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Araştırma Makalesi/ Research Article

Traumatic Birth Perception in Women of Reproductive Age and Influencing Factors

Doğurgan Çağdaki Kadınlarda Travmatik Doğum Algısı ve Etkileyen Faktörler

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ABSTRACT

Objective: The aim of this study was to determine the level of traumatic birth perception in women of reproductive age and the influencing factors.

Methods: This descriptive and cross-sectional study was carried out between October 1st, 2020 and November 31st, 2020 on 1090 women, who were selected using the snowball sampling method among the women not pregnant, that live in Turkey and who agreed to participate in the study through an online survey shared on the social network and social media. The research data were obtained using the demographic questionnaire prepared in accordance with the relevant literature and the Traumatic Birth Perception Scale (TBPS).

Results: The mean score of TBPS of women was 63.78±30.04. It has been determined that variables and factors such as level of income, marital status, employment status, place of residence, status of having given birth, status of being afraid of giving birth, own mother's experience of giving birth, status of having had heard about a birth experience that went bad, and status of having had witnessed a vaginal delivery and/or cesarean delivery all affect the perception of traumatic birth ($p<0.05$).

Conclusion: It was found as a result of the study that women had a moderate traumatic birth perception. The primary goal of healthcare professionals should be to prevent the occurrence of traumatic births, and in the event that traumatic birth cannot be prevented, to provide support to the women who went through traumatic birth experiences so that they can overcome this process without any problems.

Keywords: Traumatic birth, birth perception, fertility

ÖZ

Amaç: Bu araştırma, doğurgan çağdaki kadınlarda travmatik doğum algısı düzeyini ve etkileyen faktörlerin belirlenmesi amacıyla yapılmıştır.

Yöntem: Tanımlayıcı ve kesitsel tipteki çalışmaya, Türkiye'de yaşayan ve çalışmaya katılmayı kabul eden ve gebe olmayan 1090 kadın, kartopu örnekleme yöntemi ile 1 Ekim- 31 Kasım 2020 tarihleri arasında alınmıştır. Çalışmanın verileri sosyal paylaşım sitesi ve sosyal paylaşım ağı üzerinden çevirim içi anket ile toplanmıştır. Veriler, ilgili literatür doğrultusunda hazırlanmış olan demografik soru formu ve Travmatik Doğum Algısı Ölçeği (TDAÖ) ile elde edilmiştir.

Bulgular: Kadınların TDAÖ puan ortalaması 63.78±30.04 bulunmuştur. Kadınların, gelir düzeyi, medeni durum, çalışma durumu, yaşadıkları yer, doğum yapma durumu, doğumdan korkma durumu, annesinin doğum hikâyesinin nasıl olduğu, kötü doğum hikâyesi duyma durumu, vajinal ve sezaryen doğuma tanık olma durumlarının travmatik doğum algısını etkilediği tespit edilmiştir.

Sonuç: Kadınların orta düzeyde travmatik doğum algısına sahip oldukları saptanmıştır. Sağlık profesyonellerinin birincil amacı travmatik doğumların oluşması önlenmek olmalıdır. Eğer travmatik doğum önlenememişse kadının bu süreci sorunsuz anlatabilmesi için destek olunmalı ve doğum sonu bakımla olumsuz doğum algısı olumluya dönüştürülmelidir.

Anahtar Kelimeler: Travmatik doğum, doğum algısı, doğurganlık.

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Introduction

It is important for a woman to embrace her pregnancy and the role of motherhood during the pregnancy period, which is one of the most significant periods in a woman's life (Eswi and Khalil, 2012). Many women perceive the experience of giving birth as a positive life experience that empowers them and help them to grow, but there are also some that perceive it as a negative life experience (Henriksen et al., 2017).

"Traumatic birth perception" is the woman's perception of labour as a threat of death or injury for the baby and herself (Reed et al., 2017). Primary factors that cause women to have negative birth experiences are; inadequate or incorrect information about labour and its complications (Henriksen et al., 2017), lack of social support during pregnancy or delivery (Chadwick et al., 2014; Ford and Ayers, 2009), interventions at birth, perception of lack of control during labour (Howarth et al., 2011), embarrassment during vaginal examination (Walburg et al., 2014), inability to participate in decision-making mechanisms at birth and the birth environment (Lally et al., 2008), insufficient quality of intrapartum care and incompetent empathic communication skills of healthcare workers (Aktaş and Pasinlioğlu, 2017; Chadwick et al., 2014; Henriksen et al., 2017; Walburg et al., 2014).

Perceptions about birth depend on environmental, cultural and personal factors. Negative expectations of the woman about birth cause her to perceive herself weak and negatively affect her maternal health, self-efficacy and perception of her body (Aslan and Okumuş, 2017). Birth is a part of the continuum from the past to the future and is passed down between generations (Yehuda et al., 2016). Past birth experiences affect future birth experiences. In this context, it has been reported in the literature that any negative birth experiences that have occurred in the past cause traumatic births (Mongan, 2012; Garthus-Niegel et al., 2013). According to this theory, a trauma experienced by a family member is likely to be observed in other family members that were born later, indicating that trauma poses a risk for the next generations as well (Yehuda et al., 2016).

The birthing process is a situation that requires the involvement of a team of healthcare professionals, e.g., gynecologists and obstetricians, midwives, nurses, psychologists and social workers, working in harmony. A traumatic birth concerns all of the healthcare professionals included in this team. For this reason, members of this team should communicate well with each other, respect each other, and first and foremost, rid themselves of any negative feelings about birth. Nurses, who are part of this team, have important roles and responsibilities in recognizing, evaluating, and taking necessary precautions for, the risk factors related to traumatic birth both during pregnancy and postpartum periods (Simpson and Catling, 2016; Yalnız and Etki, 2019).

Traumatic birth is an important matter that needs to be addressed by healthcare professionals. The nurse should be aware of the woman who he/she thinks is at risk in terms of traumatic delivery, and facilitate her adaptation to pregnancy. In addition, the nurse should take some precautions such as providing supportive care to prevent traumatic birth, sharing his/her birth experiences, re-evaluating any negative birth experiences, and providing correct and adequate guidance (İspir and İnci, 2014).

The aim of this study is to determine the level of traumatic birth perception in women of reproductive age and the influencing factors, in order to heighten the awareness of midwives and nurses about the importance of this situation that affects women's lives and raise the awareness of the women in order to contribute to women's health, mother-baby health and public health.

Material and Method

The type and location of the research

This descriptive and cross-sectional study was carried out between October 1st, 2020 and November 31st, 2020. The research was carried out as an online survey on social networks.

Population and sample of the research

According to the data of the Turkish Statistical Institute (2020), the number of women between the ages of 18 and 49 living in Turkey is 18.572.964 (TUIK, 2020). In sample selection: a sample calculation formula with a known universe (99% confidence interval, 5% margin of error, 50% incidence) was used. According to the calculation result, the sample size was determined as 664. The sample of the study is 1090 women between the ages of 18 and 49, who live in Turkey, not pregnant, speak and understand Turkish, and who agreed to participate in the study, through an online survey shared on the social network and social media.

Data collection tools

The data collection form was prepared as an online questionnaire, with each participant participating only once.

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The research data were obtained using the demographic questionnaire and the Traumatic Birth Perception Scale (TBPS). The demographic questionnaire consists of 12 questions which include questions about introductory features and obstetric information.

The traumatic Birth Perception Scale (TBPS) is a 13-item measurement tool developed by Yalnız et al. (2016) to determine the perception of traumatic birth. The scale is a rating scale that is scored between 1 and 10, with 1 point being the lowest and 10 points being the highest score that can be given. The total scale score is calculated by adding the scores obtained from each item. The higher the scale score, the higher the level of perceiving birth as a traumatic event. The total scale score can be 0 points at the lowest and 130 points at the highest. Scale scores between 0-26, 27- 52, 53-78, 79-104, and 105-130 points indicate "very low", "low", "moderate", "high" and "very high" traumatic birth perceptions, respectively (Yalnız et al., 2016). The Cronbach alpha reliability coefficient of the original form of the scale was found to be 0,90, whereas the Cronbach alpha value obtained in this study was found as 0,91.

Evaluation of data

The research data were analyzed using the SPSS (Statistical Package for Social Sciences) for Windows 24.0 software, reported as numbers, percentages, mean values, standard deviation values, median values, minimum values, and maximum values, and evaluated using independent sample t-test, analysis of variance (ANOVA) test and Spearman correlation analysis, and $p<0,05$ values were accepted as statistically significant.

Results

The demographic characteristics of the women included in the study are shown in Table 1. The mean age of women was calculated as 29.21 ± 8.58 (min: 18, max: 49). It has been determined that 80.6% of the women had either an undergraduate or postgraduate degree, that 71.1% of them had an income that is equivalent to their expenses, that 53.9% of them were single, that 55.9% of them were employed, and that 79.7% of them were living in a city.

Table 1. Distribution of the women by socio-demographic characteristics

Variables	Woman Participated in the Study	n	%
Mean age	29.21±8.58 (min:18, max:49)	1090	100
Educational level	Primary education	52	4.8
	Secondary education	159	14.6
	Undergraduate/postgraduate education	879	80.6
Level of income	An insufficient income	184	16.9
	An income equivalent to the expenses	775	71.1
	A more than sufficient income	131	12.0
Marital status	Married	502	46.1
	Single	588	53.9
Employment status	Employed	609	55.9
	Unemployed	481	44.1
Place of residence	Village / Town / District	221	20.3
	City	869	79.7
	Total	**1090**	**100.0**

The distribution of answers to the questions about delivery is shown in Table 2. It was determined that 63.6% of the women included in the study did not give birth before and that 37.3% of them were not afraid of giving birth. 23.1% of the women spoke about the negative birth experiences their mothers went through, and 73.9% of them said that they had heard about a bad birth story from their friends or relatives. 51% of the women stated that they had witnessed a vaginal delivery, whereas 43.1% stated that they had witnessed a cesarean delivery.

The mean scale score obtained by the women who participated in the study is shown in Table 3. The mean scale score of TBPS was found as 63.78 ± 30.04. The comparison of the mean scale scores based on the demographic characteristics of the women who participated in the study is shown in Table 3.

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Table 2. Distribution of the answers provided by the women to the questions about delivery

Variables	Woman Participated in the Study	n	%
Status of having given a birth	did not give birth before	693	63.6
	gave birth by vaginal delivery	123	11.3
	gave birth by cesarean section	234	21.5
	gave births by vaginal delivery and cesarean section	40	3.7
Status of being afraid of giving birth	not afraid	407	37.3
	afraid of vaginal delivery	235	21.6
	afraid of cesarean section	46	4.2
	afraid of any type of delivery	402	36.9
Own mother's experience of giving birth	did not tell	158	14.5
	positive	326	29.9
	negative	252	23.1
	neither positive nor negative	354	32.5
Status of having heard about a bad birth experience from friends or relatives	did hear	806	73.9
	did not hear	284	26.1
Status of having witnessed a vaginal delivery	Yes	556	51.0
	No	534	49.0
Status of having witnessed a cesarean delivery	Yes	470	43.1
	No	620	56.9
	Total	**1060**	**100.0**

No statistically significant difference was found between the education level and the mean scale score (p> 0.05), whereas significant differences were found between the other variables, which are level of income, marital status, employment status and place of residence, and TBPS score (p <0.05). The traumatic birth perception was found to be higher among the women, whose income were insufficient, who were single, employed and living in a village/town/district.

The comparison of the mean scale scores on the basis of the answers provided by the women for the questions about delivery is shown in Table 4. Statistically significant differences were found between the status of having given birth, status of being afraid of giving birth, own mother's experience of giving birth, the status of having heard about a birth experience that went bad, and status of having had witnessed a vaginal delivery and/or caesarean delivery, and the TBPS score (p<0.05).

Table 3. Comparison of the mean scale scores on the basis of the demographic characteristics of the women

Variables		n	Mean±Sd	Test p
Traumatic Birth Perception Scale (min: 0, max: 130)			63.78±30.04	
Educational level	Primary education	52	66.59±32.87	F: 0.791 p: 0.454
	Secondary education	159	65.95±30.25	
	Undergraduate/postgraduate education	879	63.23±29.84	
Level of income	An insufficient income [a]	184	71.89±31.27	**F: 8.748 p: 0.001 a>b>c**
	An income equivalent to the expenses[b]	775	62.58±29.65	
	A more than sufficient income [c]	131	59.55±28.77	
Marital status	Married	502	59.07±31.26	**t: -4.831 p: 0.001**
	Single	588	67.81±28.37	
Employment status	Employed	609	69.88±28.56	**t: 6.054 p: 0.001**
	Unemployed	481	58.97±30.33	
Place of residence	Village / Town / District	221	67.44±29.34	**t: 2.030 p: 0.043**
	City	869	62.85±30.16	

F: ANOVA test, t: Independent sample t-test, Sd:Standard deviation

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Moreover, traumatic birth perceptions of women who did not give birth before, who were afraid of giving birth no matter the type of delivery, who did not know about their mothers' experience of giving birth, who had heard about a birth experience that went bad, and who did not witness a vaginal delivery, or a cesarean delivery were found to be more negative than others.

A weak negative correlation was found between the mean age of the women and the TBPS scores ($p < 0.05$) (Table 5). The traumatic birth perception was found to decrease as the age of women increased.

Table 4. Comparison of the mean scale scores on the basis of the answers provided by the women for the questions about delivery

Variables		n	Mean±Sd	Test p
Status of having had given a birth	Did not give birth before [a]	693	66.82±28.47	**F: 14.943 p: 0.001 a>c>d**
	Gave birth by vaginal delivery [b]	123	47.84±31.07	
	Gave birth by cesarean section [c]	234	64.16±30.98	
	Gave births by vaginal delivery and cesarean section [d]	40	58.10±32.56	
Status of being afraid of giving birth	Not afraid [a]	407	40.34±24.64	**F: 235.614 p: 0.001 d>b>c**
	Afraid of vaginal delivery [b]	235	71.17±22.73	
	Afraid of cesarean section [c]	46	64.10±23.80	
	Afraid of any type of delivery [d]	402	83.17±22.46	
Own mother's experience of giving birth	Did not tell [a]	158	70.85±31.99	**F: 11.430 p: 0.001 a> c> d**
	Positive [b]	326	56.14±29.49	
	Negative [c]	252	66.28±29.11	
	Neither positive nor negative [d]	354	65.90±28.98	
Status of having heard about a bad birth experience from friends or relatives	Did hear	806	65.14±29.86	**t: 2.506 p: 0.012**
	Did not hear	284	59.95±30.28	
Status of having witnessed a vaginal delivery	Yes	556	58.99±30.07	**t: -5.445 p: 0.001**
	No	534	68.78±29.21	
Status of having witnessed a cesarean delivery	Yes	470	60.00±29.12	**t: -3.638 p: 0.001**
	No	620	66.65±30.43	

F: ANOVA test, t: Independent sample t-test, Sd: Standard deviation

Table 5. Correlation between the mean scale scores based on the ages of women

Variables		Traumatic Birth Perception Scale Total Score
Mean age of the women	**r_s**	-0.224
	p	**0.001**

r_s: Spearman correlation

Discussion

This study was conducted to determine the level of traumatic birth perception in women of reproductive age and the influencing factors. It is aimed with this study to contribute to the literature on perception of traumatic birth and influencing factors. Giving birth is a very important and unique experience for a woman and is seen as a positive life-changing event both for the woman giving birth and her family. On the other hand, it is also accepted that the birthing process is a critical process in terms of psychological adaptation and that it has the potential to accelerate the development of mental health problems (Borg Cunen et al., 2014).

As a result of this study, women had a moderate traumatic birth perception (Table 3). This result indicates that the women who participated in the study had a moderate traumatic birth perception. It was thought that the fact that almost half of the women (36.4%) who participated in the study had a previous birth experience and that 23.1% had heard a negative birth story from their mother may have affected this result. There are studies available in the literature, in which it has been reported that women

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had a moderate traumatic birth perception, supporting the results of our study. The mean TBPS scores reported in some of these studies, namely the studies of Bay and Sayıner (2021), Aktaş (2018) and Yalnız Dilcen et al., (2022), were 63.45±28.116, 70.57±1.89, and 61.22±14.55, respectively. Additionally, in the study of Yılmaz Et al. (2021), the total score of TBPS was found as 64.57 ± 31.48 (Yılmaz et al., 2021). In a study conducted in Iran, the mean TBPS score of women in the first month postpartum was 63.45 ± 28.11 (Henriksen et al., 2017).

It has been suggested that demographic factors, such as advanced age and higher educational level, are associated with a high level of satisfaction during pregnancy and birth (Michels et al., 2013; Yalnız Dilcen et al., 2022). In addition, it is known that the low level of income, low educational level and lack of social support in women predispose to physical and mental health problems (Mermer et al., 2010). In this study, no statistically significant difference was found between the educational level of the women and the TBPS; however significant differences were found between other variables, such as level of income, marital status, employment status and place of residence, investigated in this study, and the TBPS score. Traumatic birth perception was found to be higher among women, whose income is less than their expenses and thus insufficient, who are single, who are employed, and who live in a village/town/district (Table 3). This result was interpreted as the women with a low level of income, with no social status, and living in smaller settlements perceiving birth as a more terrifying experience and adopting the myths about fear of birth more than other women. The results of some of the studies available in the literature overlap with the results of our study, whereas there are also other studies, the results of which differ from the results of our study. It is thought that the fact that different results were performed in pregnant women and women in the postpartum period affected the results.

To name a few examples; Güleç et al. (2014) reported that fear of birth is associated with level of income (Güleç et al., 2014); Yalnız Dilcen et al., (2022) reported that as the educational level increases, the traumatic birth perception of pregnant women decreases. Bay and Sayıner (2021) reported that they found a significant difference between the level of income and the perception of traumatic birth, but not between other variables, such as marital status, educational level, and employment status, and the perception of traumatic birth (Bay and Sayıner, 2021); whereas Türkmen et al. (2021) reported that they did not find a significant difference between the educational level, type of family, employment status, level of income, and the perception of traumatic birth.

Past experiences affect future experiences, hence a number of negativities experienced in the past turn labour into a traumatic experience (Mongan, 2012; Garthus-Niegel et al., 2013). It has been argued that the traumatic events experienced are not limited to the person who experienced these traumatic events, but can affect the other people around the said person, and even the next generations (Aydın and Yıldız, 2018). According to the theory of intergenerational transmission of trauma, the effects of traumatic experiences experienced by a family member can also be observed in other family members born later (Danieli, 1998), which implies that trauma poses a risk not just for those who are directly exposed to trauma, but also for the next generations (Hocaoğlu Uzunkaya and Yılmaz, 2021). In this study, a statistically significant difference was found between status of having given birth, status of being afraid of giving birth, own mother's experience of giving birth, status of having heard about a birth experience that went bad, and status of having had witnessed a vaginal delivery and/or cesarean delivery, and the TBPS score. Moreover, traumatic birth perceptions of women who did not give birth before, who were afraid of giving birth no matter the type of delivery, who did not know about their mothers' experience of giving birth, who had heard about a birth experience that went bad, and who did not witness a vaginal delivery or a cesarean delivery were found to be more negative than others. These results indicate that the traumatic birth perception of the women, who had not given birth before and had witnessed births that went bad are worse than other women. It is natural to fear the unknown. In addition, stories passed down from generation to generation also affect the perceptions of individuals. It has been reported that the stories about traumatic birth experiences told by the elders of the family and the stories about bad birth experiences heard from kith and kin are embedded in the subconsciousness of the mother-to-be women and predispose their consciousness to the fear of giving birth (Nilsson et al., 2013).

Concordantly, in Şahin's (2020) study, it was found that the traumatic birth perception was lower in pregnant women whose mothers had a "positive" birth experience as narrated by their mothers.

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Contrary to the results reported in this study, Türkmen et al. (2021) reported that the number of past pregnancies, previous birth experiences, risky pregnancies, and stories about cases of troublesome births and deaths in the family did not affect the perceptions of traumatic birth. Additionally, in Aktaş's (2018) study, it has been demonstrated that women's previous experiences affect their perception of traumatic birth, whereas in the study of Bay and Sayıner (2021), it has been claimed that the number of past pregnancies and the status of having health problems during pregnancy are not related to the perception of traumatic birth (Bay and Sayıner, 2021).

A weak negative correlation was found between the mean age of the women and the TBPS scores. The traumatic birth perception was found to decrease as the age of women increased. This result suggests that the perception of traumatic birth in women of advanced ages is lower than the younger women since it is more likely that the older women have already had at least one pregnancy. Along the same lines, in Aktaş's study, it has been reported that being at a young age negatively affects the perception of traumatic birth (Aktaş, 2018).

Conclusion and Recommendations

In conclusion, it was found as a result of the study that women had a moderate traumatic birth perception, and that variables and factors such as level of income, marital status, employment status, place of residence, status of having had given birth, status of being afraid of giving birth, own mother's experience of giving birth, status of having had heard about a birth experience that went bad, and status of having had witnessed a vaginal delivery and/or caesarean delivery all affect the perception of traumatic birth. Midwives and nurses can plan training to reduce/eliminate the perception of traumatic birth in women and to deal with the fear of childbirth. In addition, it is thought that ensuring the participation of pregnant women in pregnancy education schools and informing them about the birth process can help reduce the perception of traumatic birth.

Limitations of the Study

The study is based on the reports of the participants.

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Ethics Committee Approval: Prior to the data collection process, the study was approved by the Ethics Committee of the University (Date: 21/10/2020, No.: 12) and consents of the women who participated in the study were obtained online prior to the study. They were told that participation was voluntary, and their written informed consent was taken before the study. “All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.”

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What did the study add to the literature?

- It was found as a result of the study that women had a moderate traumatic birth perception.
- The variables and factors such as level of income, marital status, employment status, place of residence, status of having given birth, status of being afraid of giving birth, own mother's experience of giving birth, status of having had heard about a birth experience that went bad, and status of having had witnessed a vaginal delivery and/or cesarean delivery all affect the perception of traumatic birth.
- Traumatic birth is an important matter that needs to be addressed by healthcare professionals.

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