Mothers’ experiences of a stay in an ICU after a complicated childbirth

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ABSTRACT

Background: To be cared for in an intensive care unit (ICU) after a complicated childbirth is often an unplanned and transforming experience, and there is lack of studies describing mothers’ experiences of this phenomenon.

Aim: The aim of this study was to describe the experiences of becoming a mother after a complicated delivery and a stay in an ICU.

Methods: Qualitative personal interviews were conducted with eight mothers. The interview texts were subjected to qualitative thematic content analysis.

Findings: The analysis resulted in one theme; wishing to be in control and together as a family, and six categories; being or not being prepared, feeling afraid, not being as ill as the others, knowing about the baby, worrying about the father and having someone to talk to. The findings highlight the need to receive continual information about what is happening, especially with the baby, and the need to be together as a family.

Conclusion and relevance to clinical practice: The mothers need support and encouragement from the staff throughout their hospital stay, and sometimes afterwards. There is a need to receive information, especially about the baby, and to have one's family close by, when in an ICU despite illness severity. How the new family is met by the staff is of great importance.

Key words: Critical care • Family care in critical care • Family-centred care • Nursing • Parents • Qualitative research • Semi-structured interviews

INTRODUCTION

Most pregnant women experience a normal pregnancy, but a small percentage experience life-threatening complications involving themselves or the child (Maiolatesi, 2009). Being in an intensive care unit (ICU) is often an unplanned and extreme experience, and there is a lack of studies describing parents’ experiences of this phenomenon. Critical care nurses (CCNs) caring for these women and their families must understand the physiological changes that occur in pregnancy in order to distinguish normal from abnormal responses and a collaborative approach has to be used to provide professional care for both mother and child (Simpson, 2006). The CCNs should also satisfy the families’ need to be together (Martell, 2000).

BACKGROUND

Pregnancy is an important event in a woman’s life and giving birth has been described as a period of transition from one state to another. Schumacher and Meleis (1994) regard parenthood as a developmental transition. The transition to becoming a mother is demanding and entails moving from the well-known to an unknown reality (Mercer, 2004). Family-centred care for mother and child has been described as important for the development of connection in their relationship (Klaus and Kennell, 1976). Practising family-centred care for mothers and their children means not separating them after the birth except in special situations. Family-centred care is practised in many delivery wards and continues if the child is nursed in a neonatal ward, as this is valued by the whole family (Martell, 2000). According to Klaus and Kennell (1976), a woman who has just given birth and is separated from her child often fears for the baby’s health. She might not experience the positive feelings that the presence of the child would have engendered and might feel lonely, empty and worried about her child. If the mother and the baby cannot be together after delivery for health reasons, it is important to support the parents and ensure that they can develop a similar relationship with their child as if they had had direct contact. After a dramatic birth it takes longer for the mother to recover (Lyberg and Severinsson, 2010) and negative birth experience influences the experience in next pregnancy or result in avoidance of future pregnancies (Gottwall and Waldenström, 2002).
When someone becomes acutely, critically ill and needs care in an ICU, it is important for the family members to be able to be close to them and to know what is happening (Engström and Söderberg, 2007). This can be difficult for the child’s father or the mother’s partner, when the baby is cared for in one unit and the mother is in the ICU. According to Engström and Söderberg (2007), family members are the most important people for the critically ill person as their presence and closeness provide the motivation for them to continue the struggle both during and after their time in an ICU.

Being critically ill and needing care in an ICU is usually an unplanned event. Feelings such as fear, vulnerability and being out of control are described by people who have been critically ill and cared for in an ICU (Engström and Söderberg, 2007). When childbirth does not proceed as planned it can create feelings of disappointment in the parents. Women who have had an instrument-aided delivery or acute caesarean section may, according to Creedy et al. (2000), be at risk of suffering post-traumatic stress syndrome (PTSS), with such symptoms as great fear, restlessness, difficulties in sleeping and recurrent memories (Wijma et al., 1997). There are also descriptions of women avoiding situations that remind them of the traumatic delivery (Ryding et al., 2004). This can be difficult for the child’s father or one of the mothers this was their second or third child.

The literature review shows that the time immediately after the child’s birth is an important and sensitive period for the mother and the family. It might be experienced as a trauma by the parents if the delivery does not proceed as planned and if the mother needs care in an ICU. This topic is rarely studied and it is necessary to increase our knowledge about the experiences of becoming a mother after a complicated delivery that involved a stay in an ICU, in order to be able to improve nursing care for both mother and family. Therefore, the aim of this study was to describe the experiences of becoming a mother after a complicated delivery and a stay in an ICU.

Data collection
The data were collected during 2009 and 2010 by means of semi-structured interviews where the mothers were asked to talk about their experiences of the delivery and the postoperative care in the ICU. Further clarifying questions were asked such as please, develop what you said? How did you feel then? Can you please give an example? How do you mean? The interviews lasted for approximately 20–70 min and took place in the participants’ home or in the authors’ workplace, according to the participants’ wishes. The interviews were transcribed verbatim and the authors reviewed the transcripts to ensure accuracy (cf. Kvale and Brinkmann, 2009).

Ethical considerations
The Regional Ethics Board approved the study and the heads of the ICU and the maternity ward gave their permission for it to be carried out. Information about the study was repeated orally to the participants before starting the interviews. Assurances were given that all data would remain confidential that participation was voluntary and that participants had the right to withdraw at any time without prejudice. Participants
Mothers' experiences of a stay in an ICU after a complicated childbirth were also given opportunities to talk about any feelings evoked by the interview situation.

Data analysis
The authors applied qualitative content analysis to the interview text, as described by Downe-Wamboldt (1992). Each interview was read through several times in order to gain a sense of the content as a whole. The entire text was then read in order to identify text units, guided by the aim of the study. The text units were condensed and sorted into categories related by content, constituting an expression of the manifest content of the text. The categories were related to each other and were then subsumed into one theme, i.e. thread of meaning that emerged in the categories (Baxter, 1991). The authors checked the analysis independently, and then discussed their findings before reaching a final agreement.

FINDINGS
The theme and the categories (Table 1) are presented in the text below and are illustrated with referenced quotations from the interview text.

Wishing to be in control and together as a family

Being or not being prepared
The mothers said that they felt prepared for the childbirth to be complicated, but they nevertheless felt anxious when they realized the gravity of the situation. One mother identified that she felt unprepared for the excessive bleeding, which occurred after delivery and that she did not feel prepared for the precise complication that affected her, i.e. excessive bleeding, and she felt that she had missed the delivery and was not prepared for the weakness she felt afterwards. One mother said that the staff decided they would do a caesarean section as the baby was in the transverse position but when they started to connect the cardiotocography (CTG) they found no heart beat, which the mother experienced as frightening as she had lost a baby in a similar way in her previous pregnancy.

Well, I think it was when she checked the amniotic fluid...it was probably the way she expressed it...it was like; no it isn’t as it should be...no, we must probably...this baby must probably come out today...but it all sounded so...she was so uncertain in her manner, and then I think I became like, well, I was shocked. (Mother 2)

Feeling afraid
There were descriptions of being afraid of dying during acute caesarean section and feelings of anxiety about how it would be for the baby. Having no previous experience of having surgery made participants feel worried before caesarean sections. Not being able to influence what happened, for instance the decision to perform a caesarean section, made mothers feel powerless. One mother described the traumatic experience of not being sufficiently anaesthetized when the caesarean section started. Another mother said that she and her husband did not understand that the delivery would take place the same day, until the staff started to prepare her and said that they were going to have a baby that day. The participants highlighted the need to know what was happening although the staff were in hurry. The manner in which the participants were informed about what was happening was identified as important as mothers wanted to receive clear information and appreciated getting it as it reduced their feelings of fear.

Yes, I felt rather powerless, I couldn’t do so much, just abide by the physicians’ decision and well there wasn’t much to do about that, just to accept the decision. (Mother 3)

They tried to explain what had happened and what would happen, they explained really well, and they tried to explain why I had started to bleed, I think it was very professional. (Mother 7)

Not being as ill as the others in an unknown environment
Most of the mothers stayed in the ICU in the postoperative period for just a few hours, only one of them was critically ill and stayed several days. In the ICU, the mothers were asked if they had any pain, their vital signs were checked, they were checked for any bleeding and they received oxygen. Those who had been given spinal anaesthesia were told that when they

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<td>Being or not being prepared feeling afraid Not being as ill as the others Knowing about the baby Worrying about the father Having someone to talk to</td>
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could move their legs they would probably be able to leave the ICU. A consistent theme identified was that mothers wished that someone on the staff had cared more about them and tried to understand how they felt. They said that they were probably less ill than the other patients and thus felt they were less important. The mother who had stayed longer in the ICU after excessive bleeding had a different experience; she felt that the staff really cared about her and identified her needs.

The strongest memory is probably that tamponade they put inside me...they explained what it looked like but I’m not used to being operated on and having things inside me...then I was given blood, having someone else blood in me. It felt a bit confusing. I’ve never been in an ICU before so I didn’t know much about it, and it was a significant event. (Mother 7)

The baby and the father were not allowed to be with the mother in the ICU, according to some of the mothers. They felt it was unfair as other patients beside them could have their family present, and the mothers thought this was because they were not as ill as the others. Some felt the environment in the ICU was stressful, lying in a big room with many other people passing through continually, while others felt it was professional and efficient with its high technological equipment. After the time in the ICU it felt peaceful to move to the maternity ward.

I think it was unfair because the old man beside me had so many[visitors], but when I asked they said that it was crowded, so I did all I could to show that I could move so I would be permitted to leave the ICU and go to the ward. (Mother 1)

I felt out of the way in a corner, I wasn’t seriously ill but I would have liked to have someone who cared about me, it felt as I landed up out of the way but I wasn’t critically ill or so...people came and went continually. (Mother 3)

Knowing about the baby
Receiving information about their baby as soon as possible was identified as a high priority for the mothers. They found it difficult not to get immediate information and feared that their baby was dead or seriously ill. One mother described how, when she woke up after the anaesthesia, she asked the same question repeatedly; How is she [her baby]? Then she asked where her husband was, knowing that both of them felt fine calmed her and she was able to sleep again. The mothers greatly valued touching, holding, looking at and smelling their baby as soon as they could. All the mothers, except one, wanted to have their baby and partner close by when they woke up in the ICU. The one who did not, felt she was so tired after the anaesthesia that it felt better to meet them after a while.

Then I woke up in the ICU, three hours had passed, then I woke up and asked if everything was OK and where my baby was, but they only said we don’t know anything about that, but the midwife will come, then I thought the child is dead! It doesn’t exist, then I fell asleep again, but then they [baby and father] came with the midwife, I’m not sure how long it took, but it was then I got really panicky when I didn’t know... (Mother 4)

Worrying about the father
All the mothers highlighted the importance of having their partner close by before, during and after the delivery; for their own and for the baby’s sake. The mothers said it was important that the father was properly encouraged by the staff. When the partner could not be close to the mother it was consoling to know he was close to their baby instead. According to the mothers, the father developed a special relationship with their baby when he learned to know the baby first. The mothers all described that their relation with the father had been strengthened after they had been through the dramatic delivery together, but they also worried about how the situation had influenced the father, as they felt the father’s situation was worse then their own-alone and unable to influence the situation.

His situation...well, we have actually talked about that...I noticed how it was for him and I noticed when they took me to the operation that he trembled a lot and then I realized that something was wrong, because I felt he was so scared...What we have gone through has strengthen our relationship, but I thought it was hard to hear how it was for him, I got really sad, because I didn’t experience it that way when I was in the middle of the situation...I don’t know if it could have been done any other way, prioritizing the father... (Mother 1)

Having someone to talk to
The mothers all said it would have been be helpful to know more about how they might feel afterwards, and they described feelings of both happiness and sorrow. Some of the mothers felt disappointed because they could not directly feel the happiness of becoming a
mother as they had expected to. The mothers described a need to talk about the delivery after the birth and leaving hospital, they said that they talked a lot with their parents, friends and the father of the child. The mothers said that they might have needed someone else from health care to talk to afterwards, and some of them also said that they missed having a ‘normal’ delivery and had thoughts about that.

I think that you should know more about how you might feel afterwards... when the baby has been born. I mean I lost so much blood I felt rather dizzy and thought why hasn’t anyone told me it could be like this. It felt like disappointment when you cannot expect it to be over once the baby has come. (Mother 5)

I saw her, but could not sort of take anything in, I was like gone and I was like that for 24 hours, this was really a baby, this happiness... it came later I was as... I was in pain and got morphine and I was like in a bubble in some way, it was still in my mind that maybe she hadn’t managed to go through this... (Mother 5)

I talk easily, I had such a need to talk, I told every person who came the whole history in detail and then it felt a little better each time, you probably need to talk about it, but if you can’t talk about it I can understand it becomes devastating. (Mother 8)

DISCUSSION
The aim of this study was to describe experiences of becoming a mother after a complicated delivery and a stay in an ICU. The findings show the importance of remaining in control of what is happening and the need to have their partner and baby close by. The mothers described their awareness that the delivery could be complicated, but unable to influence this and this heightened their feelings of fear. Berg and Dahlberg (1998) suggest that by understanding and respecting every woman as an individual the caregivers can support women giving birth, thus paving the way for them to gain control over the situation. Through a true dialogue resulting in a trusting relationship, the women can even manage emergency situations.

According to Hodnett (2002) having an active say in decisions about one’s care, one aspect of personal control, is an important dimension of satisfaction with childbirth, and control is consistently related to caregiver support. Indices and the quality of women’s relationships with and support from their caregivers during labour are strong predictors of satisfaction with childbirth (Hodnett, 2002).

The mothers described their wish to be near to their child close by, even during postoperative care in the ICU. Fenwick et al. (2008) show the need for mothers to achieve physical contact with their infants. Being able to cuddle and hold their infants was something the mothers not only desired but were desperate to achieve. Being unable to do so left women feeling disconnected and ‘not like a mother’. It was identified that it felt unfair that others could have their relatives present. Nyström and Axelson (2002) describe the difficulties mothers’ experience when separated when the newborns are transferred to a neonatal intensive care unit. The mothers expressed feelings of loss, grief and distress, which were exacerbated when they were separated.

According to Berg and Dahlberg (1998), separation of mother and baby should be avoided if possible. Hodnett (2002) states in a systematic review four factors appear to be so important for satisfaction with the experience of childbirth that they override all other aspects; these factors are personal expectations, the extent of support from caregivers, the quality of the caregiver–patient relationship and involvement in decision making. While liberal visiting practices in ICUs are suggested (Plowright, 2007) and the importance is shown of family-centred care in ICUs (Latour, 2005), this seems problematic for mothers after a complicated delivery, at least in this study, and there are is much to be carried out within this area to improve nursing care for the new family.

The mothers described a need to talk about their complicated delivery. Talking about suffering from illness or traumatic events is healing (Wright, 2005). Frank (1991) describes his good fortune in having his wife there to share his experiences of critical illness, and states that sharing losses and difficult experiences seems to be the easiest way of living with them. Strong feelings of intimacy and friendship can be created when sharing experiences of illness and sorrow with someone we trust (Johannisson, 1992). Some of the mothers said that they missed having a ‘normal’ delivery instead of a caesarean section. According to Chalmers et al. (2010) women delivered by caesarean section feel less positive about childbirth than women delivered vaginally. Women who have caesareans experience more interventions during labour and birth and have less optimal birthing and early parenting outcomes (Chalmers et al., 2010). Follow-up visits to the ICU are suggested for those who have been critically ill and their close relatives (Engström et al., 2008) and counselling led by midwives for mothers after a traumatic childbirth (Gamble et al., 2005) for those who spent a few hours in the ICU, as this event affects the whole family and there is a great need to talk about what had happened and why.
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Study limitation
This study has limitations as the mothers who chose to participate were a selected group because they might have been those who most needed to talk about their experiences. We do not know why some mothers who were offered to participate in this study chose not to participate, and if their experiences would have influenced the findings.

CONCLUSION AND CLINICAL IMPLICATIONS
Becoming a mother after a complicated delivery entails a stay in an ICU is a demanding experience. The mothers, and their families, need support and encouragement from the health care staff throughout their hospital stay, and sometimes afterwards. There is need for mothers to be supported, receive information especially about the baby and to have one’s family close by, even when not critically ill in an ICU. How the new family is met by the staff is of great importance. It would be valuable to study how the fathers or partners experience the event, i.e. their experience of when the mother of their child has a complicated delivery, would be valuable to study. Further research is also suggested concerning patients’ experience of postoperative care in an ICU after other surgery.

ACKNOWLEDGEMENTS
We would like to thank the participants for sharing their experiences and Pat Shrimpton for revising the English language. We would also like to thank care manager Birgitta Boqvist for cooperation. The research received grants from the County Council of Norrbotten, Sweden.

WHAT IS KNOWN ABOUT THIS TOPIC
- A complicated childbirth can affect the mother for a long time afterwards.
- Family members and close relatives are often the most important source of support during a stay in an ICU.
- Family-centred care is important for the development of the parent and child relation.

WHAT THIS PAPER ADDS
- The importance for mothers of remaining in control of what is happening during and after a complicated childbirth.
- The mothers need to be continually confirmed and receive information; especially about their baby.
- The new family needs to be together, even during the time spent in an ICU. Family-centred care is suggested in this context.

REFERENCES

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