

Just Another Day in a Woman's Life? Women's Long-Term Perceptions of Their First Birth Experience. Part I

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ABSTRACT: *This study explored and analyzed the long-term impact of the birth experience on a group of 20 women from the natural childbirth culture of the late 1960s and early 1970s. The data consisted of 1) a structured labor and birth questionnaire and an unstructured account of their experiences written shortly after their babies were born; 2) a similar questionnaire and account written 15 to 20 years later; and 3) a transcribed one- to one-and-a-half-hour interview during which each woman's memories and perceptions were discussed. Women reported that their memories were vivid and deeply felt. Those with highest long-term satisfaction ratings thought that they accomplished something important, that they were in control, and that the birth experience contributed to their self-confidence and self-esteem. They had positive memories of their doctors' and nurses' words and actions. These positive associations were not reported among women with lower satisfaction ratings. (BIRTH 18:4 December 1991)*

The birth of a woman's first child has an enormous lifelong impact on her. Most obvious and widely written about is her transformation to motherhood. The medical aspects of birth also receive much attention in lay and professional media, especially as they relate to improvements in the physical condition of baby and mother. Most elusive of our understanding is the impact of childbirth on the woman's psychosocial development because the complexities of human personality make it difficult to isolate it from other influences in her life. Yet, anecdotally, every woman who has given birth seems to have a story to tell. The memory of the experience is vivid, except for women who, through the use of drugs, were unaware of their labors and births (1). This realization that women do remember

childbirth led me to investigate systematically their long-term memories and perceptions.

Anything remembered so vividly must influence the person—but how? Does it matter whether a woman remembers her birth experience with joy or anger, with pride or anguish, with a sense of accomplishment or a sense of failure? What aspects of childbirth, if any, are associated with long-term positive or negative memories?

If we discovered that the birth experience has an impact on one's mental health or psychological well-being, it would make sense to seek and use interventions that exert positive influences. The purpose of the present study was to learn about the long-term impact of women's first childbirth by exploring and comparing their short- and long-term memories and perceptions, and to discover which factors, if any, the women associated with long-term satisfaction or dissatisfaction. Thanks to a special set of circumstances, I had the opportunity to study these questions. I had been teaching childbirth classes since 1968 and had kept all records for every student, including their descriptions of childbirth written a few days to a few weeks afterward. This paper, the first of three parts, describes the methodology and some findings; parts 2 and 3 will report other findings.

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Materials

The informants were 20 women who met four criteria. They had participated as primigravidas in a childbirth preparation class taught by me between 1968 and 1974. Within days to a few weeks after their first child's birth, they had answered and returned to me a labor and birth questionnaire, which included specific questions about the events and procedures that took place, as well as their feelings during and after labor. Also, an open-ended question asked for their personal account of the birth. They still lived in the Seattle area and could be traced fairly easily. They agreed to participate in the study.

All women were Caucasian and ranged in age from 19 to 33 years (average 26 yrs) at the time their first child was born. Nineteen were married. Four had only one child, 12 eventually had two children, and four had four children.

Historical Perspective

The clinical management of these women's labors was typical of the time (about 1970) and different from that today. Following is a list of features of intrapartum care that made up the context for the women's birth experiences (items marked with an asterisk were usually included in "natural childbirth").

- No private labor rooms, few private postpartum rooms*
- Buccal, intramuscular, or intravenous oxytocin*
- Enemas, pubic hair shaves (the "miniprep" was the enlightened option)*
- Restriction to bed*
- Withholding of food and drink*
- Fathers' presence controversial and rare; they left for vaginal examinations and delivery*
- Fundal pressure*
- Episiotomy*
- Frequent forceps (few vacuum extractions)*
- Sterile field in delivery (father, if present, was gowned and masked)*
- Meperidine with phenergan, morphine, paracervical, caudal, saddle, pudendal blocks,* and general anesthesia
- Formula feeding (fewer than 20% of women breast-fed)
- Baby in nursery except for daytime feedings (rooming-in was controversial and rare)*
- Heat lamps for perineal stitch pain*
- 4-5-day hospital stay for vaginal birth*
- 5 percent cesarean birth rate

Childbirth classes were not widely available and were considered unconventional. They emphasized natural childbirth and husband participation. Women who attended generally saw natural childbirth as an important goal. Thus it is necessary to acknowledge that the women in my study were not typical of the time. Although many had supportive physicians, these women were outside the mainstream in their desires for maximum participation.

Natural childbirth in 1970 meant only the avoidance of pain medications, although a pudendal or perineal block was frequently used. Interventions such as induction or augmentation with oxytocin were common, and restricting activity and withholding oral fluids were the rule. The lithotomy position was almost the only delivery position used. Women's ideal behavior was to remain silent and show no pain throughout labor and birth, which was achieved by the use of Lamaze techniques as taught and promoted by Elisabeth Bing (2), or modified Lamaze techniques as taught and promoted by Erna Wright (3). Electronic fetal monitoring, epidural anesthesia, and birthing rooms were not available.

Methods

In addition to their original labor and birth questionnaires (LBQ 1), which I already had in my possession, all informants completed another similar questionnaire (LBQ 2) that reflected their current memories of birth.

I then interviewed the 20 informants for one to one and a half hours. The tone of the interviews was friendly, relaxed, and open-ended, and followed a checklist of the following topics (those marked with an asterisk indicate the parts of the interviews on which I am reporting here):

- Informants' reactions when they received my letter asking them to participate*
- Differences and similarities between the first and second questionnaires
- Comparison of their expectations with the actual birth experience
- The most and least satisfying memories of the birth experience*
- Reactions to medical staff and recall of specific actions or words*
- Feelings about partner's participation or nonparticipation
- Impact of the birth experience on relationship with partner
- Impact of the birth experience on them personally*
- Impact of the birth experience on their desire to have more children

- Impact of the birth experience on their planning for the conduct of future births
- Missing pieces or unanswered questions from their birth experience
- Role of the classes in preparing them for the birth
- Other major physical or emotional challenges since the first birth and comparison with the first birth

All data were derived from the informants themselves and not from their medical records, since I was interested in the women's subjective experiences and perceptions over time. Technical difficulties in taping one interview and part of another, regrettably, made them impossible to transcribe.

Data Analysis

For this part of the study I used a combined methodology for obtaining and analyzing the data, largely based on an approach described by Kristen Swanson-Kauffman (4) and using aspects of grounded theory (5), ethnography (6), and phenomenology (7). This approach assumes that the informants are the teachers and the interviewer is the learner. My beliefs and impressions about the significance of the birth experience were formed during 20 years of providing childbirth education, prenatal and postpartum counseling, and emotional support during labor, and also through discussions of birth experiences with hundreds of women. A detailed, systematic, and open-minded examination of women's long-term memories was used either to confirm or rectify the impressions I had. I asked the women themselves what they remembered, what

they felt was important, and what impact the birth experience had on them as individuals.

On receiving the LBQ 2, I read both questionnaires carefully, noting similarities and differences, with the intent of discussing these in the interviews.

All interviews were taped, transcribed, and stored on computer disk, using a word processing program and *The Ethnograph* software program (8), which sorts and retrieves coded data as requested. In the interviews and later in reading the transcriptions I became aware of recurrent themes or topics spontaneously discussed by many women. I hand coded and entered approximately 90 different topics. I then used *The Ethnograph* to print out all occurrences of each topic, which permitted convenient sorting into categories or clusters of related themes. Table 1 lists the categories and all topics within each category.

This paper reports on the women's present feelings of satisfaction or dissatisfaction with their first childbirth and how those feelings are related to their sense of accomplishment, and their memories of the attitudes or actions of their doctors and nurses. Future papers will report on consistency of the women's recall between LBQ 1 and 2, and other topics listed in Table 1.

Results

The findings from the interviews relating to feelings of accomplishment and memories of emotional support received from physicians and nurses are supplemented and illustrated by quotations from the interviews. Parentheses at the end of each quota-

Table 1. Eight Categories of Code Words

<i>Prior Self-Assessment</i>	<i>Prior Beliefs/ Knowledge of Childbirth</i>	<i>Emotional Support</i>	<i>Negative Emotions During/After Labor</i>	<i>Labor Interventions/ Complications</i>	<i>Medications Use</i>	<i>Specific Memories of Events</i>	<i>Feelings of Accomplishment</i>
Body image	Attitudes	Doctor	Anger	Complications	Caudal	Delivery	Achievement
Pain reactions	toward birth	Hospital	Fear of death	Cesarean	Drugs	Focal point	Control
Pregnancy	Classes	Marriage	Fears	Forceps	Epidural	Initial contact	Creation
	Expectations vs reality	Nurse	Postpartum	Induction	General	with baby	Esteem
	Attitude toward medications	Partner	Questions	Premature baby	Local	Going into labor	Satisfaction
	Attitude toward natural birth	Religion	Regrets	Postpartum	Pain	Memories	Dissatisfaction
		Support	Vulnerability	Episiotomy	Paracervical		Increased status
					Pudendal		Decreased status
					Saddle		Strength
					Spinal		Weep for joy
							Weep from remorse

Note: Each interview transcription was coded to indicate wherever references to any of the above words was made. This enabled sorting and retrieving of text by subject.

tion include the code identifier for the informant, labor data and the informant's satisfaction rating.

In LBQ 2 I asked, *overall, how satisfying was your first birth experience?*, and had women rate it from 1 (most satisfying) to 7 (least satisfying). The satisfaction ratings (SR) were as follows: SR 1, 12 women; SR 2, none; SR 2.5, 1; SR 3, 3; SR 4, 2; SR 5, none; SR 6, 1; and SR 7, 1.

Later analysis of the interviews showed that the ratings were associated with the way the women described feelings of accomplishment and how they remembered their physicians and nurses.

For the purposes of this report the women are divided into two groups: high satisfaction (SR = 1) and less satisfaction or dissatisfaction (SR 2-7). Table 2 summarizes the findings.

One might assume that satisfied women would have had easier or faster labors, but this was not true. Table 3 provides labor data as described by the women.

Because of the small number of informants, it was not worthwhile to seek statistically significant differences between the two groups, but both groups included women who wanted unmedicated labors, who had short and long labors, who had partners present, who used oxytocin, and who had episiotomies and forceps deliveries. It appeared that the less satisfied group used more pain medication.

Feelings of Accomplishment

When I asked about the most satisfying aspect of their birth experiences, those women who are highly satisfied today described the positive aspects in different terms from those who are less satisfied. For example, women who had the highest overall satisfaction ratings tended to describe the births in

terms of feelings of personal accomplishment or accomplishment as a couple.

As a person, the natural birth gave me a great deal of satisfaction, to accomplish something that was quite unusual at the time and accomplish it with flying colors and to have everyone give me lots of pats (H1, 12-hour, normal, unmedicated labor; SR = 1).

I really felt a part of a team. I guess it was the challenge, now that I think about it, and it was something that turned out as I expected, and it was so important (B1, 14-hour, induced, occiput posterior, unmedicated labor except for pudendal block, forceps; SR = 1).

It was a big thing that went well; sort of like climbing Mt. Everest I suppose (B3, 6-hour, normal, unmedicated labor; SR = 1).

... a monumental moment in my life (R1, 6-hour, induced, unmedicated labor; SR = 1).

Only one in the less satisfied group even mentioned a sense of personal accomplishment:

I thought I should wear a sign that said, "I had a natural childbirth," (G1, 9-hour, normal, unmedicated labor; SR = 3).

The other less satisfied women tended to focus on having a healthy baby or the initial deep feelings of love for the baby.

Control

The issue of control seemed to be important for all women. Without my using the word in any of my questions, each one spontaneously discussed her feelings. Whereas the highly satisfied women tended to feel in control, those in the less satisfied group still recall having little or no control.

Table 2. Memories of First Birth Experiences

<i>Related to</i>	<i>High Satisfaction, SR = 1 (n = 12)</i>	<i>Low Satisfaction, SR = 2-7 (n = 8)</i>
Achievement	Described in terms of accomplishment	Only 1 of 8 described a sense of personal accomplishment
Control	Feeling that they were in control	Disappointment or anger that they were not in control
Self-esteem	Increased self-esteem; confirmation of worth Some later doubted or belittled their accomplishment	Positive memories about the baby Increased assertiveness and self-esteem Others' self-esteem lowered
Memories of physician	Mostly humorous or positive	All had negative memories of physician's words or actions
Memories of nurse	Most felt well supported by nurses	Negative memories of nurses' words or actions

Table 3. Labor Data for 20 Women

Variable	Total Number	Total with SR of 1 (n = 12)	Total with SR of 2-7 (n = 8)
Labor length			
3-10 hrs	10	7	3
11-20 hrs	10	5	5
Occiput posterior	5	2	3
Partners present	18	11	7
Unmedicated labor (plus pudendal/local)	12	10	2
Wanted unmedicated labor	17	11	6
Pain medications			
Narcotics (plus paracervical, spinal, caudal and/or general)	3	0	3
Paracervical (plus spinal, caudal, or pudendal)	3	1	2
Caudal spinal (3 w/out other medication)	6	2	4
General anesthesia	1	0	1
Pudendal/local only	8	6	1
Oxytocin (induction/augmentation)	7	4	3
Episiotomy	18	11	7
Forceps	8	5	3
Cesarean section	1	0	1

I think because of what I experienced in the delivery room I felt powerless. I felt what I said really didn't make an impact and didn't make a difference (F1, 15-hour labor, spinal, forceps; SR = 2.5).

I was too embarrassed to make a big fuss. I thought that almost every woman handles it, and I really wanted to be in control and I didn't want to alarm anyone else who was having a baby there in the hospital. I didn't want to be a nuisance to the nurses. [I asked, "What made you feel like a nuisance?"] I think that because I felt like I was lying on the shoulders of others to be in control and keep things moving (P1, 19-hour labor, induced, persistent occiput posterior, meperidine, caudal, forceps; SR = 4).

Self-Esteem and Self-Confidence

Many of the satisfied women thought that the birth experience increased their self-esteem or self-confidence.

I'm just very grateful that I had the opportunity to have the birth experience be pleasant. I participated in it and I have to say it probably made me a much more confident person to accomplish that and feel good about it and not have it be a horrifying thing (B4, 7-hour labor, induced, paracervical, caudal, forceps; SR = 1).

The birth probably increased my self-confidence, although it's not something I perceived at the time. It was definitely something major that I had done. In some ways it was probably a wa-

tershed, because it was one of the big things in life, and it happened to me in a very positive manner, in a manner that made me confident that I could do it again, that I could do it—period (B3, 6-hour, normal, unmedicated labor; SR = 1).

I felt like I had proved something to myself, but I don't think I felt tough or anything like that because I also felt like it had been fairly smooth, especially when we got together 6 weeks after the birth and heard some of what had happened to the others. It was a good accomplishment, but it wasn't as great as I had thought, because it was a relatively easy labor (M2, 12-hour labor, unmedicated; SR = 1).

Some of the less satisfied women thought that the experience, although somewhat negative, made them more assertive in the future and increased their self-esteem:

I was a person, and then I got married and I became a mother . . . and I had no self-image. When I look back now I see that really the only positive experience I had was having those two kids. Those are the things that gave me a sense of myself, and that I was able to cope (P2, 6-hour labor, paracervical, pudendal, forceps; SR = 3).

I don't know where I get this strength, but I have it. The ability to take care of things, and people. It's as though I can control them. I don't think anyone could ever control me again after I had that baby. I think it had an impact on my life; I'm extremely aggressive. Some people use the word dominating and some use the word leader. All

my personality tests show I'm a leader. [I asked, "Did this experience bring this out?"] Yes, it showed I had it in me; I didn't have it before (M3, 3-hour labor, spinal; SR = 7; relinquished baby for adoption).

Other less satisfied women, however, thought that their self-esteem was lowered by their experience, especially if they were unable to handle the difficult aspects of the birth.

I think the process of giving birth is so physical and so actively engaging, and you're so vulnerable, that to come away with the self-concept that "I'm a wimp" or "it must have been something I did wrong," it sticks with a person (F1, 15-hour labor, spinal, forceps; SR = 2.5).

It didn't help my feelings of self-esteem. I think that I kind of blamed myself at one point that I had a cesarean, although it was totally unreasonable. When I was feeling bad about myself and thinking of all the things I couldn't do, that was one of them. I couldn't even have that baby naturally. [I said, "You were as vulnerable to something negative as something positive. You got the negative messages and those are what you took away. I wonder if it might have mattered to you if someone had given you a hug and told you how well you were doing."] (crying) I think it would have (S1, 18-hour labor, induced, meperidine, general anesthetic, cesarean for failure to progress; SR = 6).

Memories of Doctor and Nurse

Everyone remembered specific things about the doctor and nurses. The satisfied women's memories of their doctors were more likely to be humorous or positive.

I had had a kidney stone, and I had experienced tremendous pain with that, and my doctor said, "Well, you will never feel that level of discomfort when giving birth." I would challenge that statement; he's never given birth (laughing) (B1, 14-hour labor, induced, occiput posterior, unmedicated, pudendal, forceps; SR = 1).

When the baby was delivered, the doctor said, "It's a girl!" as a stream of urine came squirting up into the room. Only a boy can produce such a stream! (B2, 8-hour labor, unmedicated; SR = 1).

I can remember the doctor because when I saw him, after I'd had the caudal, I still was kind of working through some of my feelings for having it. He said, "You know, Karen, birth is to be a

real positive experience, not a nightmare." And that helped me right at that point because I was still kind of wishing that I hadn't needed the medication (P3, 17-hour labor, induced, caudal, forceps; SR = 1).

At first, I was somewhat puzzled by these humorous memories because the doctors seemed to take the brunt of the stories, although they were good-natured in tone. I later realized that the informants and their doctors laughed together. Such humor can only be shared among friends.

There were exceptions, however. Some women in the satisfied group did not see some of the doctor's actions as contributing to a positive birth experience.

My legs were suspended and quivering uncontrollably for the whole stitching process. The doctor told me to relax, but I just couldn't seem to. I was too keyed up. He said if I didn't relax he'd make the stitches too tight and then nothing could go through. You know, he was kind of teasing me. Meaning there's no way for any sexual intercourse (V1, 9-hour labor, unmedicated; SR = 1).

All women with less satisfying birth experiences had complaints about their doctor's actions, verbal or otherwise.

I think the doctor came in once (and he was an old grouch) and said something to me about if I'd taken something a long time ago, this would be over with (G1, 9-hour normal, unmedicated labor; SR = 3).

Anyway, the doctor wanted to give me a spinal. And I was just sure I could push this baby out if I could just get up there and get some leverage, I could squat and push the baby out. "Nope, not that, couldn't do that," so about another it seemed like 20 or 30 minutes, he said that I should have a spinal. So I had a spinal. . . . I was not only put down by the doctor and the supporting staff, but by that point there were a couple of other doctors that had come in and some interns, and I felt like this guy partly wanted to show off. I'm surprised at the impact of that. Because of that birth experience, I have always felt that the medical profession was unable to really be helpful (F1, 15-hour labor, spinal, forceps; SR = 2.5).

Nurses were vividly remembered by many women. Most with satisfying birth experiences felt well supported and have fond memories of their nurses.

I can remember later lying on my stomach. The nurse was giving me a backrub and I cried. I don't think I had ever had a backrub before. It was just wonderful. I felt so cared for, looking up at the moon, and seeing the blimp come over. (It was festival time, and the Goodyear Blimp was flying over Seattle) (B1, 14-hour labor, induced, occiput posterior, unmedicated, pudendal, forceps; SR = 1).

I expected my husband to take a stronger role and more of a leadership role. But it didn't matter that he didn't because the nurse did, and she took over when I was in a frame of mind where I was quite jumpy (B2, 8-hour labor, unmedicated; SR = 1).

One nurse had been there the whole time, and then when she was off shift, she still wanted to stay with me. She seemed like she was really interested and involved, and that she really cared. I thought that was neat and it made me feel very special. Everyone was so nice and made you feel like you were the only one in the world that had ever done this before (C2, 17-hour unmedicated labor except pudendal, forceps; SR = 1).

The memory of nurses' words and actions is strikingly different among those women who recall their birth experiences as less satisfying.

When she came in, I remember her saying, "Are you sure you don't want a paracervical? I mean, this is your last chance." And I can remember thinking at the time, "Gee, she makes it sound like things are going to get really rough after this. Am I making a mistake here?" After 15 years, I think I remember the effect a lot more (F1, 15-hour labor, spinal, forceps; SR = 2.5).

Well, I recall the first nurse who told me to "Cut that out" when I was breathing. She was European and rather abrupt. Well, I did it anyway. She said, "You're going to hyperventilate. Stop it right now." I felt that we had some information too (K1, 18-hour labor, induced, meperidine, paracervical, spinal, forceps; SR = 4).

If there had been more of a sense of support from them, the nurses—one was, but the other one wasn't. I was angry at her for making me take energy away from the task I was supposed to be focusing on and use it to defend myself from her (P2, 6-hour labor, paracervical, pudendal, forceps; SR = 3).

Discussion

One striking aspect of this study was the eagerness with which almost all the women agreed to partici-

pate. No one whom I contacted refused. In answer to my interview question, "What was your reaction when I asked you to take part in this study?" 17 women expressed excitement, curiosity, or interest. Two were willing, but neutral. The woman who had the cesarean delivery has suffered from depression off and on ever since (or perhaps before) the birth. She "wondered if it would bring up negative feelings," but agreed to participate because, as a nurse, she values contributions to be gained through research.

The vivid and detailed memories held by the women were also impressive; they recalled exact details. Four remembered where they were and what they were doing when their membranes ruptured spontaneously. One recalled (and sang for me) the song she and her husband made up during the ride to the hospital. The woman who relinquished her baby wept as she recalled insisting on holding the infant for an hour before signing the release papers (which was very unusual at the time), and then not being able to "feel" her daughter because of the numbness created by the spinal block. Another woman recalled the terror she felt at not being able to breathe when her caudal "went too high." Several remembered focal points—a matchbook, a partner's mouth, a hole in the pillowcase. Several recounted their feelings of profound love and joy toward their newborns, whereas others recalled feelings of ineptness in the first few days postpartum.

As I watched and listened to the women, I felt they were not merely recalling, but almost reliving the experience. Nine of them wept, either from joy or remorse.

By dividing the informants into two groups based on degree of satisfaction they now feel about their births, I found that if particular factors were present, women are more likely to feel long-term satisfaction. These factors have more to do with the way they conduct themselves and the way they are treated than with the actual clinical features of their labor. Short and long labors, and use and nonuse of interventions, were represented in both groups. The women with positive feelings today recall being well cared for and supported by the doctor and nurse, whereas those with negative feelings today tend to recall negative interactions with staff.

Thus, the meaning of "being in control" seems to have many dimensions that are not easily distinguished from one another. Self-control, or behaving in a planned, prescribed manner during contractions, was one dimension. For the women in this study, control meant breathing at a prescribed rate and depth while staring at a focal point, and remain-

ing relaxed and quiet. They took great satisfaction not only in avoiding pain medications, but also in appearing not to be in pain.

Control over what was happening to them and the decisions about their care were important factors in long-term satisfaction. Women whose doctors and nurses said and did things that they did not want still feel anger or disappointment. These findings about the issue of control agree with those of Green, Coupland, and Kitzinger, who observed that it was important not only to women's satisfaction with their birth experiences, but also to their subsequent emotional well-being (9). The way a woman is treated by the professionals on whom she depends may largely determine how she feels about the experience for the rest of her life. A woman in labor is highly vulnerable. Her most private body parts are exposed; she is in pain; she sweats, trembles, moans, and cries out while among strangers; she is in a strange environment. If she is treated without respect, if her efforts to maintain dignity and control are rebuffed, or if she is taken advantage of, the negative impact is permanent. If she is nurtured, treated with kindness and respect, and feels like a participant, the positive impact is permanent.

Many of the women in this study believe 15 to 20 years later that they achieved something highly significant in giving birth. Many felt it had to do with being in control, or with accomplishing a goal and that the experience enhanced their self-confidence and self-esteem. Others feel just the opposite. For some, a less satisfying experience made them angry and more assertive in the future, whereas others seem to have accepted a somewhat negative self-image.

It is clear that the birth experience has a powerful effect on women with a potential for permanent or long-term positive or negative impact.

Conclusions

There are specific things a caregiver can do during labor to help ensure a long-term sense of satisfaction and fulfillment.

Before labor, find out what the woman's expectations and hopes are in terms of clinical management, use of pain medications, presence of loved ones and support people. Also, if possible, be aware of her fears and concerns.

Because the woman may remember her caregiver

forever, the question, "How will she remember this?" should be in the caregiver's mind at all times. It will lead to kind and considerate actions, empowering and complimentary words, and consideration of her desires and needs during childbirth.

Recognize that the caregiver is an authority figure during this vulnerable period for the woman, and as such can contribute directly to her long-term satisfaction and indirectly to her self-esteem.

For caregivers, the lesson that should be taken from this is that much more is involved in the outcomes of "a healthy mother and a healthy baby" than coming out of it alive with no permanent physical damage. The potential for psychological benefits or damage is present at every birth. Caregivers have a great deal of influence on how each woman will remember her experience. In addition to a safe outcome, the goal of a good memory should guide their care.

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