Middle Black Sea Journal of Health Science / Mid Blac Sea J Health Sci
August 2023; 9(3): 467-479

RESEARCH ARTICLE
DOI: 10.19127/mbsjohs.1167397

Determination of Satisfaction Levels and Related Factors Regarding Women's Positive Birth Experience: A Sectional Study

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Received: 24 February 2023, Accepted: 20 June 2023, Published online: 31 August 2023

Abstract

Objective: The aim of this study was to determine the satisfaction levels and related factors related to the positive birth experience of women.

Methods: This study, using a quantitative approach, is a descriptive and cross-sectional study based on the general survey model. The sample of the study consisted of 276 women who gave normal birth in the gynecology and obstetrics services 24 hours after giving birth in a training and research hospital in a province in the south of Turkey between 17.05.2022 and 29.12.2022. The study included postpartum women who were over 37 weeks of gestation, had a healthy fetus, had no complications during pregnancy-birth-postpartum period, were healthy, could speak, understand and write Turkish, had no communication barriers and volunteered to participate in the study. The data were collected face-to-face with a questionnaire prepared using the literature. A series of chi-square analyzes were conducted to examine whether overall satisfaction with the birth experience differed depending on the characteristics of childbirth care.

Results: The ages of the women ranged from 19 to 42 (mean: 28.67±5.25). 54.3% of the participants are under the age of 30, 46% are secondary school graduates and 47.8% are working. 52.2% stated that they were generally satisfied with the birth experience. It is observed that there are significant differences between the groups in all cases except when women are given the freedom to eat and drink during the contraction period and the baby is given to the lap as soon as the baby is born ($p < .001$).

Conclusion: In our study, it was determined that more than half of the women were generally satisfied with the birth experience. The characteristics of the room where the mothers spent in labor, accompanying the birth of a person they want, receiving one-to-one midwife support, exposure of the personnel to negative behavior, being involved in the decision-making process at birth, receiving understandable information from the health personnel, respecting the privacy of being allowed to move in labor, ensuring the safety of the baby's life It was determined that providing breastfeeding in the first hour affected the satisfaction of the mothers. It is recommended to conduct large-scale, comprehensive studies evaluating the effect of positive birth experience on maternal satisfaction.

Key words: Positive birth experience, birth satisfaction, labor, delivery, midwife.

Suggested Citation: Aktaş Reyhan F, Dağlı E. Determination of Satisfaction Levels and Related Factors Regarding Women's Positive Birth Experience: A Sectional Study. Mid Blac Sea Journal of Health Sci, 2023;9(3):467-479

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INTRODUCTION

Birth is the most important life experience in the transition to motherhood (1). Birth is a process that is expected in excitement and happiness; it is an event where physical and psychological changes are experienced and different meanings are attributed with different social values, traditions and beliefs (2). Concluding the birth with a positive experience; it can enable the development of positive behavioral patterns such as the mother's return to her normal activity in a short time, the easy establishment of the mother-infant bond and the breastfeeding of the baby in a short time (3).

The World Health Organization's (WHO, 2018d) intrapartum care guide includes definitions and recommendations for a positive birth experience. Care is defined that protects the privacy, property and privacy of all women, is free from harm and ill-treatment, guarantees freedom in their choices, includes information, and includes continuous support during labor and delivery. Evidence-based practice recommendations are given on respectful care and good communication between women and health personnel, pain management in labor, and labor and delivery positions. It is also recommended that women be supported by a person of their choice during the entire birth (4). In recent years, the importance given to birth service quality, women's perceptions of their birth experiences and their satisfaction at birth has been increasing. For this reason, in obstetric practices, health care services have directed women to provide a safe birth, effective birth support, and a high level of satisfaction in birth experience (5).

Birth satisfaction can be defined as psychologically affecting different aspects of birth positively. It is emphasized that the positive birth experience contributes to women's self-confidence, such as increasing their self-confidence, less intervention in childbirth, facilitating postpartum adjustment, stronger mother-infant bonding, positive approach to their next birth (6, 7). As for the negative birth experience; It is associated with inadequacy in breastfeeding and maternal attachment, postpartum depression, difficulty in providing care to the baby, sexual reluctance, and fear of next birth (8, 9). Birth satisfaction, which is a multidimensional concept; many factors affect women's socio-demographic and obstetric characteristics, personal expectations,

care and support characteristics during the birth process (6, 10). As having a positive birth experience is an outcome that is increasingly valued, the characteristics of the woman, the mode of delivery, etc. no matter what, the primary approach of health professionals in labor should be to achieve a high level of satisfaction (11, 12). Therefore, evaluating whether experiencing a positive birth affects the mother's satisfaction with the birth may be important to make the mother's birth experiences positive. There are few studies in the literature evaluating positive birth experiences and mothers' satisfaction with birth. With this study, it was aimed to determine the satisfaction levels and related factors related to the positive birth experience of women.

METHODS

Research design

This study, using a quantitative approach, is a descriptive and cross-sectional study based on the general survey model.

Participants

The population of the study consisted of 426 women who gave birth in a training and research hospital in a province in the south of Turkey between 17.05.2022 and 29.12.2022. The result of the power analysis made with the help of the Gpower 3.1 software program; it was determined that 262 women should be included in the sample with 80% power, 5% margin of error and medium effect size. The sample of the study consisted of a total of 276 women who had a normal delivery in the obstetrics and gynecology services 24 hours after delivery. The study included postpartum women who were over 37 weeks of gestation, had a healthy fetus, had no complications during pregnancy-birth-postpartum period, were healthy, could speak, understand and write Turkish, had no communication barriers (hearing, visual impairment, etc.) and volunteered to participate in the study.

Measure

In the research, a questionnaire form prepared by making use of the literature suitable for the purpose of the study was used as a data collection tool (1-7, 10-12). Survey form; personal information 6 questions (age, education status, employment status, etc.), information about pregnancy 7 questions (number of pregnancies, number of births, pregnancy planning status, type of delivery requested at the beginning of pregnancy, number of antenatal follow-ups, institution and satisfaction status, etc.), birth 13 questions (type of birth, receiving birth support, negative behavior from healthcare professionals, participating in the process, providing information about the process, having freedom of movement and eating and drinking, protecting privacy, providing skin contact and early breastfeeding), birth It consists of a total of 3 sections and 26 questions, 1 question questioning the general satisfaction with the

experience (from hospital admission to discharge).

Procedure

In order to evaluate the comprehensibility and operability of the questionnaire, a preliminary application was made with a total of 30 women who met the sample selection criteria and agreed to participate in the research. Since no changes were made in the questions in the form after the pre-application, the women who took part in the pre-application were included in the sample of the study. The process of collecting the research data was applied to women who met the sample selection criteria in the obstetrics and gynecology services, approximately 24 hours after delivery. The data were filled in by the woman herself in her room. The questionnaires were filled in approximately within 10 minutes.

Ethical aspect

The study was conducted under the ethical principles of the Declaration of Helsinki for medical research involving human subjects. Ethics committee approval of the research; it was obtained from the Non-Interventional Clinical Research Ethics Committee of a state university (Approval Date: 08.04.2022 and Decision No: 121/71). Institutional permission was obtained to carry out the study (Approval Date: 16.05.2022 and Decision No: 050.06.04). In addition, before the interview to the participants, necessary explanations were made and written informed consent was obtained from the volunteers.

Statistical analysis

The data obtained from the research were evaluated by the researcher using the Statistical Program for Social Sciences (SPSS) for Windows 24 program. In the analysis of descriptive data; number, percentage, minimum and maximum values, mean and standard deviation values were used. Continuity correction according to expected value levels and Pearson-$\chi 2$ test statistics were used to examine the relationships between two qualitative variables. The statistical significance level was accepted as $p<0.05$ in all statistical analyzes.

RESULTS

The sample of this study consists of 276 participants aged between 19 and 42 (mean = 28.67±5.25). One hundred and fifty participants (54.3%) are under 30 years old and 126 (45.7%) are 30 years old and over. 76 (27.5%) participants are primary school graduates, 127 (46%) participants are secondary education graduates and 73 (26.4%) participants are higher education graduates. One hundred thirty two (47.8%) participants are working and 247 (89.5%) of them have social security. One hundred forty nine (54%) participants live in the province and the vast majority (67.8%) stated that their income is less than their expenses. Information on the socio-

demographic characteristics of the participants is presented in Table 1.

Hundred and two (37%) participants were primar and 174 (63%) were multipara. The last pregnancy of 169 (61.2%) was planned. Pregnancy follow-ups of the majority of the participants were carried out in the state hospital (77.9%), and 159 (57.6%) stated that they were satisfied with the care in the pregnancy follow-ups, while 144 (52.2%) stated that they were generally satisfied with the birth experience. The characteristics of the participants regarding the birth experience are presented in Table 2.

One hundred thirty six of the participants (49.3%) had labor pains in a single room, and 140 (50.7%) in a ward type room. A relative of 99 (35.8%) participants was accompanied at birth. One hundred sixty four (59.4%) participants received adequate one-to-one midwife support at birth. However, 117 (42.4%) participants reported that they were exposed to the negative behavior of the staff at birth. One hundred thirty six (49.3%) participants stated that health personnel provided participation in decisions about birth, 134 (48.6%) participants stated that they provided understandable information from health personnel at birth. While 127 (46%) participants were allowed to move during the contraction period, 19 (6.9%) participants were given the freedom to eat and drink during the contraction period. One hundred thirty six

(49.3%) participants stated that they paid attention to privacy during birth. None of the participants were allowed to give birth in the desired position. Two hundred sixty eight (97.1%) babies were given to the lap after they were cared for. Finally, 150 (54.3%) of the infants were breastfed in the first hours of their lives. Features related to birth process care are presented in Table 3.

A series of chi-square analyzes were conducted to examine whether overall satisfaction with the birth experience differed depending on the characteristics of childbirth care. When the results obtained are examined, it is seen that there are significant differences between the groups in all cases except when the freedom to eat and drink is given during the contraction period and the baby is given to the lap as soon as it is born ($p < .001$). The findings are presented in Table 4.

Table 1 Socio-demographic characteristics of the participants

Variables	n	%
Age		
<30	150	54.3
≥30	126	45.7
Education level		
Primary education	76	27.5
Secondary education	127	46.0
High education	73	26.4
Working status		
Yes	132	47.8
No	144	52.2
Social insurance		
Yes	247	89.5
No	29	10.5
Place of residence		
Province	149	54.0
County	94	34.1
Village	33	12.0
Income rate		
Income less than expenses	187	67.8
Income less than expenses	79	28.6
Income more than expenses	10	3.6

Table 2 Characteristics of the participants regarding the birth experience

Variables	n	%
Total number of births		
Primiparous	102	37.0
Multiparous	174	63.0
Is the last pregnancy planned?		
Yes	169	61.2
No	107	38.8
Institution that carries out pregnancy follow-up		
Public hospital	215	77.9
Private hospital	9	3.3
Both of them	52	18.8
Satisfaction with care in pregnancy follow-ups		
Pleased	159	57.6
Not glad	117	42.4
General satisfaction with your birth experience		
Pleased	144	52.2
Not glad	132	47.8

Table 3 Features related to childbirth care

Variables	n	%
The feature of the room where labor pains were experienced		
Single	136	49.3
Ward	140	50.7
Accompanying a preferred relative at birth		
Yes	99	35.8
No	177	64.2
Availability of adequate one-to-one midwife support at birth		
Yes	164	59.4
No	112	40.6
Exposure of staff to negative behavior at birth		
Yes	117	42.4
No	159	57.6
The state of ensuring participation of health personnel in decisions about birth		
Yes	136	49.3
No	140	50.7
Providing comprehensible information from healthcare professionals at birth		
Yes	134	48.6
No	142	51.4
No movement allowed during the contraction period		
Yes	127	46.0

No	149	54.0
Giving the freedom to eat and drink during the contraction period		
Yes	19	6.9
No	257	93.1
Paying attention to the protection of privacy at birth		
Yes	136	49.3
No	140	50.7
Giving birth in the desired position		
No	276	100.0
Don't cuddle immediately after the baby is born		
Yes, given at birth	8	2.9
Given after baby's care	268	97.1
Breastfeeding in the first hour of a baby's life		
Yes	150	54.3
No	126	45.7

Table 4 Comparison of general satisfaction rates with birth experience according to characteristics related to childbirth care

Variables		**General satisfaction with the birthing experience**			**χ^2**	***p***
		Glad	**Not glad**	**Total**		
The feature of the room where labor pains were experienced	Single	104 (72.2)	32 (24.2)	136 (49.3)	**63.430**	**.000**
	Ward	40 (27.8)	100 (75.8)	140 (50.7)		
Accompanying a preferred relative at birth	Yes	90 (62.5)	9 (6.8)	99 (35.8)	**36.803**	**.000**
	No	54 (37.5)	123 (93.2)	177 (64.2)		
Availability of adequate one-to-one midwife support at birth	Yes	107 (74.3)	57 (43.2)	164 (59.4)	**27.667**	**.000**
	No	37 (25.7)	75 (56.8)	112 (40.6)		
Exposure of staff to negative behavior at birth	Yes	30 (20.8)	87 (65.9)	117 (42.4)	**57.299**	**.000**
	No	114 (79.2)	45 (34.1)	159 (57.6)		
The state of ensuring participation of health personnel in decisions about birth	Yes	99 (68.8)	37 (28)	136 (49.3)	**45.686**	**.000**
	No	45 (31.3)	95 (72)	140 (50.7)		
Providing comprehensible information from healthcare professionals at birth	Yes	91 (63.2)	43 (32.6)	134 (48.6)	**25.848**	**.000**
	No	53 (36.8)	89 (67.4)	142 (51.4)		
No movement allowed during the contraction period	Yes	83 (57.6)	44 (33.3)	127 (46)	**16.378**	**.000**
	No	61 (42.4)	88 (66.7)	149 (54)		
Giving the freedom to eat and drink during the contraction period	Yes	13 (9)	6 (4.5)	19 (6.9)	2.159	.142
	No	131 (91)	126 (95.5)	257 (93.1)		
Paying attention to the protection of privacy at birth	Yes	86 (59.7)	50 (37.9)	136 (49.3)	**13.147**	**.000**
	No	58 (40.3)	82 (62.1)	140 (50.7)		
Don't cuddle immediately after the baby is born	Yes, given at birth	5 (3.5)	3 (2.3)	8 (2.9)	.352	.553
	Given after baby's care	139 (96.5)	129 (97.7)	268 (97.1)		
Breastfeeding in the first hour of a baby's life	Yes	95 (66)	55 (41.7)	150 (54.3)	**16.398**	**.000**
	No	49 (34)	77 (58.3)	126 (45.7)		

DISCUSSION

With this study, it was aimed to determine the satisfaction levels and related factors related to the positive birth experience of women. In our study, more than half of the women stated that they were generally satisfied with the birth experience (Table 2). Satisfaction with birth and birth, which is a very important experience in women's lives, is extremely important in ensuring the health of the mother and newborn and the continuity of a positive family atmosphere (15).

In this study, about half of the women; it was determined that she stayed in a single room, received adequate one-to-one midwife support during birth, health personnel participated in the decisions about birth, provided understandable information from health personnel during birth, attention was paid to the protection of privacy, and most women were accompanied by a relative at birth, that is, they experienced positive birth. In addition, it was determined that no woman was allowed to give birth in the position she wanted. Few women breastfed their babies within the first hour (Table 3). For this reason, it will play a key role in ensuring that couples receive quality care during pregnancy, childbirth and postpartum period, especially with the support of health personnel, and being supportive in deciding the appropriate and correct delivery method, in order for couples, especially women, to have a positive birth experience and to be satisfied with the birth method. (10, 16).

Women mostly give birth in the position preferred by health professionals, not in the birth position they prefer (17). Miselle and Eustace (2020) stated in their study that the decision about which position women should take when giving birth is commonly made by obstetricians or midwives/nurses based on their knowledge and experience (18). Similar results were obtained in our study (Table 4). However, joint decision making with the mother will provide positive experiences for both the mothers who gave birth and the health workers and will increase the satisfaction of the mothers from the birth process (19).

Many factors related to women's positive birth experience and midwifery care have been associated with birth satisfaction (20, 21). In the present study, it was determined that women who were satisfied with the birth experience mostly stayed in a single room, were accompanied by their preferred relatives during the birth, and attention was paid to the protection of privacy. It is of great importance for the birth comfort that the woman spends the birth process in a single room and stays in the same room during the birth (19). Similar to our study, not staying in a single room, having another patient with her, and not having a private room for her during labor were defined as a violation of privacy by women, and it was seen that this process affected the positive

experience they received from birth (22, 23). For a positive birth experience, it is recommended that all women be accompanied by someone (spouse, friend, relative) during labor and delivery (24). It is stated that it is important to respect the wishes of all women and that cultural sensitivities should be taken care of (17). If there are no separate rooms in the institution providing care services, that is, if there is a ward system with more than one bed, curtains, screens, etc. It is emphasized that the privacy and confidentiality of all women with separatists should be protected (25).

It is stated that respectful and supportive approaches of healthcare professionals during the birth process have a very important effect on experiencing positive birth, one-to-one midwife support increases positive birth perception and birth satisfaction, on the other hand, negative and non-empathetic approach causes traumatic birth (16, 26). In this study, it was determined that women who were satisfied with their birth experience were mostly not exposed to negative behavior from the health worker and obtained comprehensible information (Table 4). Garthus-Niegel et al. (2013) stated that if the woman feels safe and well cared for during the birth process, the overall experience is positive despite serious complications, Nilsson et al. (2013) the factors that increase a woman's chance of having a positive birth experience; she reported that she was a supportive and competent midwife and doctor, meeting with a midwife who helped in prenatal delivery, constant information about the progress of labor, opportunity to participate in decisions during birth (27, 28). The present study findings support the literature. A positive birth experience is an experience that includes giving birth to a healthy baby in a clinically and psychologically safe environment for healthy mothers and healthy babies, and is an important goal of obstetric care (19).

It is stated that as long as there is no problem that prevents the woman from walking or standing during childbirth, freedom of movement and walking should be given to the woman at birth (29). In this study, it was determined that mothers who were allowed to move during the contraction period had a higher overall satisfaction with the birth experience than mothers who were not allowed to move (Table 4). In the current study, less than half of the mothers were allowed to move during the contraction period (Table 3). Similar to these results, Akyıldız et al. (2021), movement restriction is widely used in the first stage of labor, Dasikan et al. (2020) stated that most of the women remained immobile during childbirth (30, 31). It is stated that freedom of movement at birth shortens the time of birth, provides effective birth contraction, reduces the need for painkillers, and also increases birth comfort, satisfaction and enables them to have a positive birth experience (29).

In this study, it was determined that the overall satisfaction with the birth experience of mothers who breastfed their baby in the first hour of life was higher than mothers who could not breastfeed (Table 4).

Offering women the opportunity to have skin-to-skin contact with their babies soon after birth and providing early breastfeeding assistance are best practices to encourage bonding, breastfeeding and birth satisfaction (15). A woman's satisfaction with her birth experience is also important to the well-being of the baby. A mother's positive birth experience has been associated with positive feelings towards her baby and adjustment to the maternal role. Conversely, traumatic births affected women's ability to breastfeed and bond with their children, leading to child neglect and abuse (10, 32).

Birth can be a special and wonderful experience as well as a traumatic experience (6). Having a positive birth experience, recovering in the early postpartum period and achieving physical comfort are the most basic expectations of women after birth (33).

The limitations of the study are that the study is limited to the number of samples in which the study was conducted, and that the results can be generalized only within the group in which the study was conducted.

CONCLUSION

In our study, it was determined that more than half of the women were generally satisfied with the birth experience. It was determined that the characteristics of the room where the mothers gave birth, accompanying the birth of the person they wanted and receiving one-to-one midwife support affected the satisfaction of the mothers. In addition, the negative behaviors of the personnel, being involved in the decision-making process at birth, receiving clear information from the health personnel, freedom of movement and respect for their privacy during birth were other factors affecting the satisfaction of the mothers. In addition, it was determined that ensuring the safety of the baby and providing breastfeeding in the first hour affected the satisfaction of the mothers.

It is recommended to conduct large-scale, comprehensive studies evaluating the effect of positive birth experience on maternal satisfaction. More research is needed to understand the factors that influence birth satisfaction and outcomes from both positive and negative birth.

Ethics approval: Ethics approval was obtained from the Çukurova University Medikal Faculity Ethics Committee (Approval Date: 08.04.2022 and Decision No: 121/71).

Peer-review: Externally peer-reviewed.

Author Contributions: Concept- FAR, ED, Design- FAR, ED, Supervision- FAR, ED, Data Collection and/or Processing: FAR, ED, Analysis and/or Interpretation: FAR, ED, Writing: FAR, ED,

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors received no financial support for the research, authorship, and publication of this article.

Acknowledgements: We are thankful to all women.

REFERENCES

1. Adams ED, Bianchi AL. A practical approach to workforce support. Journal of Obstetric, Gynecological and Neonatal Nursing. 2008;37:106-15.
2. Uysal B. Evaluation of birth test and postpartum satisfaction of women, Master's Thesis, Eskişehir Osmangazi University Institute of Health Sciences, Eskişehir, 2017.
3. Taheri M, Takian A, Taghizadeh Z, Jafari N, Sarafraz N. Creating a perception of a positive childbirth experience: a systematic review and meta-analysis of prenatal and intrauterine interventions. Reproductive Health. 2018;15(73):1-13.
4. World Health Organization. WHO recommends postpartum care for a positive childbirth experience. ISBN 978-92-4-155021-5/25.06.2018, Access Date: 29.01.2023
5. Ertopcu K. WHO 2018 Recommendations for positive childbirth Dokuz September University. 1.International, 3.National Congress of Birth Preparation Education and Training, Izmir, 2018.
6. Jafari E, Mohebbi P, Mazloomzadeh S. Factors related to women's birth satisfaction in physiological and routine birth groups. Iran J Nurs Midwifery Res. 2017;22(3):219-24. doi:10.4103/1735-9066.208161
7. Preis H, Lobel M, Benjamin Y. Between expectation and experience: testing a Deciency satisfaction model. Psychology of Women Quarterly. 2019;43(1):105-17.
8. Henriksen L, Grimsrud E, Schei B, Lukasse M. Factors related to negative birth experience- Mixed methods study. Midwifery. 2017;51:33-9. doi:10.1016/j.medium.2017.0 5.004.
9. Nakić-Radoš S, Martinić L, Matijaš M, Brekalo M, Martin CR. The relationship between birth satisfaction, post-traumatic stress disorder and postpartum depression symptoms in Croatian women. Dec. Stress and Health. 2022;38(3):500-8.
10. Citak-Bilgin N, Ak B, Coskuner-Potur D, Ayhan F. Satisfaction of women giving birth and influencing factors. HSP. 2018;5(3):342-52.
11. Menhart L, Prosen M. Women's satisfaction with the birth experience: a descriptive research. Obzornik Zdravstvene Nege. 2017;51(4):298-311. doi:10.14528/snr.2017.51.4. 189
12. Kurt-Can E, Ejder-Apay S. Mode of birth: does postpartum affect comfort and satisfaction patterns from childbirth? Journal

of Inönü University Vocational School of Health Services. 2020;8(3):547-65.

13. Martins ACM, Giugliani ERJ, Nunes LN, Bison AMBL, de Senna AFK, Paiz JC, et al. Factors associated with positive birth experience in Brazilian women: A cross-sectional study. Women and Childbirth. 2021;34(4):e337-e345. doi:10.1016/j. wombi.2020.06.003.
14. Goodman P, Mackey MC, Tavakoli AS. Factors related to birth satisfaction. J. Teach Nurs. 2004;46:212-19.
15. Hinic K. Understanding and promoting birth satisfaction in new mothers. American Journal of Maternal/Child Nursing. 2017;42(4):210-5.
16. Tugut N, Golbası Z. The patterns of satisfaction with nursing services of inpatients in obstetrics and gynecology service of a university hospital and some effective factors. Journal of Education and Research in Nursing. 2013;10(2):38-44.
17. Pehlivan N, Demirel-Bozkurt D. Vertical position in the second stage of childbirth: vertical chair. Medical Help. 2020;3(1):43-8.
18. Miselle LT, Eustace L. Why do women take a supine position when giving birth? Perceptions and experiences of postpartum mothers and nurse-midwives in Tanzania. BMC Pregnancy Birth. 2020;20(36):2-10. usd: 10.1186/s12884-020-2726-4 .
19. Yildiz H. Intrapartum care model for positive birth test: Recommendations for a World Health Sample. Kocaeli University Journal of Health Sciences. 2019;5(2):98-105. doi:10.30934/k usbed.546900
20. Ildan Çalım S, Amanak K, Öztürk R, Güleç D, Karaöz B, Kavlak O, et al. Review of maternal health services. EGEHFD. 2015;31(1):120-130.
21. Basgol S, Oskay U. The mother friendly hospital model for the development of maternal and child health services. Anatolian Journal of Nursing and Health Sciences. 2014;17(2):125-9.
22. Tariq S, Chauhan MN, Ahmed SE, Canelo R. Patients view multiple and single rooms in a busy regional hospital. Journal of Patient Care. 2018;4(2):1-4.
23. Arslan ET, Demir H. The attitude of healthcare professionals towards patient intimate relationship: a qualitative research. Bolu Abant Izzet Baysal University Journal of Institute of Social Sciences, 2017;17(4):191-220.
24. Spaich S, Welzel G, Berlit S, Temerinac D, Tuschy B, Sutterlin M, et al. The mode of delivery and its effect on women's satisfaction with childbirth. European Journal of Obstetrics and Gynecology and Reproductive Biology 2013; 170 (2): 401-6. doi: 10.1016/j.ejogrb.2013.07.040
25. Aktas-Reyhan F, Dagli E. Student midwives' views on "Respectful Maternity Care"

during childbirth: A qualitative research. Ankara Journal of Health Sciences. 2022;11(1):96-105.

26. Karabulutlu O, Yavuz C. Evaluation of the satisfaction levels of your mothers with the midwifery/nursing care they received during the postpartum period. Caucasian Science Journal. 2019;6(2):182-99.
27. Garthus-Niegel S, von Soest T, Vollrath ME. Eberhard-Gran M. The impact of subjective birth experiences on post-traumatic stress symptoms: a longitudinal study. Archives of Women's Mental Health 2013;16:1-10. doi.org/10.1007/s00737-012-0301-3
28. Nilsson LT, Thorsell E, Hertfelt Wahn A. Factors affecting positive birth experiences of first-time mothers. Nurs. Arch. 2013;1-6. doi.org/10.1155/2013/3491 24
29. Ondeck M. Healthy childbirth app # 2: walk, move and change positions throughout labor. J Perinatal Education. 2014;23(4):188-93.
30. Akyildiz D, Coban A, Gor-Uslu F, Taspinar A. The effects of obstetric interventions during childbirth on the birth process and newborn health. Florence Nightingale J Nurs. 2021;29(1):9-21.
31. Dasikan Z, Elmas S, Elmas C, Kiratli D, Erdogan M. Routine inventions in normal childbirth: women's birth experiences and expectations. Int J Affectionate Science. 2020;13(3):1768-77.
32. Oikawa M, Sonko A, Faye EO, Ndiaye P, Diadhiou M, Kondo M. Evaluation of maternal satisfaction with facility-based maternity care in tambacouda rural district, Senegal. African Journal of Reproductive Health 2014; 18 (4): 95-104.
33. Conesa Ferrer MB, Canteras Jordana M, Ballesteros Meseguer C, Carrillo Garcia C, Martinez Roche ME. A comparative study analyzing women's birth satisfaction and obstetric outcomes in two different maternity care models. The BMJ Open. 2016; 26,6(8):e011362. try:10.1136/bmj open-2016- 011362