JBACHS
Journal of Basic and Clinical Health Sciences

J Basic Clin Health Sci 2023; 7: 608-617
https://doi.org/10.30621/jbachs.1133579
RESEARCH ARTICLE

THE RELATIONSHIP BETWEEN THE LIFE QUALITY BASED ON PREGNANCY COMPLAINTS AND MATERNITY ROLE AND ACCEPTANCE OF PREGNANCY

Tuba Enise Benli[1], Sümeyye Altıparmak[1], Yeşim Aksoy Derya[1]

[1] Faculty of Health Sciences, Department of Midwifery, Inonu University, Malatya, Turkey

ORCID: T.E.B. 0000-0002-6087-2199; S.A. 0000-0002-4759-1210; Y.A.D. 0000-0002-3140-2286

Corresponding author: Tuba Enise Benli, **E-mail:** tugba.benli@inonu.edu.tr
Received: 21.06.2022; **Accepted:** 17.02.2023; **Available Online Date:** 31.05.2023

Cite this article as: Benli TE, Altıparmak S, Aksoy-Derya Y. The Relationship Between The Life Quality Based on Pregnancy Complaints and Maternity Role and Acceptance of Pregnancy. J Basic Clin Health Sci 2023; 7: 608-617.

ABSTRACT

Purpose: The purpose of this study was to determine the relationship between life quality based on pregnancy complaints and maternity role and pregnancy acceptance.
Material and Methods: The sampling for the research featuring a cross-sectional design comprised 284 pregnant women who applied to the pregnant training class of a state hospital. Data were collected by "Personal Information Form", "Acceptance of Maternity Role" and "Acceptance of Pregnancy" sub-dimensions of the Prenatal Self-evaluation Scale and "Scale for Pregnancy Complaints and Their Impact on the Life Quality (SPCILQ)". Descriptive statistics and Pearson Relationship Analysis were used in the analysis of the data.
Results: The age average of pregnant women is 28.27±5.14, it was found that 33.8% of the pregnant women are high-school graduates, 79.8% are housewife, 86.6% have a moderate economic status, 84.2% have elementary family. The average pregnancy week of the pregnant is 31.98±8.16, the average pregnancy number is 1.60±0.48. It was determined that 78.2% of the pregnant women have a desired/planned pregnancy, 45.4% get information from physician, 41.5% get information from midwife in the prenatal controls regarding the complaints experienced in the pregnancy. The point average which the pregnant women took from the sub-dimension of the Acceptance of Maternity Role is 37.72±4.07; the point average they took from the sub-dimension of the Acceptance of Pregnancy is 40.14±4.34; the point average they took from Scale on Complaints in Pregnancy and Its Impact on the Life Quality is 72.29±28.10. A statistically positive-way weak relationship was detected between the point average of Scale for Pregnancy Complaints and Their Impact on the Life Quality (SPCILQ) and point averages of maternity role (r=0.209, p=0.000). No statistical significance was detected between point average of SPCILQ and point averages of the acceptance of the pregnancy (p>0.05).
Conclusion: As the impact of the pregnancy-based complaints on the life quality increases, a decrease is seen in the adaptation to the maternity role.

Keywords: maternity role, adaptation to pregnancy, pregnancy, pregnancy complaints, life quality

INTRODUCTION

Pregnancy is an important period when a set of anatomic, physiological and emotional changes are experienced in the maternal organism (1-3). While these changes vary by trimesters, the complaints caused by the pregnancy affect the daily life activities and thus, the life-quality of the pregnancy is also affected (4-7). Once the complaints which women

experience during the pregnancy, periods are examined; they experience such complaints as nausea, vomiting, nasal congestion, fatigue, thamuria, urinary tract infection, breast tenderness, pithiatism, increase in the vaginal secretion in the early period, they experience such complaints as increased appetite, edema, varicose, constipation, hemorrhoid, gas, back pain, muscle cramps, Brakston Hicks contractions, thamuria, fatigue, skin problems and lack of sleep (1). While the most common complaints of women in the early period are specified as fatigue, nausea and thamuria in the studies of the literature (4-8), the most common complaints experienced in the later period are generally specified as fatigue, constipation, edema, sleep problems (9,10).

While the complaints experienced during the pregnancy form for the purpose of maintaining the health of pregnant women and fetus, covering the metabolic needs and preparing the body for vaginal delivery, they stand out by differing in every woman (11-13). All complaints continuing during the process create a milestone in the life of woman and require adaptation to the maternity and new roles (2). The biggest role which the pregnant women will take in the future is inevitably maternity role. Identification with this role starts before the pregnancy and realizes within a year following the birth (14,15). The maternity role is defined as a process of learning the maternity behaviors (16). The formation of maternity identity of any woman realizes through the attachment, acceptance and participation in the new identity (15). The factors affecting the pregnant woman's acceptance of her maternity role are generally identified in the literature as to whether the pregnancy is planned or not, the number of births, age, educational level, working status, social support, etc. (14,17,18). Also, it is addressed in the studies conducted that the life quality impaired depending on the pregnancy complaints is affecting the psycho-social health adversely in the pregnancy (19-21). It was considered that the life quality that is based on the pregnancy complaints may also affect the maternity role and acceptance of the pregnancy by starting from the fact that the adaptation to the pregnancy and maternity role is affected by the psychosocial factors (14,17). There is no study in the literature where the impact of the pregnancy complaints on the life quality and the impact on the maternity role and acceptance of the pregnancy are examined. Not accepting the pregnancy and maternity role may lead the mother not to seek adequate care prior to the delivery, malnourishment in the pregnancy and problems in the attachment process between the mother and fetus. This situation may lead to impairment in the maternal self-reliance, reduction in the life satisfaction and even postpartum depression as well as the negative interactions between the mother and infant in the postpartum period (14,22). For this reason, as noted in the literature, women having difficulty in accepting the pregnancy have difficulty in adapting to the pregnancy and maternity (14). It is essential to determine the pregnant woman's life quality that is based on pregnancy complaints and to know its impact on the role and adaptation processes of the woman to prevent such and similar adverse circumstances without experiencing. The results of the research investigating the relationship between the life quality that is based on the pregnancy complaints and the maternity role and acceptance of the pregnancy will contribute to the midwifes to develop either the approaches which will provide the women to cope with the complaints they experience in the pregnancy or the interventions related with the acceptance of maternity role and acceptance of the pregnancy.

MATERIAL AND METHODS

This research designed in cross-sectional qualification was conducted for the purpose of establishing the relationship between the life quality based on the pregnancy complaints and the maternity role and acceptance of the pregnancy. The research population consisted of pregnant women who applied to a pregnant training class at a state hospital in the Malatya province. In the calculation made by using power analysis, the sampling of the research was determined as minimum 284 pregnant women with a level of significance of 0.05, a confidence interval of 95% and the ability to represent the population at 80%. Women who applied to the pregnant training class of the related hospital and meeting the criteria of being included in the research were elected with improbable random sampling method until the determined sampling group was reached. The healthy pregnant women who could communicate verbally, have no psychiatric problem and whose pregnancy realizes without using assisted reproductive techniques, were included in the research.

Table 1. Distribution of the Introductory Characteristics of Pregnant Women (n=284)

Descriptive Properties	n	%
Educational level		
Illiterate	9	3.2
Primary school graduate	55	19.3
Secondary school graduate	51	18.0
High school graduate	96	33.8
Graduated from a university	73	25.7
Working status		
Working	58	20.4
Not working	226	79.6
Income status		
Low	16	5.6
Middle	246	86.6
High	22	7.8
Family structure		
Nuclear Family	239	84.2
Traditional Family	45	15.8
Relationship with the spouse		
Negative	10	3.5
Neither positive nor negative	15	5.3
Positive	259	91.2
Relationship with family and environment		
Negative	3	1.1
Neither positive nor negative	16	5.6
Negative	265	93.3
Desired-Planned Pregnancy Status		
Yes	222	78.2
No	62	21.8
Status of Access to the Information in case of Experiencing Complaint		
I did not receive information.	25	8.8
The midwife informed me.	118	41.5
The doctor informed me.	129	45.5
I was informed via the Internet.	7	2.5
Other*	5	1.7
Total	**284**	**100**
Age of pregnant women (years) (mean±SD): 28.27±5.14 (min: 17; max: 44)		
Number of pregnancies (mean±SD): 1.60±0.48		
Gestation period (weeks) (mean±SD): 31.98±8.16		

* I got information from people around me.

Table 2. Distribution of the Lowest and Highest Points and Point Averages which the Pregnant Women Took from the Sub-dimensions of the Prenatal Self-Evaluation Questionnaire and Total and Sub-dimensions of the Scale for Pregnancy Complaints and Their Impact on the Life Quality (n=284)

Scales	The lowest and highest scores that can be obtained	The lowest and the highest scores obtained	Mean of the scores obtained (Mean±SD)
PSEQ-Acceptance of Pregnancy	14-56	23-48	40.14 ± 4.34
PSEQ-Acceptance of the Maternal Role	15-60	24-47	35.72 ± 4.07
SPCILQ	0-210	16-149	72.29±28.10

PSEQ: Prenatal Self-Evaluation Questionnaire
SPCILQ: Scale for Pregnancy Complaints and Their Impact on Life Quality

Data Collection Tools
"Personal Information Form", "Acceptance of Maternity Role" and "Acceptance of Pregnancy" sub-dimensions of the Prenatal Self-evaluation Scale and "Scale for Pregnancy Complaints and Their Impact on the Life Quality (SPCILQ)" were used in the collection of data.

Personal Information Form
There are 11 questions in the form prepared by the researchers pertaining to the individual (age, educational level, working status, spouse and family-environment relations, etc.) and obstetric characteristics of pregnant women (number of pregnancy, pregnancy week, whether the pregnancy is desired/planned or not).

Prenatal Self-Evaluation Questionnaire (PSEQ)
This questionnaire was developed by Lederman in 1979 for evaluating the adaptation of pregnant women to the pregnancy and maternity role (23). Turkish validity confidence study was conducted by Beydag and Mete in 2006 (24). "Acceptance of the Pregnancy" comprised 14 items and "Acceptance of maternity role" comprised 15 items, among the sub-dimensions of the questionnaire having 7 sub-dimensions, were used in this study.

- Items in the sub-dimension of the acceptance of pregnancy; 1, 3, 5, 7, 9, 17, 18, 19, 20, 22, 24, 26, 27, 29;
- Items in the sub-dimension of the acceptance of maternity role; 2, 4, 6, 8, 10, 11, 12, 13, 14, 15, 16, 21, 23, 25, 28.
- Reverse items; 1, 2, 3, 4, 6, 7, 9, 10, 15, 18, 23, 24, 25, 28, 29.

Every item in the questionnaire is measured in an evaluation of 4-point Likert type (4: Full describes, 3: partially describes, 2: Slightly describes, 1: Never describes). In the reverse items, the scoring is made vice versa. On the sub-scale of the acceptance of the pregnancy, pregnant women can take minimum 14, maximum 56 points; in the sub-scale of the acceptance of the maternity role, they can take minimum 15, maximum of 60 points. Low points show that the adaptation to the pregnancy is high. The Cronbach's alpha reliability coefficient of the scale is 0.81, the Cronbach's alpha reliability coefficients of the sub-dimensions of the "Acceptance of Pregnancy" and "Acceptance of maternity role" are 0.72 and 0.85, respectively. In this research, The Cronbach's alpha reliability coefficient of the sub-dimension of the "Acceptance of Pregnancy" was determined as 0.71, the Cronbach's alpha reliability coefficient of the sub-dimension of the "Acceptance of maternity role" as 0.78.

Scale for Pregnancy Complaints and Their Impact on the Life Quality (SPCILQ)
This scale was developed by Foxcroft K.F. et al., in Australia in 2008 for measuring the pregnancy complaints and their impact on the life quality (25).

Table 3. The Relationship between the Total Point Averages the Pregnant Women took from the Sub-dimensions of the Prenatal Self-Evaluation Questionnaire and Scale for the Pregnancy Complaints and Their Impact on the Life Quality (n=284)

	SPCILQ	
PSEQ-Acceptance of Pregnancy	r= -0.083	r= 0.161
PSEQ-Acceptance of the Maternal Role	p= 0.209	p= 0.000*

PSEQ: Prenatal Self-Evaluation Questionnaire
SPCILQ: Scale for Pregnancy Complaints and Their Impact on Life Quality
r: Pearson Correlation Analyze
*: p<0.05

Turkish validity reliability study was conducted by Gur and Pasinlioglu in 2016 (2). There are 42 items on the scale, and it is consisted of two parts. In the first part, it is assessed that how often the pregnant women experience the pregnancy complaints within the last one month, this part is a 4-point Likert type scale and it is coded as “Never” (0), “Rare” (1), “Sometimes” (2), “Often” (3). If it is marked between 1-3 for any complaint in the first part, it is proceeded to the second part of the scale. In the second part, it is a 3-point Likert type scale measuring how the complaints affect the Daily life activity and it is marked as “Never restricts (0)”, “slightly restricts (1)”, “excessively restricts (2)”. The scale has no break point. The rising of total point taken from the scale points out the bad/weak/low maternal and fetal outcomes. The Cronbach’s alpha reliability coefficient of the scale is 0.91. In this study, the Cronbach’s alpha reliability coefficient was found as 0.86.

Data Collection

Data were collected by using face-to-face interview method at weekdays with the pregnant women who applied to pregnant women training class of the related state hospital. These interviews lasted for 10 minutes on average.

Evaluation of Data

Coding and evaluation of data were performed in the computer environment by using SPSS 25.0 package program. In the statistical evaluation, percentage distribution, arithmetical mean, standard deviation, Cronbach alpha and Pearson correlation analysis were used. The results were evaluated at a confidence interval of 95% and at a significance level of p<0.05.

Ethical Arrangements

Ethical approval was taken from the İnönü University Scientific Research and Publication Ethics Committee (Health Sciences Non-Interventional Clinical Research Ethics Committee) to implement the research (Date: 17.07.2018; Decision number: 2018/15-22). At the same time, institutional permission was obtained from the institution where the research would be conducted. Verbal consents of all pregnant women were taken and all pregnant women had the “Informed Consent Form” signed before starting the research. Researchers informed the pregnant women about that the data obtained will be published for scientific purposes without using

personal information and they can leave the study at any time they want.

Limitedness of the Study

This research is limited to the pregnant women who applied to the pregnant women training class of a state hospital located in the east of Turkey.

RESULTS

Distribution of the introductory characteristics of the pregnant women was given in Table 1. The age average of pregnant women is 28.27±5.14 (minimum:17; maximum:44). The mean pregnancy numbers of pregnant women were found as 1.60±0.48 and the mean of pregnancy week as 31.98±8.16. 33.8% of the pregnant women are high-school graduates, 79.8% are housewife, 86.6% have a moderate economic status. 84.2% of pregnant women have an elementary family, 91.2% have a positive spouse relationship and 93.3% have a positive family-environment relationship. Also, 78.2%

have a planned pregnancy and 41.5% acquired access to the information by the midwife and 45.4% acquired access by the physician once they experienced pregnancy complaint.

The distribution of the lowest and highest points and point averages which the pregnant women took from the sub-dimensions of prenatal self-evaluation questionnaire and total and sub-dimensions of the scale for pregnancy complaints and their impact on the life quality was given in Table 2.

It was determined that pregnant women took minimum 23 and maximum 48 points from the sub-dimension of the acceptance of the pregnancy, minimum 24 and maximum 47 points from the sub-dimension of the acceptance of the maternity role in the prenatal self-evaluation questionnaire, they took minimum 16 and maximum 149 points from the scale for the pregnancy complaints and their impact on the life quality.

The total point average which the pregnant women took from the sub-dimension of the "Acceptance of the pregnancy" was found as 40.14±4.34, the total point average which the pregnant women took from the sub-dimension of the "Acceptance of maternity role" was found as 35.72±4.07. Also, the total point average which the pregnant women took from the scale for the pregnancy complaints and their impact on the life quality was determined as 72.29±28.10.

The relationship between the total point averages which the pregnant women took from the sub-dimensions of prenatal self-evaluation questionnaire and scale for the pregnancy complaints and their impact on the life quality was given in Table 3.

It was found that there is no statistically significant relationship between the point average of the sub-dimension of the acceptance of pregnancy and the point average of scale for the pregnancy complaints and their impact on the life quality (r=-0.083; p= 0.161).

It was found that there is a statistically positive-way weak significant relationship between the point average of the sub-dimension of the acceptance of the maternity role and the point average of the scale for the pregnancy complaints and their impact on the life quality and as the impact of the pregnancy-based complaints on the life quality increases, a decrease is seen in the adaptation to the maternity role (r=0.209; p= 0.000).

DISCUSSION

Learning of the pregnancy will be an important milestone of the woman's life and they will experience changes in their roles. It is considered that pregnancy-specific complaints will affect the acceptance process of the pregnancy and acquisition of the maternity role (14). In this part, the results of the study conducted for the purpose of establishing the relationship between life quality based on pregnancy complaints, maternity roles, and acceptance of the pregnancy are discussed in the related literature.

In this research, the total point average which the pregnant women took from the sub-dimension of the "Acceptance of Pregnancy" in the Prenatal Self-Evaluation Questionnaire was determined as 40.14±4.34, the total point average from the sub-dimension of the "Acceptance of the maternity role" was determined as 35.72±4.07. Once the point averages taken were examined, it was found that the adaptation of pregnant women to the pregnancy and maternity role was at a moderate level. Once the literature is reviewed, there are studies showing that the adaptation to the pregnancy is at moderate level, like our finding (21,26-32). As the pregnancy progresses, the psychological reactions of the pregnant woman will change, and her interest in herself in the first trimester will change direction as her infant and the welfare of her infant change over time. This direction change is an indicator that the adaptation to the pregnancy is realized. Hence, the studies conducted show that the pregnancy adaptation of pregnant women increases in the next pregnancy week (21,27,29,32-35). The pregnancy week of the pregnant women who were included within the scope of this study was 31.98±8.16 and this demonstrates that this finding is compatible with the literature. It is an expected finding that the pregnancy adaptation of pregnant women who are in the last trimester is at the moderate level. Also, it was found that the pregnancies of most pregnant women who were taken into the scope of this study were desired or planned (78.2%). In the literature review performed, it was found that being a planned pregnancy facilitates the adaptation to the pregnancy (14,21,26,27,29,36-45). Starting from these findings; it can be said that women who become pregnant willfully can adapt to the changes experienced in the

pregnancy more easily, particularly the women who become pregnant by planning with their husband can overcome the demanding process experienced in the pregnancy more easily.

In this research, the total point average which pregnant women took from the scale for pregnancy complaints and their impact on the life quality was found as 72.29±28.10. The highest point to be taken from the scale is 210 and once this finding was examined, it was found that the total point average taken was low, the pregnancy complaints have an adverse/negative impact on the life quality. It was determined in the literature review performed, there are similar findings to our finding and as the complaints which women experience increase, the life quality is affected adversely (12,19,46-57). It is also known that women experience physical and psychosocial problems as well as the changes emerging in the pregnancy and complaints experienced (11). Once these problems are combined with some high-risk factors emerged depending on the pregnancy and/or that have been already existed, the life quality of woman is negatively affected, in such case, the mortality and morbidity probability of mother and infant increases (5,8,20,46). Also, the literature review shows that the pregnancy complaints experienced in this period significantly decrease with the training and care support provided to the pregnant women (1,58-61). In the light of these findings, it can be said that as the complaints decrease, the negative impact on the life quality also decreases.

In this research, it was found that there is a statistically positive-way weak significant relationship between the point average of the sub-dimension of the acceptance of the maternity role and the point average of the scale for the pregnancy complaints and their impact on the life quality and as the impact of the pregnancy-based complaints on the life quality increases, a decrease is seen in the adaptation to the maternity role ($p<0.05$). The process of women to learn the maternity behaviors is called a maternity role. This process will be completed within a year, starting prior to pregnancy and following the birth (15,16,62-64). The process of transition to maternity and acquisition of maternity role is one of the most common life transition processes women experience and it usually points out a big failure period (19). Once the literature was reviewed, it was determined in the study performed by Stevens-Simon et al. (2005) that almost half of the pregnant women (32-46%) considered that being a mother would affect their life negatively. Once the characteristics of the pregnant women who were included in the same study were examined, it was found that being primiparous and feeling fear for being a mother are associated with this case (65). In addition to all these, the process of maternity acceptance may be adversely affected with the addition of pregnancy complaint. Once the literature was reviewed, it was also encountered with studies demonstrating that severe vomiting and nausea affected the acceptance of the pregnancy and thus, the acceptance of maternity was negative (16,29,66). Also, the pregnancy acceptance process of the expectant mothers who have difficulty in acquiring the maternity role in the prenatal period also delays. Depending on the emerging physical complaints, it should be known that expectant mothers can acquire a negative attitude towards the pregnancy and infant (21,67-69). From these findings, it was determined that as the negative impact of the emerging complaints based on the pregnancy on the life quality increases, a decrease is seen in the adaptation to the maternity role.

CONCLUSION

In this research, it was determined that as the negative impact of the emerging complaints based on the pregnancy on the life quality increases, a decrease is seen in the adaptation to the maternity role. Also, no significant relationship was detected between the negative impact of the pregnancy complaints on the life quality and the acceptance of the pregnancy. From these results, it should be determined what the pregnancy complaints are, the reasons for these complaints and the impacts on the mother and infant. The women should be supported with regard to these complaints and consulting should be properly provided. The pregnancy complaints should be examined by the midwife and other health professionals, training and seminars which will provide the complaints to decrease and support the increase in life quality of individuals should be organized. Also, an awareness should be raised in the expectant mothers by the midwifes in regard that these pregnancy complaints are temporary.

Acknowledgement: The authors would like to thank the pregnancies who participated in the study.

Author contribution: All the authors contributed equally.

Conflict of interests: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest, and none was reported.

Ethical approval: An approval was taken from the Inonu University Scientific Research and Publication Ethics Committee to implement the research (Date: 17.07.2018; Decision number: 2018/15-22). Verbal consents of all pregnant women were taken, and all pregnant women had the "Informed Consent Form" signed before starting the research.
Funding There was no source of funding for this research.
Peer-review: Externally peer-reviewed.

REFERENCES

1. Yikar SK, Nazik E. Effects of prenatal education on complaints during pregnancy and on quality of life. Patient education and counseling. 2019;102(1):119-125.
2. Gür EY, Pasinlioğlu T. Gebelikteki yakınmalar ve yaşam kalitesine etkisi ölçeği: türkçe formunun geçerlilik ve güvenilirlik çalışması. İnönü Üniversitesi Sağlık Hizmetleri Meslek Yüksek Okulu Dergisi. 2021;9(2):482-497.
3. Pont AV, Rosiyana NM, Pratiwi V, Ramadhan K. The effect of prenatal yoga in reducing pregnancy complaints. Indian Journal of Public Health Research & Development. 2019;10(8).
4. Nazik E, Eryilmaz G. Incidence of pregnancy-related discomforts and management approaches to relieve them among pregnant women. Journal of clinical nursing. 2014;23(11-12):1736-1750.
5. Kamysheva E, Wertheim EH, Skouteris H, Paxton SJ & Milgrom J. Frequency, severity, and effect on life of physical symptoms experienced during pregnancy. Journal of Midwifery and Women's Health. 2009;54(1):43-49.
6. Power ML, Holzman GB, Schulkin J. A survey on the management of nausea and vomiting in pregnancy by obstetrician/gynaecologists. Primary Care Update for OB/GYNS. 2001;8(2):69-72.
7. Keller J, Frederking D, Layer P. The spectrum and treatment of gastrointestinal disorders during pregnancy. Nature Clinical Practice Gastroenterology & Hepatology. 2008;5(8):430-443.
8. Bai G, Korfage IJ, Groen EHD, Jaddoe VW, Mautner E, Raat H. Associations between nausea, vomiting, fatigue and health-related quality of life of women in early pregnancy: the generation R study. PloS one. 2016;11(11):e0166133.
9. Panicker VV, Riyaz N, Balachandran PK. A clinical study of cutaneous changes in pregnancy. Journal of epidemiology and global health. 2017;7(1):63-70.
10. Taskiran N. Pregnancy and sleep quality. Journal of Turkish Society of Obstetrics and Gynecology. 2011;8(3):181-7.
11. Coşar Çetin F, Demirci N, Yeşilçiçek Çalık K, Çil Akıncı A. Gebelikte olağan fiziksel yakınmalar. Zeynep Kamil Tıp Bülteni. 2017;48(4):1141.41.
12. Yikar SK, Nazik E. The effect of complaints during pregnancy on quality of life. International Journal of Caring Sciences. 2018;11(1):623.
13. Ayan R. Dealing with common complaints during pregnancy and factors affecting coping. Master's Thesis. Halic University. Istanbul, Turkey 2013.
14. Coşkuner Potur D, Mamuk R, Şahin NH, Demirci N, Hamlaci Y. Association between fear of childbirth and maternal acceptance of pregnancy. International nursing review. 2017;64(4):576-583.
15. Mercer RT. Becoming a mother versus maternal role attainment. Journal of nursing scholarship. 2004;36(3):226-232.
16. Mutlugüneş E, Mete S. Gebelikte bulantı kusma, annelik rolü ve gebeliğin kabulü arasındaki ilişki. Cumhuriyet Hemşirelik Dergisi. 2013;2(1):8-14.
17. Elizabeth N. Maternal role development: The impact of maternal distress and social support following childbirth. Midwifery. 2011;27(2):265-272.
18. Benli TE, Derya YA, Oztas HG. Impact of delivery mode and maternal postpartum functional state on breastfeeding self-sufficiency. J Clin Med Kaz. 2020;6(60):73-78.
19. Aksoy Derya Y, Özşahin Z, Uçar T, Erdemoğlu Ç, Ünver H. The relationship between impact of pregnancy complaints on the life quality of the pregnant women and their psychosocial health level. Turkish Journal of Family Medicine and Primary Care. 2018;12(3):171-177.
20. Özçelik G. Gebelikte sık karşılaşılan yakınmalar, fiziksel, ruhsal ve cinsel sağlık sorunları, risk faktörleri ve yaşam kalitesi ile ilişkileri. Ege Üniversitesi Hemşirelik Fakültesi Dergisi. 2014;30(3):1-18.
21. Demirbaş H, Kadıoğlu H. Prenatal dönemdeki kadınların gebeliğe uyumu ve ilişkili faktörler. Clinical and Experimental Health Sciences. 2014;4(4):200-206.
22. Kiehl EM, Carson DK, Dykes AK. Adaptation and resiliency in Swedish families. Scandinavian Journal of Caring Sciences. 2007;21(3):329-337.

23. Lederman R, Lederman E. Relationship of psychological factors in pregnancy to progress in labor. Nursing Research. 1979;28(4):94-97.
24. Beydağ KT, Mete S. Prenatal kendini değerlendirme ölçeğinin geçerlik ve güvenirlik çalişmasi. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 2008;11(1): 16-24.
25. Foxcroft KF, Callaway LK, Byrne NM, Webster J. Development and validation of a pregnancy symptoms inventory. BMC Pregnancy and Childbirth. 2013;13(1):1-9.
26. Güneş Tokgöz M. Prenatal dönemdeki kadınların gebeliğe ve annelik rolüne uyumlarının ve etkileyen faktörlerin değerlendirilmesi. Master Thesis. İstanbul Medipol University. Istanbul, Turkey 2018.
27. Güner PD, Bölükbaşi H, Tezcan E, Gözükara İ, Hakverdi AU, Cahit Özer. Prenatal dönemdeki gebe kadınların gebeliğe ve anneliğe uyumu ile ilişkili faktörler. Kafkas Tıp Bilimleri Dergisi. 11(1),45-51.
28. Silva JL, Ferreira EF, Medeiros M, Araújo ML, Silva AGCB, Viana ESR: Assessment of psychosocial adaptation to pregnancy in Brazilian pregnant women. Rev Bras Ginecol Obstet. 2011;33(8):182-7.
29. Bulut A, Özdemir F. Adaptation to pregnancy and ability to cope with stress of pregnant women diagnosed with hyperemesis gravidarum. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 2019;22(4):277-283.
30. Aba YA, Kömürcü N. Antenatal education on pregnant adolescents in Turkey: Prenatal adaptation, postpartum adaptation, and newborn perceptions. Asian Nursing Research. 2017;11(1):42-9.
31. Stark MA. Relationship of psychosocial tasks of pregnancy and attentional functioning in the third trimester. Research in Nursing & Health. 2001;24(3):194-202.
32. Pehlivanoglu Çelik F, Er Güneri S. The Relationship between Adaptation to Pregnancy and Prenatal Attachment in High-Risk Pregnancies. Psychiatria Danubina. 2020;32(suppl. 4):568-575.
33. Das Z. Psychosocial and cultural dimensions of pregnancy. In: Taskın L (ed.): Birth and women's health nursing. 254-65. (13th ed.). Akademisyen Bookstore, 2016.
34. Weis KL, Lederman RP, Lilly AE, Schaffer J: The relationship of military imposed marital separations on maternal acceptance of pregnancy. Research in Nursing & Health. 2008;31(3):196-207.
35. Gürkan ÖC: Physical and psychologic adaptation to pregnancy. In: Kömürcü N. (Ed.): Perinatology nursing. 107-22. (1st ed.). Istanbul Health Directorate, 2010.
36. Yıldırım H. Gebe kadınların ebeveynlik öz-yeterliliklerinin prenatal uyumlarına etkisi. Master Thesis. Inonu University. Malatya, Turkey 2015.
37. Ergüven Boğa M. Gebelerin, gebeliğe uyum ve doğum korkularinin belirlenmesi. Master's Thesis. Gazi University. Ankara, Turkey 2019.
38. Polat Başpınar D. Pamukkale üniversitesi kadin hastaliklari ve doğum polikliniğine başvuran gebelerin, gebeliğe uyum, psikolojik sağlamlik ve bunlari etkileyen faktörlerin değerlendirilmesi. Master's Thesis. Pamukkale University. Denizli, Turkey 2021.
39. Durualp E, Kaytez N, Girgin BA. Evlilik doyumu ve maternal bağlanma arasındaki ilişkinin incelenmesi. Anadolu Psikiyatri Derg. 2017;18(2):129-138.
40. Küçükkaya B, Süt HK, Öz S, Sarıkaya NA. Gebelik döneminde çiftler arası uyum ve prenatal bağlanma arasındaki ilişki. ACU Sağlık Bil Derg. 2020;11(1):102-110.
41. Evcili F, Bekar M, Yurtsal B, Abak G, Tali B, Temel S. Doğum sonu dönemdeki kadınların annelik rolüne hazıroluşluk durumlarının ve özgüvenlerinin değerlendirilmesi. Sted 2018;27(1):56-61.
42. Özkan H, Polat S. Annelik davranışını öğrenme süreci ve hemşirelik desteği. Bozok Tıp Dergisi. 2011;1(3):35-39.
43. Tran CN. Defining the role of caregivers in promoting maternal adaptation in unintended pregnancies. Boston College University Libraries, 2012. http://Hdl.Handle.Net/2345/2642 Erişim tarihi: 06.02.2020.
44. Yılmaz F, Pasinlioğlu T. Examination of the relationship between perceived social support and adaptation to motherhood in pregnants. Int Refereed J Gynaecol Matern Child Health. 2014;1(1):14-24.
45. Özçalkap N. Adıyaman il merkezindeki gebelerin gebelik ve anneliğe uyumlarının karşılaştırılması. Master's Thesis. Hasan Kalyoncu University. Gaziantep, Turkey 2018.
46. Akpınar FZ. Gebelikte yaşanan distres ile gebelikteki yakınmalar ve yaşam kalitesi

arasındaki ilişki. Master's Thesis. Atatürk University. Erzurum, Turkey 2020.
47. Taşkın L. Doğum ve Kadın Sağlığı Hemşireliği Kitabı, 13. Baskı. Ankara, Özyurt Matbaacılık, 2016: 103-19.
48. Lacasse A, Rey E, Ferreira E, Morin C, Berard A. Nausea and vomiting of pregnancy: what about quality of life? BJOG: An International Journal of Obstetrics & Gynaecology. 2008;115(12):1484-1493.
49. Özçelik G, Karaçam Z. Gebelikte sık karşılaşılan yakınmalar, fiziksel, ruhsal ve cinsel sağlık sorunları, risk faktörleri ve yaşam kalitesi ile ilişkisi. Ege Üniversitesi Hemşirelik Fakültesi Dergisi. 2014;30(3):1-18.
50. Young SL. Pica in pregnancy: new ideas about an old condition. Annual review of nutrition. 2010;30:403-422.
51. Taylor LG, Bird ST, Sahin L, Tassinari MS, Greene P, Reichman ME, Andrade SE, Haffenreffer K, Toh S. Antiemetic use among pregnant women in the united states: theescalating use of ondansetron. Pharmacoepidemiology and Drug Safety. 2017;26(5):592-596.
52. Nicholson WK, Setse R, Hill-Briggs F, Cooper LA, Strobino D, Powe NR. Depressive symptoms and health-related quality of life in early pregnancy. Obstetrics & Gynecology. 2006;107(4):798-806.
53. Kılıçarslan S. Edirne Şehir Merkezindeki Son Trimester Gebelerin sosyodemografik özellikleri, yaşam kaliteleri, kaygı düzeyleri. Tıp Fakültesi, Aile Hekimliği Anabilim Dalı, Uzmanlık tezi, Trakya: Trakya Üniversitesi, 2008.
54. Şahsıvar MŞ, Marakoğlu K. A case-control study evaluating depression and quality of life in high-risk pregnant women. Türkiye Klinikleri Journal of Medical Science. 2010;30(3):871-879.
55. Schwarz EB, Smith R, Steinauer J, Revees MF, Caughey AB. Measuring the Effects of Unintended Pregnancy on Women's Quality of Life. Contraception. 2008;78(3):204-210.
56. Karataylı S, Gezginç K, Uguz F, Karataylı R, Çilli S. The Comparison of depression, anxiety and quality of life levels amoung trimesters of pregnancy. 2010 GORM;16(2):79-89.
57. Demir E. Gebelerin sosyodemografik özelliklerinin gebelikte olağan yakınmalar ve yaşam kalitesine etkisinin belirlenmesi. Master's Thesis. Erzincan Binali Yıldırım University. Erzincan, Turkey 2019.
58. Altıparmak S, Coşkun AM. Effect of prenatal training on information and satisfaction level of a pregnant woman. Journal of Human Sciences. 2016;13(2):2610-2624.
59. G İsbir, Effect of the consultancy based to the roy adaptation model on nausea and vomiting in pregnancy. Doctoral Thesis. Dokuz Eylül University. İzmir, Turkey 2011.
60. Serçekuş P, Mete S. Turkish women's perceptions of antenatal education. International Nursing Review. 2010;57(3):395-401.
61. Yenal K, Okumuş H, Sevil Ü. Determining pregnancy knowledge need by using webbased interactive antenatal counseling. Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi. 2010;3(1):9-14.
62. Alligood MR, Tonney AM. Nursing Theory, Utilization&Application. Third edition, America: Mosby Company. 2006; p:393-399.
63. Mercer RT. Nursing support of the process of becoming a mother. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2006;35(5):649-651.
64. Özşahin Z. The effects of adverse childhood experiences on pregnancy-related anxiety and acceptance of motherhood role. African Health Sciences. 2020;20(3):1217-1228.
65. Stevens-Simon C, Sheeder J, Beach R, Harter S. Adolescent pregnancy: do expectations affect intentions? Journal of Adolescent Health. 2005;37(3):243-e15.
66. Kuo SH, Wang R, Tseng HC, et al. A comparison of different severities of nausea and vomiting during pregnancy relative to stres, social support and maternal adaptation. Journal Midwifery & Women's Health. (2007),52(1): e1-e7.
67. Katz VL. Prenatal Bakım. In: Danforth's Obstetrik ve Jinekoloji. Eds: Gibbs SR, Karlan YB, Haney FA, Nygonard I. Çeviren: Ayhan A. İstanbul: Güneş Tıp Kitabevi; 2010.
68. Weis KL. Maternal identity formation in a military sample: A longitudinal perspective. Theses of Ph.D: University of North Carolina; 2006.
69. Kılıç S, Uçar M, Temir P, Erten Ü, Şahin E, Karaca B, Yüksel S, Özkır F. Hamile kadınlarda doğum öncesi bakım alma sıklığı ve bunu etkileyen faktörler. Türk Silahlı Kuvvetleri Koruyucu Hekim Bul. 2007;6(2):91-97.