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# MEASURES TO ENHANCE THE COOPERATION OF PRIMIGRAVIDA PATIENTS DURING VAGINAL EXAMINATIONS IN A MIDWIFERY OBSTETRIC UNIT IN SOUTH AFRICA

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**Abstract**

*The study aimed to explore and describe measures to enhance the cooperation of primigravida patients during vaginal examinations in the first stage of labour. Vaginal examinations are performed during the first stage of labour to monitor the process and to determine the need for surgical intervention in case of complications. The researcher observed at a midwives obstetric unit that on average two out of five primigravida patients per week refuse vaginal examinations. The progress of labour can thus not be determined, and the midwives have no choice than to refer them to a nearby hospital for monitoring and further management. A descriptive and contextual qualitative study was done. Data was collected through semi-structured individual interviews with 10 midwives from a midwifery obstetric unit in a community health centre in the Tshwane District in the Gauteng Province of South Africa. Three categories emerged namely: 1) create a conducive environment, 2) render support during the procedure, and 3) enhance patient involvement. The sub-categories refer to how to create a good nurse-patient relationship, gain the trust of the patient, overcome language barriers, obtain verbal informed consent for the procedure, ensure privacy during the procedure, enable peer support, and involve the patients in decision-making. The authors conclude that primigravida patients are afraid of vaginal examinations due to a lack of information with regard to the procedure. Early preparation, family support and the involvement of the patients in decision-making can enhance their cooperation. Midwifery policy guidelines should include measures to enhance the cooperation of primigravida patients during vaginal examinations. Culturally sensitive language policies should be implemented to ensure that interpreters/translators are available to patients.*

**Keywords:** Enhance cooperation, primigravida patients, vaginal examinations, first stage of labour, midwifery obstetric unit, South Africa

## Introduction

Vaginal examinations are routinely performed by midwives to determine the progress of labour (Escobar et al. 2016), the positioning of the foetus (Downe et al. 2013) and the need for surgical intervention in case of labour complications (Dixon & Foureur 2010). While primigravida patients may grasp the need for vaginal examinations, midwives report that they often do not cooperate during the procedure (Hassan et al. 2012). Institutional policies and the World Health Organisation describe the frequency of routine vaginal examinations during labour (WHO 2014). In South Africa, it is done routinely according to the phases of the first stage of labour. In the latent phase, it is done four hourly and in the active phase two hourly or when required by patients' conditions (South African Maternity Care Guidelines 2016). Unnecessary repetition of the procedure may cause discomfort of patients (Shepherd & Cheyne 2013). Special measures are required to make women feel comfortable during vaginal examinations (Kizihrmak & Baser 2016). When the examination has to be performed on primigravida patients, even more attention needs to be paid to avoid embarrassment (Hassan et al. 2012) and to reduce anxiety (Downe et al. 2013). Some patients may prefer, due to cultural reasons, that female nurses only perform the procedure (Muliira et al. 2013).

It is thus important that midwives do a comprehensive assessment of every patient that includes a thorough history taking to ensure that individualised patient care is planned and executed (Krepia et al. 2011). Without sufficient preparation, women become anxious during vaginal examinations and may refuse the procedure that will make it difficult for midwives to assess and predict the outcome of labour (Kizihrmak & Baser 2016). Obstetric emergencies may develop (Muliira et al. 2013) that could result in foetal and maternal mortality (Muliira et al 2013). When the progress of labour cannot be determined through vaginal examination, midwives unnecessarily refer patients for caesarean sections (Faisal et al. 2014).

**Problem statement**

More primigravida than multigravidae patients experience vaginal examination as traumatising (Dixon & Foureur 2010). However, institutional policies consider it as routine intrapartum care (Sheperd & Cheyne 2013). Patients should thus be prepared prior to the procedure with a thorough explanation of what to expect in order to alleviate anxiety and to enhance their cooperation (Escobar et al. 2016). Some primigravida patients, despite such preparation, still do not cooperate during the procedure and even refuse the examination (Oka 2013). The researcher observed at a midwifery obstetric unit (MOU) in a specific Community Health Centre (CHC) in the Tshwane district of the Gauteng province of South Africa that on average two out of five primigravida patients per week refuse vaginal examinations during the first stage of labour. The standard practice in the unit is that primigravida and multigravida patients receive the same preparation before and support during the procedure. While the multigravida patients cooperate during the examination, some primigravida patients do not cooperate. The progress of labour can thus not be determined, and the midwives have no choice than to refer them to a nearby tertiary hospital. Instead of primary care in a MOU, tertiary care in a hospital becomes necessary. The researcher is convinced that special measures are required to prepare and support primigravida patients before and during vaginal examinations during labour.

**Aim**

The study aimed to explore and describe measures to enhance the cooperation of primigravida patients during a vaginal examination in the first stage of labour at a MOU in the specific CHC.

## Research method and design

**Context**

The CHC is situated in the Tshwane District of the Gauteng Province of South Africa. A MOU is a maternity service in a CHC and provides 24-hour service to low risk labouring women and post-delivery care of them and their newly born babies. The unit is managed by midwives and advanced midwives (South African Maternity Care Guidelines 2016) who conduct the normal deliveries and refer patients with complicated deliveries and obstetric emergencies to associated tertiary hospitals for further management by obstetricians. The selected MOU has a bed capacity of 22. Three advanced midwives and two midwives work a shift.

**Study design**

A qualitative, descriptive, explorative and contextual research design was used. In a descriptive and explorative study, a phenomenon is explored and described (Polit & Beck 2017) such as measures to enhance the cooperation of primigravida patients during vaginal examinations. Contextual research refers to studies that are done in a specific context. When clinicians want to use the findings to improve patient care, they have to determine first whether the context where they want to use it is similar to the context where the research was conducted.

**Study population and sampling**

The accessible study population included all the midwives and advanced midwives who had been working in the MOU for 6 months or longer. The sample comprised of purposively selected advanced midwives (nine) and one midwife who had between two and 20 years of midwifery experience. The youngest participant was 26 years old and the eldest 59 years. The first author, who did the research as part of an advanced midwifery postgraduate study, was at the time of the study employed as a midwife at the selected MOU. She selected the sample from a number of potential participants who showed their interest in taking part in the study. Participants were selected who could provide rich data regarding measures to ensure the cooperation of primigravida patients during vaginal examinations. Ten participants had been interviewed when saturation of data was experienced.

**Data collection**

Individual semi-structured interviews were done and audio-recorded with the permission of the participants at a time and place that they preferred. Due to a repetition of recommended measures, the researcher on advice of her study leaders terminated the data collection after ten participants were interviewed. Observations during the interviews were described in field notes.

**Data analysis**

The audio-recorded interviews were transcribed verbatim and the transcripts were read several times to get an overall understanding of the content of the interviews before the analysis commenced. The data were thematically analysed (Polit & Beck 2017). Coding was done by the first author and checked by her two study leaders (authors 2 and 3 of the article). The findings were discussed with references to the existing knowledge base.

**Measures to ensure trustworthiness of the findings**

Authenticity of the findings were ensured through the bracketing of the researcher's own understanding of the studied phenomenon. The input from the participants only are reflected in the categories and sub- categories. The researcher spent sufficient time with the participants to ensure credible findings. Member checks of the findings with the participants gave ample opportunity to correct errors and to challenge the categories and subcategories. A clear description of the research methodology enables other researchers to repeat the study with similar participants and in a similar context. In such a case similar findings could be obtained. Excerpts from the transcripts substantiate the description of the sub-categories to prove the confirmability of the findings. The description of the context of the study enables readers to make their own decisions about the transferability of the findings.

**Ethical considerations**

Approval of the study proposal was obtained from the Faculty of Health Sciences Research Ethics Committee of the University of xxxxxxx (Reference no. 111/2018) and permission to conduct the study at the selected CHC from the facility manager. The participants gave informed consent to be included in the study. The ethical principles of beneficence, respect for the human dignity and justice were adhered to.

## Results

Three categories emerged from the data analysis: 1) create a conducive environment; 2) render support before and during the procedure; and 3) enhance patient involvement. Nine sub-categories support the three categories (Refer to Table 1).

Category A: Create a conducive environment

The sub-categories of this category refer to the creation of a nurse-patient relationship, ways to gain the trust of the patients and endeavours to overcome language barriers with the patients.

***Create a good nurse-patient relationship***

As first time mothers, primigravida patients rely on their midwives for support and guidance. It is important that they should have cooperative relationships with them. A warm and hearty introduction to the midwives is important to make primigravida patients feel comfortable:

*"By asking her name and tell her your name, that introduction will make her feel comfortable and relax."* (P6)

Anxiety is a contributory factor for uncooperative behaviour and it can be reduced when patients know who is taking care of them. It is also important to explain to patients who are going to perform procedures on them:

*"The patient must know who is providing care to her, so you need to introduce yourself…and then start to explain to her what you are going to do…it may…alleviate her anxiety."* (P9)

***Gain the trust of the patient***

A relationship of trust might encourage patients to cooperate during procedures such as vaginal examinations. Without a trusting relationship the opposite might happen:

*"Yes, you need to make sure you gain the trust of the patient because if the patient doesn't trust you she won't allow you to touch her."* (P4)

The trust of patients cannot be gained when midwives are judgmental towards them. Some primigravida patients are very young and when the midwives criticise them for being pregnant at such a young age, a trusting relationship cannot develop:

*"Sometimes the midwives in the clinic criticise them about their age, so they become anxious…and when they come here for delivery we may also add to their anxiety."* (P2)

***Overcome language barriers with the patient***

The participants mentioned that language barriers between them and their patients existed as most of the patients were foreigners and do not understand or speak English. Much time is spent to obtain an obstetric history and to prepare them for procedures. Often both the patients and the midwives become frustrated:

*"You see here in Gauteng and especially in our facility most of our patients are foreigners, so they do not know South African languages. It is very difficult to communicate with them and to obtain a history from them…it is very frustrating to nurse patients like that."* (P2)

The participants would like special measures to be implemented to help them to overcome the language barriers. They recommended that translators be appointed to ensure that accurate information would be obtained during history taking:

*"The issue of language barrier need to be resolved by hiring translators…I think if those things can be considered…"*(P2)

It may also help to use family and friends as translators. English speaking friends or family members need to be informed during antenatal care that they should accompany their family members or friends who do not understand English to the maternity ward:
*"Sisters in antenatal clinics must tell foreign patients who cannot understand English to bring their relatives or anyone who understands English during labour. At other times we are unable to get a full history from the patient due to the language barrier and also the patient is unable to ask questions due to the language barrier. This is a serious problem."* (P4)

Category B: Render support before and during the procedure
Midwives need to support primigravida patients before and during vaginal examinations. They need to obtain verbal informed consent from the patients before the procedure, encourage the presence of someone who is familiar with the patient to provide emotional support during the procedure and ensure the privacy of the patients.

***Obtain verbal informed consent for the examination***
The midwives should ensure that the patients receive sufficient information about the procedure to enable them to give informed consent. Asking permission from the patients before the examination may help them to feel in control of their care and that may enhance their cooperation:
*"Obtaining consent from the patient is very important because they will feel in control of their health care."* (P3)

Explanations and asking consent must be repeated before every subsequent vaginal examination:
*"We must obtain a consent every time when we examine the patient so that the patient can trust us. If we can do that, we will definitely be going to gain their cooperation."* (P4)

***Ensure Privacy***
The privacy of primigravida patients should be maintained at all times, including during vaginal examinations. The participants stated that unnecessary exposure of primigravida patients during a vaginal examination should be avoided. Midwives need to make sure that their patients' privacy is protected:
*"Not invading patient's privacy…the examination room must have curtains and extra linen to cover the patient during vaginal examination."* (P8)

The participants believed that one of the reasons why primigravida patients may become restless during vaginal examinations is the sense that their privacy is invaded. They do not feel safe and protected. It is thus important to ensure that their privacy is protected:
*"I think they* (the midwives) *must ensure the privacy of their patients, and that the environment should be secured enough so that the patients can feel free and relax".* (P8)

***Support the patient during the examination***
Primigravida patients need to receive support during vaginal examinations. They need to be psychologically supported and each step of the procedure needs to be explained:
*"You need to calm her down by explaining to her that the procedure…is not traumatising…it is to check her progress of labour."* (P1)

The participants described the use of breathing exercises to help primigravida patients to relax during vaginal examinations. They also urged midwives to ensure that patients do not get hurt during the examinations:

*"Breathing exercise is one of the exercises that we do to make patient to relax and to feel less pain…it really helps. Try to be gentle when you examine them because the vagina is a very sensitive area."*(P9)

The participants believed that if primigravida patients have significant others that provide emotional support to them during labour, they may feel more relaxed during vaginal examinations:
*"I think allowing a doula or a companion for support during the progress of labour might help. It can be either a sister, partner, parents or a close friend to calm them."* (P2)

Category C: Enhance patient involvement
In order to gain the cooperation of primigravida patients, midwives should involve them in their care by explaining the process of labour, enable peer support and involve the patient in the decision making.

***Explain the labour process***
The participants believed that the cause of the uncooperativeness of primigravida patients is often due to ignorance. They are not familiar with the process of labour and the necessity of vaginal examination to determine labour progress. According to the participants, the midwives need to explain the process of labour to enhance the cooperation of primigravida patients during vaginal examinations:
*"First thing as a midwife you must do is to explain the procedure to the patient so that you can gain their cooperation."* (P6)

The participants stated that primigravida patients become afraid due to a lack of knowledge with regard to labour and delivery. It is their responsibility to ensure that primigravida received all the required information:
*"Not all of them, but some are afraid because they don't know what to expect. They come here with the idea that they are going to deliver but they don't know anything about the process of labour hence…it's very important to explain everything to them including the process of labour."* (P3)

The preparation for labour should start during antenatal care. Primigravida patients need to be prepared for the labour process well in advance. It should not be done when they already experience labour pains and are admitted to the labour ward:
*"I think the explanation of the procedures needs to start in the antenatal clinic…during their pregnancy…what to expect during labour…progress of labour…"* (P2)

***Enable peer support***
A support group for primigravida patients may be very useful to create a platform where the patients can discuss their fears and expectations:
*"I think it will be very important if we can have such support group for primigravida patients to come together so that they can explain and tell each other about their fears and their expectations, and they can also give each other's advice. That will also help the patients to prepare themselves."* (P7)

Health education could, according to the participants, be done during group sessions:
*"First-time mothers should be grouped together and be educated about stages of pregnancy, how many weeks is a full term baby and what is it expected from them during labour."* (P4)

***Encourage involvement in decision making***

Primigravida patients should not feel that decisions regarding their labour are made on their behalf. They should be involved to make them feel in control. It may enhance their cooperation during procedures such as vaginal examination:

*"Allow her to be involved in the decision making and that will also put the patient at ease."* (P4)

The participants also believed that nurses should allow primigravida patients to voice their expectations regarding their health care:

*"It is very important to hear from the patient her expectation and to involve her in the decision making with regard to her care."* (P3)

## Discussion

The findings indicate that midwives could enhance the cooperation of primigravida patients by creating a conducive environment, rendering support before, during and after the procedure and by facilitating patient involvement.

***Category A: Create a conducive environment***

The participants of this study believed that it is the responsibility of midwives to create conducive environments for patient care. Good nurse-patient relationships and efforts to gain the trust of primigravida patients may contribute to such environments. Another way that they felt is important is to overcome language barriers with patients.

A good nurse-patient relationship symbolizes an agreement between nurses and patients to cooperate for the good of the latter (Jones & Belcher 2010). In this study, the participants believed that because primigravida patients are first time mothers, they needed all the support that they could get from their midwives. Such care should be delivered through a patient-centred approach (Rossman et al. 2015) by midwives who the patients are familiar with (Nizar 2013). Primigravida patients should know who perform procedures on them (D'Ambruoso & Abbey 2014) and who they could call when they need support (Kullenberg et al. 2016).

Establishing a good relationship between the midwives and the patients is important for the continuity of care, as the patients and midwives can build a trusting relationship (Muliira et al. 2013). It might encourage primigravida patients to cooperate during procedures such as vaginal examinations. When the patients do not trust midwives and feel anxious during their stay in the labour ward, they may be reluctant to cooperate during examinations, resulting in complicated labour (Haavisto & Jarva 2018).

The trust of patients cannot be gained when midwives are judgmental towards them. Some primigravida patients are very young and when the midwives criticise them for being pregnant at such a young age, a trusting relationship cannot develop. The participants stated that the midwives should refrain from being judgemental as their behaviour may cause the primigravida patients to lose their trust in the midwives and they may therefore not cooperate during vaginal examinations. Midwives are supposed to render supportive, non-judgemental care to their primigravida patients irrespective of their age (Agu et al. 2017).

The participants mentioned that language barriers between them and their patients existed as most of the patients were foreigners and did not comprehend English. In South Africa most citizens understand English and thus the language is often used to enhance communication. When midwives and patients do not speak or understand a common language much time is spent to prepare the

patients for routine procedures such as vaginal examinations. Nair et al. (2014) state that language barriers lead to difficulties in involving patients in decision-making regarding their healthcare. Often, both the patients and the midwives become frustrated due to the inability to communicate with each other and situations develop that are not conducive for cooperation (Govender 2018).

The participants would like measures to be implemented to help them to overcome language barriers with patients. They recommended that translators be appointed to enhance communication with the patients. Fransen et al. (2012:8) supported the use of translators as it may help to reduce the anxiety of patients regarding the execution of procedures. Another measure that can resolve the language barrier is the involvement of family and friends who understand English. A friend or family member of primigravida patients who do not speak or understand English need to be informed during antenatal care that they should accompany them to the labour ward (Madula et al. 2018).

***Category B: Render support during the procedure***

Midwives need to obtain verbal informed consent from the patients before the procedure, encourage the presence of someone who is familiar with the patient to provide emotional support during the procedure and ensure the privacy of the patients. Patients need to get sufficient information to enable them to give informed consent for the execution of procedures (Muliira et al. 2014). Explanation and asking consent should be repeated before every subsequent vaginal examination. Growe and Easten (2016) state that when any midwifery procedure takes place, a valid informed consent must be obtained from the patient and failure to do so may leave a midwife vulnerable to the charge of assault. The participants believed that by allowing companions to be present during labour would help the primigravida patients to cope with all the procedures including vaginal examinations. Hanson et al. (2012) stated that engaging psychosocial interventions such as having a companion present during labour can provide sufficient support to the patients to reduce discomfort. The feeling of not being alone may help them to relax (Tahereh et al 2017). Female companions who have childbirth experience can provide emotional and psychological support to primigravida patients in labour (Buyaja et al. 2016). The participants recommended that midwives should avoid unnecessary exposure of all patients and especially primigravida patients during vaginal examinations. They need to make sure that they feel safe and that their privacy is protected (Jo-Killingley 2015). During vaginal examinations the patient's private body parts are exposed that can cause discomfort (Yen-ko et al. 2013). The participants described the use of breathing exercises to help primigravida patients to relax during vaginal examinations. They also urged midwives to ensure that patients do not get hurt during the examinations. Rachmawadi (2012) recommended deep breathing exercises as the method used to handle pain and to enhance relaxation during vaginal examinations.

***Category C: Enhance patient involvement***

In order to gain the cooperation of primigravida patients, midwives should involve them in their care. The participants believed that the cause of the uncooperativeness of primigravida patients is often anxiety due to ignorance. They are not familiar with the process of labour and the necessity of vaginal examination to determine labour progress. According to them, midwives need to explain the process of labour to lessen the anxiety of primigravida patients and to enhance their cooperation during vaginal examinations. The thorough explanation of medical procedures may enhance patients' cooperation during the procedure (Muliira et al. 2013). The preparation for labour should start during antenatal care. The participants advised that primigravida patients need to be prepared for the labour process well in advance. It should not be done when they already experience labour pains and are admitted to the labour ward. Entsieh and Hallstrom (2016) stated that antenatal education and preparation should focus on prenatal and intrapartum care. A support group for primigravida patients may be very useful as they will get the chance to support each other. Pregnant

women enjoy learning from each other (Nolan 2010). The participants believed that such a group would create a platform where they can discuss their fears and expectations. Pregnant women find comfort in interacting with others who are having similar experiences (Rossman et al. 2015). Primigravida patients should not feel that decisions regarding their labour are made on their behalf. The participants believed that they should be involved to make them feel in control. It may enhance their cooperation during procedures. According to Ebert et al. (2014), patients feel safe in maternity care when they and their midwives interact without fear of perceived or actual harm. Procedures need to be explained in a language that the primigravida patients understand. They should also be encouraging to ask questions to clarify uncertainties.

## Conclusion

The study created an awareness amongst midwives about the measures that can enhance the cooperation of primigravida patients during vaginal examinations in the first stage of labour. Midwives should provide their patients with sufficient information, create trusting nurse-patient relationships and involve birth companions.

### Study limitations

The study was conducted in the MOU of a CHC in the Tshwane district of the Gauteng province of South Africa and the findings can thus not be generalised to all midwifery care centres in the country.

### Implications for nursing and health policy

Midwives in antenatal clinics should prepare pregnant women for active participation during labour. The need for vaginal examinations should be explained before the patients' admission to the labour ward. Antenatal support groups are recommended to provide platforms for patents to discuss their anxieties. The involvement of birth companions should be encouraged. Culturally sensitive language policies should be implemented to ensure effective communication between nurses and patients.

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**Table 1: Categories and sub-categories**

| **Category** | **Sub-category** |
|---|---|
| Create a conducive environment | Create a good nurse-patient relationship<br>Gain the trust of the patient<br>Overcome language barriers with the patient |
| Render support before and during the procedure | Obtain verbal informed consent for the examination<br>Ensure privacy<br>Support the patient before and during the examination |
| Enhance patient involvement | Explain the labour process<br>Enable peer support<br>Encourage involvement in decision-making |