

# The Opinions of Primiparous Pregnant Women on Delivery Methods: A Qualitative Research

## Primipar Gebelerin Doğum Şekline Yönelik Görüşleri: Niteliksel Bir Araştırma

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**ABSTRACT Objective:** The aim of this study was to determine the views of primiparous pregnant women about labor and the type of delivery they want to have. **Material and Methods:** The sample of this qualitative study included 26 primiparous pregnant women who did not have communication problems and volunteered to participate in the study, applied to the Obstetrics and Gynecology outpatient clinic of Cumhuriyet University Health Services Research and Training Hospital between 30.06.2016 and 30.09.2016, who were selected using the purposive sampling method. Percentages, mean values and chi-squared test were used to analyze the quantitative data, and content analysis was used to analyze the qualitative data. **Results:** There was a statistically significant relationship between the delivery method that the pregnant women thought of having and the form of the occurrence of their current pregnancy ( $p<0.05$ ). Of the pregnant women, 92.3% stated that they wanted to have a vaginal delivery, and 7.7% of them wanted to have a cesarean section delivery. In relation to the statements of the women who wanted to have vaginal delivery, the sub-categories of “a healthier birth process for mother and baby”, “fast recovery”, “living the moment of birth and the immediate start of the mother-baby relationship”, “easier and more comfortable birth process” and “some gynecological diseases of the woman get better-her body is renewed” emerged under the main category of seeing vaginal birth as a normal act. According to those who wanted to have a cesarean delivery, the main category of not being afraid of cesarean delivery included the sub-categories of “easy and painless delivery process” and “planned delivery”. **Conclusion:** It was determined that the majority of the pregnant women wanted to have a vaginal delivery, and all pregnant women defined vaginal delivery as the “best way of delivery” in terms of maternal and infant health.

**ÖZET Amaç:** Bu araştırma; primipar gebelerin doğum eylemine ve yapmak istedikleri doğum şekline yönelik görüşlerini belirlemek amacıyla planlanmıştır. **Gereç ve Yöntemler:** Nitel araştırmanın örneklemini 30.06.2016 ve 30.09.2016 tarihleri arasında Cumhuriyet Üniversitesi Sağlık Hizmetleri Uygulama ve Araştırma Hastanesinin Kadın Doğum polikliniğine gebelik izlemi için başvuran; primipar, iletişim sorunu olmayan ve çalışmaya katılmaya gönüllü 26 gebe oluşturmuştur. Nicel verilerin değerlendirilmesinde yüzde, ortalama, ki-kare testi; nitel verilerin değerlendirilmesinde içerik analizi kullanılmıştır. **Bulgular:** Gebelerin düşünülen doğum şekli ile gebeliğin gerçekleşme şekli arasındaki fark istatistiksel olarak anlamlı bulunmuştur ( $p<0.05$ ). Gebelerin %92,3’ü vajinal doğum, %7,7’si sezaryen doğum yapmak istediklerini belirtmiştir. “Anne ve bebek için daha sağlıklı bir doğum süreci”, “hızlı iyileşme”, “doğum anını yaşama ve anne-bebek ilişkisinin hemen başlaması”, “daha kolay ve rahat doğum süreci” ve “kadının, bazı kadın hastalıkları iyileşir-vücudu yenilenir” şeklinde belirlenen alt kategoriler vajinal doğum yapmak isteyenlere göre vajinal doğumu normal bir doğum eylemi olarak görme ana kategorisine bağlanmıştır. Sezaryen doğum yapmak isteyenlere göre sezaryen doğumdan korkmama ana kategorisini “kolay ve ağrısız doğum süreci” ve “planlı doğum yapabilme” alt kategorileri oluşturmuştur. **Sonuç:** Gebelerin çoğunluğunun vajinal doğum yapmak istedikleri, tüm gebelerin anne ve bebek sağlığı açısından vajinal doğumu “en iyi doğum şekli” olarak tanımladıkları saptanmıştır.

**Keywords:** Primiparous pregnant; delivery method; qualitative study

**Anahtar Kelimeler:** Primipar gebe; doğum şekli; niteliksel çalışma

The process of birth can expose women to many risks during the pregnancy, birth and postpartum periods.<sup>1</sup> One of the important issues to be decided in this process is the delivery method. The delivery

method should be decided by closely evaluating the mother and the fetus during pregnancy. The physiological structure of the female body is generally suitable for normal vaginal birth, and if adequate support

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is provided, and an appropriate intervention is performed, normal vaginal delivery can be successfully performed. In cases such as head-pelvis incompatibility, postural disorders in the fetus, fetal distress, dystocia, large fetus and previous cesarean delivery, vaginal birth might not be possible, or the vaginal birth process may be risky for the mother or the baby. In this case, the baby must be delivered through the cesarean section method.<sup>2</sup>

Decision-making is a mental process and one of the most important life skills of individuals. Decision-making is specific to humans who are equipped with intelligence, consciousness and will.<sup>3</sup> While women are deciding on the delivery method, they cannot decide whether cesarean or vaginal birth would be better. The characteristics of the woman and her social conditions are effective in the decision-making process. The delivery method is regarded as a problem in Turkey, and it might be affected from individual characteristics and social conditions.<sup>3,4</sup> A pregnant woman focuses on choosing a delivery method in the last months of her pregnancy. The primary problem of a pregnant woman in this period is how to give birth, and thus, she experiences anxiety during this process. Decision-making style is another important indicator of the decision-making process.<sup>4</sup>

Women encounter difficulties in deciding on a delivery method, and this process is affected by many factors.<sup>4,5</sup> The socioeconomic level of the family, the education level of the mother, advanced maternal age, living in an urban or rural area, private insurance status, number of births, birth in a private hospital, healthcare personnel and other factors are effective on the process of deciding on a delivery method (normal vaginal/cesarean).<sup>6-10</sup> It is possible to have healthy prenatal, perinatal and postpartum processes for the mother, the fetus and the newborn with the fulfillment of the responsibilities of the members of the delivery team (such as training, counseling, and if necessary, treatment and care). While the number of quantitative studies on the reasons for the preference of vaginal birth in Turkey is high, there are few qualitative studies.<sup>2,5,11-23</sup> For this reason, this qualitative study aimed to determine the views of primiparous pregnant women about delivery and the method of delivery they preferred.

## Research Questions

1. What are the views of primiparous pregnant women about delivery?
2. What are the thoughts of primiparous pregnant women about the mode of delivery they want to have?

## MATERIAL AND METHODS

### DESIGN

This is a qualitative study.

#### 1. Study Environment

The study was conducted at the Obstetrics and Gynecology Clinic of Cumhuriyet University Health Services Research and Training Hospital in the city center of the province of Sivas in Turkey.

#### 2. Population and Sample

The population of the study consisted of pregnant women who visited the Obstetrics and Gynecology Clinic of the aforementioned hospital for a three-month follow-up between 30 June and 30 September 2016. It is known that at least 20-30 pregnant women applied to the Obstetrics and Gynecology Clinic in a day according to the information obtained from the clinic. Among all pregnant women who applied to the outpatient clinic for pregnancy follow-up during this period, 26 women who were primiparous, had no communication problems and volunteered to participate in the study were included in the sample by using the purposive sampling method. A certain number of interviews was not targeted in the study, and the interviews continued until reaching data saturation (until the data started to repeat).

#### 3. Data Collection Tools

The data were obtained using a "Sociodemographic Characteristics Form" and a "Semi-Structured Interview Form" that were developed by the researchers based on their review of the relevant literature.<sup>9,22,24,25</sup>

#### **Sociodemographic Characteristics Form:**

This form consisted of 28 questions including 15 questions on the sociodemographic characteristics (age, education level, income level, marriage type, kinship with husband) of the pregnant women and 13

questions on their obstetric characteristics (whether their pregnancy was planned, whether the pregnancy was a desired pregnancy, type of pregnancy, gestational week, delivery method).

**Semi-structured Interview Form (Evaluating Women's Opinions on Delivery Methods):** This form was used to reveal the views and thoughts of the primiparous pregnant women in depth. The interview questions had been prepared to reveal the feelings and thoughts of the pregnant women about delivery, the way they wanted to give birth and the reasons for this preference in detail by conducting in-depth interviews. In the in-depth interviews with the pregnant women, the following open-ended questions were asked: "What does giving birth mean to you?", "How do you feel about birth?", "What have you heard about birth from your environment so far?", "How did these words affect you?", "What is the best delivery method for health in terms of the mother and the baby, and why?", "What kind of birth do you want to have? (What is your reason for wanting a normal birth?/What is your reason for wanting a cesarean delivery?)", "What are the positive aspects of the birth method you want to have?", "What are the negative aspects of the mode of birth that you do not want to have (unless there are mandatory conditions)?" When needed, additional questions were asked to the women to obtain more in-depth information during the interviews. The interview form was reviewed by qualitative researcher experts for content validity, and a pilot test was conducted before the interviews.

#### Interview Guide

The guide was prepared for the pregnant women who met the inclusion criteria for the qualitative part of the study. This guide was developed by the researcher based on their literature review and used at the beginning of the interviews carried out with the pregnant women. In the introduction of the guide, the identity of the researcher, the purpose and significance of the study, and the purpose of the interview were explained in detail to inform the interviewed individual. After the introduction, the section about the interview process included information on the duration of the interview, recording, compliance with the principle of confidentiality, and keeping the identify-

ing information of the interviewee confidential. The last part of the guide consisted of the section where the informed consent of the participant was requested for the interview process included in the qualitative part of the study.<sup>1,9,15,24</sup>

#### 4. Conduct of the Study

The pilot test of the study was conducted using the Sociodemographic Characteristics Form and the Semi-structured Interview Form on four pregnant women who visited the Obstetrics and Gynecology Clinic of Cumhuriyet University Health Services Research and Training Hospital, were primiparous, had no communication problems and agreed to participate in the interview. The Sociodemographic Characteristics and Semi-Structured Interview Forms were finalized after the pilot test. Written permission was obtained from the hospital before conducting the study. This study was conducted with women who applied to the Obstetrics and Gynecology Clinic of Cumhuriyet University Health Services Research and Training Hospital for their pregnancy follow-ups between 30.06.2016 and 30.09.2016, were primiparous, had no communication problems and agreed to participate in the study. After the completion of the follow-up of the pregnant women in the clinic, the female researcher, who had completed her doctoral degree in qualitative research and whose field of interest was qualitative research, provided the participants with explanation the implementation of the research, its purpose, content, the average time it would take to fill out the forms, and how long the in-depth interview would take if agreed to participate. Verbal and written consent was obtained for the pregnant women's participation in the research process. The interviews were held in a suitable room in the clinic, and no one other than the researcher and the pregnant woman were present in the room during the interview. The questions in the Sociodemographic Characteristics Form were asked to each pregnant woman in face-to-face interviews, and their answers were recorded on the form by the researchers. Filling the form took approximately 10-15 minutes. Afterwards, in-depth interviews were conducted with the pregnant women who agreed to be interviewed in detail about the delivery method in a suitable interview

room in the polyclinic using the “Interview Guide” and “Semi-structured Interview Form”, as well as an audio recorder. The consent of the pregnant women about using an audio recorder during the interview was obtained before conducting the in-depth interviews. The responses of the pregnant women who did not allow the use of an audio recorder were noted down by the researcher using the Interview Form. The researcher explained that every participant would be given a number (e.g., Participant 1, Participant 2...), and only these numbers would be used during the interviews to keep the identifying information (real name) of the participant confidential to eliminate the reservations of the pregnant women about the study and enable them to answer questions sincerely. These participant numbers were used instead of the pregnant women’s names in also the documentation of the interviews. The in-depth interviews took approximately 30-45 minutes. Since it was aimed to reach data saturation in the interviews with the pregnant women, the interviews were terminated after a total of 26 pregnant women were interviewed once.

## STATISTICAL ANALYSIS

The quantitative data obtained in the study were analyzed in the SPSS (Version: 15.0) program. Chi-squared test ( $X^2$  test) in 2x2 tables and multiple chi-squared test were used for the analysis of the data. The significance level was accepted as  $p < 0.05$ . The data are presented as mean, standard deviation and percentages.

Percentages, mean values and chi-squared test ( $X^2$  test) were used to analyze the quantitative data, and content analysis was used to analyze the qualitative data. The qualitative analysis was conducted at two stages as written documentation of the data obtained from the interviews as the first stage and content analysis as the second stage. At the second stage of the analysis, “content analysis”, which includes the categorical analysis technique, was used for the qualitative data that were transcribed as a Word document on the computer. The content analysis was carried out at four stages: coding the data, finding the relevant categories, organizing and interpreting the found codes and categories. In the qualitative part of the study, the written documents were read separately by

two experts, and codes and categories were created independently. The generated codes and categories were compared, examined and finalized in line with expert opinions. Additionally, feedback was received from the participants regarding the findings, and the codes created after the feedback and the categories produced from these codes were given their final shape. As a result of the content analysis, two main categories consisting of six subcategories emerged from the opinions of the participants on modes of delivery. Eleven sub-categories, under two main categories for each type of delivery, were determined from the opinions of the pregnant women about the type of birth they wanted to have.

## ETHICAL CONSIDERATIONS

Explanation was provided to the pregnant women about the study, and their verbal and written consent was obtained before conducting the study. The institutional permission of the university hospital and approval of the Non-interventional Clinical Studies Ethics Committee of Cumhuriyet University were obtained before conducting the study (27.05.2016, 2016-05/12). The study was carried out in accordance with the principles of the Declaration of Helsinki.

## Limitations

The limitations of the study may be stated as that the research was conducted in a single university hospital, and views on delivery were obtained only from the self-reports of the primiparous pregnant women who were included in the sample. Additionally, due to the nature of qualitative studies, the inability to generalize the findings obtained from small samples (26 pregnant women) may be expressed as another limitation of the study.

## RESULTS

Of the pregnant women, 57.7% were aged between 25 and 31, 69.2% had a high school or higher degree, 92.3% were unemployed, 76.9% defined their economic status as ‘income equal to expenses’ and had a nuclear family, and 84.6% had no chronic diseases diagnosed by a physician (Table 1).

Of the pregnant women, 26.9% had a history of miscarriage, 80.8% were having their first pregnancy,

**TABLE 1:** Sociodemographic characteristics of the pregnant women (n=26).

Sociodemographic characteristics of the women	Frequency	%
Age ( $\bar{X}\pm SD$ ) 25.12 $\pm$ 3.94 (minimum: 18; maximum: 31)		
<b>Age group</b>		
18-24 years	11	42.3
25-31 years	15	57.7
<b>Education status</b>		
Primary-secondary school	8	30.8
High school or above	18	69.2
<b>Working status</b>		
Working	2	7.7
Not working	24	92.3
<b>Economic condition</b>		
Income less than expenses	4	15.4
Income equal to expenditure	20	76.9
Income more than expenses	2	7.7
<b>Family type</b>		
Nuclear family	20	76.9
Extended family	6	23.1
<b>Has a diagnosis of a chronic disease</b>		
Yes	4	15.4
No	22	84.6

SD: Standard deviation.

92.3% had a spontaneous pregnancy, 80.8% planned their current pregnancy, 84.6% had no problems in their current pregnancy, 46.2% had their pregnancy follow-ups at both family health centers and public hospitals, and 92.3% intended to give vaginal birth (Table 2).

According to the outcomes of the analysis of the expressions of the pregnant women on delivery methods, the category of seeing vaginal birth as a normal act including the sub-categories of “an easier and natural birth process” (65.4%), “a healthier birth process for mother and baby” (57.7%) and “fast recovery” (38.5%) and the category of fear of vaginal birth including the sub-category of “a very difficult and painful birth process” (69.2%) were formed with regards to the vaginal delivery method (Table 3).

Based on the responses given by the pregnant women to the next questions, it was determined that 92.3% (n=24) of the pregnant women wanted to have a vaginal delivery, and 7.7% (2 pregnant women) wanted to have a cesarean section delivery. The sub-categories of “a healthier birth process for mother and

baby” (62.5%), “fast recovery” (41.7%), “living the moment of birth and the immediate start of the mother-baby relationship” (41.7%), “easier and more comfortable birth process” (16.7%) and “thinking

**TABLE 2:** Obstetric characteristics of the pregnant women (n=26).

Obstetric characteristics	Frequency	%
<b>Previous miscarriage</b>		
Yes	7	26.9
No	19	73.1
<b>Current pregnancy</b>		
First pregnancy	21	80.8
Second pregnancy	3	11.5
Third pregnancy	2	7.7
Gestational week ( $\bar{X}\pm SD$ ) 25.00 $\pm$ 7.10 (minimum: 13; maximum: 37)		
<b>Pregnancy trimester</b>		
Second trimester	12	46.2
Third trimester	14	53.8
<b>Occurrence of current pregnancy</b>		
With treatment	2	7.7
Spontaneous	24	92.3
<b>Planning of current pregnancy</b>		
Unplanned pregnancy	5	19.2
Planned pregnancy	21	80.8
<b>Having problems in current pregnancy</b>		
Having problems	4	15.4
No problem	22	84.6
<b>Problems in current pregnancy (n=4)</b>		
Nausea	1	25.0
Contraction in the uterus	1	25.0
Low risk	2	50.0
Number of pregnancy follow-ups ( $\bar{X}\pm SD$ ) 6.50 $\pm$ 2.38 (minimum: 3; maximum: 10)		
<b>Place of pregnancy follow-up</b>		
Family health center	8	30.8
Hospital	6	23.0
Both family health center and hospital	12	46.2
<b>Healthcare worker conducting pregnancy follow-ups</b>		
Doctor	2	7.7
Doctor and midwife	24	92.3
<b>Preferred form of delivery</b>		
Cesarian section	2	7.7
Vaginal birth	24	92.3
<b>Preferred location of delivery</b>		
Public hospital	12	46.2
Private hospital	10	38.5
University hospital	3	11.5
Unstable	1	3.8

SD: Standard deviation.

**TABLE 3:** Category and sub-categories obtained from the expressions of the pregnant women about modes of delivery.

Expressions of the pregnant women regarding vaginal delivery	Sub-category*	Category
"I heard that normal birth is very difficult." "Giving birth is a very painful event. They say it is easy, they say it is easy." "I am very afraid of the pain of normal birth. I don't know what pain I will endure and how." "The pain of normal birth scares me."	A very difficult and painful birth process (18 pregnant women)	Fear of childbirth
"They say normal birth is easier, and the natural one is normal birth anyway." "I think having a normal birth is healthier." "Normal birth is more beneficial for both the mother and the baby, I think it is better in terms of baby health." "As far as I see, both the mother and the baby are healthier when the women gives birth vagin-nally." "You stand up immediately in normal birth, you go home the same day."	An easier and natural birth process (17 pregnant women) A healthier birth process for mother and baby (15 pregnant women) Fast recovery (10 pregnant women)	Seeing birth as a normal act
Expressions of the pregnant women regarding cesarean delivery	Sub-category*	Category
"Caesarean delivery was very difficult after birth, they always say so. They say you are half a person." "You can't get up immediately after cesarean delivery, the surgery site has a lot of pain. Even breastfeeding the baby was difficult." "Caesarean delivery means surgery. After the operation, you do not stand up immediately, you always lie down, you cannot breastfeed the baby, you do not even have milk." "They always say that caesarean delivery is more difficult than normal birth, after all, (it is) surgery..."	A very difficult and painful postpartum process (15 pregnant women)	Fear of childbirth
"I didn't feel pain during my caesarean delivery. You open your eyes, the baby is born. So comfortable..." "When you have a caesarean delivery, you do not have pain for hours before, you give birth without pain." "I think caesarean delivery is better. You do not have any pain, it seems to me an easier birth."	An easy and painless delivery process (5 pregnant women)	Not afraid of childbirth

\*The pregnant women reported multiple statements.

that some gynecological diseases of the woman will heal-her body will be renewed" (12.5%) formed the category of seeing vaginal birth as a normal act, and the sub-categories of "very difficult and painful postpartum period" (62.5%), "late recovery" (58.3%) and "not experiencing the moment of birth and late start of the mother-baby relationship" (20.8%) formed the category of fear of vaginal birth (Table 4).

## DISCUSSION

Considering that the age interval of healthy childbearing is considered to be 20-30 years old, more than half of the pregnant women (57.7%) in this study were at normal childbearing age (Table 2).<sup>26</sup> There are studies that claim that the age of the pregnant woman affects the type of birth she wants to have and vice versa. Some studies reported that the rate of having cesarean delivery increased as the woman got older.<sup>12,25,27,28</sup> Additionally, another retrospective study examining women's deliveries found that the rate of cesarean delivery in the young age group was higher than that in the advanced age

group.<sup>29</sup> In this study, the pregnant women's age did not affect their delivery method preference. This finding was similar to those reported in some studies.<sup>27,30-35</sup> Although it is stated in the literature that age affects delivery method preferences, and women tend to prefer cesarean delivery as they get older, the finding that age did not affect delivery method preferences in this study may have been due to the low number of older pregnant women (10 pregnant women) in the sample, as well as the fact that women in the region where this study was conducted are likely to have vaginal delivery (Table 3).

Most of the pregnant women (69.2%) in the sample had high education levels. Some studies reported that the rate of delivery by cesarean section increases as will as the level of education increases.<sup>17,33,35</sup> However, a study conducted in Sweden found that women with low education levels also preferred giving cesarean section birth.<sup>22,33</sup> This study found that education did not affect the delivery method preferences of the participating pregnant women.

**TABLE 4:** Categories and sub-categories obtained from the expressions of the pregnant women about their preferred delivery method.

Expressions of pregnant women preferring vaginal delivery (n=24)	Sub-category*	Category
"Normal birth is better and healthier in terms of the health of the mother and the baby."	A healthier birth process for mother and baby	Seeing birth as a
"For me, the natural version of everything is healthier than the alternative."	(15 pregnant women)	normal act
"When you give birth to a child normally (vaginally), you immediately recover and take care of your work, you can take care of your baby."	Quick recovery-recovery (10 pregnant women)	
"When you have a normal birth, you immediately get up and get healed quickly."	Living the moment of birth and the immediate start of the mother-baby relationship	
"You live that moment alive in normal birth, not like in cesarean delivery, you're conscious."	(10 pregnant women)	
"After normal birth, you immediately hold your baby, you can breastfeed immediately."	Easier and more comfortable birth process	
"I think normal birth is easier."	(4 pregnant women)	
"When you give birth through normal delivery, your body is renewed and cleaned for you."	Thinking that some gynecological diseases of the woman will heal-her body will be renewed	
"When they give birth, they say the body is renewed, I think so."	(3 pregnant women)	
"There was a lot of pain in cesarean delivery after birth."	A very difficult and painful postpartum process	Fear of childbirth
"They say that you are left unfinished after cesarean delivery, it is hard for you to stand up ..."	(15 pregnant women)	
"There is a late recovery when it is cesarean delivery, it is hard for me."	Late recovery-recovery (13 pregnant women)	
"When you have a cesarean delivery, you cannot experience the moment of birth, you cannot hear the baby's voice, you are missing that moment."	Failure to live the moment of birth and late start of the mother-baby relationship (5 pregnant women)	
"When you have a cesarean delivery, you cannot immediately hold your baby and breastfeed."		
"In cesarean delivery, the baby cannot start feeding right away, milk is not coming immediately."		
Expressions of pregnant women preferring cesarean delivery (n=2)	Sub-category*	Category
"There is no pain before cesarean delivery, it is an easy birth process."	An easy and painless delivery process	Not afraid of childbirth
"There is no pain in cesarean delivery, you do not feel pain for a long time, you have already given birth when you wake up."	(2 pregnant women)	
"Everything can be planned in cesarean delivery. You set the date of birth in advance, I think it is more stress-free and comfortable."	Ability to deliver in a planned manner	
"In comparison to normal (vaginal) birth, cesarean delivery is planned, so you can prepare."	(1 pregnant woman)	
"I felt a lot of pain during my normal birth. It sounds terrible to me."		
"When you have a normal (vaginal) birth, you have pain for hours, birth becomes difficult."	Birth pain-fear of suffering (2 pregnant women)	Fear of childbirth

\*The pregnant women reported multiple statements.

Although the majority of the pregnant women had high education levels in this study, the finding that educational level did not affect delivery method preferences might have been associated with the women's personal and cultural characteristics and the prenatal care services that were provided with rather than their educational levels.

Konakçı and Kılıç found in their study in İzmir in western Turkey that women with high economic status preferred cesarean delivery, similar to Mutlu et al. who determined that women with high economic status preferred cesarean delivery in their study carried out in Bursa in northwestern Turkey.<sup>29,30</sup> 76.9% of the pregnant women in the sample of this study expressed their income level as medium. This study found that income level did not affect the delivery

method preferences of the pregnant women. The findings of this study were similar to those in the study by Yaşar et al. conducted with primiparous women in the central-western province of Afyon in Turkey, the study by Hildingsson et al. conducted with pregnant women in Switzerland and the study by Taşpınar ve ark.<sup>6,19,28</sup> This finding may be explained by the fact that the pregnant women included in the study generally had moderate income levels and the tendencies and behaviors of women in this region towards giving vaginal birth.

Of the pregnant women in this study, 92.3% stated that they experienced the sense of motherhood and the excitement of having a baby, and 69.2% stated that they had the fear of giving birth and pain felt during the birth process. Birth is an important

turning point in the lives of many women. Studies have shown that fear of birth and clinical or obstetric complications are effective in the decision-making process for the delivery method.<sup>27,28-31</sup> Developing positive attitudes and behaviors toward birth will reduce the fear of birth and labor pain. Women need to be consulted and informed by the healthcare personnel to reduce their fears and develop positive attitudes and behaviors.<sup>31</sup> The personal and cultural characteristics of women may be important as well as what kind of problems expectant mothers experience at birth and how they perceive these problems. Examining the perceptions of the problem encountered during the delivery process experienced by pregnant women with different characteristics in different regions/cultures may clarify this situation.

The expectations of the pregnant woman regarding the delivery process and their fulfillment are important for their delivery method preferences.<sup>20,23</sup> Having a positive birth experience, recovering within the early postpartum period and reaching physical comfort are the most basic expectations of women in their postpartum period.<sup>13,17</sup> Reaching physical comfort in the early postpartum period was one of the main reasons why the expecting mothers recommended vaginal birth in this study. Vatansver and Okumuş reported that 77.3% of pregnant women wanted to give vaginal birth, while 13.8% wanted to give cesarean birth.<sup>5</sup> Danso et al. found that the rate of preferring vaginal birth in their study was high (78.8%).<sup>16</sup> Serçekuş et al. determined that nulliparous pregnant women's reasons for preferring vaginal birth were finding it healthy and natural for the mother (68.5%), finding it healthy for the baby (58.6%), thinking that it involves no fear of anesthesia and surgery (24.7%) and wanting more than three children (5.6%).<sup>31</sup> In the study by Aktaş and Pasinlioğlu, mothers believed that vaginal birth "cleans the body and purifies her from sins," thus, it is the ideal delivery method, and they recommended this delivery method to other people.<sup>3</sup> Most pregnant women attribute a sacred meaning to the vaginal birth process such as a transition from being a woman to motherhood. Temizkan and Mete found that pregnant women preferred vaginal delivery because it is natural (84.6%), it is more beneficial for the baby (78.2%) and the recovery

process is faster (75.6%). In some studies, mothers stated that the pain experienced during vaginal birth makes the mother feel the sense of motherhood better, therefore, women should prefer to give normal birth.<sup>13,14,21,27,32,35</sup> Some findings in the cited studies have shown similarities to the findings in this study.

This study found that 92.3% (n=24) of the pregnant women preferred vaginal birth, and 7.7% (2 pregnant women) preferred cesarean birth (Table 4). Although the rate of wanting to give normal birth was also high in two other studies conducted in Turkey, it is thought that the high rate of preferring cesarean delivery that was found in those studies was due to the lack of education and information of the pregnant woman, not being supported positively about normal birth, the guiding effect of the physician and the women's lack of personal decision-making skills.

Studies in the literature reported that 78.8% of multiparous women preferred normal birth, 93.3% of women who applied to antenatal clinics preferred normal birth, and 91.5% of pregnant women preferred normal birth.<sup>26,30,35</sup> A study conducted in the Southeastern Anatolia Region of Turkey reported that 67.9% of women preferred normal birth, while 72.1% of women in Gaziantep in southeastern Turkey preferred normal birth.<sup>27,32</sup> The rate of the pregnant women preferring normal spontaneous vaginal delivery (NSVD) for their current pregnancy in this study was compatible with the studies conducted in Gaziantep and the Southeastern Anatolia Region of Turkey. Yıldız et al. conducted a study at an antenatal clinic and found that women preferred normal birth due to less pain, fast and easy recovery, quick return to daily life and their beliefs that it is better for the baby and fear of surgery.<sup>14</sup> Li et al. reported that the main reasons why women who gave vaginal birth (n=116) wanted to have their next births by vaginal delivery (n=93) were their opinions about the quick recovery of the mother (90.6%) and the baby's health (74.3%).<sup>34</sup> Similarly, Yüksel et al. conducted a study with 237 nulliparous pregnant women and found that 93.2% of them preferred vaginal delivery. In the same study, the reasons of the pregnant women for preferring this delivery method were quick recovery and return home (62.44%), lower risk of bleeding and infection (26.44%), fear of surgical operation and anes-



thesia in relation to cesarean delivery (23.98%) and the possibility of breastfeeding the baby earlier (18.9%).<sup>35</sup> The most important reason for preferring NSVD was reported as that NSVD is a healthier birth process for both the mother and the baby (62.5%).<sup>35</sup> These findings are important in terms of supporting the literature revealing that vaginal delivery is natural and healthy, which is among the most important reasons of women for preferring NSVD. On the other hand, women prefer cesarean birth due to fear of vaginal childbirth (7.5-47.4%), their desire to give birth painlessly (26.3-43.6%), and by their own request (28.3%).<sup>17,28,30,31,35</sup> Additionally, fear of episiotomy, the possibility of an easy and comfortable cesarean delivery and thinking that it is better for the baby are among the reasons of women for preferring cesarean birth.<sup>28,30</sup> Yaşar et al. reported that 22.6% of primiparous women preferred the cesarean section method.<sup>6</sup> The pregnant women in this study reported that they preferred cesarean since it is an easy and painless birth process (100%) (Table 4). The findings of this study were compatible with those reported in the literature.

## CONCLUSION

In this study, it was determined that most of the pregnant women wanted to have vaginal delivery, and all pregnant women defined vaginal delivery as the “best delivery method” in terms of maternal and infant health. While the majority of the pregnant women who wanted to have vaginal delivery saw vaginal birth as a normal and natural birth process, some of them were afraid of vaginal birth, while two pregnant

women who wanted to have cesarean delivery saw cesarean delivery as an easy and painless birth process, but they were afraid of cesarean delivery. The expressions of the fears of the pregnant women about both forms of delivery indicated that primary healthcare personnel should focus on their planned training and counseling roles regarding labor and delivery methods, and these roles should concern especially nurses who are primarily responsible for the follow-up of pregnant women in their prenatal period. Accordingly, it may be recommended to expand the pregnancy and childbirth preparation training classes that are already in place in some institutions.

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### Conflict of Interest

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

### Authorship Contributions

**Idea/Concept:** Nuriye Erbaş, Semra Zorlu; **Design:** Nuriye Erbaş, Semra Zorlu; **Control/Supervision:** Nuriye Erbaş; **Data Collection and/or Processing:** Nuriye Erbaş; **Analysis and/or Interpretation:** Nuriye Erbaş, Semra Zorlu; **Literature Review:** Nuriye Erbaş, Semra Zorlu; **Writing the Article:** Nuriye Erbaş; **Critical Review:** Nuriye Erbaş; **References and Findings:** Nuriye Erbaş, Semra Zorlu; **Materials:** Nuriye Erbaş, Semra Zorlu.

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