IJBCS
ISSN: 2147-1428

Original Article

International Journal of Basic and Clinical Studies (IJBCS)
2021; 10(2): 32-43 Bolsoy N et all.

Maternal Satisfaction at Vaginal Birth: Mother Friendly Hospital Example

Nursen Bolsoy[1] Selma Sen[2] Benay Oguz Gulsen[3] Merve Topac[4]

[1]Manisa Celal Bayar University, Faculty of Health Sciences, Midwifery Department, Manisa/Türkiye
[2]Manisa Celal Bayar University, Faculty of Health Sciences, Midwifery Department, Manisa/Türkiye
[3]Manisa Celal Bayar University, Health Sciences Institute, Manisa/Türkiye
[4]Manisa Celal Bayar University, Health Sciences Institute, Manisa/Türkiye

Abstract

The satisfaction and experience of women who deliver vaginally needs to be considered if we aim to decrease the number of caesarean births.This study aimed to compare the satisfaction of mothers with vaginal births in Mother-Friendly and non-Mother-Friendly hospitals.

This descriptive study was conducted at four public hospitals in Manisa, Turkey. Two hundred and fifteen mothers from four hospitals (two Mother-Friendly, two non-Mother-Friendly) who had vaginal births were included in this study. The data were collected by using a "Mother's Information Form", "The Scale for Measuring Maternal Satisfaction–Normal Birth (SMMS-normal birth)".

The mothers who had given birth in Mother-Friendly hospitals had an age average of 26.29± 4.66 years and non-Mother-Friendly hospitals 27.28± 5.69 years. There was no significant difference between the groups in these traits ($p>0.05$). The mean maternal satisfaction score at Mother-Friendly hospitals was 176.04±24.83 and at non-Mother-Friendly hospitals was 156.90±25.72. There was a significant difference in maternal satisfaction women delivering at Mother-Friendly and the non-Mother-Friendly hospitals ($t= 5.492$, $p=0.000$).

The level of satisfaction of the mothers who gave birth in Mother-Friendly hospitals was significantly higher. Mother-friendly hospital practices increase the satisfaction levels of mothers.

Key Words: Birth, postpartum care, mother, satisfaction.

Correspondence Author:
Sen S, PhD, Associate Professor
Manisa Celal Bayar University, Faculty of Health Sciences, Midwifery Department, Manisa/Türkiye
Phone: +90 507 946 43 88
e-mail:selmasen77@gmail.com

IJBCS
ISSN: 2147-1428

Original Article

International Journal of Basic and Clinical Studies (IJBCS)
2021; 10(2): 32-43 Bolsoy N et all.

Introduction

Pregnancy and birth are natural, normal and healthy functions of a body. Labor is also one of the most beautiful and precious experiences of family life (1). This experience very important and unique (2,3). Nevertheless since 1990's until today, there has been a trend away from natural childbirth and the rates of caesarian births and interventions have become more common in childbirth for many reasons (4, 5).

Rowe-Murray and Fisher state that instrumental and surgical births have negative effects on the first contact between mother and infant in the early postpartum period (6). Previous studies have indicated that operative vaginal births can result in long term symptoms related to acute trauma (7). Negative experiences with vaginal birth often can lead women to prefer caesarean sections for subsequent births (8).

At the beginning of 90's in USA it was believed that caesarian protected the babies health. It was understood that this was not true so increasing of unnecessary interventions led to establish of The Coalition for Improving Maternity Services (CIMS) in 1996 to improve mother friendly hospital conception after baby friendly hospital approach. The goal of the mother-friendly hospital approach is to take an evidence –based approach to support vaginal birth by CIMS (9). Primarily it's aimed decreasing of complications, infections, mortality and morbidity rates on mother and child, then fostering the mother – child bond and stimulating of successful nursing, improvement of mental state of mother, decreasing re-hospitalization and bringing about much more positive impressions on birth by this model (10). The developed mother-friendly hospital model criteria defines a "natural birth" as being without unnecessary intervention, kept birth' own physiology. CIMS has started Mother-Friendly Childbirth Practices by forming "10 steps for Mother-Friendly Care Guide" for guiding birth centers and services for home birth. The Mother-Friendly Hospital title is given to the institutes, hospitals and birth centers which follow and apply routinely these Mother Friendly Birth Practices in childbirth (9).

In Turkey, the caesarean rate has increased substantially in recent years. According to the 2014 Health Statistics Yearbook of the Republic of Turkey Ministry of Health, the rate increased from 21% in 2002 to 51% in 2014 and it has topped the list among the OECD countries. However, the target set by WHO is in the range of 5-15% (10, 11).

The first studies in our country have started in May 2011 by the Turkey Republic Ministry of Health. The Mother Friendly Hospital Program has become a program directed to enhance the health of mothers and to reduce death. Training for the Mother Friendly Hospital Program Informing is organized to provide follow up after childbirth by considering patient rights, confidentiality and privacy during pregnancy, birth and postpartum period (12).

Mother-friendly birth practices are a fairly new concept for our country. While the number of mother-friendly hospitals in Turkey was 11 in 2016, this number increased to 78 in 2021. Therefore there has been no study evaluating the satisfaction of mothers with vaginal births in Mother-Friendly hospitals in our country. This study aimed to compare the satisfaction of mothers with vaginal births in Mother-Friendly hospitals and in hospitals without this designation (non-Mother-Friendly hospitals).

IJBCS
ISSN: 2147-1428

Original Article

International Journal of Basic and Clinical Studies (IJBCS)
2021; 10(2): 32-43 Bolsoy N et all.

Material and Method

Design and Participants

This study is cross-sectional and descriptive. The study was conducted on 215 mothers at four public hospitals in the central district of Manisa. The number of mothers who were treated in the hospitals was 2729. The sample of the study was determined by using the Formula of Sample Drawn from a Known Universe considering the number of delivery women in hospitals working under the Health Directorate of Manisa Province. Consequently, the research was conducted with 215 mothers by determining the number of individuals needed to serve as a sample from the clinic by the Convenient Sampling Method. The sample selection criteria were as follows: (1) attended the selected hospitals for natural birth, (2) were 18 years and older, (3) could speak the Turkish language, (4) not receiving any psychological treatment, and (5) agreed to participate in the study.

Questionnaire

For the collection of research data, we used a mother's information form, which consisted of 38 questions, and The Scale for Measuring Maternal Satisfaction–Normal Birth questionnaire.

Mother's Information Form

The Form consisted of questions about their socio-demographic and marital status, income status, residence, family type (nuclear, extended etc.), educational background, and obstetric history and birth experiences.

The Scale For Measuring Maternal Satisfaction–Normal Birth (SMMS-normal birth)

SMMS-normal birth has been developed by Gungor and Beji in 2012. The SMMS-normal birth scale is scored using a five-point Likert format (1, strongly agree; 2, agree; 3, undecided; 4, disagree; 5, strongly disagree). The SMMS-normal birth consists of 43 items (13 items are negatively worded), and subject scores on the total scale can range from 43 to 215 points. Total scores, subscale scores and cut-off scores (150.5 for SMMS-normal birth) can be used to evaluate maternal satisfaction, cut-off scores with higher scores indicating greater satisfaction. The SMMS-normal birth was found to have good internal reliability for the total scale and subscales. Internal consistency for the overall scale was high, with Cronbach's α of 0.91 for scale (13). Internal consistency estimates for the subscales were also fairly good ($\alpha > 0.65$), suggesting the subscales are internally reliable.

Procedure

The research data was collected by face to face interviews conducted by the researcher. The data were collected 24 hours after delivery. The data were collected within 30-45 minutes in total (Mother's Information Form 15-20 minutes on average and SMMS-normal birth 15-20 minutes on average).

IJBCS
ISSN: 2147-1428

Original Article

International Journal of Basic and Clinical Studies (IJBCS)
2021; 10(2): 32-43 Bolsoy N et all.

Ethical Approval

A written consent was obtained from all the women after explaining the purpose and method of the study, and guarantee was given for privacy of answers. Ethics Committee of the Celal Bayar University of Medical School approved the study protocol.

Statistical Analysis

Descriptive data are presented as number, percentage and mean. The data gathered from the groups were compared with the student t-test, fisher Chi - square test. All analyses were carried out using the SPSS for Windows, release 15 .0 (SPSS, Inc., Chicago, IL, USA). An alpha level of 0.05 was used to assess significance.

Results

Table1. Demographic and obstetric characteristics of mothers

	Mother-Friendly		Non-Mother-Friendly		X^2/p
	n	%	n	%	
Hospital	125	58.1	90	41.9	
Age	Mean: 26.29± 4.66		Mean: 27.28± 5.69		
18-23	39	31.2	23	25.6	
24-29	55	44.0	36	40.0	5.302/0.151
30-35	28	22.4	23	25.6	
36≥	3	2.4	8	8.9	
Education					
Illiterate/Literate	13	10.4	6	6.7	
Primary school	72	57.6	57	63.3	
High school	27	21.6	19	21.1	2.700/0.609
University	13	10.4	8	8.8	
Occupation					
Housewife	113	90.4	81	90.0	0.009/0.550
Worker	12	9.6	9	10.0	
Economic status					
Low income	23	18.4	9	10.0	
Middle income	99	79.2	72	80.0	7.900/0.091
High income	3	2.4	9	10.0	
Parity					
1	52	41.6	27	30.0	
2	49	39.2	46	51.1	3.599/0.165
3≥	24	19.2	17	18.9	
Prenatal Care					
Yes	118	94.4	86	95.6	0.144/0.480
No	7	5.6	4	4.4	

Childbirth preparation class					
Attended	15	12.0	32	35.6	16.997/0.063
Had not attended	110	88.0	58	64.4	
Have any problems occurred in previous birth?					
Yes	7	8.9	4	6.3	0.309/0.410
No	72	91.1	59	93.7	
Were you satisfied with the previous birth?					
Yes	64	83.1	52	82.5	3.252/0.197
No	7	9.1	9	14.3	
Undecided	6	7.8	2	3.2	

Among the mothers who participated in the study; 58.1% (n=125) had given birth in Mother-Friendly hospitals, and 41.9% (n=90) in non-Mother-Friendly hospitals. The mothers who had given birth in Mother-Friendly hospitals had an age average of 26.29± 4.66 years and 44.0% were in the age group of 24-29 years, 57.6% were primary school graduates, 90.4% were housewives and 79.2% stated that they had a medium economic level. The mothers who had given birth in non-Mother-Friendly hospitals had an age average of 27.28± 5.69 years and 40.0% were in the age group of 24-29 years, 63.3% were primary school graduates, 90.0% were housewives and 80.0% stated that they had a medium economic level. There was no significant difference between the groups in these traits ($p>0.05$) (Table 1).

41.6% of the mothers who had given birth in Mother-Friendly hospitals had given only one birth, 94.4% had received prenatal care, 88.0% had not attended any birth preparation classes, and, of women who had previously given birth, 91.1% had not faced any problems during their previous pregnancy and 83.1% were satisfied with their previous birth. 30.0% of the mothers who had given birth in non-Mother-Friendly hospitals had given only one birth, 95.6% had received prenatal care, 64.4% had not attended any birth preparation classes, 93.7% had not faced any problems during their previous pregnancy and 82.5% were satisfied with their previous birth. There was no significant difference between the groups ($p>0.05$) (Table 1).

IJBCS
ISSN: 2147-1428

Original Article

International Journal of Basic and Clinical Studies (IJBCS)
2021; 10(2): 32-43 Bolsoy N et all.

Table 2. Distribution of some characteristics of Mother Friendly Practices

	Mother-Friendly		Non-Mother-Friendly		X^2/p
	n	%	n	%	
Enema					
Yes	27	21.6	25	27.8	5.353/0.069
No	96	76.8	59	65.6	
Doesn't remember	2	1.6	6	6.7	
Early opening of amnion					
Yes	57	45.6	20	22.2	21.489/0.000
No	60	48.0	47	52.2	
Undecided	8	6.4	23	25.6	
Induction					
Yes	56	44.8	41	45.6	0.023/0.989
No	63	50.4	45	50.0	
Undecided	6	4.8	4	4.4	
Epidural analgesia					
Yes	23	18.4	27	30.0	1.498/0.473
No	102	81.6	63	70.0	
Episiotomy					
Yes	96	76.8	71	78.9	0.132/0.424
No	29	23.2	19	21.1	
Vacuum					
Yes	3	2.4	3	3.3	0.168/0.495
No	122	97.6	87	96.7	
Fundal Pressure					
Yes	59	47.2	43	47.8	0.007/0.522
No	66	52.8	47	52.2	
Family Members or Friends Attended in Labor					105.842/0.000
Yes	100	80.0	8	8.9	
No	25	20.0	82	91.1	
Number of Beds in Delivery Room	118	94.4	14	15.6	137.240/0.000
1 person	7	5.6	76	84.4	
2≥					
Mobility in Delivery Room					
Yes	92	73.6	49	54.4	8.506/0.003
No	33	26.4	41	45.6	
Nutrition in Delivery Room					39.463/0.000
Yes	60	48.0	7	7.8	

No	65	52.0	83	92.2	
First Time Meeting of Mother with her Baby					
Immediately	68	54.4	8	8.9	53.112/0.000
5-10 min	22	17.6	31	34.4	
11-30 min	28	22.4	46	54.4	
31 ≥	7	5.6	2	2.2	
Postpartum breastfeeding time					
	42	33.6	0	0.0	41.611/0.000
Immediately	13	10.4	15	16.7	
5-10 min	54	43.2	67	74.4	
11-30 min	16	12.8	8	8.9	
31 ≥					
Number of Beds in Postpartum Room					
	26	20.8	7	7.8	6.829/0.006
1 person	99	79.2	83	92.2	
2≥					

21.6% of the mothers who had given birth in Mother-Friendly hospitals had received enema, 44.8% induction, 18.4% epidural analgesia, 76.8% episiotomy, 2.4% vacuum and 47.2% fundal pressure. 27.8% of the mothers who had given birth in non-Mother-Friendly hospitals had received enema, 45.6% induction, 30.0% epidural analgesia, 78.9% episiotomy, 3.3% vacuum and 47.8% fundal pressure. There was no significant difference between the groups ($p>0.05$) (Table 2).

In study, women who delivered in Mother-Friendly Hospitals had received a different model of care, with most accompanied by family or friends in a single room. 48.0% of the mothers who had given birth in Mother-Friendly hospitals had not received amniotomy, 80.0% had been accompanied by a family member in the delivery room, 94.4% had stayed in a single room in the delivery room, 73.6% had been allowed to move in the delivery room, 48.0% had been allowed to eat in the delivery room, 54.4% had held their baby immediately, 33.6% had breastfed their baby immediately and 20.8% had stayed in a single room after the birth. It was determined that 52.2% of the mothers who had given birth in non-Mother-Friendly hospitals had not received amniotomy, 8.9% had been accompanied in the delivery room, 15.6% had stayed in a single room in the delivery room, 54.4% had been allowed to move in the delivery room, 7.8% had been allowed to eat in the delivery room, 8.9% had held their baby immediately, 0.0% had breastfed their baby immediately and 7.8% had stayed in a single room after the birth. There was significant difference between the groups ($p<0.05$) (Table 2).

IJBCS
ISSN: 2147-1428

Original Article

International Journal of Basic and Clinical Studies (IJBCS)
2021; 10(2): 32-43 Bolsoy N et all.

Table 3. General Satisfaction of Individuals Comprising the Study Group toward SMMS-normal birth and Their Subgroup Score Averages

Total scale- Subscale	Mother-Friendly (X± SE)	Non Mother-Friendly (X± SE)	t	p
Perception of health professionals	17.58±0.20	16.26±0.34	3.124	0.00
Nursing care in labour	9.08±0.28	7.78±0.20	3.242	0.00
Comforting	12.92±0.31	11.12±0.40	3.329	0.00
Information and involvement in decision making	33.55±0.73	30.43±0.76	2.780	0.00
Meeting baby	11.07±0.34	9.53±0.44	2.586	0.01
Postpartum care	25.27±0.32	22.93±0.46	3.999	0.00
Hospital room	17.52±0.26	14.70±0.46	5.451	0.00
Hospital facilities	12.59±0.22	9.80±0.37	6.950	0.00
Respect for privacy	17.04±0.25	16.38±0.40	1.360	0.17
Meeting expectations	19.39±0.44	17.93±0.42	2.175	0.04
Total scale	176.04±2.02	156.90±2.72	5.460	0.00

Birth-related satisfaction was higher in Mother-Friendly (SMMS-normal birth scale: 176.04± 24.83) than in non-Mother-Friendly hospitals (156.90± 25.72) and a significant difference was obtained in the statistical analysis which was performed to compare the groups (t= 5.492, p=0.000) (Table 3).

It was found that subscale scores of Health Team Perception, Nursing Care in the Act of Birth, Comforting, Participating in Decisions and Informing, Meeting the Infant, Postpartum Care, Hospital Room, Hospital Facilities and Meeting the Expectations in the Scale for Evaluation of Mother's Satisfaction in Birth were significantly higher in Mother-Friendly hospitals ($p<0.05$) (Table 3).

Even though the score averages of Mother-Friendly hospitals were also higher in the subscale of Respect for Privacy, there was no statistically significant difference between the score averages ($p>0.05$) (Table 3).

Discussion

Being an important experience in women's lives; birth and birth-related satisfaction play an important role in sustaining mother's and infant's health, as well as a positive family atmosphere (14,15).

A mother's communication with her baby in the early period, satisfaction with the care she receives, comfort in the hospital room, accompaniment by her family and meeting his needs will increase the satisfaction. Protection of privacy during care and interventions, toleration for

special moments with her family and relatives and fulfilment of her expectations by midwives/nurses will also increase satisfaction.

In our study, it was determined that the mothers who had given birth in Mother-Friendly hospitals had higher rates of being accompanied in the delivery room, staying in a single room, moving, eating, holding their baby immediately, breastfeeding their baby immediately and staying in a single room after the birth. These factors are believed to be the most important factors affecting the satisfaction of mothers who give birth in Mother-Friendly and Non-Mother-Friendly hospitals.

It is thought that the majority of women need social support during birth, e.g., of their mother and/ or partner. Mothers who received social support had a more positive birth experience.[16] Our findings are consistent with the literature (17,18,19).

In the literature, it is stressed that it is desirable to have as few interventions as possible for healthy mothers and baby (14, 20). The majority of women reject medical interventions such as enema, amniotomy, fundal pressure, oxytocin induction and episiotomy unless there is a serious problem for mother's and infant's health (15, 21). It has been determined that obstetrical results come out more positive in births where a woman's autonomy is supported and no unnecessary interventions are made.[14] Interventions that are made in the process of birth change the course of birth[20] and affect the birth-related satisfaction negatively (14, 22). Especially unexpected procedures such as operative vaginal birth (22, 23, 24) and emergency c-section reduce the birth satisfaction (23, 25).

Contrary to literature in our study, it was found that the mothers who had given birth in Mother-Friendly hospitals had similar rates of receiving enema, induction, epidural analgesia, episiotomy, vacuum and fundal pressure than the mothers who had given birth in Non-Mother-Friendly hospitals. In our study, it is thought that the continuation of birth intervention in mother-friendly hospitals is due to fear of malpractice.

Even if women reject unnecessary interventions during birth, routine interventions are made frequently for accelerating the birth (15, 26). In the study by Ozcan and Aslan (2015), it was determined that induction and episiotomy were applied to women at the rate of 90% (15). In the study by Çıtak Bilgin et al., it was seen that while the use of vacuum, forceps and emergency c-section affected the birth satisfaction negatively, the use of episiotomy and induction which are among birth-related interventions did not affect the birth satisfaction at all (19). Akca et al. (2017) also determined that inducing a birth did not affect birth satisfaction (27). However, some studies indicate that the use of episiotomy and induction which are among birth-related interventions reduces birth satisfaction (15, 21, 28, 29).

One of the most important factors affecting women's choice of birth method is their level of birth-related satisfaction. Women's level of birth-related satisfaction is affected by factors such as birth planning, coping with physical, psychological and social problems that may develop during pregnancy, obtaining information from healthy sources, receiving care before birth and receiving support from the medical personnel in the delivery room (22).

While studies in the literature generally indicate that women have a higher level of birth-related satisfaction according to intervention with birth (19, 22, 23, 30, 31, 32), whereas in some studies it is stated that women have a lower level of birth-related satisfaction (15, 33).

In our study, the score averages of mother's satisfaction were higher than the cut-off point of the scale (cut-off scores 150.5) in both of the groups. It was found that mother's satisfaction was significantly higher in Mother-Friendly hospitals. In the literature, it is indicated that medical interventions made in the act of birth are among the important factors affecting mother's satisfaction, which shows a opposite with our study (15, 21, 22, 29). It is possible to state that Mother-Friendly hospital some applications increase mothers' level of satisfaction. Thus, it is believed that it will be necessary to spread Mother-Friendly hospital applications throughout the country and increase the quality of midwifery care quality in Mother-Friendly hospitals.

Conclusion

Mothers in both of the groups had a higher level of birth-related satisfaction in the early postpartum period, but mothers who had given birth in Mother-Friendly hospitals had a significantly higher level of satisfaction higher level of satisfaction than non-Mother-Friendly hospitals. Mother-Friendly hospital approaches increase mothers' level of satisfaction.

It will be useful to spread Mother-Friendly hospital approaches which have started as a pilot program throughout our country. In order to increase the birth-related satisfaction, it is recommended to increase the quality of supportive midwifery care in the hospitals.

References

1. Das Z. Psychosocial and Cultural Dimension of Pregnancy. In: Taskın L, editor. Obstetric and Women's Health Nursing. Ankara: Sun Medical Bookstores; 2012. p. 211-225
2. Darra S. Normal, natural, good or good enough birth: Examining the concepts. Nursing Inquiry. 2009; 16(4): 297-305.
3. Hotelling BA. Teaching normal birth, normally. The Journal of Perinatal Education. 2009; 18 (1): 51-55.
4. Khan H. High cesarean section rate: Can we reduce it? Gomal Journal of Medical Sciences. 2008; 6(1):1.
5. Yildirim S, Aktepe Keskin E, Onaran Y et al. An overview of caesarean operation (in Turkish). The New Journal of Medicine. 2015; 32(1): 10-12.
6. Rowe-Murray HJ, Fisher JR. Operative intervention in delivery is associated with compromised early mother-infant interaction. BJOG An International Journal of Obstetrics and Gynaecology. 2001; 108(10): 1068-75.
7. Ayers S. Thoughts and emotions during traumatic birth: A qualitative study. Birth: Issues in Perinatal Care. 2007; 34(3): 253-63.
8. Hildingsson I, Radestad I, Rubertsson C et al. Few women wish to be delivered by caesarean section. BJOG an International Journal of Obstetrics and Gynaecology. 2002; 109(6): 618-23.
9. CIMS. (The Birth Survey Hıstory of the Grassroots Advocates Commıttee and the Transparency in Maternıty Care Project). 2013 (updated 2017 July). Available from: http://www.thebirthsurvey.com/AboutUs.html (Cited on 2017 Aug 20).

10. Lothian JA. Advancing normal birth lamaze ınternational publication. The Journal of Perinatal Education Summer. 2007; 16: 46-51.
11. Republic of Turkey Ministry of Health. (Turkey Women's Health Research 2014 General Directorate of Health Research). 2014 (updated 2017 July). Available from: http://ekutuphane.sagem.gov.tr/kitaplar/turkiye_kadin_sagligi_arastirmasi.pdf. (Cited on 2017 Aug 20).
12. Republic of Turkey Ministry of Health. (Mother Friendly Hospital Assessment Guide). 2013. (updated 2017 July). Available from: http://www.saglik.gov.tr/TR/belge/1-12228/ anne-dostu hastdegrehberi.html?vurgu=anne+dostu (Cited on 2017 Aug 20).
13. Gungor I, Beji NK. Development and psychometric testing of the scales for measuring maternal satisfaction in normal and caesarean birth (in Turkish). Midwifery. 2012; 28(3): 348-357.
14. Conesa FMB, Canteras JM, Ballesteros MC, et al. Comparative study analyzing women's childbirth satisfaction and obstetric outcomes across two different models of maternity care. BMJ Open. 2016; 26 (8): e011362. doi: 10.1136/bmjopen-2016-011362
15. Ozcan S, Aslan E. Determination of maternal satisfaction at normal and cesarean birth (in Turkish). Florence Nightingale Journal of Nursing 2015, 23(1): 41-48.
16. Nakamura Y, Takeishi Y, Ito N et al. Comfort with motherhood in late pregnancy facilitates maternal role attainment in early postpartum. The Tohoku Journal of Experimental Medicine. 2015; 235: 53-59.
17. Goodman P, Mackey MC, Tavakoli ASJ. Factors related to childbirth satisfaction. Adv Nurs. 2004; 46(2): 212-9.
18. Oikawa M, Sonko A, Faye EO et al. Assessment of maternal satisfaction with facility-based childbirth care in the rural region of tambacouda, Senegal. African Journal of Reproductive Health. 2014; 18(4): 95-104.
19. Cıtak BN, Ak B, Coskuner PD et al. Satisfaction with birth and affecting factors in women who gave birth (in Turkish). Journal of Health Science and Profession-HSP. 2018; 5(3): 342-352. doi: 10.17681/hsp.422360
20. Sayiner F, Ozerdogan N. Natural birth (in Turkish). Maltepe University Journal of Nursing Science and Art. 2009; 2(3): 143-148.
21. Ozturk S, Kılıc M, Agapınar SS et al. Women's knowledge about natural birth (in Turkish). International Refereed Journal of Gynaecology and Maternal Child Health. 2016; (8): 17-32. doi: 10.17367/JACSD.2016823641
22. Waldenström U, Hildingsson I, Rubertsson C et al. A Negative birth experience: Prevalence and risk factors in a national sample. Birth: Issues in Perinatal Care. 2004; 31: 17–27.
23. Rijnders M, Baston H, Schönbeck Y et al. Perinatal factors related to negative or positive recall of birth experience in women 3 years postpartum in the Netherlands. Birth: Issues in Perinatal Care. 2008; 35: 107–16.
24. Floris L, Irion O, Courvoisier D. Influence of obstetrical events on satisfaction and anxiety during childbirth: A prospective longitudinal study. Psychology Health & Medicine. 2017; 22(8): 969-977. doi:10.1080/13548506.2016.1258480

25. Blomquist JL, Quiroz LH, Macmillan D et al. Mothers' satisfaction with planned vaginal and planned cesarean birth. American Journal of Perinatolog. 2011; 28: 383-388. doi: 10.1055/s-0031-1274508
26. Donmez S, Sevil U. Necessity of episiotomy's routine use (in Turkish). J Nurs Sci Art Maltepe Univ. 2009; 2(3):105-112.
27. Akca A, Corbacioglu EA, Sefik OE et al. The influence of the systematic birth preparation program on childbirth satisfaction (in Turkish). Archives of Gynecology and Obstetric. 2017; 295(2). doi: 10.1007/s00404-017-4345-5
28. Waldenstrom U, Rudman A, Hildingsson I. Intrapartum and postpartum care in Sweden: Women's opinions and risk factors for not being satisfied. Acta Obstetricia et Gynecologica Scandinavica. 2006; 85(5): 551-560.
29. Hodnett E. Pain and women's satisfaction with the experience of childbirth: A systematic review. American Journal of Obstetrics and Gynecology. 2002; 186 (5):160– 72.
30. Spaich S, Welzel G, Berlit S et al. Mode of delivery and its influence on women's satisfaction with childbirth. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2013; 170(2):401-6. doi: 10.1016/j.ejogrb.2013.07.040
31. Ucum Y E, Kitapcıoglu G, Karadeniz G. Women's view of birth methods, experience and satisfaction (in Turkish). Journal of Health Services of Firat. 2010; 5(13): 107-123.
32. Capık A, Sakar T, Yildirim N et al. Determining the satisfaction levels of the mothers according to their mode of birth (in Turkish). Journal of Anatolia Nursing and Health Sciences. 2016; 19(2): 92-99.
33. Tatar M, Gunalp S, Somunoglu S et al. Women's perceptions of caesarean section: reflections from a Turkish teaching hospital (in Turkish). Soc Sci Med. 2000, 50:1227-1233.