. my blood pressure was high such that I was not discharged the same day but was put on medication.” (W#5)

“I had a stillbirth, and after an hour, I was taken to the postnatal ward where I found women holding their babies in their hands, and I was alone without a baby. I felt bad that no nurse gave me emotional support. I asked if I could go home but was told that only when my relatives buried the baby is when I was going to be released. I slept another night in the same ward without being monitored or checked on. I was discharged when my relatives were buried and on discharge was examined”. (W#7)

3.10 The Challenges Encountered by Women during Pregnancy and Childbirth at Kanyama General Hospital in Lusaka

The themes and subthemes from the discussion are presented in the table below.

Table 3: Facility-based facilitators that promote women’s positive childbirth experience

Themes	Sub-themes
Facility-based facilitators that promote women’s positive childbirth experience	▪ Giving adequate information instruction and having nurses available to nurse the woman. ▪ Having a clean environment is clean for delivery. ▪ Adequate attention by caregivers. ▪ Good communication. ▪ Always be readily available to nurses in the wards. ▪ Having wheelchairs around the examination room to assist with movements. ▪ Midwives who are patient and have a listening ear to the women.

Challenges experienced by women during pregnancy and childbirth	▪ Having few nurses to look after them. ▪ Having long queues with few rooms to be attended. ▪ Women do not bath once in the delivery room or even have meals apart from a drink. ▪ Lack of instruction on what is expected to be done. ▪ Feeling pain in the stomach. ▪ Nurses are not giving any medicines or attention to check on me in the postnatal ward. ▪ Midwives put the dirty delivery plastics in the women's bucket after delivery. ▪ Drugs not available only being told to buy for yourself and also doing some tests from privates. ▪ Lack of interaction, encouragement and assurance from some midwives ▪ No counselling is done. ▪ Not given feedback on their progress during labour. ▪ Not always being seen by the doctor during pregnancy. ▪ Lack of separation of women who have babies died and those with the babies alive. ▪ No relatives around. ▪ One-to-one care is not adequate, and as for the babies, they are neglected.
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3.11 Facility-based Facilitators that Promote Women's Positive Childbirth Experience

Concerning facility-based facilitators that promote women's positive childbirth experience, the participants stated that giving adequate information, instruction and having nurses available to nurse the woman, having a clean environment is clean for delivery, adequate attention by caregivers, good communication, always being readily available nurses in the wards, the room having wheelchairs around the examination room to assist with movements, and midwives who are patient and have a listening hear to the women were the facility based facilitators that promote positive childbirth experience.

This is reflected in the following statements from the participants:

"I like how they give adequate information and instruction from some midwives, as well as having nurses available to nurse the woman. Also, the environment is clean; the delivery rooms have coat beds. Therefore, you cannot worry that they can steal or exchange your baby". (W#5)

"The postnatal period where I was prepared psychologically was given adequate information on the care of the baby when to return to the hospital. In short, all the information required I was given". (W#6)

"There is good communication from health providers at the hospital and adequate information given antenatally, having being instructed what to report on and what to do during labour, having a nurse to encourage you and also explain the progress any time she is attended to. When you have adequate attention from the nurses, good health care follows. (W#4)

"The nurses are always readily available in the wards to respond to women's expression and also to give adequate information on the frequency of examination so that they are informed, unlike feeling neglected". (W#2)

"The room should have wheelchairs around the examination room to assist with movements. Midwives should be patient and listen to the women". (W#8)

3.12 Challenges Being Experienced by Women during Pregnancy and Post-natal Periods of Childbirth

A question was asked about the challenges women experience during pregnancy and postnatal periods of childbirth at Kanyama General Hospital in Lusaka. The findings showed that women experience different challenges, as indicated by themes and sub-themes generated during the discussion, as shown in Table 3.

When asked to describe challenges they experienced during pregnancy and post-natal periods of childbirth, most women stated that having few numbers of nurses to look after them, long queues with few rooms to be attended to, women do not bath once in the delivery room and do not even have meals apart from a drink. They stated that there was a lack of instruction on what is expected to do, drugs were not available, only being told to buy for themselves and also doing some tests from privates. The other challenges mentioned by the participants were lack of interaction, encouragement and assurance from some midwives, no counselling, no feedback given on their progress during labour and pregnancy, and lack of separation of women who have babies died and those with babies alive. Some women stated that the doctor was not always seeing them, even monitoring was not adequate, and babies were neglected. Some of the views given by the participants, for example, included the following as indicated in transcribed verbatim:

"There are long queues with few rooms to be attended to, hence spending almost the whole day in the hospital. Women do not bath once in the delivery room or even have meals apart from a drink. Lack of instruction of what is expected to do". (W#1)

Other participants had this to say:

"Uuh...I used to feel pain in the stomach, but nurses were not given any medicines or attention to check on me in the postnatal ward, and during most of the visits, the drugs were not available, and you were told to buy for yourself and also do some tests from privates." (W#4)

"We lack interaction with health providers, encouragement and assurance from some midwives, and when a woman's baby dies, nurses put them with other women with babies, and no counselling is done. The women are not given feedback on their progress during labour, do not have a midwife with them and have no frequent monitoring. The doctor does not always see most women with special conditions during pregnancy, but when in the prenatal ward, the doctor usually reviews them." (W#5)

Contributing to the same subject, one participant stated:

"In the wards, there is a lack of separation of women who have babies died and those with the babies alive and the nurses not being around them to offer support. If the woman does not have relatives around and has a death, she will not be discharged. The monitoring is not adequate, and as for the babies, they are neglected. Unless one raises a complaint"
(W#8)

5. Discussion of Findings

This study attempted to answer the following research question: "what are women's expectations and experiences during pregnancy and childbirth at Kanyama General Hospital?"

The chapter provides an interpretation of the findings obtained, relates the findings to other research carried out and illustrates why the findings are relevant to the research. The findings were based on analysing the responses from ten (10) mothers with shared experiences but varied in characteristics and their individual expectations and experiences during pregnancy and childbirth at Kanyama General Hospital in Lusaka. The majority of respondents (50%) were aged between 31, were married (70%) and 60% had four children each (Table 1). The findings showed that 30% of the participants had one-day-old babies, most of them had attained secondary school education level (50%), and 40% were working in civil service.

Each woman's expectations and experiences during pregnancy, labour, and the postnatal period are unique. Various factors, including cultural background, personal beliefs, socioeconomic status, and access to healthcare, can influence them. The study revealed that women's expectations during pregnancy were to be taught on how to keep the pregnancy, the pregnancy not to have problems, to have readily available midwives" nurses and to receive good service care for pregnant women. One participant described her expectations as follows:

"I was expecting to be taught how to keep the pregnancy and what I should do and expect."
(W1).

These expectations could enable pregnant women to register for antenatal and subsequently give birth at the same facility. The findings align with those of Malouf et al. (2019), who indicated that expectations are associated with the experience of the same aspect of pregnancy. According to Malouf *et al.* (2019), women often expect to receive adequate information and education about pregnancy, childbirth, and postpartum care. This expectation includes guidance from healthcare professionals, access to prenatal classes, and reliable resources for information. It is important to note that these expectations are diverse, and each woman's experience is unique. Additionally, expectations may evolve and change throughout the course of pregnancy based on various factors. Supporting women in navigating and understanding these expectations,

providing comprehensive prenatal care, and addressing individual needs contribute to a positive pregnancy experience.

Further, in this study, women had different expectations during labour, such as having a nurse by their side who should help women when they need anything, labour time not being more prolonged, delivering well without complications, having a female nurse to attend to them and to be explained to on the steps and progress of labour and also by their wellbeing and the baby. For example, one participant stated her expectations this way:

"I expected that I would be explained to the steps and progress of labour, my wellbeing, and that of the baby. Also, not to stay longer in the delivery room and also be discharged without complication". (W3).

Thus, women hold different expectations during labour based on their knowledge, experiences, belief systems, culture, and social and family backgrounds. These differences should be understood and respected, and care should be adapted and organized to meet the individualized needs of women as they visit the facility for delivery. This finding is also in line with the findings of Lopes and Silveira (2021), who indicated that women thus differ in their attitudes towards childbirth and, based on earlier studies that have been published on this topic, different types of women can be recognized. Women's expectations during labour can be influenced by various factors, including cultural norms, personal beliefs, prior experiences, and the information they have received about the labour and delivery process. Many women anticipate experiencing pain during labour and may have specific expectations regarding pain management options.

In this study, women's expectations during the post-natal period varied and were to be taught how to take care of the baby, immediately discharged after delivery, to check blood pressure and also to check on the baby if sucking and baby's wellbeing, and to be treated different from others and be monitored frequently to avoid losing the baby. For example, one woman described her expectations this way:

"I was expecting that before discharge, I should be checked to see if I am fit to go home. To check my blood pressure and also to check on the baby if sucking and has no body temperature". (W10).

This finding is supported by Alderdice *et al.* (2020), who stated that women's expectations were more focused on checking on their health and that of their baby and on giving information about the new challenges of how to breastfeed and look after a baby but while they valued checks of their health and that of their baby. Ideally, they also want easy access to reassurance that they are feeding and looking after their baby well, that they are 'doing it right', and that what is happening to them is normal.

Finlayson *et al.* (2020) indicated that expectations involve attending postnatal check-ups with healthcare providers to ensure the well-being of both the mother and the

baby. Similarly, a Swedish study by Larson *et al.* (2022) on fulfilling expectations during birth and the postpartum period showed varied expectations regarding postnatal expectations. However, the women wanted a short postnatal stay after vaginal birth. Women anticipate postpartum bleeding (lochia) and are generally prepared for the duration and intensity, which varies for each individual, as well as fatigue.

Similarly, the study by Kwabena *et al.* (2022) revealed that during the postnatal period, which is the time following childbirth, pregnant women have various expectations as they navigate the challenges and adjustments associated with becoming a new parent. These expectations can encompass physical recovery, emotional well-being, the overall adjustment to motherhood, and the health of the baby and the mother herself. It was noted that individual expectations vary, and not all women have the exact expectations during the postnatal period. Flexibility and adaptability are key as new mothers navigate the challenges and joys of early parenthood.

The study revealed that during pregnancy, women had teaching sessions on the preparation of labour signs, had a smooth delivery, and the nurses used to monitor women throughout the day in the ward. The nurses on duty were beneficial and encouraged women to be strong. The nurse was available when it was time for the examination. This is what one participant shared during the discussion:

"During the antenatal check-ups, midwives were so helpful. I was given information that I needed to know, such as when I was in labour" (W6).

The findings correlate with the finding of Finlayson *et al.* (2020), who found that women's experiences are multifaceted and unique, influenced by various factors such as health education, emotional well-being, social support, and care from health providers during pregnancy. The study further indicates that regular medical check-ups and screenings are a significant part of the pregnancy experience. Although women during pregnancy used to drop water and think the baby could drain, some investigation was not provided at the facility. Some drugs were finished in the hospital, and women used to buy them when prescribed.

It was evident that concerning experiences during pregnancy, the women reported that they had some teaching sessions on the preparation of labour signs and smooth delivery but experienced much pain; the nurses used to monitor women throughout the day in the ward, the nurse on duty was beneficial and encouraged women to be strong. However, it was evident that some women's childbirths at Kanyama General Hospital midwives were beneficial. On the other hand, women's experiences during labour, included lack of privacy in labour room, nurses not listening to them, were not discharged immediately after giving birth, feeling neglected by the midwife, and having stillbirth as illustrated by this narrative by one participant:

The nurse who admitted me was nowhere to be seen; she only admitted me and gave me a bed, and the next time she showed up was when the baby was almost coming out. I had no

guide on what to do and not to do. I was in severe pain, and at the same time, I was thirsty but had no one to assist me.” (W6).

The other experiences, as reported by women include midwives being only available when it was time for examination, sustained tears when instructed to push without feeling the urge during delivery, wrong estimation of labour progress, and not feeling the heartbeat of the baby. The findings also indicated that some mothers were left unattended to by the nurses when admitted, had no guide on what to do and not to do, were in severe pain, and no nurse paid attention, being shouted at by nurses, delivered on the floor. The experiences of women in the current study are reflected in studies such as Namujju *et al.* in Uganda, Maung *et al.* (2022), who explored the relationship between women’s experience of mistreatment during childbirth and satisfaction using community-based cross-sectional surveys conducted in Ghana, Guinea, Myanmar and Nigeria reported experiences of mistreatment. Additionally, women during labour never had any meals and that led them not to have the strength during the time to bear the baby. These findings align with Kwaleyela *et al.* (2019), who explained the perceptions of malnutrition and deficient diets as an issue for women during pregnancy and childbirth. This also resonates with the findings of Malouf *et al.* (2019), who argued that childbirth remains a uniquely multifaceted, mental-cognitive and significant life experience for women. It is composed of a variety of psycho social and emotional aspects and creates memories, sometimes bad experiences and unmet expectations, which leave the mother with lasting scars. It is essential to recognize the diversity of women's experiences during labour and to provide individualized, woman-centred care. This involves respecting choices, fostering open communication, and offering support that aligns with each woman's unique needs and preferences.

The women in this study were asked to talk about their experiences during the postnatal period. Kwabena *et al.* (2022) state that the post-natal period is a time of adjustment, healing, and learning for both the mother and baby. Adequate support, healthcare, and information are critical to ensuring the well-being of women during this period. This is a critical time for the mother and baby as both need special care and attention. The women in this study gave varied responses regarding their experiences during the postnatal period. Some women reported that they were looked after well by the Nurses or midwives who attended to them after delivery, as indicated by this participant.

“After delivery, I stayed in labour room for an hour before going to the postnatal ward, and I was with my baby. Later, I was taken to the postnatal ward, where the midwife was so helpful. I was told the danger signs to look for in the baby and myself when to return to the hospital and the importance of under-five clinics”. (W6).

However, it was evident that some women confirmed that the environment in the postnatal wards was not conducive, while others stated that the rooms are clean. Some women stated that they had received adequate information during teachings at antenatal

and that the antenatal health talk they were given was very beneficial. The findings of this study are in line with a study conducted in the UK by Beake *et al.* (2010), which suggested improvements in the areas of the postnatal environment, routines, communication skills of staff, consistency in breastfeeding support and offering appropriate information and relevant information to clients and their families. However, this finding contrasts with the study by Adalia *et al.* (2021), who indicated that during this phase, women receive immediate clinical care and community support to ensure the health of mother and child by providing support for breastfeeding practices, monitoring the infants' development and counselling. The experiences reported by some women were. they did not breastfeed the baby; the nurses did not check on the baby after delivery, prolonging stay in the ward, which was never expected; the baby did not cry at birth, had a stillbirth and received emotional support after having a stillbirth.

The women in this study reported that they would prefer to go to a health facility during pregnancy and childbirth where there is adequate information, instruction and nurses available to nurse the woman, a clean environment is clean for delivery, adequate attention by caregivers, good communication, always be readily available nurses in the wards, the room having wheelchairs around the examination room to assist with movements, and midwives who are patient and have a listening ears to the women. These findings agreed with those of Karlsdottir *et al.* (2018), who reported similar findings. Therefore, healthcare providers need to engage in open dialogues, address concerns, and work collaboratively with women to meet their expectations while ensuring the mother's and baby's safety and well-being. However, these findings are in contrast with the findings of a study conducted in Australia by Jenkins *et al.* (2014), in which the women in their study were more concerned with staff and relation issues than facilities.

The current study also revealed that the women reported different challenges experienced at the health facility. These included a shortage of health care staff in the facilities to look after mothers, long queues with few rooms to be attended to, and women not bathing once in the delivery room and not even having meals apart from a drink. This is depicted in the following comment by one participant:

"There are long queues with few rooms to be attended to, hence spending almost the whole day in the hospital. Women do not bath once in the delivery room or even have meals apart from a drink. Lack of instruction of what is expected to do". (W1).

The findings are in line with Mulenga *et al.* (2018), who revealed that most of these facilities in the country have limited nursing staff, long queues, and inadequate facilities, which can significantly impact the quality of maternity care.

Other challenges include lack of instruction of what is expected to do, drugs are not available, only being told to buy for themselves, and also doing some tests from privates. There is a lack of interaction, encouragement, and assurance from some midwives, and no counselling is done. The findings resonate with Afaya *et al.*'s (2020) study, which revealed that mothers' experiences were related to providing information,

privacy, and physical support. Similarly, Sialubanje and colleagues (2017) revealed that factors influencing Zambian women's and children's health are tied to national and social issues of poverty, lack of education, beliefs, communication and (geographic) access to professional care and treatment. Women are not given feedback on their progress during labour and pregnancy, and there is a lack of separation between women who have babies died and those with babies alive. Also, not always being seen by the doctor, even monitoring is not adequate, and as for the babies, they are neglected.

6. Conclusion

The findings show that the women had different expectations and experiences during pregnancy, labour, and the postnatal period. Therefore, if quality maternity care services are to be provided, these expectations and experiences must be taken into account. However, more research is required to help understand women's expectations during pregnancy, labour, and the postnatal period.

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Authors' contribution

AM conceptualised the study, collected and analysed data and drafted the manuscript. CMN supervised proposal development and the research process and participated in drafting and proofreading the manuscript. ASM supervised proposal development and the research process. All authors read and approved the final manuscript.

Declaration of Competing Interests

The authors declare that they have no competing financial interests or personal relationships that influence this study.

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References

Adalia, E. G., Hernández-Luengo, M., Bartolomé-Gutiérrez, R., Rodríguez-Martín, B., Jiménez-López, E., & Martínez-Andrés, M. (2021). Expectations and Experiences of Women in Pregnancy, Childbirth, and Infant Feeding: A Qualitative Research

-
- Protocol. *International Journal of Qualitative Methods*, 20.
<https://doi.org/10.1177/16094069211011901>
- Afaya *et al.* (2020). Women's experiences of midwifery care immediately before and after caesarean section deliveries at a public hospital in the Western Region of Ghana. *BMC Pregnancy and Childbirth* 20:8
- Alderdice F., McLeish J., Henderson J., Malouf R., Harvey M. and Redshaw M. (2020). Women's ideal and real expectations of postnatal care during their first pregnancy: *An online survey in England. Midwifery*. 2020 Oct 89:102815. doi: 10.1016/j.midw.2020.102815.
- Bai, G., Korfage, I. J., Mautner, E and Raat, H. (2019). Determinants of maternal health-related quality of life after childbirth: the generation R study. *Int J Environ Res Public Health*. 16(18):3231. <https://doi.org/10.3390/ijerph16183231>
- Beake, S., Rose, V., Bick, D. *et al.* 2010). A qualitative study of the experiences and expectations of women receiving in-patient postnatal care in one English maternity unit. *BMC Pregnancy Childbirth* 10, 70 (2010).
<https://doi.org/10.1186/1471-2393-10-70>
- Birgitta, L., Magdalena, E., Elin, V., Annika, K., & Ingegerd, H. (2022). Fulfilment of expectations on birth and the postpartum period – *A Swedish cohort study, Sexual & Reproductive Healthcare*, Volume 33, 100748, ISSN 1877-5756,
<https://doi.org/10.1016/j.srhc.2022.100748>.
- Claridge, A. M., Beeson, T., Wojtyna, A., & Hoxmeier, J. (2021). Pregnant women's experiences during the COVID-19 pandemic: A mixed method exploration of prenatal depression. *Couple and Family Psychology: Research and Practice*, 10(3), 168–178. <https://doi.org/10.1037/cfp0000178>
- Connelly, L. (2016). *Trustworthiness in qualitative research. Medical- Surgical Nursing Journal*, 25(6), 435-436.
- Dzomeku, V. M., B. van Wyk, and Lori, J. R. (2017). Experiences of Women Receiving Childbirth Care from Public Health Facilities in Kumasi, Ghana. *Midwifery* 55: 90–95. <http://dx.doi.org/10.1016/j.midw.2017.09.010>
- Esther G. Adalia, Montserrat Hernandez-Luengo, Raquel Bartolome-Gutierrez, Beatriz Rodríguez-Martín, Estela Jimenez-Lopez & Maria Martinez-Andres (2021). Expectations and Experiences of Women in Pregnancy, Childbirth, and Infant
- Farmer, N. M. (2019). Women's Perception of Their Childbirth Experiences: An Integrated Literature Review. *Honors Undergraduate Theses*. 565.
<https://stars.library.ucf.edu/honorstheses/565>
- Finlayson, K., Crossland, N., Bonet, M., & Downe, S. (2020). What matters to women in the postnatal period: A meta-synthesis of qualitative studies. *PloS one*, 15(4), e0231415. <https://doi.org/10.1371/journal.pone.0231415>
- Fleming, V., Frank, F., Meyer, Y., Pehlke-Milde, J., Zsindely, P., Thorn-Cole, H., & de Labrusse, C. (2022). Giving birth: A hermeneutic study of the expectations and experiences of healthy primigravid women in Switzerland. *PloS one*, 17(2), e0261902. <https://doi.org/10.1371/journal.pone.0261902>
-

- HMIS. (2019-2022). *Health Management Information System Report: Improving Healthcare in Kanyama General Hospital*. Kanyama General Hospital. Lusaka.
- Honkavuo, L. (2021). Women's experiences of cultural and traditional health beliefs about pregnancy and childbirth in Zambia: An ethnographic study. *Health Care for Women International*, 42:4-6, 374-389, DOI: 10.1080/07399332.2021.1898613
- Jenkins, K. (2014) Women, mining and development: An emerging research agenda. *The Extractive Industries and Society*, 1 (2). pp. 329-339.
- Mwiinga-Kalusopa, Victoria & Mukwato, Katowa & Muleya, Crecious & Kwaleyela, Concepta & Musenge, Emmanuel & Chapima, Fabian & Sianchapa, Brenda & Jon, Odland & Babil, Stray-Pedersen & Maimbolwa, M. (2020). Midwives' perspectives on risk factors influencing maternal morbidity and mortality rates in Zambia: A case of Lusaka and Mumbwa Districts. *International Journal of Nursing and Midwifery*. 12. 64-70. 10.5897/IJNM2019.0368.
- Karlsdottir, S. I., Sveinsdottir, H., Kristjansdottir, H., Aspelund, T., Olafsdottir, O. A. (2018). Predictors of women's positive childbirth pain experience: Findings from an Icelandic national study. *Women and Birth*, Volume 31, Issue 3, 2018, Pages e178-e184, ISSN 1871- 5192, <https://doi.org/10.1016/j.wombi.2017.09.007>.
- Kwabena, F. M., Bukuluki, P., Tabitha N. A. A., Obeng, J. K., and Kato, F. (2022). Pregnancy and Parenting Experiences of Care-Experienced Youth in Ghana and Uganda. *Child and Adolescent Social Work Journal*, 10.1007/s10560-022-00829-5, 39, 6, 683-692
- Kwaleyela, C., Greatrex-White, S., Denis, W. (2019). Perspectives of Women Giving Birth in Zambia, *Journal of Midwifery and Reproductive Health*, 7(2), pp. 1623-1630. doi: 10.22038/jmrh.2019.30418.1331
- Larsson, B., Elfving, M., Vesterlund, E., Karlström, A and Hildingsson, I. (2022). Fulfilment of expectations on birth and the postpartum period – A Swedish cohort study. *Sexual & Reproductive Healthcare*, Volume 33, <https://doi.org/10.1016/j.srhc.2022.100748>.
- Lincoln, Y. S. & Guba, E. G. (2013). *The Constructivist Credo*. Walnut Creek, CA: Left Coast Press.
- Lopes, M. R. & Silveira, E. A. A. (2021). Expectations and experiences in the childbirth process from the perspective of symbolic interactionism. *Online Braz J Nurs*. Available from: <https://doi.org/10.17665/1676-4285.20216483>
- Malouf R., Henderson J., Alderdice F. (2019). Expectations and experiences of hospital postnatal care in the UK: a systematic review of quantitative and qualitative studies. *BMJ Open* 9(7)
- Maung, T. M., Mon, N. O., Mehrtash, H., Bonsaffoh, K. A., Vogel, J. P., Aderoba, A. K., Irinyenikan, T. A., Balde, M. D., Pattanittum, P., Tuncalp, Ö., & Bohren, M. A. (2021). Women's experiences of mistreatment during childbirth and their satisfaction with care: findings from a multicountry community-based study in four countries. *BMJ global health*, 5(Suppl 2), e003688. <https://doi.org/10.1136/bmjgh-2020-003688>

- M'soka, N. C., Mabuza, L. H., Pretorius, D. (2015). Cultural and health beliefs of pregnant women in Zambia regarding pregnancy and child birth". *Curationis*. 38 (1): 1232. doi:10.4102/curationis.V38i1.1232.
- Mulenga, T., Moono, M., Mwendafulumba, M. *et al.* (2018). Home deliveries in the capital: a qualitative exploration of barriers to institutional deliveries in peri-urban areas of Lusaka, Zambia. *BMC Pregnancy Childbirth* 18, 203 <https://doi.org/10.1186/s12884-018-1837-7>
- Namujju J., Muhindo R., Mselle L.T., Waiswa P., Nankumbi J., Muwanguzi P. (2018). Childbirth experiences and their derived meaning: a qualitative study among postnatal mothers in Mbale regional referral hospital, Uganda. *Reprod Health*. 15(1):1–11. doi:10.1186/s12978-018-0628-y.
- O'Brien D., Casey M., Butler M. M. (2018). Women's experiences of exercising informed choices as expressed through their sense of self and relationships with others in Ireland: a participatory action research study. *Midwifery*. 65: 58–66. <https://doi.org/10.1016/j.midw.2018.07.006>.
- Olza I., Leahy-Warren P., Benyamini Y., Kazmierczak M., Karlsdottir S. I., Spyridou A., *et al.* (2018). Women's psychological experiences of physiological childbirth: a meta-synthesis. *BMJ Open*. 8(10): <https://doi.org/10.1136/bmjopen-2017-020347>.
- Preis, H., Pardo, J., Peled, Y. and Benyamini, Y. (2018). Changes in the basic birth beliefs following the first birth experience: self-fulfilling prophecies? *PLoS One*. 13(11): e0208090. <https://doi.org/10.1371/journal.pone.0208090>
- Rees, S., Channon, S. and Waters, C.S. (2019). The impact of maternal prenatal and postnatal anxiety on children's emotional problems: a systematic review. *Eur Child Adolesc Psychiatry*. 28(2):257–80. <https://doi.org/10.1007/s00787-018-1173-5>.
- Sialubanje, C., Massar, K., Horstkotte, L., Hamer, D.H., & Ruiter, R.A.C. (2017). Increasing utilisation of skilled facility-based maternal healthcare services in rural Zambia: the role of safe motherhood action groups. *Reprod Health*; 14(1):81.
- Smith, J., Banay, R., Zimmerman, E. *et al.* (2020). Barriers to provision of respectful maternity care in Zambia: results from a qualitative study through the lens of 33behavioural science. *BMC Pregnancy Childbirth* 20, 26 <https://doi.org/10.1186/s12884-019-257>
- Sserwanja, Q., Musaba, M.W., Mutisya, L.M. *et al.* (2021). Continuum of maternity care in Zambia: a national representative survey. *BMC Pregnancy Childbirth* 21, 604 (2021). <https://doi.org/10.1186/s12884-021-04080-1>
- Suzuki S. and Eto M. (2020) Current Status of Social Problems during Pregnancy at a Perinatal Center in Japan. *JMA J*. 2020 Oct 15;3(4):307-312. Doi: 10.31662/jmaj.2020-0056. Epub 2020 Oct 2. PMID: 33225102; PMCID: PMC7676988.
- Webb, R., Ayers, S., Bogaerts, A., Jeličić, L., Pawlicka, P., Van Haeken, S., Uddin, N., Xuereb, R. B., Kolesnikova, N., & COST action CA18211:DEVotion team (2021). When birth is not as expected: a systematic review of the impact of a mismatch between expectations and experiences. *BMC pregnancy and childbirth*, 21(1), 475. <https://doi.org/10.1186/s12884-021-03898-z>

- WHO (World Health Organization). (2016). Maternal Mortality Fact Sheet. Accessed 16 October 2022. Retrieved from www.who.int/mediacentre/factsheets/fs348/en.
- WHO, UNFPA, World Bank Group and the United Nations Population Division. (2015). Trends in maternal mortality: 1990 to 2015 *Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. Geneva: World Health Organization, 2015.
- World Health Organization (2018). *Making childbirth positive experience*. Geneva: World Health Organization; 2018.

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