

Original Article

Nulliparous Women's Birth Perceptions and Experiences for Mode of Birth Preference: A Qualitative Descriptive Study

Ayse Akalin, PhD

Assist. Prof. Nursing Department, Duzce University Faculty of Health Sciences, Duzce, Turkey

Sevil Sahin, PhD

Assoc Prof. Nursing Department, Ankara Yidirim Beyazit University, Faculty of Health Sciences, Ankara, Turkey

Corresponding Author: Ayse AKALIN, PhD, Nursing Department, Duzce University Faculty of Health Sciences, Duzce, Turkey, : Konuralp Campus, 81000, Duzce, Turkey e-mail: ayseakalin@duzce.edu.tr

Abstract

Background: Birth is a crucial event in a woman's life. Mode of birth preference women' can be affected by many physiological, psychological and sociocultural factors.

Aim: The aim of this study was to explore the nulliparous women's perceptions of birth, experiences for mode of birth preference and decision-making processes.

Methods: A qualitative descriptive design was chosen and 24 interviews were conducted. Data were collected through in-depth, face-to-face interviews from August to September 2019. Semi-structured interviews were recorded with a voice recorder. Data were analyzed through thematic analysis.

Results: Three main themes emerged (perception of birth, reasons mode of birth preferences, decision-making process) with twelve sub-themes (fears about childbirth and childbirth related problems, excitement: having a baby; healthy and natural, purification and regeneration, faster recovery and self-sufficiency, real motherhood, early interaction and breastfeeding, fears of postpartum pain and surgery process, safe and easy; experienced women and social media, health providers).

Conclusion: Revealing the perceptions of birth and mode of birth preferences of pregnant women is significant in terms of increasing the quality of perinatal care and ensure a conscious participation of women a shared decision-making process.

Keywords: birth perception, mode of birth, nulliparous women, qualitative study

Introduction

Birth is a normal physiological process and a crucial event in a woman's life. During the pregnancy, women frequently experience confused feelings about the mode of birth. Choosing between a vaginal birth and caesarean section (C-section) is a matter of critical importance for a woman (Kasai et al., 2010; Shahoei et al., 2014). Vaginal birth is a natural process that usually does not require any medical intervention. C-section is an effective surgical procedure in life-saving, but only when it is required for medically indicated reasons [World Health Organization (WHO, 2015)].

Since 1985, the WHO has considered the ideal rate for C-section to be between 10% and 15% (WHO, 1985). Since then, C-section rates have

increased dramatically in Turkey, just like the rest of the world. According to the Organization for Economic Cooperation and Development (OECD) Health Statistics in 2019, the C-section rates were, 53.1% in Turkey, 48.7% in Mexico, 32.0% in the United States of America, 31.9% in Switzerland, 27.7% in Canada, and 16.2% in Netherlands (OECD, 2019). Based on this data, Turkey ranks first among the OECD countries in terms of C-section rates. Turkey Demographic and Health Survey (TDHS) show that, the C-sections rate in Turkey has changed between 37.0% and 52.0% from 2008 to 2018, and has substantially increased in the last decade (Hacettepe University Institute of Population Studies, 2019). In our country, Turkey Ministry of Health has developed the policies in order to promote vaginal birth and reduce C-sections

rates. Despite these policies, this rate of CS has continued to rise rather than decrease (Turkish Ministry of Health, 2010).

Among the medical indications that are influential in the increase of C-section rates, labor dystocia, fetal malpresentation, fetal distress, multiple gestation and fetal macrosomia rank the first [(American College of Obstetricians and Gynecologists (ACOG, 2016)]. In addition to medical indications, non-medical factors have contributed to the increase in C-section rate. One of the main reasons for the non-medical C-section rate is maternal request (Faisal, Matinnia, Hejar, & Khodakarami 2014; Fenwick, Staff, Gamble, Creedy, & Bayes, 2010; Hatamleh, Abujilban, Al-Shraideh, & Abuhammad, 2019; Mazzoni et al., 2011; Liu et al., 2013). C-section on maternal request is defined as C-section performed on maternal request in the absence of any medical or obstetric indication (ACOG, 2019). Maternal request can be affected by many physiological, psychological and sociocultural factors (Liu et al., 2013). A systematic review of quantitative studies indicated that women mostly prefer to C-section for reasons fear of childbirth, fear of labor pain, anxiety for fetal injury or death, anxiety for loss of control, and anxiety for lack of support from the health professionals (Jenabi, Khazaei, Bashirian, Aghababaei, & Matinnia, 2019). The major motive for requesting C-section without any medical indications among pregnant women is the fear of labor pain (Takegata et al., 2018).

Currently, C-section on maternal request without medical indications has been a serious problem. For this reason, it is quite significant to explore the women's birth perception, choice mode of birth and the reasons behind their choices. These results are thought to contribute to increase the quality of perinatal care, develop effective birth policies and decrease the increasing C-section rates gradually. There is limited qualitative study conducted in Turkey in the field of birth perception and mode of birth preference of nulliparous women. For this reason, the aim of the present study is to understand and explore the nulliparous women's perceptions of birth, experiences for mode of birth preference and decision-making processes.

Methods

Research design: This is a qualitative descriptive study conducted in the Primary Healthcare Institution (PHI) affiliated to the

Ministry of Health at the northwest of Turkey. As a methodological approach, the phenomenology focuses on the cases of which we are aware but do not have deep and detailed understanding. In this approach, the subjective perceptions, orientations, experiences of participants and meanings they attribute to events are examined (Polit & Beck, 2008; Sundler, Lindberg, Nilsson, & Palmér, 2019).

Participants and settings: The study population included nulliparous women aged 18–35 years who presented to the PHI. Purposeful sampling was used, and 24 women with a gestational age of over 28 weeks, who spoke Turkish, did not have high-risk pregnancies or barriers to communication, and who agreed to participate in the study were enrolled. Data collection continued until to reach data saturation, when the concepts and processes which may be the answers to the research questions, start to be repeated (Polit & Beck, 2008).

Data collection: Data were collected through in-depth, face-to-face individual interviews from August to September 2019 using the “Personal Information Form” and the “Semi-structured Interview Form”. Personal Information Form included 10 questions on women's descriptive characteristics. Semi-structured Interview Form was developed by the authors on the basis of the relevant literature and consisted of nine open-ended questions. These questions were developed for the purpose of conducting in-depth interviews to explore the experiences of nulliparous women about their birth perceptions, beliefs and mode of birth preferences. Examples of the questions in the semi-structured interview include: What does the concept of “birth” remind you? What do you think about vaginal birth? What do you think about C-section? Which mode of birth do you plan for the delivery? How have you decided for this mode of birth?

The questions were evaluated by the specialist academicians in the study's field. A pilot study was performed on two women to test the validity and reliability of the interview form. The interview form was revised depending on the results of the pilot study (Polit & Beck, 2008).

The interviews: Interviews were held in a room with an atmosphere that allowed the participants to communicate comfortably. The researcher sat at the same level with each participant and used effective listening strategies. The interviews were recorded with a voice recorder getting the

permission of participants. The reactions and behaviors of women during the interviews were recorded in the interview guide. Besides, brief reminder notes were taken by the researcher during the record. Each interview lasted approximately for 30 minutes. The women's names were kept confidential but given codes and the findings were reported in that manner.

Data analysis: Data were analyzed using thematic analysis framework (Braun & Clarke, 2006 p.87). The six phase process of thematic analysis was followed, which familiarizing data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. All data were coded by the authors and a specialist academician who was expert in qualitative research, independently.

Trustworthiness: The interviews were transcribed verbatim by the author as soon as possible after the interview. The women were requested to read the transcripts and necessary corrections were made basing on the women's comments. The results of the data analysis were presented in a descriptive narration and "direct quotations" were included in the findings. The data were translated from Turkish into English by a native language translator. Then, the accuracy and compliance of the translations were examined by the researcher in order to minimize the losses in translation in the women's answers and ensure the consistency in the thematic meanings. Regular meetings were held to discuss the analysis of the transcripts, compare the concluded thematic categories and ensure analytical rigor and agreed on the final themes (Graneheim & Lundman, 2004; Sanders & Crozier, 2018).

Ethical considerations: The study was conducted in accordance with the Declaration of Helsinki for experiments involving humans. Ethical approval was obtained from Duzce University Non-Interventional Health Research Ethics Board (approval number: 2019/134, date of approval: 25.06.2019). Written permission was also obtained from the Duzce Provincial Health Directorate in which the study was conducted. The women were informed about the study orally and in writing and their informed consents were obtained before each interview. The women were also informed that all definitive characteristics that emerge during the interview would be anonymous in the transcripts and their confidentiality would be protected, and the

information received from them would only be used for this study. The women were explained that they had the right to quit the research during any phase of the study.

Results

Participant characteristics: The ages of the twenty four women ranged from 19 to 35 years, with a mean age of 28.4 years [standard deviation 8.3 years]. The gestational ages of the women ranged from 28 to 40 weeks, with a mean gestational age of 34.3 weeks [standard deviation 4.7]. Half of the women were aged 25-30 years and were high school graduates. More than half of the women had a nuclear family, had an intermediate income status, were not employed, had been married for 1-5 years, and had planned pregnancies.

Qualitative findings: The qualitative findings were organized into three themes and eleven subthemes. First theme contained two subthemes and second theme contained seven subthemes, and last theme contained two subthemes. Women used the word "normal birth" to refer to "vaginal birth" and "cesarean" to refer to "C-section". Quotes supporting themes and subthemes were presented using a confidential coding system to maintain anonymity (W1 to W24).

Perception of birth: This themes focuses on how women perceive the birth. It included two sub-themes: "fears about childbirth and childbirth related problems" and "excitement: having a baby". Twenty women were found out to perceive the birth as "fear". Only four women were found out to perceive the birth as something to be excited. The women noted the presence of positive and negative feelings that influenced their perception of birth.

Fears about childbirth and childbirth related problems: Most women were found out to perceive the birth as "Fears about childbirth and childbirth related problems". While expressing their fear for labor pain, which they will experience for the first time, they emphasized the necessity of this pain for the childbirth. The women expressed fears about childbirth related problems such as death at birth, not being able to progress the birth, and unmet emotional needs, and fears of birth related procedures such as labor induction, episiotomy and stitch.

"As this is the first time, I am afraid of labor pain. Everyone is afraid of the unknown, as the labor pain is unknown to

me, I think it is thousand times as much as the period pain” W4.

“When the baby is ready, it will go out with the pain; the childbirth is only possible with the labor pain, so it is necessary. It is a severe pain, not easy of course, life is born from you. But, this pain makes me afraid” W7.

“I hesitate for surviving the birth or not, I am afraid of dying during the birth, I feel I may die. I am also not sure whether I can keep myself conscious at that time, if I lose my control due to panic and lose my conscious during the childbirth...God protect me if that happens, what if I cannot do the things said to me and I cannot deliver the baby, these make me afraid” W9.

“I am afraid when I think of the childbirth moment. I want to go to the hospital after suffering the pain at home, artificial pain is given if there is no opening from below. Waiting there with artificial labor pain is terrifying. Thinking of the incisions and sutures during the delivery... I am really afraid of the delivery due to these” W3.

Excitement: having a baby: Few women defined the birth as being rescued, meeting the baby, a new start and enthusiasm for having a baby.

“Birth is the excitement for meeting my baby, getting rid of the stress and having my baby... It makes me feel excited to live that moment with the birth” W18.

“I am excited, because I will give birth and hug my baby, meet my baby after waiting for 9 months, it is a new start. A new member comes to the family with the birth, it is different, difficult to describe, I think I would not change that exciting and happy moment if I were given everything” W21.

Reasons preference mode of birth: All of the women reported that they reached a decision and chose a mode of birth. Twenty one women decided to have vaginal births. Only three women wanted to have C-section. This themes was divided into seven sub-themes: the “healthy and natural”, “purification and regeneration”, “faster recovery”, “real motherhood”, “early interaction and breastfeeding”, “fears of postpartum pain

and surgery process” and the “safe and easy”. The women noted the presence of many factors that influenced their decisions.

Natural and difficult: Most women stated that the vaginal birth as suitable for the human nature, natural and healthy process. However, they also emphasized the difficulty of the vaginal birth due to labor pain.

“It is completely natural, natural way. We are created by the God as women endurable for this. When it is time for birth, the body gets ready naturally, the baby also struggles for the birth, and this is also the natural way for the baby” W2.

“Birth is a natural but extremely difficult process. Labor pain is a reality. Bearing that labor pain for the childbirth. This is the difficult part” W10.

Purification and regeneration: Most women expressed that the accumulations in the body were cleaned away with the vaginal birth and the organs were regenerated.

“I absolutely want to give normal birth because all cells and organs of the mother are regenerated with normal birth, I want to do normal birth as the body is regenerated” W5.

“The things accumulated in the body should be thrown away, so I prefer normal birth. You can’t even throw out the mess with cesarean... In normal birth, the whole body of the mother is cleaned” W12.

Faster recovery and self-sufficiency: It is also found out that another factor playing a role in the selection of women who prefer vaginal birth is fast recovery after birth and self-sufficiency and actively participating in the care of yourself and her baby.

“I want a normal birth to get up quickly after birth. Because you recover quickly after normal birth. Everything ends when you enter and leave the room. To continue my life as if nothing has happened, to take care of my baby, to do my own work” W15.

“When you have a normal birth, you can give birth in the morning and walk home in the evening. In the caesarean, you cannot even stand up for a month, they

say, may God protect anyone experience those pains” W6.

Real motherhood: Most women stated that they decided vaginal birth as the “becoming a real mother” and they would feel motherhood better with vaginal birth.

“I think I will understand the meaning of motherhood when I do vaginal birth, I mean giving birth naturally is part of being a real mother. The motherhood feeling will be different because there is labor pain, that difficulty is undergone. It is necessary to live that difficult moment to be a real mother” W13.

“You are numb with C-section, you feel nothing, and you do not taste the motherhood. Are the ones giving birth with C-section mother...? Real motherhood lies in that difficulty, normal mode of birth” W17.

Early interaction breastfeeding: Most women expressed that mother and baby interaction is earlier after vaginal birth, breastfeeding is possible right after the birth and this reinforces the maternal bonding.

“I want my baby near my side right after the birth, the baby is given to mother once the vaginal birth is finished, mother and baby interaction is earlier, therefore it is binding...” W20.

“I want to breastfeed right after birth, I can breastfeed as soon as the baby is born, and they say that breast milk does not come quickly in the cesarean, you cannot even recover right away, so breastfeeding or maternal bonding will be late” W22.

Fears of postpartum pain and surgery process: The majority of women stated that the pain after C-section will be more severe and long lasting and they preferred vaginal birth due to postpartum pain, incision and fear of stitch and they do not want a life-long suturing. Some women stated that they had the fear of being “half human” after C-section.

“I definitely want a normal birth because at that moment I feel the labor pain and then everything ends. You do not feel anything during the cesarean, but the postpartum pain is said to be very difficult” W7.

“You have labor pain in normal birth, but the pain stops when you give birth. I want a normal birth to avoid pain after the delivery. After cesarean, you constantly suffer from pain, I even saw those crying from pain” W19.

“I want a normal birth, no sutures in the abdomen. You are cut in the cesarean and layers of sutures are there, and then you live with a scar on your body for a lifetime. I do not want it” W23.

Safe and easy: Only three women wanted to have C-section. Women mostly stated that they preferred C-section due to the fear of not being able to endure labor pain, give birth and harm the baby. Accordingly, C-section is determined to be an option rarely chosen by women.

“They will make you numb in the cesarean, you will undergo the surgery and you will not remember anything. It is painless, easiest way to give birth and see my child” W24.

“What if I cannot give birth right away, cannot survive the birth, I heard that the baby might lack oxygen and have brain damage then I heard it. God protect us, I am afraid to risk my child, harm my baby, so I want cesarean to be safer” W9.

“I feel I may die if I do normal birth, like I cannot bear it, feel as if cannot do it, so I decided to have a cesarean” W13.

Decision-making process

This theme focuses on how relatives, friends-neighbors, internet, social media and health professionals affect women’s decisions about their mode of birth. It included two sub-themes: “experienced women and social media” and “health professionals.”

Experienced women and social media: The women stated that they could not get enough information and support from the health professionals about the mode of birth decisions and generally the ideas of their first degree relatives, friends and social media affect their decision on mode of birth. However, they stated that the information they received was different and contradictory, older women recommended normal birth, while young people mostly recommended C-section.

“Elderly relatives, neighbors around say that “give normal birth, never undergo caesarean, there is no need for incisions while there is the natural way, or else you will be half-woman” W8.

“I witnessed my sister’s vaginal birth. She had a very awful experience, she also tells, no one is with you, you are alone, there is no person to give a glass of water, everyone sees you while you are suffering, it is painful, choose caesarean, she says” W13.

“My mum tells the normal birth saying “how I gave birth to you”. The pain equals to the fracture of 27 bones, she says, which frightened me. So I do not want vaginal birth” W1.

“I watch birth videos on the internet, there are social media pages written by pregnant women. I follow them. Everyone wrote about their own experience, so it is confusing, but I can still learn many things from there. Women giving normal birth mostly recommend caesarean and women undergoing caesarean, recommend normal birth” W15.

Health professionals: The women stated that their routine follow-up was done by the health professionals during their prenatal care, however, they were not informed enough about their way of birth preferences, and they were hesitant to ask questions and needed more reliable information. They also stated that their doctor would make the final decision on the mode of birth.

“If my doctor recommends a caesarean section, I do a caesarean section, but if my doctor recommends a normal birth, I would not object, I say okay, they know the best” W11.

“I go to the controls, I am being followed up, but I would like to get more information from the doctors, midwives or nurses, you cannot ask or everything, you are hesitant, the more is told to me, the more information I have” W14.

“Doctor knows the best, I would like to learn from them and decide. We hear and learn most about birth from the mother, aunt or sister, it is traditional, everyone tells what they experienced” W3.

Discussion

This qualitative study was carried out to explore the nulliparous women’s perceptions of birth, experiences for mode of birth preference and decision-making processes. One of the main findings of the study is that the most women (n=20) perceive birth as “fear of childbirth”. The women expressed that they perceived the birth as fear because of “labor pain, losing control at birth, induction and procedures applied at birth”. In the qualitative study conducted by Kasai et al. (2010) on pregnant Brazilian women, it was determined that the majority of women perceived birth as “worry or fear”. The fear of childbirth is also emphasized in literature as a factor in increasing the cesarean rates on maternal request (Coates, Thirukumar, Spear, Brown, & Henry, 2019; Eide, Morken, & Bærøe, 2019; Faisal et al., 2014; Fenwick et al., 2010; Kasai et al., 2010; Stoll, Edmonds & Hall, 2015; Torloni et al., 2013). In Italy, where the highest cesarean rate in Europe is seen, fear of birth is one of the main reasons for preferring C-section by women (Torloni et al., 2013). In the qualitative study carried out by Takegata et al. (2018) on Japanese primiparas pregnant women, fear of childbirth was strongly associated with women’s preference for C-sections. In a study conducted multi-country, it was determined that women preferred caesarean mostly because of fear of birth (Ryding et al., 2016). In systematic review studies, fear of birth is detected to be one of the most important factors in increasing the rates of C-section on maternal request without medical indications (Coates et al., 2019; O’Donovan & O’Donovan, 2018). These results are important for indicating the effect of fear of childbirth in the decision making process of women. In this context, it is thought that informing and effective counseling by health providers, who provide the antenatal care oriented for reducing the fear of birth, will be effective in making a conscious decision for women about the mode of birth.

In the study, while the majority of women defined birth as fear because of “labor pain”, one of our striking findings was that the pain could be seen as something positive. Women stated that pain is an inevitable part of the delivery process and established a direct relationship between pain and being a real mother. Similarly, in a qualitative study conducted in Japan, women considered labor pain as part of the birth process and stated its necessity for transition to motherhood (Takegata et al., 2018). These

findings show that labor pain is also perceived positively especially in eastern cultures as it is considered a natural part of childbirth.

In the study, only four women perceived the birth as the source of “excitement of having a baby”. Giving birth is perceived as a fearful process by women as well as a source of excitement, self-realization and happiness. A study by Hauck et al. found the women who were consciously prepared for the birth process with a qualified antenatal care experience the excitement and happiness of their babies to be born and perceive the birth positively. (Hauck, Fenwick, Downie, & Butt, 2007). Therefore, it is thought that a comprehensive and qualified prenatal care presented in a holistic manner will contribute to perceiving the birth positively.

One of the main findings of the study is that almost all women preferred vaginal birth (n=21). In the quantitative studies carried out in Turkey, the proportion of women who preferred vaginal birth ranged from 78.8 to 93.2%, while the proportion of women who chose caesarean birth ranged from 6.8 to 9.2% (Sercekus, Cetisli, & İnci, 2015; Yuksel, Yuce, Kalafat, Aker, & Koc, 2016). These findings are important in terms of showing that Turkish women mostly prefer vaginal birth and the cesarean rates on maternal request were low. However, according to the TDHS 2018, during the last five years 54% of the deliveries by nulliparous women in Turkey and 52% of all births were realized with C-section, and these rates are still much higher than 15%, the rate recommended by WHO (WHO, 1985; TDHS 2018). These results are important in terms of showing that women cannot play an effective role in the decision-making process in our country.

In the present study, vaginal birth is defined as “healthy and natural”. Although women have contradictory beliefs and expectations about vaginal birth, they believe that it is necessary to face this challenge for “purification and regeneration, faster recovery and self-sufficiency, real motherhood, early maternal bonding and breastfeeding, fears of postpartum pain and surgery process”. In the qualitative studies carried out, it has been found out that Brazilian women prefer mostly vaginal birth because of quick recovery and it is natural, Argentinian women preferred vaginal birth as it is healthy and natural way of transition from womanhood to motherhood, Chinese women preferred vaginal

birth because of quick healing and as it is healthy (Gu et al., 2018; Kasai et al., 2010; Liu et al., 2013). In a meta-synthesis study, it was determined that women preferred vaginal birth mostly because it enhances maternal interactions, facilitates transition to motherhood and promotes health (Lundgren, Begley, Gross, & Bondas, 2012). The present study results is consistent with studies in the literature.

In the study, only three out of the 24 women preferred C-section and they defined this mode of birth as “safe and easy”. Those women mostly thought C-section as safe and easy because of the “anxiety for not being able to stand the labor pain, harm the baby and fear of death”. In the studies conducted in Turkey, it was determined that mainly reasons of maternal request for a C-Section were fear of childbirth, not putting the baby at risk and unwillingness to feel the pain (Atan et al. 2013; Boz, Teskereci, & Akman, 2016; Sahlin, Carlander-Klint, Hildingsson, & Wiklund, 2013; Sercekus et al., 2015). In a systematic review study; fear of childbirth, fear of labor pain, anxiety for loss of control, anxiety for fetal injury-death, anxiety for lack of support from the staff are determined to be main reasons for C-section on maternal request (Jenabi et al., 2019).

There are many factors that can be directing women in determining the mode of birth and their preferences (Hinton, Dumelow, Rowe, & Hollowell, 2018; Liu et al., 2013; Long et al., 2018; Torloni et al., 2013). In the study, it was revealed that the women’s decisions about the mode of birth were mostly affected by experienced women around them and the use of social media. However, it was emphasized that most information learned from the experienced women or social media could be confusing. Similarly, in a systematic review, it was determined that the most common sources of information used by women during the decision making process about the mode of form were birth stories of first-degree relatives and close friends, but they were confusing (Long et al., 2018). These results reveal the necessity of informing women adequately by the right sources, encouraging them for conscious and active participation in the shared decision-making process.

In the present study, women stated that they wanted to make a shared decision the mode of birth with the health providers, but the final

decision about the birth mode should be made by the doctor. It is thought that this finding stemmed from the fact that adequate information and counseling services were not provided to women about the mode of birth by health providers and that women did not consider themselves well informed about modes of birth. In quantitative studies carried out in Turkey, it was seen that although the majority of women (77.4-93.2%) preferred vaginal birth, their doctors decided (68.6-90.2%) about the mode of birth (Akarsu & Mucuk, 2014; Atan et al., 2013; Yasar, Sahin, Cosar, Koken, & Cevrioglu, 2007; Yuksel et al., 2016). In a systematic review, it was determined that women expected to be well informed about the birth and mode of birth preferences, get individualized care and the health providers to be accessible (Sanders & Crozier, 2018). These results are important for women to use their autonomies and make conscious decisions, and reveal the need for providing the support required by women.

Conclusion: The results of the present qualitative study show the significance of revealing of nulliparous Turkish women' birth perception and mode of birth preferences in determining their unmet needs and including them in a shared decision-making process. In addition to these, the necessity for a quality perinatal care is revealed in order to reduce the fear of birth, to provide a positive birth perception and to decrease rate of C-sections on maternal request. In this regard, it is recommended that adequate and accurate information about the birth and birth modes should be provided to women by the health providers from the prenatal period in order to encourage conscious and active participation in the shared decision-making process, and provide effective counseling to women about the birth and mode of birth.

References

- Akarsu, R. H., & Mucuk, S. (2014). Turkish women's opinions about cesarean delivery. *Pakistan Journal of Medical Sciences*, 30(6), 1308-1313.
- American College of Obstetricians and Gynecologists (ACOG), 2019. Committee on Obstetric Practice. Cesarean Delivery on Maternal Request. *Obstetrics Gynecology*, 133 (1), e73-e77
- American College of Obstetricians and Gynecologists (ACOG), 2016. Safe Prevention of the Primary Cesarean Delivery. *Obstetric Care Consensus No.1*.
- Atan, S. U., Duran, E. T., Kavlak, O., Donmez, S., & Sevil, U. (2013). Spontaneous vaginal delivery or caesarean section? What do Turkish women think? *International Journal of Nursing Practice* 19(1), 1-7.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Boz, I., Teskereci, G., & Akman, G. (2016). How did you choose a mode of birth? Experiences of nulliparous women from Turkey. *Women and Birth*, 29, 359-367.
- Coates, D., Thirukumar, P., Spear, V., Brown, G., & Henry, A. (2019). What are women's mode of birth preferences and why? A systematic scoping review. *Women and Birth*, 1-11.
- Collingridge, D. S., & Gantt, E. E. (2008). The quality of qualitative research. *American Journal of Medical Quality*, 23, 389-395.
- Eide, T. K., Morken, N. H., & Bærøe, K. (2019). Maternal reasons for requesting planned cesarean section in Norway: A qualitative study. *BMC Pregnancy and Childbirth*, 19, 102, 1-10.
- Faisal, I., Matinnia, N., Hejar, A. R., & Khodakarami, Z., (2014). Why do primigravidae request caesarean section in a normal pregnancy? A qualitative study in Iran. *Midwifery*, 30(2), 227-233.
- Fenwick, J., Staff, L., Gamble J, Creedy D. K., & Bayes, S. (2010). Why do women request caesarean section in a normal, healthy first pregnancy? *Midwifery*, 26(4), 394-400.
- Graneheim, U. H., & Lundman, B. (2004). Content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105-112.
- Gu, C., Zhu, X., Ding, Y., Simonen, S., Wang, X., Tao, H., & Zhang, Y. (2018). A qualitative study of nulliparous women's decision making on mode of delivery under China's two-child policy. *Midwifery*, 62, 6-13.
- Hatamleh, R., Abujilban, S., Al-Shraideh, J. A., & Abuhammad, S. (2019). Maternal request for cesarian birth without medical indication in a group of healthy women: A qualitative study in Jordan. *Midwifery*, 79, 102543.
- Hauck, Y., Fenwick, J., Downie, J., & Butt, J. (2007). The influence of childbirth expectations on Western Australian women's perceptions of their birth experience. *Midwifery*, 23(3), 235-247.
- Hinton, L., Dumelow, C., Rowe, R., & Hollowell, J. (2018). Birthplace choices: what are the information needs of women when choosing where to give birth in England? A qualitative study using online and face to face focus groups. *BMC Pregnancy Childbirth*, 18(1), 1-15.
- Jenabi, E., Khazaei, S., Bashirian, S., Aghababaei, S., & Matinnia, N. (2019). Reasons for elective cesarean section on maternal request: a systematic review. *The Journal of Maternal-Fetal & Neonatal Medicine*, 8, 1-6.

- Kasai, K. E., Nomura, R. M. Y., Benute, G. R. G., DeLucia, M. C. S., & Zugaib, M. (2010). Women's opinions about mode of birth in Brazil: a qualitative study in a public teaching hospital. *Midwifery*, 26(3), 319–326.
- Liu, N. H., Mazzoni, A., Zamberlin, N., Colomar, M., Chang, O. H., Arnaud, L., Althabe, F., & Belizán, J. M. (2013). Preferences for mode of delivery in nulliparous Argentinean women: a qualitative study. *Reproductive Health*, 10(1), 2–8.
- Long, Q., Kingdon, C., Yang, F., Renecke, M. D., Jahanfar, S., Bohren, M. A., & Betran, A. P. (2018). Prevalence of and reasons for women's, family members', and health professionals' preferences for cesarean section in China: A mixed-methods systematic review. *PLoS Medicine*, 15(10), 1-25.
- Lundgren, I., Begley, C., Gross, M. M., & Bondas, T. (2012). Groping through the fog': a metasynthesis of women's experiences on VBAC (Vaginal birth after Caesarean section). *BMC Pregnancy Childbirth*, 12(85), 1-11.
- Mazzoni, A., Althabe, F., Liu, N., Bonotti, A., Gibbons, L., Sanchez, A., & Belizan, J. (2011). Women's preference for caesarean section: A systematic review and meta-analysis of observational studies. *BJOG: An International Journal of Obstetrics & Gynaecology*, 118, 391–399.
- O'Donovan, C., & O'Donovan, J. (2018). Why do women request an elective cesarean delivery for non-medical reasons? A systematic review of the qualitative literature. *Birth* 45(2), 109-119.
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: generating and assessing evidence for evidence-based Practice*. 8th Edition, Philadelphia: Wolters Kluwer Health/Lippincott Williams and Wilkins.
- Ryding, E. L., Lukasse, M., Kristjansdottir, H., Steingrimsdottir, T., Schei, B., & Bidens study group. (2016). Pregnant women's preference for cesarean section and subsequent mode of birth: a six-country cohort study. *Journal of Psychosomatic Obstetrics & Gynecology*. 37(3), 75-83.
- Sahlin, M., Carlander-Klint, A. K., Hildingsson, I., & Wiklund, I. (2013). First-time mothers' wish for a planned caesarean section: deeply rooted emotions. *Midwifery*, 29 (5), 447–445.
- Sanders, R. A., & Crozier, K. (2018). How do informal information sources influence women's decision-making for birth? A meta-synthesis of qualitative studies. *BMC Pregnancy Childbirth*. 18(21), 1-26.
- Sercekus, P., Cetisli, N. E., & İnci, F. H. (2015). Birth preferences by nulliparous women and their partners in Turkey. *Sexual & Reproductive HealthCare*, 6, 182–185.
- Shahoei, R., Rezaei, M., Ranaei, F., Khosravy, F., & Zaheri, F. (2014). Kurdish women's preference for mode of birth: A qualitative study. *International Journal of Nursing Practice*, 20, 302–309.
- Stoll, K., Edmonds, J.K., & Hall, W. A., (2015). Fear of childbirth and preference for cesarean delivery among young American women before childbirth: A survey study. *Birth*, 42(3), 270-276.
- Sundler, A. J., Lindberg, E., Nilsson, C., & Palmér, L., (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, 6, 733–739.
- Takegata, M., Haruna, M., Morikawa, M., Yonezawa, K., Komada, M., & Severinsson, E., (2018). Qualitative exploration of fear of childbirth and preferences for mode of birth among Japanese primiparas. *Nursing & Health Sciences*, 20, 338–345.
- Torloni, M.R., Betrán, A.P., Montilla, P., Sclaro, E., Seuc, A., Mazzoni, A., Althabe, F., Merzagora, F., Donzelli, G.P., & Merialdi, M. (2013). Do Italian women prefer cesarean section? Results from a survey on mode of delivery preferences. *BMC Pregnancy and Childbirth*, 13(78), 1-8.
- Organisation for Economic Co-operation and Development (OECD), 2019. OECD Health Statistics 2019. Caesarean sections. Retrieved from: <https://data.oecd.org/healthcare/caesarean-sections.htm>
- Hacettepe University Institute of Population Studies. 2019. 2018 Turkey Demographic and Health Survey. Hacettepe University Institute of Population Studies, T.R. Presidency of Turkey Directorate of Strategy and Budget and TÜBİTAK, Ankara, Turkey.
- Turkish Ministry of Health, General Directorate of Mother and Child Health and Family Planning. (2010) Birth and Cesarean Action Management Guide. Ankara, Turkey: Damla Printing.
- World Health Organization (WHO), 2015. WHO Statement on Caesarean Section Rates Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/161442/WHO_RHR_15.02_eng.pdf?sequence=1
- World Health Organization (WHO), 1985. Appropriate technology for birth. *Lancet*, 24, 2(8452), 436-437.
- Yasar, O., Sahin F. K., Cosar, E., Koken, N. G., & Cevrioglu A. S. (2007). Birth Method choices of primipar women and the factors which have an effect on these choices. *Turkiye Klinikleri Gynecology Obstetrics*, 17, 414-420.
- Yuksel, D., Yuce, T., Kalafat, E., Aker, S. S., & Koc, A. (2016). The views of nulliparous pregnant women on the types of delivery. *Turkish Journal of Obstetrics and Gynecology*, 13, 127-131.