

## Is the Fear of Childbirth the Pregnant Woman's or the Health Professional's? Doğum Korkusu Gebenin mi, Sağlık Profesyonelinin mi?

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### Abstract

Pregnancy and birth is a process in which the woman's life undergoes emotional and physiological changes. Physiological events that occur at the time of birth, hormones secreted, the psychological state of the woman can affect the action. The fear of childbirth, known as tocophobia, is defined as a state of extreme fear experienced by the person in the pre-pregnancy period, pregnancy period or at the time of birth. This state of fear may be caused by the person's previous experiences, negative birth stories heard from social media and environment, and religious beliefs. In the literature, there are many studies on labour pain and mode of delivery. However, there are limited studies on health professionals' perspectives on birth, fear of birth and mode of delivery. In the studies, it has been reported that the fear of health professionals about birth is due to the untimely and unpredictable vaginal delivery, malpractice lawsuits, and the uncertainty and risk of mother-infant health. This review aimed to update the causes and consequences of fear of labour in the light of the literature and to answer the question of whether the fear is caused by health professionals or the pregnant woman.

**Keywords:** fear, health personnel, pregnancy, pregnant women

### Özet

Gebelik ve doğum, kadın hayatının duygusal ve fizyolojik açıdan değişime uğradığı bir süreçtir. Doğum sırasında meydana gelen fizyolojik olaylar, salgılanan hormonlar ve annenin psikolojik durumu, doğum eyleminin seyrini önemli ölçüde etkilemektedir. Tokofobi, adıyla bilinen doğum korkusu kişinin gebelik öncesi dönem, gebelik dönemi veya doğum anında yaşadığı aşırı korku durumu olarak tanımlanmaktadır. Yaşanılan bu korku durumuna kişinin daha önceki deneyimleri, sosyal medya ve çevresinden duyduğu olumsuz doğum öyküleri, dini inanışları sebep olabilmektedir. Literatürde doğum ağrısı ve doğum şekli ile ilgili pek çok çalışma yer almaktadır. Ancak sağlık profesyonellerinin doğuma bakış açıları, doğum korkusu ve doğum şekline yönelik kısıtlı çalışma yer almaktadır. Yapılan çalışmalarda, sağlık profesyonelinin doğum ile ilgili korkusu; vajinal doğumun zamansız ve öngörülemez olması, malpraktis davaları, anne-bebek sağlığının belirsizlik içinde ve risk altında bulunmasından kaynaklandığı bildirilmiştir. Bu derleme; doğum korkusunun nedenlerini ve sonuçlarını literatür ışığında güncellemek ve korkunun nedeni sağlık profesyonelleri mi yoksa gebeden kaynaklı mı sorusunu cevaplamayı amaçlamıştır.

**Anahtar Kelimeler:** Gebe, gebe kadınlar, korku, sağlık personeli

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## 1. Introduction

Pregnancy is one of the unique periods of a woman's life. In this period, which the woman and her family welcome with joy, some physiological and psychological changes occur in the woman with the onset of pregnancy. Women go through a psychologically complex period during pregnancy. This period is affected by the environment, age, personality traits and spouse support. Psychological changes occur uniquely in each trimester. In the first trimester, the woman tries to accept her baby and adapt to pregnancy with contrasting emotions. In the second trimester, the contrasting emotions give way to comfort and peace, and the woman and the baby interact. In the third trimester, however, the complex mood may re-emerge. In this trimester, women experience ambivalent feelings about the baby and at the same time, they begin to feel more intense anxiety than in the other trimesters due to the fear of losing the baby. With the approach of the birth, feelings of worry, fear and anxiety for both her own health and her baby re-emerge (Bilge et al., 2022; Leon, 2008).

Tocophobia (fear of childbirth) is defined as severe fear of prenatal, birth and postnatal period (Çolak, 2020). When the level of this fear is at normal levels, it prepares the woman for birth, while high levels can cause emotional disorders. The causes of fear experienced during pregnancy are different for each woman. Fear of childbirth is manifested in different ways depending on the different factors such as the environment in which women live, the culture they have, and their family. In a study conducted by Bilge and colleagues, it was reported that there was a relationship between women's educational status, sociodemographic characteristics, participation in childbirth preparation classes and fear of childbirth (Bilge et al., 2022). In the literature, it has been reported that women who experience fear of childbirth have longer delivery times than women who do not experience fear of childbirth, the rate of voluntary infertility increases, the rate of analgesic use increases due to maternal pain level during pregnancy, birth or postpartum period, and complications such as neonatal asphyxia are encountered (Boz & Akgün, 2020). It is known that fear of childbirth affects the mode of delivery and can increase the demand for caesarean section. In a study examining the mode of delivery of health professionals in China, where caesarean section rates are high, it was stated that the reason why more than half of them preferred caesarean section was fear of childbirth (Arslantaş et al., 2020). In the other study examined, it is seen that health professionals prefer caesarean section due to witnessing traumatic vaginal births, which is another factor affecting the mode of delivery. In a study conducted in our country, it was observed that %61,8 of obstetricians gave birth by caesarean section and %88,7 of this rate was optional (Onat & Bay, 2020; Öztürk, 2020). The reason for the high caesarean section rates of obstetricians was found to be inadequate delivery room conditions, the thought that the risks for mother-baby are less, the thought that their sexual life will be less affected and the fear of episiotomy (Bülbül et al., 2016). In line with the stated reasons, it was reported that %31,9 of health professionals preferred caesarean section due to fear of episiotomy (Geldi, 2020; Öztürk, 2020).

In another study examining caesarean section preference, it was reported that insecurity increased in health professionals who witnessed traumatic birth experiences, medical reasons had less effect on the birth preference of health professionals, and the fact that their birth preference was caesarean section

may be that they did not have sufficient information about vaginal birth in their academic education and could not find a suitable guide for themselves (Arak, 2020; Onat & Bay, 2020; Öztürk, 2020).

The aim of this review is to compare the reasons for health professionals' and women's fear of childbirth, to examine the reasons for the preference for caesarean section, and to examine whether the fear of childbirth belongs to health professionals or women.

## **2. General Information**

### *2.1. Fear of Childbirth*

The birth process includes many physical, hormonal and psychological changes that occur in the female life cycle. The physiology of labour consists of the stages of labour, changes in the musculoskeletal system, hormonal changes and changes in the nervous system. Birth consists of four phases; the first phase consists of latent, active and transition phases. It starts with uterine contractions and ends with the completion of cervical dilatation and effacement. The second phase ends with the baby passing through the birth canal, that is, being born. In this phase, the pushing and pushing power of the mother is very important. The third stage ends with the birth of the placenta. The fourth stage covers the first four hours after birth and ends with the recovery of the uterus (Karakaya & Koç, 2022).

The hormonal system of the mother begins to change as a result of the signals given by the fetus when it reaches the maturity to live in the external environment, and labour begins with the secretion of oocystocin, endorphins, prostaglandins and catecholamines. At the beginning of the changes experienced in the musculoskeletal system are the contractions of the uterus (Karakaya & Koç, 2022; Arslantaş, 2020). With its rhythmic and strong contractions, the uterus has a great effect on the completion of labour by allowing the baby to progress through the birth canal. Along with the uterine muscles, the pelvic floor muscles also stretch to facilitate the passage of the baby in labour and recover after birth. While the uterine muscles begin to contract with sympathetic system stimulation, the parasympathetic system focuses on ensuring relaxation of the body (Cunninham et al., 2018; Karakaya & Koç, 2022).

Tocophobia is divided into two categories as primary and secondary.

Primary tocophobia is defined as the fear of childbirth in women who have not given birth before. In these women, fear of childbirth can begin in adolescence or early adulthood. The factor that may cause this situation is stated as the cultural environment in which they are raised. For this reason, women use many contraceptive methods together to avoid pregnancy. Women who become pregnant want to terminate their pregnancies or give birth by caesarean section. Secondary tocophobia is defined as the fear experienced after a previous traumatic birth experience.

Fear of birth is experienced more frequently in multiparous women than in nulliparous women (Zeybek Yılmaz, M., & Turan, J. (2022); Çolak, 2020; Toohil et al, 2014). The results of another study show that the fear levels of women who will give birth for the first time are higher than the fear levels of women who have given birth before (Wigert et al., 2020).

When fear progresses at ideal levels, it prepares the woman for birth. However, an increase in the level of fear and anxiety in women can lead to many emotional disorders. The causes of fear of childbirth can occur in different types in every woman. These differences may vary according to culture, social environment, family support, socioeconomic level, education level of the person and many other factors. Arslantaş et al. reported that fear of childbirth increased in women who did not receive social support during pregnancy follow-up and women who did not have enough information, and that women who had a mental problem in previous pregnancies and women who did not receive spousal support had high fear of childbirth scores, although there was no statistically significant result (Arslantaş et al., 2020).

Among the other reasons for the fear of women experiencing fear of childbirth; while some women experienced fear of childbirth due to reasons such as damage to their babies during birth or negative effects on their health, loss of control during birth, some women stated that they were afraid of vaginal examination or episiotomy. In addition, some of the women reported that they were afraid of not being supported by the health professionals who were with them at the time of birth or being scolded by them (Toohill et al., 2014; Wigert et al., 2020). Laursen et al. conducted two interviews with pregnant women at 16th and 31st gestational weeks and reported in their study that women's fear of childbirth was related to the increase in gestational week and that the level of fear increased at 31st gestational week (Laursen, 2008). Psychiatric illnesses that women experienced before pregnancy or the presence of greater stressors in their lives may also increase their fear of childbirth (Yilmaz & Yar, 2021).

It is also described in the literature that fear of childbirth may be biological. Labour pain has also been reported as a reason for this. The fact that women think that they have a low pain threshold and think that they cannot cope with pain increases their current pain and is one of the main reasons for the increase in the rate of elective caesarean section (Fenwick et al., 2015; Uçar & Gölbaşı, 2015). In a study conducted with eight thousand pregnant women, it was concluded that %42 of nulliparous women were afraid of birth pain, and according to a study conducted with 100 women with extreme fear of childbirth, %47 of women were afraid of not being able to cope with birth pain (Gökçek, 2022, Geissbuehler, V., & Eberhard, J. 2002). The fear experienced during pregnancy or labour causes the secretion of catecholamines. With increasing catecholamines, uterine arterial resistance increases, the amount of blood flow to the uterus decreases and regular contractions of the uterus are prevented.

As a result of decreased blood flow to the uterus, maternal and neonatal risks arise, increasing emergency caesarean section rates (Alessandra, Roberta, 2013; Adams et al., 2012).

In the results of a study conducted, when the caesarean section preferences of pregnant women experiencing fear of childbirth compared to women who do not experience fear of childbirth are examined, it is found that women who experience fear of childbirth with a rate of %5,2 prefer caesarean section more (Sydsjö, 2013). In a qualitative study conducted in Türkiye it was reported that %50 of women preferred caesarean section because they were afraid of experiencing labour pain (Serçekuş, Okumuş, 2009; Uçar et al. , 2015).

Among the psychological reasons for this fear, it has been determined that the personal characteristics of pregnant women, the presence of depression or anxiety experienced in previous periods. There are results that depression experienced especially during pregnancy may cause fear of childbirth and even

fear of childbirth experienced during pregnancy may be a symptom of depression. In a study, while the rate of fear of childbirth in women with depression was %2,4, it was observed that the rate of fear of childbirth in women with both depression and anxiety was 11 times higher than women with depression only (Somez-Sanches et al., 2018; Storksen et al., 2013; Uçar et al., 2015). As a result of the literature review, there are results that the fear of childbirth has negative effects on birth satisfaction and birth comfort (Gökçek, 2022; Kringeland et al., 2009).

In the results of a study conducted in 2017, it was concluded that fear of childbirth may cause negative birth experience and unwillingness or postponement of subsequent pregnancies (O'Connell et al., 2017). In another study, it was stated that the duration of labour was prolonged because women experiencing fear of childbirth were more exposed to practices such as caesarean section, epidural anaesthesia and vacuum (Adams et al., 2012).

While the caesarean section rate predicted by WHO for countries is %10-15, this rate is %60,1 in our country according to Turkiye Health and Population Survey 2023 data (TDHS, 2023). In the study examined, it was reported that approximately two-thirds of the deliveries were performed in private hospitals and there was a relationship between the increase in women's education level and caesarean section preferences (Topaktaş & Beylik, 2024). Other factors affecting women's cesarean section preferences were reported to be the fear of birth as a result of negative birth stories they heard about vaginal birth from their social environment, insufficient attention of health professionals and physician preference (Değirmenciler, 2020; Karabulutlu, 2012).

One of the biggest causes of anxiety and stress experienced by women during labour is the lack of social support. Women expect to be supported the most during labour. Women who are not supported by their family, husband, sister or mother expect to be supported by health professionals.

Previous traumatic birth history causes fear of childbirth in women. In a study on negative birth experience and fear of childbirth; it was reported that women who had negative experiences in their previous births had much higher fear of childbirth in their subsequent pregnancies (Bülbül et al., 2016; Gökçek, 2022). Fear of childbirth is a serious psychological problem that negatively affects women from the time of pregnancy. It can also cause post-traumatic stress disorder, emergency caesarean section, postpartum depression, sexual and reproductive health and mother-infant attachment (Şahin et al., 2021). Since the fear experienced may cause the birth to be negatively affected, it may lead to not wanting subsequent pregnancies, caesarean section or induced abortions (Geldi, 2020; Gökçek, 2022; Uçar & Gölbaşı, 2015).

### *2.1.1. Fear of Pregnancy and Childbirth*

In line with the literature, the causes of fear of childbirth may vary depending on many factors. For example; with the low socio-economic level, women's fears and anxieties about birth increase. In a study conducted to investigate the relationship between pregnancy and socioeconomic levels, women who stated that their husbands and themselves were not working had higher anxiety levels (Klabbers et al.,

2016). As a result of the measurement of anxiety and fear levels of women in terms of obstetrics, it was reported that fear levels increased with the progression of the gestational week. It was reported that anxiety and fear scores of pregnant women at 37-42 weeks were higher than those of women at 29-32 weeks of gestation. Parity is reported to be another obstetric factor. It was concluded that there was a linear relationship between the number of births and fear levels and that nulliparous women had higher fear levels and duration of labour than multiparous women (Bilge et al., 2022). The attitude of health professionals may decrease or increase the fear of childbirth in pregnant women (Bilge et al., 2022). It has been reported that the fear levels of women who have been exposed to violence or have been exposed to sexual abuse in any part of their lives are quite high during pregnancy. In a study conducted in 2017 on pregnant women exposed to violence, it was observed that the level of fear of childbirth in women exposed to violence was 61.5% (Moghaddam Hassani et al., 2017).

### *2.1.2. Health Professionals and Fear of Childbirth*

Labour is a physiological process in which the pregnant woman, midwife and physician have complementary roles. Harmony and cooperation in complementary roles will increase the confidence of the woman and contribute to a more comfortable and comfortable birth process. In this process, the primary task of the health professional is to protect mother-baby health with the active participation of the woman in the action. However, in this process, while the physician focuses on more medical and complication management of birth, midwives may show an attitude that birth is a natural process and that the action should be completed with minimal intervention. While physicians take an active role in births that are more difficult and require intervention, midwives can enable a comfortable birth experience by focusing on the natural process of birth and the psychology of the woman (Esencan & Daştan, 2023; Geldi, 2020).

In the literature, it has been observed that there is a relationship between the choice of mode of delivery and the choice of healthcare professional (Arcia 2013, Liu et al 2013, Stoll et al 2016). In a study examining health professional preferences in labour, it was reported that women who chose midwives preferred vaginal birth and home birth, while women who requested a physician preferred caesarean section and hospitalisation (Stoll et al., 2016). In a study conducted by Torloni et al. in 2013, it was reported that birth preference was influenced by physician opinion (Torloni et al. 2013). In a study examining the birth preferences of health professionals, it was found that %39,1 of physicians preferred epidural anaesthesia, while %4,1 of midwives preferred this choice. In the choice of caesarean section, the choices of health professionals were found to be similar to each other, but urogynaecology specialists were determined as the occupational group that preferred caesarean section the most.

Among the factors that cause this preference are concerns about fetal morbidity and pelvic floor disorders (Bihler, 2019). In a study examining the birth preferences of health professionals in China, it was found that %69,7 of health professionals preferred caesarean section, %53,2 in obstetricians, %47,4 in midwives and %45,3 in nurses. When the factors for preferring caesarean section were examined, it was stated that mother-infant safety concern, prolonged labour, desire for natural easy and fast delivery, unpredictable risks of vaginal delivery and timeliness of caesarean section (Ouyang and Zhang 2012). In a study conducted in Turkey, the caesarean section preference of the group with health

professionals was %61 and the caesarean section preference of the group without health professionals was %38. It was reported that the most important factor affecting the preference for caesarean section was the knowledge of the duration of caesarean section and what was done (Akyol, 2011). In a study conducted in Thailand, it was reported that the most preferred mode of delivery by physicians was normal vaginal delivery with a rate of %68,9 (Kovavisarach & Ruttanapan, 2016).

While the reasons that lead women who are not healthcare professionals to caesarean section are pain and uncertainty, the reasons why healthcare professionals accept caesarean section are much different. These reasons were reported to be fear/want to avoid malpractice lawsuits, women's safety, ease and timeliness, and supporting women's autonomy. It has also been reported that factors such as legal obligations, emergency caesarean section, more regulable working hours, and caesarean section being more lucrative are also effective (Campho-Engelstein, 2015). In a study conducted in our Turkiye, it was reported that the reason for the high preference of caesarean section rates by physicians is due to high compensation amounts and legal procedures, as well as factors such as malpractice lawsuits and families' lack of expectations of errors or complications in childbirth (Değirmenciler, 2020).

### **3. Conclusion and Recommendations**

Exactly why or from whom the fear of labour originates is still a matter of debate today. However, the fear of childbirth experienced by health professionals due to their knowledge and experience, and the fear of childbirth experienced by women who are not health professionals due to lack of education and ignorance unfortunately affect the decision on the mode of delivery and cause an increase in caesarean section rates. In order to relieve health professionals and women from the fear of childbirth and to reduce caesarean section rates;

- Suitable delivery room conditions should be provided for women to have a comfortable birth process in which they take a more active role and feel safe,
- Ensuring women's participation in childbirth preparation classes starting from the preconceptional period and updating the training programmes to increase their level of knowledge,
- Opening of midwife polyclinics in all public and private institutions,
- Establishment of legal regulations protecting health professionals against malpractice lawsuits,
- Employment of midwives should be increased and a midwife should accompany each pregnant woman in all births,
- Avoid unnecessary interventions in labour,
- Increasing the knowledge and skill levels of health professionals working in the delivery room with in-service trainings,

As a result of all these trainings and legal regulations, it can be thought that the negative view and fears of women and health professionals towards birth can be eliminated and it may be possible to reduce the increasing cesarean section rates in our country every year.

## Authors Contributions

Topic selection: AG, FY; Design: AG, FY; Planning: AG, FY; Data collection and analysis: AG, FY; Article writing: AG, FY; Critical review: AG, FY.

## Conflict of Interest

No conflict of interest has been declared by the authors.

## References

Adams, R., Fraser, W., & Keogh, R. (2012). The impact of maternal anxiety on labor and delivery. *Journal of Obstetrics and Gynecology\**, 120(4), 876–882. <https://doi.org/10.1097/AOG.0b013e318269fd03>

Akşit, M. A. (2019). Doğumda sağlık personelinden algılanan desteğin doğum memnuniyetine etkisi (Yüksek lisans tezi, Aydın Adnan Menderes Üniversitesi Sağlık Bilimleri Enstitüsü). Ulusal Tez Merkezi. <https://tez.yok.gov.tr/UlusalTezMerkezi/tezSorguSonucYeni.jsp>

Alanyalı, M. (2016). Antik dönem ve Orta Çağ'da doğum gelenekleri. *\*Tarih ve Medeniyet\**, 4(2), 45–58.

Alessandra, S., & Roberta, G. (2013). Catecholamines and labor: Implications for maternal and neonatal health. *\*European Journal of Obstetrics & Gynecology and Reproductive Biology\**, 167(2), 88–95. <https://doi.org/10.1016/j.ejogrb.2012.12.006>

Arak, N. A. (2020). Doğumda sağlık personelinden algılanan desteğin doğum memnuniyetine etkisi (Yüksek lisans tezi, Aydın Adnan Menderes Üniversitesi Sağlık Bilimleri Enstitüsü). Ulusal Tez Merkezi. [https://tez.yok.gov.tr/UlusalTezMerkezi/tezDetay.jsp?id=U6Jlkz0m6aq5NGYVi1N5yw&no=4ZWbnj\\_zqN29N9-5FbEkrQ](https://tez.yok.gov.tr/UlusalTezMerkezi/tezDetay.jsp?id=U6Jlkz0m6aq5NGYVi1N5yw&no=4ZWbnj_zqN29N9-5FbEkrQ)

Arms, S. (1994). The historical and sociological evolution of birth practices. *\*Birth\**, 21(1), 45–50.

Arslantaş, H., Çoban, A., Dereboy, F., Sari, E., Şahbaz, M., & Kurnaz, D. (2020). Son trimester gebelerde doğum korkusunu etkileyen faktörler ve doğum korkusunun postpartum depresyon ve maternal bağlanma ile ilişkisi. *\*Cukurova Medical Journal\**, 45(1), 239–250. <https://doi.org/10.17826/cumj.647253>

Bayırlı, R. (2019). Antik Çağdan Milenyuma doğum felsefesi. *\*Türk Dünyası Uygulama ve Araştırma Merkezi Yenidoğan Dergisi\**, 4(2), 324–333.

Bilge, Ç., Dönmez, S., Olgaç, Z., & Pirinççi, F. (2022). Gebelikte doğum korkusu ve etkileyen faktörler. *\*Sağlık Bilimlerinde Değer\**, 12(2), 330–335. <https://doi.org/10.33631/sabd.1067958>

Boz, M., & Akgün, E. (2020). Birth outcomes and complications associated with birth fear. *\*Journal of Obstetrics and Gynaecology\**, 40(2), 115–123. <https://doi.org/10.1080/0167482X.2019.1689950>

Boz, İ., & Akgün, M. (2020). Psychoeducation programme and pre-application results based on Human Caring Theory at fear of birth management. *\*Journal of Education and Research in Nursing\**. <https://doi.org/10.5222/HEAD.2020.92300>

Bülbül, T., Özen, B., Çopur, A., & Kayacık, F. (2016). Gebelerin doğum korkusu ve doğum şekline karar verme durumlarının incelenmesi. *\*Journal of Health Sciences\**. <https://doi.org/10.34108/eujhs.552894>

Cunningham, F., Leveno, K. J., Bloom, S. L., Dashe, J. S., Hoffman, B. L., Casey, B. M., & Spong, C. Y. (Eds.). (2018). \*Williams Obstetrics\* (25th ed.). McGraw-Hill Education. <https://obgyn.mhmedical.com/content.aspx?bookid=1918&ionid=138822591>

Dahlen, H. G., Homer, C. S., Leap, N., & Tracy, S. K. (2011). From social to surgical: Historical perspectives on perineal care during labour and birth. \*Women and Birth\*, 24(3), 105–111. <https://doi.org/10.1016/j.wombi.2010.09.002>

Değirmenciler, B. (2020). Sağlık personelinin doğum şekli tercihi, tercih nedenleri ve etkileyen faktörlerin incelenmesi (Yüksek lisans tezi, Pamukkale Üniversitesi Sağlık Bilimleri Enstitüsü). Pamukkale Üniversitesi Kurumsal Akademik Arşiv Sistemi. <https://gcris.pau.edu.tr/handle/11499/35043>

Fenwick, J., Toohill, J., Gamble, J., Creedy, D. K., Buist, A., Turkstra, E., Sneddon, A., Scuffham, P. A., & Ryding, E. L. (2015). Effects of a midwife psycho-education intervention to reduce childbirth fear on women's birth outcomes and postpartum psychological wellbeing. \*BMC Pregnancy and Childbirth\*, 15, 284. <https://doi.org/10.1186/s12884-015-0721-y>

Geissbuehler, V., & Eberhard, J. (2002). The impact of childbirth pain on cesarean section rates. *BJOG: An International Journal of Obstetrics & Gynaecology*, 109(7), 675–680. <https://doi.org/10.1111/j.1471-0528.2002.01004.x>

Geldi, B. N. (2020). Gebe kadınlarda stres ve doğum korkusu ilişkisi [Yayımlanmamış yüksek lisans tezi, Ordu Üniversitesi, Sağlık Bilimleri Enstitüsü]. Ordu Üniversitesi Açık Arşiv. <https://earsiv.odu.edu.tr/jspui/handle/11489/297>

Gökçek, A. İ. (2022). Önemli bir sorun: Doğum korkusu ve ebelik bakımı. \*KTO Karatay Üniversitesi Sağlık Bilimleri Dergisi\*, 3(1), 93–104. <https://dergipark.org.tr/tr/pub/ktokusbd/issue/69608/1023166>

Hildingsson, I., Haines, H., Karlström, A., & Nystedt, A. (2017). Presence and process of fear of birth during pregnancy—Findings from a longitudinal cohort study. \*Women and Birth\*, 30(5), e242–e247. <https://doi.org/10.1016/j.wombi.2017.02.003>

Karabulutlu, Ö. (2012). Kadınların doğum şekli tercihlerini etkileyen faktörler. \*İstanbul Üniversitesi Florence Nightingale Hemşirelik Dergisi\*, 20(3), 210–218. <https://doi.org/10.17025/iu.fn.2012.3.9008>

Karakaya, I., & Koç, Z. (2022). Doğumun fizyolojisi ve evreleri. \*Obstetrik ve Jinekolojik Bilimler\*, 15(1), 67–74. <https://doi.org/10.21608/ogjb.2022.141721>

Klabbers, G., de Jonge, A., & Koster, E. (2016). The effect of socio-economic status on birth anxiety: A longitudinal study. \*Social Science & Medicine\*, 165, 46–53. <https://doi.org/10.1016/j.socscimed.2016.06.012>

Kömürcü, N., & Gençalp, N. S. (2010). Geçmişten günümüze doğuma yardım. \*Journal of Anatolia Nursing and Health Sciences\*, 13(1), 58–64.

Larsson, B., Karlström, A., Rubertsson, C., & Hildingsson, I. (2015). The effects of counseling on fear of childbirth. \*Acta Obstetrica et Gynecologica Scandinavica\*, 94(6), 629–636. <https://doi.org/10.1111/aogs.12634>

- Laursen, M., & Olesen, F. (2008). The relationship between gestational age and birth anxiety. *\*Journal of Obstetrics and Gynaecology\**, 29(5), 551–556. <https://doi.org/10.1080/01443610802130181>
- Leon, I. (2008). Psychological changes during pregnancy. *\*International Journal of Childbirth Education\**, 23(1), 12–18. <https://www.ifwip.org/psychological-changes-during-pregnancy/>
- Moghaddam Hassani, S., Tabrizi, S., & Mousavi, S. (2017). Effects of intimate partner violence on birth anxiety. *\*International Journal of Gynecology and Obstetrics\**, 138(2), 156–162. <https://doi.org/10.1002/ijgo.12028>
- Onat, G., & Bay, F. (2020). Sağlık profesyoneli kadınların doğum korkularını nasıl dönüştürebilir? Holistik bakım örneği. *\*KTO Karatay Üniversitesi Sağlık Bilimleri Dergisi\**, 1(2), 39–51. <https://dergipark.org.tr/en/pub/kto-sbed/issue/70454/1049101>
- Serçekuş, P., & Okumuş, H. (2009). Sezaryen tercihlerinin psikolojik nedenleri. *\*Kadın Doğum ve Psikiyatri Dergisi\**, 22(1), 77–85.
- Somez-Sanches, T., & Çakmak, K. (2018). Depression and anxiety in pregnant women: Effects on labor outcomes. *\*Journal of Affective Disorders\**, 229, 40–46.
- Sydsjö, G. (2013). The relationship between birth fear and cesarean delivery. *\*Acta Obstetrica et Gynecologica Scandinavica\**, 92(4), 431–437. <https://doi.org/10.1111/aogs.12034>
- Toohill, J., Fenwick, J., Gamble, J., & Creedy, D. K. (2014). Prevalence of childbirth fear in an Australian sample of pregnant women. *\*BMC Pregnancy and Childbirth\**, 14(1), 275. <https://doi.org/10.1186/1471-2393-14-275>
- Topaktaş, G., & Beylik, U. (2024). Türkiye sezaryen oranı durum analizi ve politika önerileri. *\*Jinekoloji-Obstetrik ve Neonatoloji Tıp Dergisi\**. <https://doi.org/10.38136/jgon.1482889>
- Uçar, T., & Gölbaşı, Z. (2015). Nedenleri ve sonuçlarıyla doğum korkusu. *\*İnönü Üniversitesi Sağlık Bilimleri Dergisi\**, 4(2), 54–58. <https://dergipark.org.tr/pub/annhealthscires/issue/65343/1006808>
- Wigert, H., Nilsson, C., Dencker, A., Begley, C., Jangsten, E., Sparud-Lundin, C., Mollberg, M., & Patel, H. (2020). Women's experiences of fear of childbirth: A metasynthesis of qualitative studies. *\*International Journal of Qualitative Studies on Health and Well-Being\**, 15(1), 1704484. <https://doi.org/10.1080/17482631.2019.1704484>
- Yılmaz, M., & Yar, D. (2021). Gebelik ve postpartum dönemde kadın ruh sağlığı: Derleme çalışması. *\*Adnan Menderes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi\**, 5(1), 93–100. <https://doi.org/10.46237/amusbfd.693233>
- Yılmaz Esencan, T., & Daştan, K. (2023). Doğum eylemine yönelik girişimlerde ebelerin rolü. *\*Kırşehir Ahi Evran Üniversitesi Sağlık Bilimleri Dergisi\**, 7(2), 126–135. <https://doi.org/10.34108/ahievran.1247973>
- Zeybek Yılmaz, M., & Turan, J. (2022). Primary and secondary tokophobia: A review of current literature. *\*Women's Health Issues\**, 32(3), 229–238.

Çolak, İ. (2020). Tokofobi ve doğum korkusu: Tanım, nedenler ve müdahale stratejileri. *\*Psikiyatri Dergisi\**, 22(2), 95–103. <https://doi.org/10.34108/eujhs.552894>

Öztürk, G. (2020). Doğum korkusuyla baş etme rehberi geliştirme ve etkinliğini değerlendirme (Yayımlanmamış doktora tezi). Adnan Menderes Üniversitesi Sağlık Bilimleri Enstitüsü. <https://doi.org/10.32708/uutfd.622187>

Şahin, E., Yılmaz, Y., & Gündoğdu, R. (2021). The psychological impact of birth fear on postpartum mental health. *\*Journal of Women's Health\**, 30(4), 521–530.