

# The women's emotions about experience of vaginal birth based on the metaphors: A phenomenological study

Elif Uludag<sup>1</sup>, Esin Cerit<sup>2</sup>

<sup>1</sup>Department of Nursing, Faculty of Health Sciences, Pamukkale University, Denizli, <sup>2</sup>Department of Nursing, Faculty of Health Sciences, Yozgat Bozok University, Yozgat, Turkey

**ORCID:**Elif Uludag: <https://orcid.org/0000-0001-7060-7746>**Abstract**

**Context:** Birth is a physiological and multidimensional process with physical, psychological, and social aspects. Therefore, it needs to be addressed in all aspects. Today, metaphors are used to render multidimensional concepts more understandable.

**Aim:** To determine the women's emotions about the experience of normal childbirth based on the metaphors.

**Setting and Design:** A phenomenological study on postpartum women who gave vaginal birth at a state hospital in Turkey in 2019–2020.

**Materials and Methods:** The purposive sampling was employed until data saturation. Data were collected with a descriptive characteristic form and an individual semi-structured interview with 31 women who gave a vaginal birth.

**Statistical Analysis Used:** The content analysis defined by Graneheim and Lundman was used in the analysis of the data.

**Results:** Three different themes emerged from the interviews: metaphors reflecting positive emotions, metaphors reflecting complex emotions, and metaphors reflecting negative emotions.

**Conclusions:** Extracted metaphors in this study showed that positive and negative childbirth experiences may affect women's emotions about childbirth process. It was determined that received antenatal education was effective on women's positive or negative perception of the birth process. Hence, providing the information for pregnant women in the prenatal period may be a helpful factor in the development of positive metaphors.

**Keywords:** Life experiences, Metaphor, Parturition, Vaginal, Birth

**Address for correspondence:** Dr. Elif Uludag, Faculty of Health Sciences, Pamukkale University, Denizli, Turkey.

E-mail: [elif.uludag36@gmail.com](mailto:elif.uludag36@gmail.com)

**Received:** 09 July 2021; **Revised:** 28 June 2022; **Accepted:** 03 July 2022; **Published:** 14 December 2022

**INTRODUCTION**

Childbirth experience is an important result of birth<sup>[1]</sup> and an unforgettable and unique experience for women.<sup>[2,3]</sup> It

is stated that women have strong expectations from their childbirth experiences.<sup>[3]</sup> However, women experience many physiological and psychological changes during the

Access this article online	
Quick Response Code:	Website: <a href="http://www.jnmsjournal.org">www.jnmsjournal.org</a>
	DOI: 10.4103/jnms.jnms_114_21

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**For reprints contact:** [WKHLRPMedknow\\_reprints@wolterskluwer.com](mailto:WKHLRPMedknow_reprints@wolterskluwer.com)

**How to cite this article:** Uludag E, Cerit E. The women's emotions about experience of vaginal birth based on the metaphors: A phenomenological study. *J Nurs Midwifery Sci* 2022;9:273-81.

birth process,<sup>[4]</sup> and the birth experience may be affected by various factors such as pain, fear, unsupported birth, and loss of control.<sup>[3,5]</sup> While some women easily adapt to these changes, some have difficulty in adapting.<sup>[4]</sup>

Traumatic childbirth experiences, personality traits, emotions, social views about childbirth, and cultural values are effective in the different responses of women to the birth process.<sup>[6]</sup> Therefore, it is important to assess the factors affecting the birth experience with all its dimensions. It is also very important in terms of birth experience results. In studies examining women's birth experiences, it is stated that a positive birth experience strengthens women, increases the sense of control in women, increases self-esteem and self-efficacy, and has a positive effect on mother–infant attachment.<sup>[7-9]</sup> However, it is stated that negative birth experiences have consequences such as perceiving birth as disrespectful, fear, loneliness, trauma, and depression in women.<sup>[10,11]</sup> Especially the traumatic birth experience causes anxiety during pregnancy and affects women by causing postpartum depression, anxiety, and stress in the postpregnancy period.<sup>[12]</sup> This situation shows that childbirth is an important experience that affects women's lives in all aspects. Therefore, it is always important to evaluate the childbirth experiences of women.

Birth is a physiologic and multidimensional process with physical, psychological, and social aspects. Therefore, it needs to be addressed with all its aspects. Today, metaphors are used to render multidimensional concepts more understandable. Metaphors draw the attention of researchers who try to evaluate people's perspectives on events “as a powerful mind mapping and modeling mechanism for individuals to understand and construct their worlds.”<sup>[13]</sup> In this way, it helps to reveal how the concept to be analyzed is perceived.<sup>[14]</sup>

It is thought that analyzing the birth process through metaphors will make important contributions to the literature. Because explaining a multidimensional concept like birth through metaphors will materialize how the birth process is perceived by women. It will provide a different and striking way to reveal the perspectives of women on the birth process. Thus, how women experience birth experience will be understood more clearly in all dimensions. Therefore, it was aimed to determine the women's emotions about the experience of normal childbirth based on the metaphors.

## MATERIALS AND METHODS

### Design

A qualitative phenomenological approach was adopted based on the study originally conducted by Edmund Husserl.<sup>[15]</sup>

The reason for using Husserlian phenomenology was to better understand the labor experience of each woman and the essence of this experience.<sup>[16]</sup> The report of this study was written using the Consolidated Criteria for Reporting Qualitative Research guideline.<sup>[17]</sup> Written permission was obtained from the Noninvasive Research Ethics Committee of the Pamukkale University and the institution where the study was conducted (2017-KAEK-189\_2019.11.13\_02.). Participants were informed about the aims, benefits, risks, and confidentiality guarantees of the study. Written and verbal informed consent was obtained from all participants.

### The study sample

The sample consisted of women who gave birth at Yozgat City Hospital in Turkey between December 15, 2019, and February 20, 2020. The purposive sampling was employed. Inclusion criteria: Being over the age of 18 years, having given a vaginal birth, having been admitted to the delivery room in the latent phase, not having experienced a risky pregnancy period, being in the first 24 h after delivery, speaking and understanding Turkish. Exclusion criteria: Having experienced any complications during delivery. As recommended in the literature, the sample size was determined by continuing to collect data until the same data repeatedly appeared and until no new information emerged.<sup>[18]</sup> The study was completed on 31 women who met the inclusion criteria.

### Data collection

One semi-structured interview was held with each woman. Interviews were conducted by a female researcher experienced in qualitative research (first author). The first author has a PhD degree, and she was working as an assistant professor at a university at the time of the study. The researcher went to the postpartum clinic every day during the data collection process and identified women in the postpartum period who met the inclusion criteria. For the interviews, the periods when the mothers fed their babies and put them to sleep were chosen, which were also determined by the mothers as the most suitable time. The postpartum clinic rooms where the study was conducted were suitable for the interviews. Women stayed alone in these rooms located in guest lounges. Hospital attendants were asked to stay in the waiting room throughout the interview. The interviews were held and recorded in a quiet, illuminated, and comfortable environment where the woman could express herself without interruption.

In data collection, personal information form and semi-structured interview form, which were prepared through reviewing the literature and taking expert opinion, were used. The personal information form

contains sociodemographic data such as the age and occupation of women as well as obstetric information. The semi-structured interview form was used to determine the metaphors that women used about themselves during the birth process. The questions in the semi-structured interview form are as follows: (1) Can you tell me what kind of birth experience you have been through? (2) When you think about your birth process, how would you describe yourself? Why? While forming the questions, expert opinion was taken from a faculty member who is an expert in qualitative research. The interviews lasted between 18 min and 38 min. The data were completed after the 31<sup>st</sup> interview as data saturation occurred.

### Data analysis

Sociodemographic variables were expressed as descriptive statistics in numbers and percentages, mean and standard deviation. The originality of the data was kept, and the data were reported extensively and in the accompaniment of direct quotes from the participants. The content analysis defined by Graneheim and Lundman was used in the analysis of the data.<sup>[19]</sup> First, all researchers individually read the transferred data to understand it. Later, the researchers divided the text into units with condensed meanings (a meaning unit was words, sentences, or paragraphs that contain aspects related to each other with its content and context). Later, each content was summarized, and each meaning unit was given a code (women's metaphors were accepted as codes). Then, the codes were compared in terms of similarities and differences and divided into categories. After that, the data were categorized by the researchers. After the data were categorized, themes were determined and labeled.<sup>[19]</sup> The researchers carried out this process independently from each other and discussed the themes they found afterward. The researchers reported the study, reaching a consensus on the categories and themes that best explained their findings.

### Reflexivity

All of the researchers attended courses and training on qualitative research. Two researchers in the research team have a PhD. Both researchers are experienced in qualitative research. The researcher interviewing this study completed his/her doctorate in psychiatric nursing. To ensure consistency, all interviews were conducted by the same researcher. The data were analyzed independently by two researchers, and the differences between the results were resolved by consensus. The findings were documented by the researchers.

### Trustworthiness

The trustworthiness of the data was obtained based on the strategies determined by Jiggins Colorafi and Evans.

These strategies are credibility, transferability, dependability, and confirmability.<sup>[20]</sup> To ensure the internal validity and credibility of the study, interviews were conducted in an environment where the participants were comfortable, without anyone other than the researcher and the participant. During the interviews, sufficient time was allowed for the participants to express themselves. The interviews were ended when the same data repeatedly appeared and when the satisfactory point was reached. Opinions of women giving birth were presented with explanatory notes to ensure credibility. To ensure the external validity (transferability) of the study, two methods, namely thick description and purposive sampling, were used. To ensure the confirmability of the study, data were presented in direct quotations and reported comprehensively, keeping their originality. To achieve dependability, all the interviews were conducted by the same researcher. Obtained data were analyzed by two researchers independently.

## RESULTS

Thirty-one women were interviewed. Eighteen of them were primipara and 13 of them were multipara. The average age of women was  $26.00 \pm 5.01$  years, and 48.39% of them were university graduates. It was determined that 93.5% of the women had wanted pregnancy, and 87.1% did not receive any training in preparation for childbirth [Table 1].

As a result of the content analysis, metaphors describing how women felt at birth and what they experienced were determined. The metaphors of women were determined as codes, and categories and themes were created. As a result of the analysis, three themes were determined: metaphors reflecting positive emotions, metaphors reflecting complex emotions, and metaphors reflecting negative emotions. Relevant categories were determined under each theme [Figure 1].

### Metaphors reflecting positive emotions

As a result of the interviews and analysis, six of the women expressed their positive emotions about the birth process. Two of the women stated that birth was a miraculous event, three of them stated that birth made them feel powerful, and two of them stated that birth was a normal process. Therefore, this theme includes the categories of miracle, natural process, and feeling powerful.

#### *Miracle*

Women who made up this category were women who had received childbirth preparation training. Some women said that childbirth was miraculous. During the birth process,

**Table 1: Characteristics of women with vaginal birth who participated in the study**

Identity code	Age	Educational status	Parity	Planned pregnancy	Status of receiving training for birth preparation	Metaphor
W-1	35	Secondary school	Multiparous	Yes	Not trained	Walking dead
W-2	18	Secondary school	Primiparous	Yes	Not trained	Horror movie character
W-3	32	University	Multiparous	Yes	Trained	Tree
W-4	26	University	Multiparous	Yes	Not trained	A person on the brink of death
W-5	22	High school	Primiparous	Yes	Not trained	A slave being tortured
W-6	25	University	Primiparous	Yes	Not trained	A person on the brink of death
W-7	20	High school	Primiparous	Yes	Not trained	Queen
W-8	27	High school	Multiparous	Yes	Not trained	Missing person
W-9	23	University	Multiparous	Yes	Not trained	Puzzle
W-10	32	University	Multiparous	Yes	Not trained	Walking dead
W-11	19	Secondary school	Primiparous	Yes	Not trained	A sacrificial sheep
W-12	26	University	Multiparous	Yes	Not trained	Cat
W-13	26	University	Primiparous	Yes	Not trained	Wombat
W-14	27	University	Primiparous	Yes	Not trained	Walking dead
W-15	20	High school	Primiparous	No	Not trained	A sinner in hell
W-16	21	High school	Primiparous	Yes	Not trained	Adventurer
W-17	25	University	Primiparous	Yes	Trained	Magician
W-18	33	High school	Multiparous	Yes	Not trained	Hand grenade with the pin pulled
W-19	35	High school	Multiparous	Yes	Trained	Fairy tale heroine
W-20	29	High school	Multiparous	No	Not trained	Someone in a blind well
W-21	23	Secondary school	Primiparous	Yes	Not trained	Magician
W-22	21	High school	Multiparous	Yes	Not trained	Horror movie character
W-23	19	Secondary school	Primiparous	Yes	Not trained	Puzzle
W-24	27	University	Multiparous	Yes	Not trained	A person on the brink of death
W-25	29	University	Primiparous	Yes	Trained	Cat
W-26	31	University	Multiparous	Yes	Not trained	Walking dead
W-27	26	University	Primiparous	Yes	Not trained	A person on the brink of death
W-28	24	University	Primiparous	Yes	Not trained	The devil
W-29	22	University	Primiparous	Yes	Not trained	A sinner in hell
W-30	28	Secondary school	Primiparous	Yes	Not trained	A Sacrificial sheep
W-31	35	High school	Primiparous	Yes	Not trained	Walking dead

they portrayed themselves as magicians and fairy-tale heroines.

*“When I think of the birth-giving process... I compare myself to a magician. I experience many different emotions at the same time. I bring a life into being out of nothing. Witnessing this miracle in person makes me very happy (W-21).”*

*“My birth process was a fairy tale and I was the heroine of that fairy tale. It was a miraculous situation. Life comes out of your body and you make it happen (W-19).”*

#### Natural process

Women in this category stated that they experienced birth as a natural process. They compared themselves to cats that give birth in its most natural form.

*“I compare myself to a cat during the birth process. Birth is a natural process and not just specific to humans. Animals also give birth. For example, when the time comes, cats give birth to their babies on their own in a quiet and dark place. It's not quite like that in the hospital environment, but when the time came, I calmly gave birth to my baby (W-25).”*

#### Feeling powerful

The women who made up this category chose the queen, the tree, and the adventurer as metaphors for them. The

women stated that they came out of the birth process by feeling powerful and successful.

*“I felt like a queen. It was a difficult birth process. The contractions were so unbearable. But there was strength in me. I made it. I gave birth to my son. At that moment I was the queen of a prince who could achieve anything (W-7).”*

*“I compared myself to a tree during the birth process. Something grew and branched like a tree inside me. With the birth of my child, I became stronger and rooted like trees (W-3).”*

*“Birth was like a beginning and a path full of mystery for me. I feel like an adventurer who has jumped on the adventure without thinking and succeeded. That's why I compare myself to an adventurer (W-16).”*

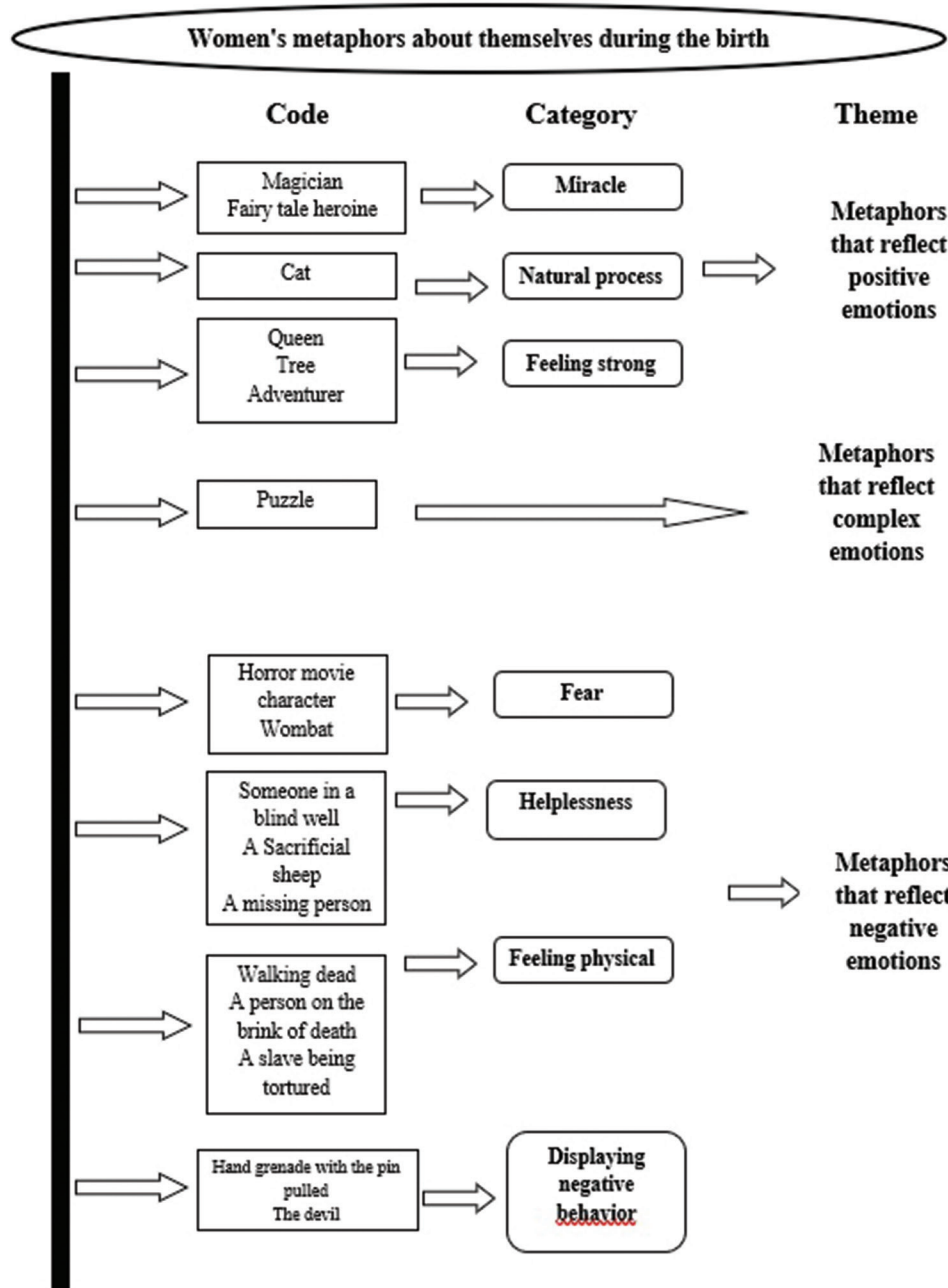
#### Metaphors reflecting complex emotions

##### Puzzle

As a result of the analyses performed, two of the women expressed their mixed feelings about the birth process. The women who made up this theme chose the puzzle as a metaphor for themselves.

*“I compared myself to a puzzle. One by one, I felt my body crumble. Like pieces of a puzzle. It was very difficult and took*





**Figure 1:** Women' metaphors about themselves in the birth process; code, category, and theme

too long. But when the birth took place, all the pieces were brought together. Pain and happiness at the same time. A different feeling (W-23).”

**Metaphors reflecting negative feelings**

As a result of the analyses, it was determined that three women had metaphors about fear, two women about displaying negative behavior, four women about helplessness, and 11 women about physical pain. Therefore, this theme consisted of the categories of fear, displaying negative behavior, helplessness, and physical pain.

*Fear*

The women in this category chose the horror movie character and the wombat as the metaphor for their birth. They stated that they felt fear during the birth process.

“I compared myself to a horror movie character. A light above me, unbearable pains and a scream in every room. The birth had turned into a scary scenario. I was the lead character who had to play this, too. I really wanted to escape (W-2).”

“At birth, I compared myself... to wombats. I don't know whether you know or not. Those that look like squirrels. Falling and fainting

*even when it smells wild animals. Even when birth was mentioned, I was so afraid. I froze at the time of birth (W-13)."*

#### *Helplessness*

The women in this category chose the metaphors of someone falling into a blind well, a sacrificial sheep, and a missing person as a birth metaphor for themselves.

*"When the contractions begin, you can't find a way out. You desperately wait for it to end. Especially to the end of the birth. The intensity of the contractions, whatever I do, it does not go away, and on top of it all, I'm alone in that room. I felt as if I fell into the blind well and couldn't get out (W-20)."*

*"I compared myself to a sacrificial sheep. Because you are waiting desperately like a sacrificial sheep. You know what will happen, but you are waiting. The contractions were so unbearable that at one point, I wanted to escape. But there was nothing to do. I had to bear it (W-30)."*

*"I compared myself to a missing person. I did not know who I was or what to do. Desperately, I prayed that it would be over, and someone would rescue me (W-8)."*

#### *Feeling physical pain*

Women who made up this category chose walking dead, a person on the brink of death, a slave being tortured, and a sinner in hell.

*"I definitely compared myself to a walking dead. Thanks God that I am not dead. The first birth I gave was not like this, as far as I can remember. This was too bad. I feel like having passed away and come back, my pain was too much (W-10)."*

*"I compared myself to a person on the brink of death during the birth process. This was the first time I had been in such severe pain. I was literally dying. It's similar to passing away; for example, the person who is on the brink of death dies and is relieved of these pains. I knew that I would be saved by giving birth (W-27)."*

*"I compared myself to a slave being tortured. The pain was bad for me. I don't know how to describe it. It was like I was under torture. I wanted this torture to end as soon as possible (W-5)."*

*"I compared myself to a sinner in hell. I felt like I was burning in hell with fire. I thought a lot about what I was paying this price for. Is it that hard for everyone? Or is it just a price only I was paying for, I am not sure (W-15)."*

#### *Displaying negative behavior*

The women in this category chose the metaphor of the hand grenade with the pin pulled and the devil for their birth.

*"It wasn't the first time I was experiencing it, but I was very nervous. The increase in my pains, the environment of the delivery room, the sounds of the devices that constantly beeped made me very nervous. I shouted and yelled at everyone around me. Even those who wanted to help me. That's why I was like a grenade with its pin pulled. I blew out at everyone (W-18)."*

*"During my birth process, I compared myself to the devil. It was a very bad experience. I treated the midwives and the people around me very badly. I literally lost it (W-28)."*

## DISCUSSION

In this study, three different themes were found reflecting women's emotions about childbirth. When these themes were examined, it was seen that women experienced positive, complex, and negative emotions during the birth process.

In the theme which contained metaphors reflecting women's positive emotions, women stated that the birth process was natural and miraculous and made them feel powerful. It is indicated that childbirth is a natural process that begins spontaneously, in which the woman actively participates in and there is no intervention.<sup>[21]</sup> In this study, birth being perceived as a natural process was explained using the cat metaphor. One of the best examples that shows the naturalness of birth is the birth given by cats. Therefore, the choice of this metaphor is thought to be quite meaningful in terms of describing the natural process. In the literature, it is stated that birth brings a new life to the world, and therefore, it should be an empowering and joyful experience.<sup>[22]</sup> It is also stated that coping with labor pain creates a sense of success in women and empowers women.<sup>[23]</sup> In this study, women stated that they were strong enough to cope with pain during the birth process and achieved this process which teemed with uncertainties. At the same time, in the study, it is seen that women who received preparatory childbirth training (PCT) chose positive metaphors. It is emphasized in the literature that women who receive PCT have increased self-confidence and control perception.<sup>[24]</sup> Besides, it is seen that cultural characteristics are also effective in women's metaphor selection. In Turkish culture, it is stated that being a mother alone has an empowering effect on women.<sup>[25]</sup> In this study, women stated that by choosing the tree metaphor for themselves, they were rooted and strengthened with the birth of a child. It is also stated that giving birth to a boy in patriarchal societies is associated with gaining prestige in society.<sup>[26]</sup> In this study, a woman chose the queen as a metaphor for herself because she gave birth to a boy,

which revealed the status and power she thought she had earned.

It is not surprising that women experience complex emotions during the birth process, and it is known that situations such as pain, fear, loss of control, stress, and physical injury experienced during childbirth, as well as the happiness of having a child, lead to negative emotions in women.<sup>[27,28]</sup> It is stated that childbirth has traumatic and upsetting sides as well as having satisfying aspects for some women.<sup>[29]</sup> In this study, women experienced more positive emotions at the end of the birth process than the negative emotions they felt at the time of birth. They expressed these complex emotions that they felt in a very striking way using the puzzle metaphor.

The last theme that emerged in the study was metaphors reflecting negative emotions. Under this theme, categories of fear, displaying negative behavior, helplessness, and physical pain were formed. It is frequently emphasized in the literature that the fear of birth is a problem affecting women.<sup>[30-32]</sup> Many factors such as inability to reach the hospital for delivery, panic during labor, inability to strain correctly, pains, episiotomy, and negative birth experiences cause fear of birth.<sup>[33,34]</sup> In this study, women chose wombat and horror movie characters as metaphors for themselves. The wombats are known as the world's most cowardly animals. The selection of wombat as a metaphor has been very important for us in terms of understanding how much fear even the thought of childbirth causes in women. The other metaphors, horror movie, and horror movie characters, show us that the negative environment of the delivery room is an important factor affecting women. There are also different studies showing that the physical conditions of the delivery room are important in affecting the birth experience.<sup>[35,36]</sup> Although new policies and regulations are implemented, it is among our observations that many delivery rooms are similar to operating rooms in terms of both procedures and physical conditions. Therefore, it is striking, but not very surprising, that the woman compares herself to a character in a horror movie. It is clear that the rapid improvements in the delivery room procedures and the physical conditions will positively affect the birth experience of women.

It is seen that the fear and pain of birth create a sense of helplessness in women.<sup>[37,38]</sup> In this study, too, women strikingly demonstrated their despair stemming from fear and pain with the metaphors they chose. The metaphors chosen (someone who fell into a blind well, a sacrificial sheep, a missing person) suggest that women cannot find

a way out of the negativity of the birth process and are alone in the process. In this sense, the supportive care that should be given during the birth process is great and meaningful.

Women very clearly demonstrated the emotions they felt due to the pain of childbirth using the metaphors they chose. The metaphors chosen are quite striking to describe the intensity of pain felt (walking dead, a person on the brink of death, a slave being tortured.) It is stated that labor pain is an important factor affecting the birth process and is affected by many psychological and physiological factors.<sup>[27]</sup> Therefore, it is important to evaluate women in a versatile way and to relieve pain with supportive applications during the delivery process.

Studies show that women giving birth are maltreated by the health-care team.<sup>[39]</sup> However, the negative behaviors of women who gave birth toward the health-care team were revealed for the first time in this study. The negative birth experience causes women to experience the emotion of anger.<sup>[40]</sup> Women tried to express the sense of anger they felt by comparing themselves to the devil and a grenade with the pin pulled during the birth process. As a result of not being able to cope with the birth process, the adaptation problem may have occurred. The importance of education and supportive care both before and during birth for women to adapt to the birth process emerges here.

The findings of this study are limited to puerperal women in one hospital, so generalization cannot be made

## CONCLUSIONS

In the study, it was determined that a significant number of women perceived giving birth as an achievement and that women who perceived the birth process positively grew stronger out of the birth. It was determined in the study that educational status was not effective on women's positive or negative perception of the birth process, but that their status of having received preparatory training for delivery mattered. Providing the information women need in the prenatal period can be a helpful factor in the development of positive metaphors. Otherwise, women who have negative metaphors after a traumatic postpartum may experience posttraumatic stress symptoms. Therefore, support groups can be initiated for women with negative metaphors. At the same time, it is seen that providing supportive care during labor and improving the physical conditions of the delivery room are also important factors for women to have a more positive birth experience. In this sense, it seems

inevitable to improve care policies and physical conditions in delivery rooms.

### Conflicts of interest

There are no conflicts of interest.

### Authors' contributions

Study design: EU, ES; Data collection: EU, Data analysis: EU, ES; Manuscript writing: EU, ES.

### Financial support and sponsorship

Nil.

### Acknowledgment

The authors would like to thank all of the women who accept to participate in the study.

### REFERENCES

- Overgaard C, Fenger-Grøn M, Sandall J. The impact of birthplace on women's birth experiences and perceptions of care. *Soc Sci Med* 2012;74:973-81.
- Molgora S, Fenaroli V, Saita E. The association between childbirth experience and mother's parenting stress: The mediating role of anxiety and depressive symptoms. *Women Health* 2020;60:341-51.
- Preis H, Lobel M, Benyamini Y. Between expectancy and experience: Testing a model of childbirth satisfaction. *Psychol Women Q* 2019;43:105-17.
- Kızılırmak A, Başer M. The effect of education given to primigravida women on fear of childbirth. *Appl Nurs Res* 2016;29:19-24.
- Fenaroli V, Saita E, Molgora S, Accordini M. Italian women's childbirth: A prospective longitudinal study of delivery predictors and subjective experience. *J Reprod Infant Psychol* 2016;34:235-46.
- Ford E, Ayers S. Stressful events and support during birth: The effect on anxiety, mood and perceived control. *J Anxiety Disord* 2009;23:260-8.
- Hosseini Tabaghdehi M, Keramat A, Kolahdozan S, Shahhosseini Z, Moosazadeh M, Motaghi Z. Positive childbirth experience: A qualitative study. *Nurs Open* 2020;7:1233-8.
- Ekström A, Nissen E. A mother's feelings for her infant are strengthened by excellent breastfeeding counseling and continuity of care. *Pediatrics* 2006;118:e309-14.
- Goodman P, Mackey MC, Tavakoli AS. Factors related to childbirth satisfaction. *J Adv Nurs* 2004;46:212-9.
- Mukamurigo J, Dencker A, Ntaganira J, Berg M. The meaning of a poor childbirth experience – A qualitative phenomenological study with women in Rwanda. *PLoS One* 2017;12:e0189371.
- Rodríguez-Almagro J, Hernández-Martínez A, Rodríguez-Almagro D, Quirós-García JM, Martínez-Galiano JM, Gómez-Salgado J. Women's perceptions of living a traumatic childbirth experience and factors related to a birth experience. *Int J Environ Res Public Health* 2019;16:E1654.
- Türkmen H, Yalıniz Dİlçen H, Özçoban FA. Traumatic childbirth perception during pregnancy and the postpartum period and its postnatal mental health outcomes: A prospective longitudinal study. *J Reprod Infant Psychol* 2021;39:422-34.
- Arslan MM, Bayrakçı M. Examining the metaphorical thinking and learning approach in terms of education. *Natl Educ* 2006;35:100-8.
- Cerit Y. Opinions of students, teachers and managers about metaphors related to the teacher concept. *J Turk Educ Sci* 2008;6:693-712.
- Husserl E. *Ideas: General Introduction to Pure Phenomenology*. London: Allen and Unwin; 1931.
- Lopez KA, Willis DG. Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qual Health Res* 2004;14:726-35.
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Health Care* 2007;19:349-57.
- Houser J. *Nursing Research: Reading, Using and Creating Evidence*. 4<sup>th</sup> ed. Denver, Colorado: Jones & Bartlett Learning; 2016.
- Graneheim UH, Lundman B. Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004;24:105-12.
- Colorafi KJ, Evans B. Qualitative descriptive methods in health science research. *HERD* 2016;9:16-25.
- Lamaze International. Position paper: Promoting, supporting, and protecting normal birth. *J Perinat Educ* 2007;16:11-5.
- OBoyle C, Brady V. Spirituality and childbirth. In: *Spirituality in Healthcare: Perspectives for Innovative Practice*. Cham: Springer; 2019. p. 83-96.
- Leap N, Sandall J, Buckland S, Huber U. Journey to confidence: Women's experiences of pain in labour and relational continuity of care. *J Midwifery Womens Health* 2010;55:234-42.
- Pinar G, Avsar F, Aslantekin F. Evaluation of the impact of childbirth education classes in turkey on adaptation to pregnancy process, concerns about birth, rate of vaginal birth, and adaptation to maternity: A case-control study. *Clin Nurs Res* 2018;27:315-42.
- Sancar S, Acuner S, Üstün İ, Bora A. "Gender Inequality Is Not A Problem For Women, It Is A Problem Of Society", UNDP-Gender Equality Goal Training in Development and Democratization Projects, 2005-2006. İstanbul: UNDP; 2006.
- Ökten Ş. Gender and power: The system of gender in Southeastern Anatolia. *Int J Soc Res* 2009;2:303-12.
- Junge C, von Soest T, Weidner K, Seidler A, Eberhard-Gran M, Garthus-Niegel S. Labor pain in women with and without severe fear of childbirth: A population-based, longitudinal study. *Birth* 2018;45:469-77.
- Maimburg RD, Væth M, Dahlen H. Women's experience of childbirth – A five year follow-up of the randomised controlled trial "Ready for Child Trial". *Women Birth* 2016;29:450-4.
- Dekel S, Thiel F, Dishy G, Ashenfarb AL. Is childbirth-induced PTSD associated with low maternal attachment? *Arch Womens Ment Health* 2019;22:119-22.
- Serçekuş P, Vardar O, Özkan S. Fear of childbirth among pregnant women and their partners in Turkey. *Sex Reprod Healthc* 2020;24:100501.
- Nilsson C, Hessman E, Sjöblom H, Dencker A, Jangsten E, Mollberg M, *et al*. Definitions, measurements and prevalence of fear of childbirth: A systematic review. *BMC Pregnancy Childbirth* 2018;18:28.
- O'Connell MA, Leahy-Warren P, Khashan AS, Kenny LC, O'Neill SM. Worldwide prevalence of tocophobia in pregnant women: Systematic review and meta-analysis. *Acta Obstet Gynecol Scand* 2017;96:907-20.
- Dencker A, Nilsson C, Begley C, Jangsten E, Mollberg M, Patel H, *et al*. Causes and outcomes in studies of fear of childbirth: A systematic review. *Women Birth* 2019;32:99-111.
- Faisal I, Matinnia N, Hejar AR, Khodakarami Z. Why do primigravidae request caesarean section in a normal pregnancy? A qualitative study in Iran. *Midwifery* 2014;30:227-33.
- Nielsen JH, Overgaard C. Healing architecture and Snoezelen in delivery room design: A qualitative study of women's birth experiences and patient-centeredness of care. *BMC Pregnancy Childbirth* 2020;20:283.
- Fahy KM, Parratt JA. Birth territory: A theory for midwifery practice. *Women Birth* 2006;19:45-50.
- Airo Toivanen R, Korja R, Saisto T, Rouhe H, Muotka J, Salmela-Aro K. Changes in emotions and personal goals in primiparous pregnant women during group intervention for fear of childbirth. *J Reprod Infant Psychol* 2018;36:363-80.



38. De Souza MG, Vieira BD, Alves VH, Rodrigues DP, Leão DC, De Sá AM. Concern of primiparous women with regard to labor and birth. *Rev Pesqui Cuidado Fundam Online* 2015;7:1987-2000.
39. Balde MD, Diallo BA, Bangoura A, Sall O, Soumah AM, Vogel JP, *et al.* Perceptions and experiences of the mistreatment of women during childbirth in health facilities in Guinea: A qualitative study with women and service providers. *Reprod Health* 2017;14:3.
40. Elmir R, Schmied V, Wilkes L, Jackson D. Women's perceptions and experiences of a traumatic birth: A meta-ethnography. *J Adv Nurs* 2010;66:2142-53.