

Araştırma Makalesi/ Research Article

The Relationship between Perceptions of Birth Practices and Mother's Self-Confidence and Attachment in Primiparous Women: A Cross-Sectional Study

Primipar Kadınlarda Doğum Uygulamalarına Yönelik Algıların Annenin Kendine Güveni ile Bağlanma Arasındaki İlişkisi: Kesitsel Bir Çalışma

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ABSTRACT

Objective: This study was conducted to examine the effect of perceptions of birth practices on maternal self-confidence and attachment in primiparous women who gave vaginal birth.

Methods: The cross-sectional study was conducted between October and November 2023 with 480 mothers across Turkey who had primiparous, vaginal delivery and were in the first week of postpartum. The data of the study were obtained by snowball sampling method on the online platform with "Data Collection Form", "Labor Practices Perception Scale (LPSS)", "Karitane Parent Self-Confidence Scale (KPCSS)" and "Mother-Baby Bonding Scale (MBBS)".

Results: It was observed that there was a statistically significant difference between the education and employment status, pregnancy planning, income level, and feeding style of the mothers participating in the study and the LPSS of labor. It was observed that there was a significant difference between pregnancy planning and MBBS total mean score. It was observed that there was a high negative correlation between the total score of the LPSS of the mothers and the mean of the total score of the KPCSS, Baby Care and Parental Role sub-dimension. It was observed that there was a high negative correlation between the total score of the LPSS and Practices sub-dimensions and the mean of the MBBS total score and a moderate positive correlation with the LPSS team sub-dimension ($p<0.05$).

Conclusions: It was observed that as the negative perceptions of labor practices, interventions, and the team increased in the mothers participating in the study, their self-confidence in parenting role and baby care and mother-infant attachment decreased.

Keywords: Primiparous, labor practices, maternal self-confidence, mother-baby bonding

ÖZ

Amaç: Bu çalışma vajinal doğum yapan primipar kadınlarda doğum uygulamalarına yönelik algıların annenin kendine güveni ve bağlanmaya etkisini incelemek amacıyla yapıldı.

Yöntem: Kesitsel tipteki çalışma Ekim-Kasım 2023 tarihleri arasında Türkiye genelindeki, primipar, vajinal doğum yapmış ve postpartum ilk bir haftasında olan 480 anne ile yapıldı. Araştırmanın verileri online platformda kartopu örneklem yöntemi ile "Veri Toplama Formu", "Doğum Uygulamaları Algılama Ölçeği (LPSS)", "Karitane Ebeveyn Kendine Güven Ölçeği (KPCSS)" ve "Anne-Bebek Bağlanması Ölçeği (MBBS)" ile elde edildi. Çalışmaya katılan annelerin öğrenim ve çalışma durumu, gebeliği planlama, gelir düzeyi ve bebeğini besleme şekli ile doğuma ilişkin LPSS müdahale algısı alt boyutu arasında istatistiksel olarak anlamlı fark olduğu görüldü. Gebeliği planlama ile MBBS toplam puan ortalaması arasında anlamlı fark olduğu görüldü. Annelerin, LPSS, Müdahale ve Ekip alt boyutları toplam puanı ile KPCSS, Bebek Bakımı ve Ebeveyn Rolü alt boyutu toplam puan ortalaması arasında negatif yönde yüksek korelasyon olduğu görüldü. LPSS ve Müdahale alt boyutları toplam puanı ile MBBS toplam puan ortalaması arasında negatif yönde yüksek korelasyon, LPSS ekip alt boyutu ile ise pozitif yönde orta korelasyon olduğu görüldü ($p<0.05$).

Sonuç: Çalışmaya katılan annelerin doğum uygulamaları, müdahaleleri ve ekip ile ilgili negatif algıları arttıkça ebeveynlik rolü ve bebek bakımı konusunda kendine güveni ve anne bebek bağlanmasının azaldığı görüldü.

Anahtar Kelimeler: Primipar, doğum müdahaleleri, maternal güven, anne bebek bağlanması

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Introduction

Labor is a natural process that proceeds in accordance with the anatomical and physiological structure of a woman. The progress of this process in its natural course is very important for the protection of maternal and newborn health (World Health Organization (WHO), 2018). In labor, which is an instinctive physiological process; It has been observed that a lot of medical interventions have been made in recent years in order to initiate, accelerate, monitor, and terminate birth (Demirbaş et al., 2020; WHO, 2018).

In a study examining the interventions made at labor in Turkey, the most common interventions were; restriction of eating and drinking, induction, enema, amniomy, continuous electronic fetal monitoring, fundal pressure, and episiotomy. It was observed that most of the women were immobile during childbirth, all of them gave labor in a lying position, received partially supportive care from healthcare personnel, and were not included in the decision-making process during labor (Altun and Kaplan, 2020). It has been suggested that these interventions cause women to experience negative birth in vaginal birth (Aksoy et al. 2020; Başkaya and Saymer, 2018). In a study conducted in Iran (n=800), it was found that the prevalence of adverse birth experience was high in primiparous women (Ghanbari-Homaie et al., 2021). In a meta-analysis study, 76 studies from 22 countries were examined and it was reported that fundal pressure application at birth continues to be widely used in developing countries and is generally applied in 23.2% of births (Farrington et al., 2021). Quality intrapartum care is essential to optimize maternal, fetal, and neonatal peripartum outcomes and experiences of care (Tunçalp et al., 2015). Ideally, maternity care practices should reflect the latest evidence and clinical guidelines, however, there are recognized gaps between recommended care and actual practice in many settings (Masuda et al., 2020). This negatively affects the mother's transition to parenthood and her attachment to her baby, as well as health outcomes for the mother and baby (Farrington et al., 2021; Masuda et al., 2020).

While labor is seen as a positive experience for many women, it is perceived negatively for some women. It can also negatively affect mother-baby bonding, as the negative perception of labor negatively affects the health of both the woman and her baby (Alizadeh-Dibazari et al., 2023; Altun and Kaplan, 2020). Bonding is a two-way

relationship and develops over time with both parties meeting each other's needs. As a result of the baby's sending a signal for his needs and the appropriate response of the caregiver adult, secure baby-parent-father bonding occurs (Engin and Ayyıldız, 2020). Emotional bonding is essential for babies to survive and thrive. The bonding that develops between mother and baby at birth continues to be effective throughout his life, affecting the baby's development, relations with other people, and psychological adaptation (Alizadeh-Dibazari et al., 2023; Altun and Kaplan, 2020).

The baby needs people to support its development, meet its basic needs, and provide care (Yılmaz Bursa and Aksoy, 2023; Tanrıverdi, 2023; Topaç Tunçel and Kahyaoğlu Süt, 2019). The mother needs to gain the knowledge and skills to adapt to the role of motherhood, to accept her baby, and to take care of herself and her baby. In the postpartum period, the mother's anxiety, stress, and anxiety levels may increase. Risk factors identified for postpartum anxiety are; history of anxiety or depression, dissatisfaction with prenatal care, unwanted pregnancy, adverse birth experience, low self-efficacy, and lack of social support (Dol et al., 2020; Tanrıverdi, 2023; Yılmaz and Oskay, 2021). In order to adapt to the postpartum period, the parents need to have high self-efficacy and self-confidence. These factors play an important role in improving parents' abilities to fulfill their roles (Koçak et al., 2021). Mothers' sense of self-efficacy is a psychosocial factor closely related to baby care (Werner-Bierwisch et al., 2018). Caesarean section and interventional births make mothers feel insecure about parenting and reduce their self-efficacy. It is known that parents with high self-efficacy make a successful transition to parenthood, are more confident in their parenting decisions, and feel better emotionally (Koçak et al., 2021). The degree of self-confidence and perception of self-efficacy are strongly related. Self-efficacy is an important factor for attachment, becoming a mother, and the transition to gaining the maternal role, as well as being associated with the smooth fulfillment of the maternal role (Bahorski et al. 2019; Bağrıyanik et al., 2020; Işın, 2021). The postpartum period is a very critical period for the mother's self-confidence and bonding forming. In the literature, there was no study on the relationship between the bonding process of women who had negative birth experiences with

their babies, the mother's confidence in herself, the role of the parent, and baby care. This study was conducted to examine the effect of perceptions of labor practices on maternal self-confidence and bonding in primiparous women who had vaginal birth. For this purpose, answers were sought to the following questions;

- Is there a relationship between mothers' sociodemographic characteristics and their perception of birth practices?
- Is there a relationship between mothers' pregnancy planning and breastfeeding status and parenting self-confidence?
- Is there a relationship between interventions applied during labor and mothers' parenting and baby care?
- Is there a relationship between interventions applied during labor and mothers' bonding with their babies?

Method

Type and Location of the Research

The cross-sectional study was conducted between October and November 2023 with mothers who met the sample selection criteria on the online platform across Turkey. The STROBE notification was complied with during the study. The data of the study were collected by snowball sampling method. In snowball sampling, first, contact is made with one of the units of the universe. With the help of the contacted unit, you can go to the second unit, and with the help of the second unit, you can go to the third unit. In this way, the sample size expands like a snowball grows (Yazıcıoğlu and Erdoğan, 2004). Beyond reflecting the labor interventions in a single center, the snowball sampling method was preferred in order to examine women's perceptions of labor interventions and their effects on self-confidence and attachment.

Universe and Sample of the Research

The sample size of the study was calculated using G Power. In the analysis, according to the study of Aydin et al., (2022) examining the perception of birth traumas (adjusted $R^2=0.13$, Effect size=0.36, standard error = 0.05; Power (1- β err. prob=0.95), it was found that the minimum number of samples that could be taken was 111. The research was completed with 480 women in 30 days when the link was left active.

Inclusion criteria

Mothers between the ages of 18 and 35 who had vaginal delivery, primiparous, in the first

week of postpartum, with their babies with them were included.

Exclusion criteria

Mothers with an anomaly in their baby and/or followed up in intensive care, multiple, risky pregnancies, interventional births, pregnancies with IVF, and psychiatric diagnoses were not included in the study.

Data Collection Tools

The data of the study were obtained with the "Data Collection Form", "Labor Practices Perception Scale", "Mother-Baby Attachment Scale" and "Karitane Parent Self-Confidence Scale".

Data Collection Form: In line with the literature (Barol and Bozkurt, 2021; Çelik and Cığdem, 2020), the prepared form consists of 17 questions related to sociodemographics, obstetrics and newborn.

Labor Practices Perception Scale (LPPS):

The scale developed by Kurtoğlu Barol and Bozkurt (2021) is of 5-point Likert type and consists of 21 questions. A score of 21-105 can be obtained from the scale. Items 13,14,15,16,17,18,19,20,21 are scored inversely on the scale. As the score obtained from the scale increases, the negative perception of labor practices increases in the sub-dimensions and throughout the scale. In all studies in the field of women's health, LPPS can use labor interventions and the team approach together or separately to evaluate immediately or late after birth. Cronbach's Alpha was found to be 0.69 (Interventions 0.88, Team Approach 0.91). In this study, 0.85 was found.

Mother-Baby Bonding Scale (MBBS):

The Mother-Baby Bonding Scale has been developed to be applied to the mother from the first day after birth and allows the mother to express her feelings towards her baby in one word. The scale consists of 8 items and is a 4-point Likert type scale. Answers consisting of four options are scored between 0-3, the lowest score that can be obtained from the scale is 0 and the highest score is 24. As the score obtained from the scale increases, the level of mother-baby bonding decreases. 5 of the items show negative emotion (resentment-angry, neutral or don't feel anything towards the baby, dislike, frustrated, frustrated, aggressive) and are scored inversely (3-0). It is predicted that mothers who get 13 points or more on the scale have problematic bonding, and mothers who get less than 13 points have problem-free mother-baby

bonding. The Turkish adaptation of the scale was made by Aydemir Karakulak (2009). In the analyzes, the total reliability coefficient of the scale was found to be 0.71. In this study, 0.812 was found.

Karitane Parent Self-Confidence Scale (KPSCS): The scale, which was adapted to Turkish by Yılmaz and Oskay (2021), evaluates the self-confidence of mothers and fathers with 0-12 month-old babies about parenting and consists of 14 items. The scores that can be obtained from the scale are between 0-42, and a high score indicates that the parent's self-confidence is high. Only 11 on the scale. The item is scored inversely (0=3; 1=2; 2=1; 3=0). Cronbach's alpha value was 0.93 in the scale and Cronbach's Alpha value was 0.896 in the study group.

Data Collection Process

After obtaining the necessary permissions, the data collection link was shared with a group of 50 mothers in order to evaluate the clarity of the questions. Since no corrections were needed after the pilot application, the data collection process was started. Online survey links were shared with mothers using social media and various communication tools. Sample selection criteria and voluntary consent were shared on the first page of the link. Those who did not meet the criteria or did not meet the voluntary consent could not see the data collection form and could not proceed with the link. The link was left active for 30 days to collect data. At the end of the process, the research was completed. At the end of the process, the research was completed with 480 mothers.

Ethics Committee Approval

Before starting data collection, we received information from the Haliç University Non-Interventional Clinical Research Ethics Committee (date: 28.12.2022 no: 266) ethics committee approval was obtained. Permission was obtained from the authors of the scale. As stated in the first page, participation in the study and the provision of the necessary information was entirely voluntary. If they agreed to participate in the study, they were asked to mark the statement "I consent to participate in the study". No incentives were offered for them to participate in the study. The surveys were anonymous. During the period of study, the principles of the Declaration of Helsinki were adhered to.

Statistical Analysis

It was checked whether the questionnaires were filled out or not. Statistical Package for Social Science (SPSS) version 24.0 for Windows software (SPSS, Inc., Chicago, IL, USA) was used for all statistical analyses. The Kolmogorov-Smirnov test was used to evaluate the distribution of data prior to statistical analysis. Descriptive statistics were calculated, including frequency, percentage for nominal variables, and mean and standard deviation for continuous variables. Mann Whitney U and Kruskal Wallis tests were used to test categorical variables and LPPS, MBBS, KPSCS and their sub-dimensions, and Spearman Correlation Test was used to determine the relationship between continuous variables. Bonferroni test was used in Post Hoc analysis to find the variable that caused the difference in categorical variables. The significance level was determined as $p < 0.05$.

Results

The mean age of the mothers participating in the study was 25.89 ± 4.56 , and the babies were 2.10 ± 1.68 days after birth. The mean total score of the mothers from the scales; LPPS was 63.16 ± 11.06 , MBBS was 12.76 ± 2.21 , KPSCS was 24.73 ± 7.47 (Table 1).

Table 1. Continuous variables related to mothers and babies and mean total scores of the scale (N=480)

Variables	Mean \pm SD	Min-Max
Mothers age	25.89 \pm 4.56	18.00-35.00
Year of marriage	2.51 \pm 1.55	1.00-9.00
Baby's age (days)	2.10 \pm 1.68	1.00-7.00
Baby's birth weight (g)	3181.13 \pm 398.61	2500.00-4200.00
Baby's birth size (cm)	49.63 \pm 1.98	43.00-57.00
LPPS ^a	63.16 \pm 11.06	12.00-60.00
LPPS ^a Intervention	41.30 \pm 8.33	9.00-45.00
LPPS ^a Teamwork	21.86 \pm 6.71	23.00-100.00
MBBS ^b	12.76 \pm 2.21	2.00-20.00
KPSCS ^c	24.73 \pm 7.47	7.00-41.00
KPSCS ^c Baby care	17.82 \pm 6.07	2.00-30.00
KPSCS ^c The Role of Parenting	6.91 \pm 1.99	0.00-12.00

LPPS^a: Labor Practices Perception Scale, MBBS^b: Mother Baby Bonding Scale, KPSCS^c: Karitane Parent Self-Confidence Scale

It was observed that there was a statistically significant difference between the education and

employment status, pregnancy planning, income level, and feeding style of the mothers participating in the study and the LPPS intervention perception sub-dimension of childbirth. It was observed that there was a significant difference between pregnancy planning and MBBS total mean score. It was determined that there was a significant difference between the baby's diet, the total score of KPSCS, and the mean score of the infant care sub-dimension ($p<0.05$; Table 2).

In the study, it was observed that there was a high negative correlation between the total score of LPSS, Intervention, and Team sub-dimensions and the mean total score of KPSCS, Baby Care, and Parent Role sub-dimensions. It was observed that there was a high negative correlation between the total score of the LPSS and Intervention sub-dimensions and the mean of the total score of MBBS and a moderate correlation with the LPSS team sub-dimension in the positive direction ($p<0.05$; Table 3).

Table 2. Distribution of sociodemographic and obstetric characteristics of mothers and infants and comparison with LPPS^a, MBBS^b, and KPSCS^c (n=480)

Variables	n (%)	LPPSa	LPPSa Intervention	LPPSa Teamwork	MBBSb	KPSCSc	KPSCSc Baby Care	KPSCSc The role of parenting
Education level								
Basic Training (a)	85(17.7)	63.51±10.94	41.84±9.37	21.67±6.11	12.77±2.12	24.48±8.59	17.63±7.04	6.84±2.2.10
Secondary Education (b)	254(52.9)	64.06±10.54	41.99±7.79	22.06±6.35	12.74±2.11	25.11±7.15	18.14±5.73	6.96±2.01
University and above (c)	141(29.4)	61.33±11.93	39.73±8.46	21.60±7.66	12.79±2.44	24.21±7.33	17.35±6.05	6.85±1.91
χ^2 /KW&		5.444	9.764	0.815	0.131	1.194	1.842	0.719
p		0.066	0.008	0.665	0.937	0.550	0.398	0.698
Bonferroni		-	b>c	-	-	-	-	-
Working status								
Working	173(81.9)	61.97±11.06	40.38± 7.88	21.58±7.08	12.79±2.21	25.00±7.15	18.03±5.86	6.96±1.89
Not working	303(18.1)	63.86±11.01	41.84±8.55	22.01±6.50	12.74±2.21	24.58±7.66	17.69±6.19	6.88±1.99
U*		3.156	4.333	0.379	0.023	0.340	0.328	0.165
p		0.076	0.037	0.538	0.880	0.560	0.567	0.685
Income status								
Low (a)	110(22.9)	63.60±9.77	42.30±8.21	21.30±6.26	12.64±2.05	25.00±7.67	18.04±6.19	6.96±2.17
Middle (b)	291(60.6)	64.56±10.58	42.19±7.61	22.37±6.35	12.86±2.29	24.56±7.34	17.70±5.94	6.85±1.96
High (c)	79(16.5)	57.39±10.64	36.64±9.52	20.74±8.33	12.54±2.09	24.98±7.76	17.92±6.90	7.06±1.89
χ^2 /KW&		23.329	30.358	7.552	1.384	0.440	0.358	0.918
p		0.000	0.000	0.023	0.581	0.802	0.836	0.632
Bonferroni		a>b>c	a>c	b>c	-	-	-	-
Family type								
Nucleus	393(81.9)	63.37±11.20	41.40±8.35	21.97±6.92	12.81±2.25	24.60±7.28	17.74±5.95	6.86±1.91
Wide	87(18.1)	62.21±10.41	40.86±8.30	21.35±5.71	12.51±2.00	25.33±8.31	18.17±6.61	7.16±2.32
U*		16.390	15.821	17.093	15.575	15.939	16.271	15.225
p		0.546	0.276	0.999	0.188	0.104	0.480	0.104
Pregnancy planning status								
Planned	270(56.2)	61.36±11.93	39.77±8.84	21.58±7.37	12.55±2.29	24.88±7.43	17.99±6.08	6.89±1.86
Unplanned	210(43.8)	65.48±9.34	43.26±7.18	22.21±5.76	13.02±2.08	24.53±7.53	17.59±6.07	6.94±2.16
U*		13.630	18.306	1.463	4.330	0.136	0.432	0.076
p		0.000	0.000	0.226	0.037	0.712	0.511	0.783
Baby's diet								
Human milk (a)	385(80.2)	63.30±11.10	41.75±8.30	21.54±6.51	12.65±2.07	25.30±7.37	18.31±5.94	6.98±2.03
Human milk+formula(b)	82(17.1)	62.21±10.52	39.29±8.24	22.92±6.81	13.15±2.64	22.36±7.47	15.84±6.24	6.52±1.78
Formula (c)	13(2.7)	65.07±13.42	40.69±8.45	24.38±10.68	13.38±3.04	22.84±7.90	15.69±6.30	7.15±2.11
χ^2 /KW&		2.177	10.967	4.276	4.368	10.489	11.512	3.524
p		0.377	0.004	0.118	0.113	0.005	0.003	0.172
Bonferroni		-	a>c	-	-	a>c	a>c	-
Sex of the baby								
Girl	216(45)	63.20±11.72	41.36±8.59	21.84±7.33	12.79±2.10	24.27±7.39	17.45±5.98	6.81±2.01
Boy	264(55)	63.12±10.50	41.25±8.13	21.87±6.18	12.73±2.30	25.11±7.53	18.12±6.13	6.99±1.98
U*		28.430	27.927	28.031	27.685	26.572	26.529	27.256
p		0.957	0.698	0.749	0.579	0.199	0.189	0.399

LPPS^a: Labor Practices Perception Scale, MBBS^b: Mother Baby Bonding Scale, KPSCS^c: Karitane Parent Self-Confidence Scale * Kruskal Wallis, *Mann Whitney U; †: Post Hoc Bonferroni, $p<0.05$

Table 3. Relationship of total scores of LPPS^a, MBBS^b, KPSCS^c and sub-dimensions (N=480)

	r/p	KPSCS ^c Total Score	KPSCS ^c Baby Care	KPSCS ^c The Role of Parenting	MBBS ^b Total Score
LPPS^a Total Score	r	-0.896	-0.796	-0.826	-.871
	p	.000	.000	.000	.000
LPPS^a Intervention	r	-.757	-.654	-.490	-.723
	p	.000	.003	.010	0.000
LPPS^a Teamwork	r	-.834	-.757	-.812	-0.554
	p	.000	.000	.000	0.03
MBBS^b Total Score	r	-.979	-.626	-.765	-
	p	.000	.000	.000	-

r:Sperman Correlation Test, LPPS^a: Labor Practices Perception Scale, MBBS^b: Mother Baby Bonding Scale, KPSCS^c: Karitane Parent Self-Confidence Scale

Discussion

This study was conducted to examine the effect of perceptions of labor practices on maternal self-confidence and bonding in primiparous women who gave vaginal birth. At the end of the study, it was seen that as the negative perceptions about labor practices, interventions, and the team increased in mothers, their self-confidence in parenting roles and baby care and mother-baby bonding decreased.

Labor is one of the most important experiences of women. Labor has physical, psychological, emotional, social, and cultural dimensions (Khaled et al., 2020). In this study, it was determined that mothers who had secondary education, were not employed, had unplanned pregnancies, had low-income status, and fed their babies with formula had higher perceptions of negative labor intervention. In a study, it was reported that unplanned pregnancies and low education levels (Karabulutlu and Yavuz, 2019), women with low economic status and (Henriksen et al. 2017) had low perceptions of negative labor experience and low birth satisfaction. Similarly, a study reported that the perception of traumatic labor increased with mothers' income and education level (Aydın et al., 2022). Another study reported that there was no relationship between mothers' working, education, and pregnancy planning status and their perception of traumatic labor. (Çankaya and Ocaktan, 2022). Literature findings vary. It may be recommended to conduct more studies addressing the sociodemographic characteristics of women who give birth vaginally and their perceptions of labor

intervention and traumatic labor. Although there is no concrete data to explain this situation, it may be recommended to conduct qualitative and investigative studies on women with low education and economic levels who perceive a negative labor experience.

In this study, mothers with unplanned pregnancies were found to have low mother-baby bonding and mothers' self-confidence in parental self-confidence and baby care. In the literature, it is reported that the desire for pregnancy and planned pregnancies positively affect mother-baby bonding (Alizadeh-Dibazari et al., 2023; Engin and Ayyıldız, 2020). The research findings are parallel to the limited literature.

This study determined that mothers who fed their babies with breast milk had high parental self-confidence and self-confidence in baby care. It is very important to feed the baby in adaptation and competence to motherhood roles and to perform and maintain successful breastfeeding (Aksüt, 2022; Zhao et al., 2023). The research findings are parallel to the limited literature. It can be said that successful breastfeeding is effective in increasing the role of parenting and self-confidence in mothers.

The applications made at birth affect the woman's perception of labor and in the postnatal period; It is stated that it negatively affects processes such as the physical and psychological health of the mother, breastfeeding, mother-baby bonding, and baby care (Hosseini et al., 2020). In this study, it was observed that as birth practices, interventions and negative perceptions towards the

team increased, mother-baby bonding decreased and was therefore negatively affected. Mother-infant bonding represents the mother's emotional response to her baby. It can adversely affect the psychological state of the mother and mother-baby bonding in the labor and postpartum period (Akin and Erbil, 2022; Alizadeh-Dibazari et al., 2023; O'Dea et al., 2023). In a meta-analysis study, it was reported that the mother's negative emotions negatively affected the mother-baby bonding (O'Dea et al., 2023). In a study, it was reported that an increase in women's perception of birth-related trauma decreased their level of bonding to their babies (Aydın et al., 2022). Amorim Francisco et al. (2011) reported that episiotomy was performed in 60.7% of vaginal delivery and 18.5% of mothers felt pain in the perineum region in the postpartum period, which negatively affected mother-baby bonding and breastfeeding. It is seen that the research findings and the literature are parallel.

It was observed that as the negative perceptions of the mothers participating in the study towards birth practices, interventions, and the team increased, their self-confidence towards the parenting role and baby care decreased. In a study, the breastfeeding attitude of mothers who develop complications or difficulties in labor, use vacuum or forceps, develop postpartum hemorrhage, do not receive midwife support during the labor process, and have a high perception of traumatic birth are negatively affected in the early postpartum period (Çankaya and Ocaktan, 2022). In another study, continuous electro fetal monitoring (80.5%), oxytocin induction (79.9%), free movement restriction (56.8%), amniotomy (49.7%), enema (44.1%) and it was reported that there was movement restriction (56.8%) (Akyıldız et al., 2021). In another study, it was stated that the stress of women at the time of vaginal delivery affected lactation, the sucking behavior of the newborn, and the results of the first breastfeeding, and they also stated that one of the factors experiencing stress was episiotomy and that stress delayed the adaptation to the parenting role and mother-baby bonding in the postpartum period (Tatarlar and Alus Tokat, 2016). Esencan et al., (2018) reported that only 2.5% of women who underwent episiotomy could breastfeed, 50% of mothers who gave labor with intervention were able to feed their babies through breast milk and supplementary food, and 50% could not breastfeed. It is seen that the research findings and the literature are parallel.

This situation can be interpreted as the increased interventions at labor interrupt the bonding process of mothers with their babies, while negatively affecting the parental role, self-confidence, and baby care processes. It may be recommended to conduct studies on the effect of non-invasive and natural births on bonding and parental self-confidence. The limitation of the study is that it was not conducted in a single center but was conducted online and with women in the first week after birth throughout Turkey.

Conclusion and Recommendations

As a result of the study, it was seen that the perceptions of labor interventions in women who had experienced vaginal delivery and were in the first week after birth were negative, their bonding with their babies was close to the problematic limit, and their baby care, parental role, and self-confidence were below the limit. In the study, it was determined that mothers who had secondary education, were not employed, had unplanned pregnancies, had low income, and fed their babies with formula had higher perceptions of negative labor intervention. It was determined that mother-baby bonding was problematic in mothers whose pregnancies were unplanned. It was determined that mothers who fed their babies with breast milk and whose pregnancies were planned had high parental self-confidence and self-confidence in baby care. It was observed that as the negative perceptions about labor practices, interventions, and the team increased in the mothers participating in the study, their self-confidence in parenting roles and baby care and mother-baby bonding decreased. Labor, as an unforgettable experience for women, can be enhanced by reducing medical interventions. This approach not only fosters positive experiences but also strengthens mother-baby bonding and facilitates a smoother transition to parenthood.

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What did the study add to the literature?

- Women's perception of the interventions provided to primiparous women during labor and delivery in maternity hospitals in Turkey was found to be above average.
- It was observed that as the interventions performed on primiparous women during labor increased, mothers' confidence in their parenting role and care of their babies decreased.
- As the interventions performed on primiparous women during labor increased, mother-infant attachment decreased.
- Health personnel working in obstetrics clinics should avoid intervening in labor unless necessary. Interventions to be applied during labor should be those recommended in international and national guidelines.

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