

## ORIGINAL ARTICLE

## Women's Experiences of Vaginal Birth: A Qualitative Study

## Kadınların Vajinal Doğum Deneyimleri: Nitel Bir Çalışma

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## ABSTRACT

**Aim:** Women gain important experiences during the birth process that they will remember throughout their lives. This study aims to examine women's traumatic birth experiences.**Methods:** A qualitative descriptive approach was used in this study. Data were collected using a Personal Information Form and a Semi-structured Interview Form. Interviews continued until data saturation was reached and the study was completed with 16 women. The thematic analysis method was used in data analysis.**Results:** Women's experiences were analyzed under four main themes: situations that leave a mark, physical environment, obstetric violence and expectations.**Conclusion:** It was determined that women had traumatic experiences related to the birth process. It was determined that women experienced complex emotions during the birth process and were exposed to obstetric violence. Women characterized birth as salvation and beginning. For women to have a positive birth experience, their care should be planned in a respectful, supportive, and holistic manner and their decisions should be respected.**Keywords:** vaginal birth, birth experience, qualitative research

## ÖZ

**Amaç:** Kadınlar doğum sürecinde yaşam boyunca hatırlayacakları önemli deneyimler kazanırlar. Bu çalışmanın amacı kadınların travmatik doğum deneyimlerini incelemektir.**Yöntem:** Bu çalışmada nitel tanımlayıcı bir yaklaşım kullanıldı. Veriler; Kişisel Bilgi Formu ve Yarı Yapılandırılmış Görüşme Formu kullanılarak toplandı. Görüşmeler veri doygunluğuna ulaşılan kadar devam etti ve çalışma 16 kadınla tamamlandı. Veri analizinde tematik analiz yöntemi kullanıldı.**Bulgular:** Kadınların deneyimleri dört ana tema altında analiz edildi. Bu temalar; iz bırakan durumlar, fiziksel çevre, obstetrik şiddet ve beklentilerdi.**Sonuç:** Kadınların doğum süreciyle ilgili travmatik deneyimler yaşadıkları belirlendi. Kadınların doğum süreci boyunca karmaşık duygular yaşadıkları ve obstetrik şiddete maruz kaldıkları belirlendi. Kadınlar doğumu kurtuluş ve başlangıç olarak nitelendirirler. Kadınların olumlu bir doğum deneyimi yaşamaları için bakımlarının saygılı, destekleyici ve bütüncül bir şekilde planlanması ve kadınların kararlarına saygı gösterilmesi gerekir.**Anahtar Kelimeler:** vajinal doğum, doğum deneyimi, nitel araştırma

## Introduction

Women gain important experiences during the birth process that they will remember for the rest of their lives (1, 2). Birth experiences are women's personal feelings and interpretations of the birth process (3). Every woman dreams of having a positive birth experience in birth at the end of pregnancy (4). However, women's experiences and expectations of childbirth inherently involve negative emotions as well as positive emotions, including joys and beliefs as well as worries and fears (5). Women's negative birth experiences, negative attitudes, and expectations towards childbirth affect their choice of birth method and increase cesarean section rates (6). In the literature, it is stated that negative birth experiences are associated with posttraumatic stress, fear of childbirth, negative effects on the baby, breastfeeding problems, inability

to accept the maternal role, and emotional disorders in women. On the other hand, it is stated that mothers with positive experiences increase their self-confidence with a sense of success, adapt better to motherhood and the bond between mother and baby is stronger (3, 7). Birth, which is a meaningful event for the pregnant woman and her family, is usually embedded in a woman's memory and remembered in detail. Women's birth experiences are shared and spread among women through intergenerational transmission and can affect the perception and experiences of birth in society. Therefore, understanding women's birth experiences and their meanings is crucial in providing individualized and culturally sensitive care during and after birth. Considering that women's experiences in all societies will be influenced by cultural, economic, and

social factors, this study focuses on the experiences of women. In this context, the study was conducted to determine women's traumatic experiences of vaginal birth.

## Materials And Methods

### Study design and Participants

In this study, a qualitative descriptive approach based on in-depth interviews was used to obtain rich data on women's experiences. Women's experiences were explored through individual, semi-structured interviews. The study process followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (8).

The purposive sampling method was used to determine the research group. Criterion sampling sampling method among purposive sampling methods was used to determine the participants of this study. The study sample consisted of women giving birth vaginally living in Central Anatolia Region in Turkey. The study sample consisted of 16 women. Inclusion criteria were; 1) having a vaginal birth; 2) volunteering to participate in the study; 3) being 18 years of age or older, and 4) not having a history of risky pregnancy. In qualitative research, it is not possible to determine the sample size before the research, and the sample size can be determined according to data saturation (9). In this study, it was determined that the data was repeated after the interview with the 12th woman, and the data collection process was terminated for the 16th woman.

### Data collection

Data were collected between April 2023 and September 2023 using a personal information form and a semi-structured interview form. The personal information form included questions about women's sociodemographic and obstetric characteristics. The semi-structured interview form consisted of five questions about the participants' birth experiences (Table 1). The first two authors contacted the participants, invited them to the study, and scheduled the appointments. Interviews were conducted by two researchers in a quiet and safe environment. While one of the researchers continued the interview, the other researcher made observations and took notes. The in-depth face-to-face interviews with the participants lasted approximately 35-60 minutes. Data were collected using a voice recorder. Three pilot interviews were conducted to test the interview questions. No

changes were made to the interview questions in the pilot study.

**Table 1.** Research questions

#### Research questions

- Can tell us about your birth story?
- Can you share your experiences about your most recent birth?
- Please share with us what you felt during the birth process.
- Did you receive any support during your birth process? Can you tell us about the support you received during this process?
- Based on your experiences during your birth process, what are your expectations in this process?

### Data analysis

The thematic analysis method was used to analyze the qualitative data obtained from the research. Participants were given code names such as P1, P2, etc. to protect the confidentiality of their identity information. A separate Word document was created for each participant. Braun & Clark's (10) six-stage method was used to manually analyze the data. In the first stage of data analysis, the statements were read several times to obtain information about women's experiences during the birth process. Initial codes were given to the data independently by the researchers. The coding made by the research team was discussed and a consensus was reached. Then, the codes were analyzed and main themes and sub-themes were formed. The themes were examined according to the codes and participants' statements, and the comprehensibility of the themes was evaluated. The authors reached a consensus on the themes. The themes were then named and participants' experiences and perceptions were reported.

### Rigour and trustworthiness

To ensure scientific and methodological rigor, Lincoln and Guba's recommendation (Credibility, Consistency, Conformability, and Transferability) was applied (11). For reliability, the data collection process was recorded with a voice recorder and transcribed verbatim. The data were analyzed independently by three researchers and a consensus was reached on themes/subthemes. The relationships between themes and sub-themes were checked for integrity. In addition to interviews, different data collection methods such as observations and note-taking were used to ensure consistency and data triangulation. For consistency, the research process and the analysis process were reviewed by the research team. For verifiability, all stages of the study were accurately recorded and presented. Participant statements were included in the results. For transferability, the explanation of the methodology of the study was given in detail.

## Ethical statement

Ethics committee permission was obtained from the ethics committee of a university (E-25403353-050.99-313327). The study was conducted under the principles of the Declaration of Helsinki. Participants were informed about the purpose of the study and how it would be conducted and informed written consent for participation in the study and permission to record the interviews were obtained.

## Results

The ages of the participants ranged between 24 and 65. The majority of the participants are university graduates and have nuclear families. The educational level of the participants varied between primary school, high school, and university (Table 2).

**Table 2.** Socio-demographic characteristics of the participants

Number of Participants	Age (years)	Educational level	Employment Status	Gravida	Parity
P1	29	High school	Housewife	2	2
P2	42	High school	Employee	1	1
P3	33	High school	Employee	3	2
P4	65	Primary school	Housewife	5	5
P5	30	University	Employee	2	2
P6	50	University	Teacher	2	2
P7	44	University	Teacher	2	1
P8	54	University	Housewife	2	2
P9	32	University	Teacher	3	2
P10	40	University	Teacher	2	2
P11	35	University	Teacher	1	1
P12	60	Primary school	Housewife	2	2
P13	55	High school	Employee	4	4
P14	46	Primary school	Housewife	5	3
P15	25	University	Nurse	1	1
P16	24	University	Nurse	1	1

P: Participants

The findings of the research were collected under four main themes and 11 sub-themes (Table 3).

**Table 3.** Themes and sub-themes

Themes	Sub-themes
Situations leaving a mark	Salvation and beginning
	Social support
	Coping with pain
	Fear
Physical Environment	Violation of privacy
	Traumatic obstetric table
Obstetric Violence	Maltreatment
	Care without consent
	Restriction of movement
Expectations	Humanistic care
	Support from healthcare professionals

## Situations leaving a mark

Women can recall and describe their birth-related memories in long-term detail. This theme was analyzed under four themes: "Salvation and beginning", "Social support", "Coping with pain" and "Fear".

### Salvation and beginning

Women stated that they see the act of giving birth as a liberation-ending and that birth is a new beginning for the transition to motherhood. Women stated that they wanted to finish the birth as soon as possible, get rid of the baby, which was a part of their body, and hold their baby in their arms in a healthy way.

"I saw the birth as salvation, I wanted it to end as soon as possible, I wanted to go home. Alhamdulillah, my daughter and I survived safely. People are happy to be saved, and to hold their baby in good health. It is as if you forget what you went through in an instant..." (P1)

### Social support

Women expressed social support in this process in different dimensions as support from family, spouse, and health personnel. They frequently emphasized that they wanted their husbands and mothers to be with them and that the support of health personnel was necessary.

"You're kind of in a life-and-death situation. You are in an unfamiliar environment with people you don't know. When I was in pain, I wish there was someone there to support me, to hold my hand, to tell me that I can do it, that I can succeed, to tell me to hold on, to support me..." (P1)

### Coping with pain

Some of the women stated that they experienced uncontrollable severe pain during the birth process and some of them stated that they could endure this pain during this process. While individuals used various methods for coping, some individuals stated that they were relieved by the support and practices of health personnel.

"My midwife was with me. As the pain came, she opened her legs and told me to squat. She was patting my back and massaging my waist. Because the pain was coming from my back. I was relaxing..." (P6)

### Fear

Women stated that they did not know what the process would be like and what they would encounter during

the birth process. They stated that they experienced feelings such as fear of something happening to their baby and fear of losing their own life.

"When birth begins, I thought I wouldn't be able to leave the delivery room. I had the fear that I would die. At that moment you think about nothing but death and if you left a child behind you always think about the child..." (P2)

### **Physical environment**

Under the physical environment theme, two sub-themes were examined: "Violation of privacy" and "Traumatic obstetric table".

#### **Violation of privacy**

The fact that the delivery rooms were not single rooms and were separated only by a screen caused women's lack of privacy. Women could not protect their privacy physically and also witnessed the birth of other pregnant women. They described this situation as a negative experience.

"At the hospital, different people come every time and do vaginal examinations. They never ask for permission. I felt so bad... The rooms were not separate, I stayed in the same room with different pregnant women. There were other patients in the room, two or three beds were in one room. There was only a curtain between us. It was as if privacy was not important at all..." (P9)

#### **Traumatic obstetric table**

Women stated that when they think of the birth environment, the most memorable thing is the obstetric table. They reported feeling uncomfortable and unwell during their stay on the obstetric table. Being naked in the lithotomy position in a crowded environment with no attention to privacy was very uncomfortable for women.

"I don't remember much of the surroundings. The obstetric table in the delivery room already scares me. I only remember the obstetric table, I was wearing only a gown. I had no clothes underneath, I was left naked. I had my feet up. I stayed like that for a long time..." (P8)

### **Obstetric violence**

This theme was analyzed under three themes: "Maltreatment", "Care without consent" and "Restriction of movement".

#### **Maltreatment**

Some of the women stated that the healthcare workers did not communicate with them sufficiently, did not behave tolerantly, did not consider their requests, and that they were neglected. They even stated that they were insulted, yelled at, scolded, and physically intervened when they did not do what the health personnel wanted.

"I couldn't push, I couldn't do it. This time they said the baby's heartbeat was slow. I was panicking. The medical staff kept pressing her elbows on me. She shouts, pushes, yells at you to push, and pinches you on top of that..." (P3)

#### **Care without consent**

Women stated that midwives, nurses, and physicians did not obtain their consent in any way during vaginal examinations, episiotomy, or induction practices, and even when they asked questions about the practice, they did not receive an answer.

"Midwives were coming and going in the room. They were constantly checking the opening with vaginal examination. A lot of vaginal examinations were done without my consent. None of them asked or asked permission." (P15)

The women said that the information they were given was misleading and that they felt unsafe in their environment and were unaware of what to expect.

"They put in intravenous serum to make the birth easier. If I had known it was oxytocin, I wouldn't have had it installed. While examining him, he burst the sac. I couldn't understand what was happening, she didn't say anything, it just happened..." (P7)

#### **Restriction of movement**

Some of the women stated that they could not move as they wanted during the birth process and that they had to lie down and were constantly connected to the non-stress test (NST) device. This situation disturbed them and caused them to have a negative experience.

"They gave oxytocin intravenously and put me to bed. They connected me to NST. I never moved until the birth took place. I never got out of bed. They did not allow me to walk. Maybe if they had let me walk, the pain would have eased and I could have had a comfortable birth. Even walking around would have been a great luxury for me there." (P4)

#### **Expectations**

The theme of expectations was analyzed in two sub-themes: "Humanistic care" and "Support from healthcare professionals".

### **Humanistic care**

During the birth process, women expressed that they wanted to be shown a smile, that communication was important, and that they wanted to be treated humanly. They stated that even a kind word and attention make people happy and affect their psychology positively.

"A little attention can put a smile on people's faces. It can accelerate their struggle with life. But with a small negative word, women completely collapse emotionally." (P1)

### **Support from healthcare professionals**

The presence and support of the health care team during labor was stated as an important factor that made women feel safe. Women stated that neither physician, nurse nor midwife support alone was sufficient and that a team approach was necessary.

"Thanks to the positive approach of the staff in the delivery room, I did not feel anything like anxiety or fear. I completely left myself to them. If I get pregnant again, I would like to have a vaginal birth with the same team." (P7)

"The midwife told me what to do. She taught me how to breathe deeply. She also gave me information about pushing. I did what she said and it was not much of a problem. It hurt like this, but the process went well and the information she gave was sufficient for me." (P16)

### **Discussion**

This study aimed to examine the birth experiences of women during vaginal birth. Women's experiences were examined under four main themes: situations leaving a mark, physical environment, obstetric violence and expectations. While birth is experienced positively for some women, it may cause negative experiences for others (4, 5). The pain experienced by women during labor and their coping with this pain also has an important place in their minds. In studies conducted in the literature, labor pain has been described as an experience that affects the birth process and leaves a mark (1, 3, 12, 13). In this study, women stated that although they experienced severe pain and there were challenging factors, all the negativities were forgotten when they had their

babies as soon as the birth occurred. During this period, women saw birth as a salvation because they were afraid that something would happen to them, and they stated that they had a new beginning when they held their babies in their arms. Similarly, this situation is among the vaginal birth experiences of women in other studies (2, 4). In this study, it was observed that women's social support had an especially important place in their memories. Support given during times of stress has positive effects on women giving birth (14). It is stated in the literature that adequate social support is important for mothers to have positive experiences, makes mothers feel safe, and gives courage and hope (2-4, 15, 16). Women's birth experiences are extremely important because they leave positive or negative traces in their memories. For this reason, it would be beneficial to alleviate women's fears about childbirth and provide adequate support during this process. While the birth was the happiest moment because it was the beginning of motherhood, on the other hand, the fear that something would happen to both the baby and herself caused emotional turmoil during this process. Similarly, in a meta-synthesis study examining women's vaginal birth experiences, women expressed their fear of harming themselves or their babies (12).

When a safe birth environment is provided for women, the birth process proceeds normally and a positive experience is experienced (17). In our study, the physical environment appears as an important factor that is remembered. Women stated that they were uncomfortable because they stayed in an unwanted position on the obstetric table for a long time, and that their privacy was not ensured sufficiently during the labor and birth process. Abuya et al. (18) study, women stated that their privacy was not ensured during the birth process. In the literature, the design of birth environments that meet the needs of women will be extremely important (17, 19, 20) due to the direct impact of the characteristics of the birth environment on birth physiology and women's experiences.

Obstetric violence, this invisible form of violence, is a complex problem that negatively affects women during the birth process (21). Violence during birth can occur in many ways, including mistreatment, medicalization of birth, and poor communication. Each of these can affect women's experiences during birth (22). Martínez-Galiano et al. (23) state in their study that more than two-thirds of women are exposed to any type of obstetric violence. It is a remarkable finding that experiences of obstetric violence were



expressed by a large number of women in our study. Women stated that they encountered ill-treatment during the birth process, that they were not given adequate information, and that some interventions were performed without their consent. Women stated that they were scolded, insulted, and even physically intervened (fundal pressure). Additionally, women stated that the procedure was started directly without informing them or obtaining their consent. Studies in the literature indicate that women are not adequately informed about care, treatment and practices and their consent is not obtained (24, 25). Similarly, in the study of Annborn et al. (21), women stated that they were given incomplete or no information during the birth process and that they were ignored. Meyer et al. (26) study states that the two most common types of maltreatment are ineffective communication and lack of informed consent. It is stated in the literature that women experience many events during the birth process, such as hitting, using force, applying fundal pressure, frequent vaginal examination, routine episiotomy, cesarean section, and oxytocin application (23, 24, 27, 28). Obstetric violence is experienced by many women, and these experiences have the potential to remain in their memories and affect their later lives (21, 22). While women's experiences with the care and support they receive from healthcare workers in health facilities may be positive for some mothers, they may be negative for others (3). In our study, women expressed that they wanted to receive humane care and that the approach of the medical staff was important in this process. Additionally, women expressed the need for nurses, midwives, and physicians to continue their care with a team approach. Namujji et al. (3) stated in their study that women receiving attention, good care, and support went through the birth process more comfortably and safely and were satisfied. Good communication is one of the most important prerequisites for good and safe care (21). When healthcare professionals encourage women to take an active role in their health and well-being, women feel part of the process. Health professionals communicating effectively with women, approaching them with respect and empathy, and providing care and support by considering women's rights with a humane approach during the action process will be very effective in improving the birth experience that will not be erased from women's memories.

### Limitations

Due to the nature of the qualitative research method, the data obtained are specific to the participants. The data is limited to the region where the research was conducted and includes the experiences of 16 participants. For this reason, the results of the study cannot be generalized to all women. The reliability of the data is limited to the accuracy of the information provided by the participants during the interview. In addition, the lack of a limitation on the time elapsed since vaginal birth in the study may have caused recall bias.

### Conclusion

Women's experiences were examined under four main themes: situations leaving a mark, physical environment, obstetric violence and expectations. It was determined that women experienced complex emotions during the birth process and were exposed to obstetric violence. As a result of the study, for women to have a positive birth experience, their care should be planned in a respectful, supportive, and holistic manner, and their decisions should be respected. Women's care should be continued, taking into account their need for information and the need to obtain their consent. During the birth process, health professionals should provide care and support to women by taking into account not only the physiological dimension but also the psychological and social dimensions.

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### Conflict of Interest

The authors report no actual or potential conflicts of interest.

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