

Enhancing Self-Esteem and Satisfaction with Continuous Care Support during Childbirth: A Pre-experimental study

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ABSTRACT

Childbirth, especially for first-time mothers, is both a physically demanding and emotionally charged experience. Continuous care support by a trained caregiver from the active phase of labor until the early postpartum period is known to positively influence birth outcomes, maternal satisfaction, and psychological well-being.

Objectives:

1. Assess the pre-test self-esteem and satisfaction levels among primigravida mothers.
2. Evaluate the effectiveness of continuous care support.
3. Compare pre- and post-test levels of self-esteem and satisfaction.
4. Determine the association between post-test scores and selected demographic/obstetric variables.

Materials & Methods:

A pre-experimental one-group pre-test post-test design was employed at a tertiary care maternity hospital in Chennai. A total of 60 primigravida mothers in active labor were selected using convenience sampling. Intervention included continuous emotional, physical, and informational care by a nurse researcher from 4 cm dilation through 2 hours post-delivery. Data were collected using the Rosenberg Self-Esteem Scale and the Client Satisfaction Questionnaire (CSQ-8).

Result and Discussion:

- Pre-intervention: 60% had low self-esteem; 56.7% had moderate satisfaction.
- Post-intervention: 70% had moderate and 30% high self-esteem; 60% had high satisfaction.
- Mean self-esteem increased from 2.45 to 3.75 ($p < 0.001$); satisfaction from 2.3 to 3.7 ($p < 0.001$).
- Significant associations: Self-esteem with age ($p = 0.004$), duration of marriage ($p = 0.045$), and mode of delivery ($p = 0.012$); Satisfaction with education, immunization status, and maternal illness.

Conclusion:

Continuous care support is a highly effective, low-cost intervention that significantly improves maternal self-esteem and satisfaction. Its integration into routine labor care could transform maternity practices toward more holistic and respectful childbirth experiences.

INTRODUCTION

Childbirth marks one of the most profound transitions in a woman's life. It is a natural physiological event—often referred to as labor and delivery—that brings pregnancy to its end as a woman gives birth. Beyond the physical process, it carries deep emotional and sensory significance. This journey is not only demanding but also a testament to the strength, resilience, and endurance inherent in women. It represents a powerful blend of challenge and transformation [1,2].

Childbirth is divided into three main stages: labour, delivery, and the delivery of the placenta. The first stage of childbirth is labour, which begins with contractions that gradually open the cervix. This stage is the longest and can last from a few hours to a couple of days. Women may experience back pain, cramping, and a bloody discharge as the cervix dilates [3,4].

The second stage of labor begins once the cervix is fully dilated and involves the birth of the baby. During this stage, the mother works with her uterine contractions to push the baby through the birth canal. This stage concludes with the complete delivery of the newborn. Following this, the third and final stage of labor occurs, which is the expulsion of the placenta [5,6]. Typically, this happens within a few minutes to 30 minutes after childbirth. The mother continues to have mild contractions until the placenta is expelled. Childbirth can vary greatly from woman to woman and even from one pregnancy to another [7]. Some women opt for natural childbirth with minimal medical intervention, while others may choose or require medical assistance, such as epidurals for pain relief or cesarean sections for various reasons. The primary goal is a safe and healthy delivery for both the mother and the baby [8].

Providing continuous support during labour involves both emotional and physical assistance. Emotionally, it includes being present, offering encouragement, reassurance, and comfort to enhance the mother's psychological well-being. Physically, it involves supportive touch and helping the woman express her needs and preferences to healthcare providers [9].

STATEMENT OF THE PROBLEM:

"Effectiveness of continuous care support on self-esteem and level of satisfaction during childbirth among Primi parturient mothers at maternity tertiary care hospital in Chennai"

MATERIALS AND METHODS:

A quantitative pre-experimental one-group pre-test post-test design was adopted to evaluate the effectiveness of continuous care support (CCS) on self-esteem and satisfaction during

childbirth among primi parturient mothers. The study was conducted in the Labour Ward, Maternity Tertiary Care Centre, Chennai-08, over a period of four weeks.

The target population consisted of all primigravida mothers admitted in labor at the maternity care centre. The accessible population included primi parturient mothers fulfilling the inclusion and exclusion criteria during the study period. A sample size of 60 was determined using statistical calculation, and participants were selected through non-probability convenience sampling.

Inclusion criteria were primi parturient mothers in the active stage of labor, willing to participate and able to communicate in Tamil or English. **Exclusion criteria** included multiparous women, mothers with psychiatric illness, and those unwilling to participate or unavailable during data collection.

The tools used were: (1) Socio-demographic and Obstetric Proforma, (2) Rosenberg Self-Esteem Scale (RSES), and (3) Client Satisfaction Questionnaire (CSQ-8). These tools were validated by experts in obstetric and gynecological nursing, and reliability was established using Cronbach's alpha ($\alpha > 0.81$).

The intervention consisted of continuous care support provided by the researcher/nurse from the active stage of labor until two hours postpartum. This included continuous presence, verbal encouragement, emotional reassurance, informational support, and assistance with breathing techniques, positioning, and comfort measures.

Ethical clearance was obtained from the Institutional Ethics Committee of Madras Medical College. Permission was secured from hospital authorities, and informed consent was obtained from all participants. Confidentiality and the right to withdraw at any stage were ensured.

Data collection involved administering the RSES and CSQ-8 before intervention (pre-test), providing continuous care support during labor and immediate postpartum, and administering the same tools two hours postpartum (post-test). Data were analyzed using SPSS Version 22. Descriptive statistics (frequency, percentage, mean, SD) were used, along with paired t-tests to compare pre-test and post-test scores and chi-square tests to assess associations with selected demographic variables. A p-value ≤ 0.05 was considered statistically significant.

RESULTS

The findings of the study are presented in relation to the objectives.

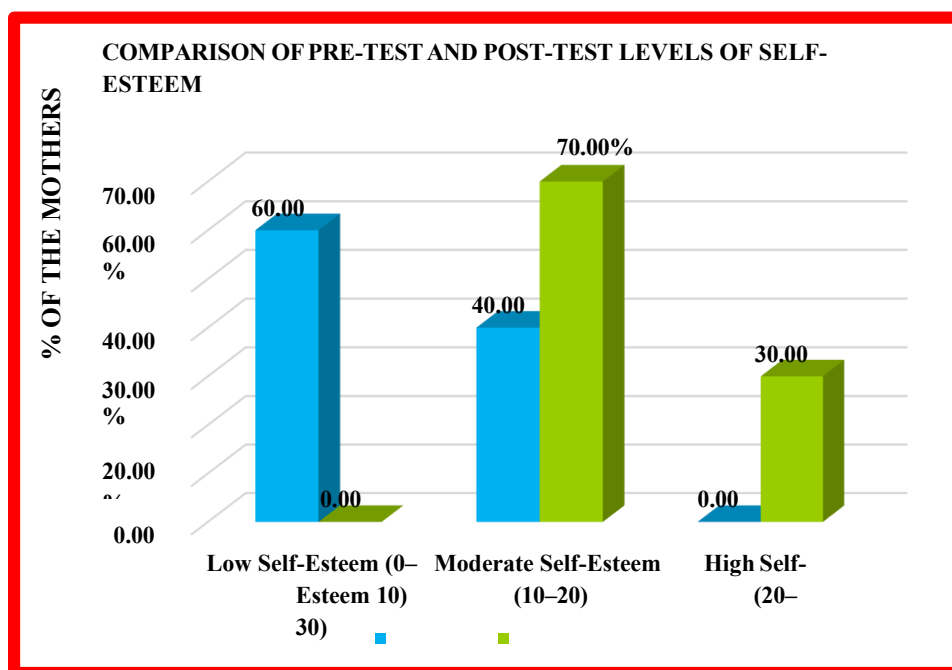
COMPARISON OF PRE-TEST AND POST-TEST LEVELS OF SELF-ESTEEM (N = 60)

SELF-ESTEEM LEVEL	PRE-TEST		POST-TEST	
	N	%	N	%
Low Self-Esteem (0-10)	36	60.00%	0	0.00%
Moderate Self-Esteem (10-20)	24	40.00%	42	70.00%
High Self-Esteem (20-30)	0	0.00%	18	30.00%

Comparison of pre-test and post-test levels of self-esteem.

In the pre-test, the majority of participants (60%) had low self-esteem, and none demonstrated high self-esteem. After the

intervention, none remained in the low category; instead, 70% shifted to moderate and 30% to high self-esteem levels.



COMPARISON OF PRE-TEST AN POST-TEST LEVELS OF SELF-ESTEEM

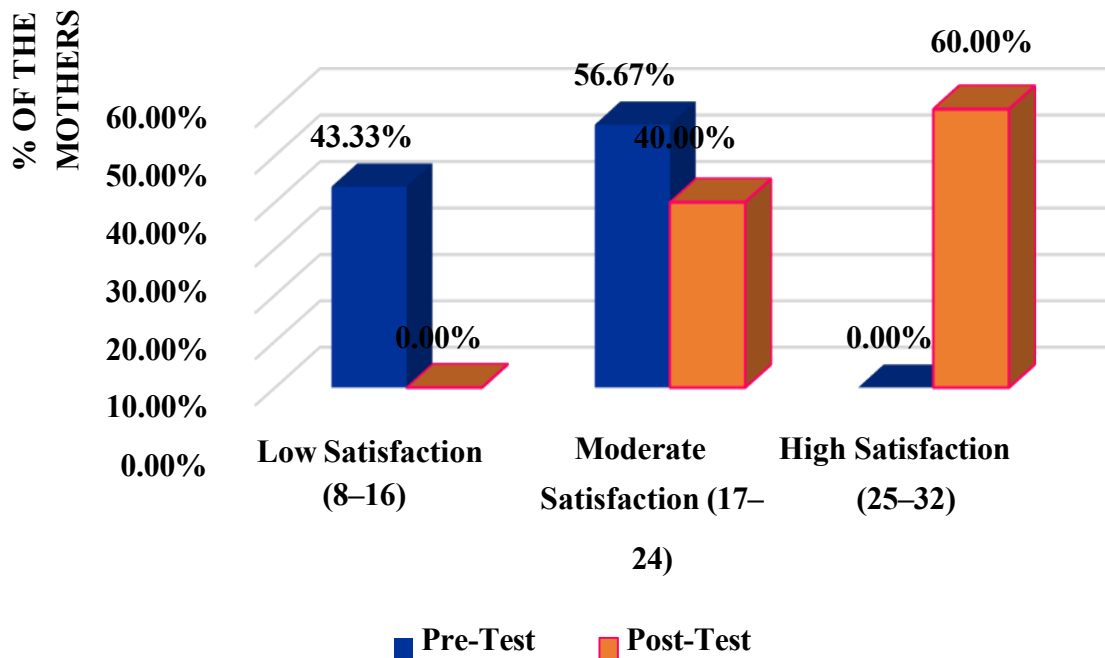
COMPARISON OF PRE-TEST AND POST-TEST LEVELS OF SATISFACTION (N = 60)

SELF-ESTEEM LEVEL	PRE-TEST		POST-TEST	
	N	%	N	%
Low Satisfaction (8-16)	26	43.33%	0	0.00%
Moderate Satisfaction (17-24)	34	56.67%	24	40.00%
High Satisfaction (25-32)	0	0.00%	36	60.00%

COMPARISON OF PRE-TEST AND POST-TEST LEVELS OF SATISFACTION

In the pre-test, 43.33% of participants reported low satisfaction, and no one fell under the high satisfaction category. In the post-test, none remained in the low category, 40% had moderate satisfaction, and 60% attained high satisfaction.

COMPARISON OF PRE-TEST AND POST-TEST LEVELS OF SATISFACTION

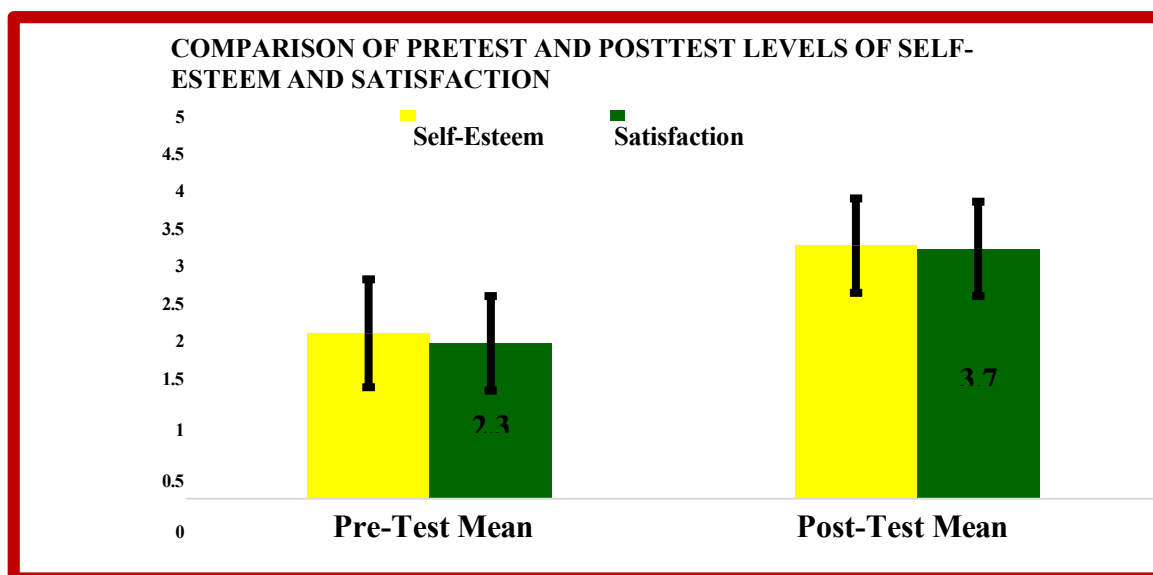


COMPARISON OF PRE-TEST AND POST-TEST LEVELS OF SATISFACTION

COMPARISON OF PRETEST AND POSTTEST LEVELS OF SELF- ESTEEM AND SATISFACTION AMONG PRIMI PARTURIENT MOTHERS

COMPARISON	PRE- TEST MEAN	POST- TEST MEAN	MEAN DIFFERENCE	T- VALUE	LEVEL OF SIGNIFICANCE (P-VALUE)
Self-Esteem	2.45	3.75	1.3	19	< 0.001*** (Highly significant)
Satisfaction	2.3	3.7	1.4	15.03	< 0.001 *** (Highly significant)

SIMPLE BAR DIAGRAM WITH 2 SD OF COMPARISON OF PRETEST AND POSTTEST MEAN SCORE.



LEVELS OF SELF-ESTEEM AND SATISFACTION

The findings from the paired *t*-test revealed that there was a statistically significant improvement in both self-esteem and satisfaction levels following the Continuous care support intervention.

The mean self-esteem score had increased from 2.45 (pre-test) to 3.75 (post-test), with a mean difference of 1.3 and a *t*-value of 19 ($p < 0.001$), indicating a highly significant change. Likewise, the mean satisfaction score had improved from 2.3 (pre-test) to 3.7 (post-test), with a mean difference of 1.4, a *t*-value of 15.03, and a *p*-value less than 0.001, confirming that the increase was also highly significant.

These results demonstrated that the Continuous care support intervention had been effective in enhancing both self-esteem and satisfaction among the participants.

DISCUSSION

The study findings revealed a significant improvement in self-esteem and satisfaction after the provision of CCS among primi parturient mothers. Before intervention, a majority of mothers reported low self-esteem and moderate satisfaction. After CCS, 70% demonstrated moderate and 30% high self-esteem, and 60% reported high satisfaction. These findings affirm CCS as a powerful supportive intervention during childbirth.

The results are in line with Gaskin, I. M et al. (2003), who demonstrated that continuous emotional and physical support enhances coping abilities, reduces fear, and improves maternal confidence. McGrath & Kennell (2008) also reported that women with continuous one-to-one support experienced greater emotional security and positive perceptions of childbirth.

In terms of satisfaction, the results support Harshe, J. et al. (2019), Jordan, B. (1993) who concluded that supportive companionship improves birth satisfaction, reduces unnecessary interventions, and promotes better overall outcomes. Satisfaction in this study was significantly associated with education, immunization status, and maternal illness, suggesting that both individual and systemic factors influence childbirth experience. The findings are further supported by Rubin's Maternal Role Attainment Theory Jones, L. (2023), which emphasizes the importance of emotional support and confidence-building in facilitating maternal role adoption. By providing reassurance and

guidance, nurses can foster maternal confidence and satisfaction during labor.

CONCLUSION

The results of this study clearly demonstrate that continuous care support is an effective and non-invasive intervention that significantly enhances the self-esteem and satisfaction of primi parturient mothers during childbirth. The findings show that emotional presence, continuous physical support, and personalized attention from caregivers contribute to a more positive childbirth experience. By validating the effectiveness of continuous care, this study supports the integration of such interventions into routine maternity care. The strong correlation between self-esteem and satisfaction further highlights the need to address not just physical but also emotional and psychological aspects of labor. Continuous care support empowers mothers, reduces fear, fosters trust in healthcare providers, and may reduce the likelihood of birth trauma or dissatisfaction.

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