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The Couples' Birth Experiences and Influencing Factors

Çiftlerin Doğum Deneyimleri ve Etkileyen Faktörler

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ABSTRACT

Objective: The birth experience profoundly changes couples' lives. The husband's role in the birth experience is to provide emotional and physical support to his wife. However, complex emotions can be experienced in the first births due to uncertainties. While birth can be positive for many couples, it can also be negative for many couples. In this context, the aim of this study was to determine the birth experiences of primiparous women and their husbands.
Methods: This descriptive study included 350 couples who experienced their first birth between March 2020 and March 2021. The study was conducted in a mother-friendly hospital in Istanbul that allows spousal participation at birth. Data were collected face-to-face using a general information form and Birth Experience Questionnaire (BEQ). Data were analyzed using SPSS.
Results: The mean age of the mothers was 23.60±2.69 years. The total mean BEQ scores of the mothers and their spouses were 37.89±3.25 and 46.28±5.02, respectively (p=0.00). Couples' birth experiences were significantly associated with birth interventions. Episiotomy, enema, labor induction, emergency cesarean section, no skin-to-skin contact, and no early breastfeeding caused an increase in the negative birth experience scores of couples (p=0.000). As the BEQ total score of the mothers increased, the BEQ total score of the fathers also increased (p=0.000, r=0.57).
Conclusion: In this study, participants had a neutral to slightly negative experience. Labor interventions were associated with a negative birth experience. During the antenatal period, both women and their spouses should receive training and support for possible interventions at birth and emotion management.
Keywords: Birth, spouses, birth experience, satisfaction, primiparous women

ÖZ

Amaç: Doğum deneyimi çiftlerin hayatını derinden değiştirmektedir. Eşin doğum deneyimindeki rolü, eşe duygusal ve fiziksel destek sağlamaktır. Ancak ilk doğumlarda belirsizlikler nedeniyle çiftler karmaşık duygular yaşayabilir. Doğum birçok çift için olumlu olabileceği gibi birçok çift için de olumsuz olabilmektedir. Bu bağlamda, bu çalışmanın amacı primipar kadınların ve eşlerinin doğum deneyimlerini belirlemektir.
Yöntemler: Tanımlayıcı tipteki bu çalışmaya Mart 2020 ile Mart 2021 tarihleri arasında ilk doğumunu gerçekleştiren 350 çift dahil edilmiştir. Çalışma, İstanbul'da doğumda eş katılımına izin veren anne dostu bir hastanede yürütülmüştür. Veriler genel bilgi formu ve Doğum Deneyimi Anketi (DDA) ile yüz yüze toplanmıştır. Veriler SPSS kullanılarak analiz edilmiştir.
Bulgular: Annelerin yaş ortalaması 23,60±2,69 yıl idi. Annelerin ve eşlerinin BEQ toplam puan ortalamaları sırasıyla 37,89±3,25 ve 46,28±5,02 idi (p=,00). Çiftlerin doğum deneyimleri doğum müdahaleleri ile anlamlı olarak ilişkiliydi. Epizyotomi, lavman, doğum indüksiyonu, acil sezaryen, ten tene temas yokluğu ve erken emzirmenin olmaması çiftlerin olumsuz doğum deneyimi puanlarında artışa neden olmuştur (p=,000). Annelerin BEQ toplam puanı arttıkça babaların BEQ toplam puanı da artmaktadır (p=,000, r=,57).
Sonuç: Bu çalışmada katılımcılar nötr ila hafif olumsuz bir deneyim yaşamıştır. Doğum müdahaleleri olumsuz doğum deneyimi ile ilişkilendirilmiştir. Doğum öncesi dönemde, hem kadınlar hem de eşleri doğumda olası müdahaleler ve duygu yönetimi konusunda eğitim ve destek almalıdır.
Anahtar Kelimeler: Doğum, eşler, doğum deneyimi, memnuniyet, primipar kadınlar

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Introduction

Birth has caused positive emotions, such as happiness and joy, in many societies. Simultaneously, it is a difficult and stressful experience. Women have described birth as an unbearable and painful period they have ever had in their lives (Mathur at al., 2020). Birth experience is affected by many factors, such as the woman's participation in the decision-making process, her expectations, the level of effective coping with pain, partner support, midwifery care, and usage of intrapartum analgesics (Chabbert, at al, 2021). Unplanned interventions, maternal complications, and the need for neonatal intensive care have negative effects on birth experiences (Erenel & Çicek, 2018).

Primiparous women are more vulnerable to negative birth experiences (Onchonga, 2021). This problem can be overcome by providing spousal support. The presence of a spouse during birth provides effective coping with pain, reduction in the usage of analgesics, and duration of birth, which causes a positive birth experience (Hosseini et al., 2020). However, in developing countries, such as Türkiye, the presence of a spouse during birth is restricted. Some men in these countries describe birth as an issue for women that does not require male participation. This idea is reported to originate from cultural and religious factors (Emelonye et al., 2016). The World Health Organization (WHO) recommends that childbirth should be positive for both mothers and fathers, family-centered, and sensitive to human rights, which has been created concerning internationally reliable obstetrics and gynecology societies (WHO, 2018).

According to WHO it should be ensured that the birth experience is pleasant for both women and their spouses, regardless of culture, beliefs, and socioeconomic level. Births should be woman-centered, and each intervention made to the mother/baby must be evidence-based. Maternity care should be provided based on a comprehensive approach appropriate for human rights. The effects of birth experience are not limited to birth but also affect the postpartum period (Saxbe, 2018). A birth that causes negative emotions can increase the pre-existing psychological vulnerabilities of parents and lead to unsafe parent-child attachment. After birth, family relationships may be damaged, and emotional, cognitive, and behavioral problems can occur in a couple's children in the long term (Ayers, 2017; Saxbe at al 2018). In addition, it has been noted that the perception of a traumatic birth can cause an increase in psychiatric diseases (Meltzer-Brody et al., 2017).

More studies have been conducted on mothers with negative birth experiences, which may affect their mental health. However, as a result of negative birth experiences, spouses can also experience psychological problems (Ayers, 2017; Saxbe at al., 2018). The positive birth experiences of spouses may contribute to their participation in the family during the postpartum period. It has been reported that spouses who find birth to be risky and frightening, and feel that they cannot provide sufficient support to their spouses during birth may have difficulties adapting to the fatherhood role later (Ferguson et al., 2015). In this study, the birth experience will be examined with a scale that was developed for screening specific to birth experience and to evaluate the psychological dimension of birth. In this context, this study aimed to determine the birth experiences of primiparous women and their spouses.

Research questions:

What are couples' birth experience scale scores?

Do the interventions applied at birth affect the birth experience scale scores?

Methods

Ethical considerations: Ethical approval was obtained from the Marmara University Institute of Health Sciences Ethics Committee before the start of this study (10.09.2018-179). Furthermore, oral consent was obtained from eligible participants after they were informed of the aim, method, and potential contributions to the study. The ethical principles of the Declaration of Helsinki were observed throughout, including providing a detailed explanation of the research and maintaining privacy and confidentiality. Permission was obtained from the authors who conducted the validity and reliability study of the scale in Turkish.

Design: This descriptive study was conducted with primipara women and their spouses in Istanbul. Istanbul is the most crowded and multicultural city in Türkiye.

Study setting: This study was carried out between March 2020 and March 2021. The data were collected from a hospital that allowed spouses to participate in the birth. This hospital is one of the public hospitals with the highest number of births on the European side of Istanbul. The hospital is the first mother-baby-friendly hospital. Spouse participation is permitted in labor and birth.

Sample and Recruitment: The required sample size was calculated according to the sample calculation formula, considering the number of live births in Türkiye in 2016. In 2016, there were 1302000 live births in Türkiye.

The number of individuals to be included in the sample by using the calculation formula for the sample size with a known population was determined to be 271 couples. We used https://www.calculator.net/sample-size-calculator.html

to calculate the sample size. The calculation criteria were p=.5, confidence interval=95% and margin of error=5%. During the research period, 350 couples who fully answered the research questions were included in the study and eleven couples who did not fully answer the research questions were excluded. Fathers participated in every stage of birth. They were with their spouses after they were first admitted to the hospital until the research data were collected.

Sample inclusion criteria: Those who met the following criteria were included in the sample: primiparous, is older than 18 years but younger than 40 years, was willing to participate in the study, can be speaking and understand the Turkish language, has experience at least a 37-week pregnancy, no have complications in the mother and baby at birth and pregnancy, was living with her spouse and literate. The stated inclusion criteria were similar for men and women. Fathers who were living with their spouses and accompanying their spouses throughout the birth process were included in the study.

Data collection: Couples who met the inclusion criteria were invited to participate in the study 24 hours after birth. Data were collected from women and their spouses at least 24 h after birth before they went home from the hospital. Couples who fulfilled the sample inclusion criteria and provided consent were invited to participate in face-to-face interviews and respond to the required assessments. Data were collected using the demographic and obstetric information form and Birth Experiences Questionnaire (BEQ). Women were interviewed individually in their hospital rooms. During these meetings, their spouses were not accepted. The spouses were interviewed individually in an empty room. The interviews lasted approximately 8-10 minutes.

Demographic and obstetric information form: The authors of the present study created this information form based on a review of the literature (Ayers, 2017; Erenel & Cicek, 2018; Saxbe at al., 2018). This form contains 20 items that require participants to provide information about their sociodemographic characteristics (age, educational level, employment status, income), pregnancy (number of pregnancies, health problems during pregnancy), birth (type of birth, obstetric interventions), and characteristics of their newborn infants.

The Birth Experiences Questionnaire (BEQ): This scale, developed by Saxby et al. (2018), was used to evaluate the birth experience. The Birth Experience scale used in this study is a current measurement tool developed in 2018 for the emotional dimension of birth, and a Turkish validity and reliability study was conducted in 2021 (Bayrı Bingöl et al., 2021). It is a self-assessment scale with 10 items for mothers and 10 items for spouses. In the Turkish version, the last item is not scored. It is a seven-point Likert scale, and mothers and fathers can each score between 9 and 63. It is a scale developed to screen for specific birth experiences and evaluate the psychological dimensions of birth. The BEQ assesses the mothers' and fathers' perceptions of stress, pain, control, fear, and support during birth. The BEQ is a special, short, and simple scale for couples that can be applied immediately after birth. It is recommended that this scale be completed immediately after filling in 1-2 days after birth (Saxbe, Horton, & Tsai, 2018). Higher scores on the scale indicate that the birth experience is more negative. In the analysis conducted for the Turkish reliability study of the Birth Experiences Questionnaire, Cronbach's alpha was determined for all scales as $\propto$=.78 for mothers and $\propto$=.86 for fathers. Cronbach's alpha value in this study was determined to be .83 for mothers and .85 for fathers.

Statistical analyses: Statistical analysis of the collected data was conducted using SPSS-25. Numbers and percentages were used to describe the study data. Normal distribution was assessed using the Kolmogorov-Smirnov test. Student's t-test and Pearson's correlation analysis were performed. Statistical significance was set than .05.

Results

The mean age of the women and their spouses was 23.60 ± 2.69 (min:18, max:31) and 26.93 ± 2.92 (min:21, max:38), respectively. While all men were working, only 2.6% of the women were working. When the education levels of the mothers were examined, 90% (n=315) were primary school graduates, 7.4% (n=26) were high school graduates, and 2.6% (n=9) were university graduates. When fathers' educational levels were examined, 86.9% (n=304) were primary school graduates, 9.4% (n=34) were high school graduates, and 3.7% (n=13) were university graduates. When the BEQ total scores of both mothers and fathers were compared with age, education level, and economic status, it was determined that the difference was not significant ($p>.05$). The total mean BEQ score of the mothers was 37.89 ± 3.25 (Min:32, Max:50). In terms of the mean BEQ score, 53.7% (n=188) of the mothers scored above the mean. None of the fathers had attended birth preparation training. The total mean BEQ scores of the fathers were determined as 46.28 ± 5.02 (Min:35, Max:54). In the mean BEQ score, 88.3% (n=309) of the fathers scored above the mean. The total mean BEQ scores of fathers were higher than those of mothers (p=.000). Women who underwent urinary catheterization, induction, and episiotomy during birth and their spouses had higher total BEQ scores. In addition, it was determined that the total BEQ scores of the mothers and fathers of those who had emergency

cesarean section birth, who could not have skin-to-skin contact in the early postpartum period, and whose babies could not be breastfed within the first hour after birth, were higher. The comparison of the mothers' BEQ scores with the variables is presented in Table 1. The comparison of the fathers' BEQ scores with the variables is presented in Table 2. As the total BEQ score of the mothers increased, the total BEQ score of the fathers increased (p=.000, r=.57) (Table 3).

Discussion

In this study, the Birth Experience Questionnaire (BEQ) was used to assess the effect of important components such as stress, fear, and support on the birth experience (Saxbe, Horton, & Tsai, 2018). Fathers had a higher average BEQ score than mothers in this study. However, scales that assess mothers' birth experiences are thought to be useful for identifying mothers who need support and counseling, and for determining areas of birth, birth management, and care that could potentially be improved. As labor has become medicalized over time, control of the birth process has shifted from the woman to healthcare providers. This transition has led to an increase in the frequency of interventions at birth.

Table 1.
The Comparison Of Mothers' Total Birth Experiences Questionnaire Scores With Some Variables

Variables		%	n	BEQ Mean±SD	p
Education level	8 y ↓	90	315	37.83±3.12	.304
	9 y ↑	10	35	38.42±4.27	
Income	Income less than expenditure	11.1	39	38.33±185	.369
	Income covers expenditure	88.9	311	37.83±3.38	
Birth preparation training	Yes	15.7	55	37.21±3.03	.095
	No	843	295	38.01±3.28	
Health problems during pregnancy	Yes	20	70	39.38±2.34	.070
	No	80	280	37.51±3.34	
Enema	Yes	5.4	19	40.36±1.92	**.001***
	No	94.6	331	37.74±3.25	
Urinary catheterization	Yes	9.1	32	42.50±2.78	**.000***
	No	90.9	318	37.42±2.92	
Oxytocin induction	Yes	58	203	38.34±2.75	**.002***
	No	42	147	37.26±3.76	
Amniotomy	Yes	29.1	102	37.78±3.19	.693
	No	70.9	248	37.93±3.28	
Episiotomy	Yes	42	147	38.91±3.63	**.000***
	No	58	203	37.15±2.72	
Fundal pressure	Yes	9.7	34	38.55±306	.209
	No	90.3	316	37.81±3.26	
Type of birth	Vaginal birth	90.6	317	37.41±2.91	**.000***
	Emergency cesarean	9.4	33	42.48±2.74	
Skin-to-skin contact	Yes	88	308	37.33±2.91	**.000***
	No	12	42	41.97±2.61	
Breastfeeding in the first 1 h after birth	Yes	90.9	318	37.42±2.92	**.000***
	No	9.1	32	42.50±2.78	

One such intervention is labor induction, which is also commonly used in Türkiye (Okumuş, 2017). This study found that labor induction negatively affected the birth experience. There are many studies in the literature that support this finding (Mathur at al., 2020; Schwarz, at al., 2016). In a study conducted in Germany, only 20% of women who underwent labor induction rated their birth experience positively (König-Bachmann at al., 2016). To date, there is limited research on women's views on labor induction, their knowledge needs, their preferred method of labor induction, and their experiences. Most studies emphasize that labor induction, regardless of the method used, negatively affects birth satisfaction (Adler at al., 2020; Falk at al., 2019). Another intervention that is frequently applied during birth and causes dissatisfaction, as determined in this study, is the enema. A meta-analysis study (Reveizat al., 2013).

Table 2.
Comparison of Fathers' Total Birth Experiences Questionnaire Scores With Some Variables (N = 350)

Variables		%	n	BEQ Mean±SD	p
Education level	8 y ↓	86.9	304	46.26±5.03	.808
	9 y ↑	13.1	46	46.45±5.00	
Income	Incomelessthan expenditure	11.1	39	51.84±1.15	.060
	Income covers expenditure	88.9	311	45.59±4.88	
Health problems during pregnancy	Yes	20	70	48.21±3.28	.060
	No	80	280	45.80±5.26	
Enema	Yes	5.4	19	46.42±3.27	.906
	No	94.6	331	46.28±5.10	
Urinary catheterization	Yes	9.1	32	51.25±0.98	**.000***
	No	90.9	318	45.78±4.99	
Oxytocin induction	Yes	58	203	47.82±3.89	**.000***
	No	42	147	44.17±5.61	
Amniotomy	Yes	29.1	102	46.42±4.80	.751
	No	70.9	248	46.23±5.11	
Episiotomy	Yes	42	147	4787±4.13	**.000***
	No	58	203	45.14±5.30	
Fundal pressure	Yes	9.7	34	47.14±3.52	.295
	No	90.3	316	46.19±5.15	
Type of birth	Vaginal birth	90.6	317	45.77±4.99	**.000***
	Emergency cesarean	9.4	33	51.21±0.99	
Skin to skin contact	Yes	88	308	45.75±5.04	**.000***
	No	12	42	50.16±2.51	
Breastfeeding in the first 1 h after birth	Yes	90.9	318	4578±4.99	**.000***
	No	9.1	32	51.25±0.98	

found that enema application did not reduce perineal wound infections or other neonatal infections, but rather reduced birth satisfaction. As a result of the meta-analysis, it was recommended that the routine use of enemas be abandoned, as the findings opposed routine enema application. Enemas are generally known to be uncomfortable, painful, and embarrassing. In addition, enemas in labor increase both the workload and the cost of birth. Indeed, a meta-analysis (Reveizat al., 2013) showed that enemas had no significant beneficial effect on rates of perineal wound infection or other neonatal infections, nor women's satisfaction. In line with the findings, the authors recommend that the routine use of enemas during labor should be discouraged. The World Health Organization (WHO) also insists that episiotomy should not be performed routinely (WHO, 2018).

Another intervention that is frequently applied during birth and causes dissatisfaction, as determined in this study, is the enema. A meta-analysis study (Reveizat al., 2013). Found that enema application did not reduce perineal wound infections or other neonatal infections, but rather reduced birth satisfaction. As a result of the meta-analysis, it was recommended that the routine use of enemas be abandoned, as the findings opposed routine enema application. Enemas are generally known to be uncomfortable, painful, and embarrassing. In addition, enemas in labor increase both the workload and the cost of birth. Indeed, a meta-analysis (Reveizat al., 2013) showed that enemas had no significant beneficial effect on rates of perineal wound infection or other neonatal infections, nor women's satisfaction. In line with the findings, the authors recommend that the routine use of enemas during labor should be discouraged. The World Health Organization (WHO) also insists that episiotomy should not be performed routinely (WHO, 2018).

However, in Türkiye, episiotomy is a very common and routine intervention approach (Okumuş, 2017). This study found that the mean BEQ scores of women who underwent episiotomy were increased. It has been found in other studies that episiotomy negatively affects the birth experience and sexual functions and causes a high risk of pain, infection, and psychological problems. In a previous study was reported that the emergency cesarean section had a negative effect on the birth experience (Nahaee et al., 2020). Similarly, in a study carried out in Sweden, the strongest predictor of birth dissatisfaction was found to be

emergency cesarean section (Falk at al., 2019). In Türkiye, the cesarean rate is around 53% and it is frequently requested by women for obstetric reasons. However, the dissatisfaction in this study may be because the cesarean section is not elective but in emergency cases. Couples may feel not prepared. A meta-analysis found that emergency cesarean section adversely affected the psychosocial outcomes of postpartum women, especially post-traumatic stress disorder (PTSD). In addition, while investment in technologies and clinical practices is crucial to reduce the emergency cesarean rate, more research is needed to develop effective strategies to prepare and support women who experience this type of birth (Benton et al., 2019). Skin-to-skin contact and early breastfeeding are other quality indicators of healthcare services at birth.

Table 3.
Relationship Between Fathers' And Mothers' Total Scores In The BEQ

		Mothers' total BEQ scores	Father's total BEQ scores
Mothers' total BEQ scores	r p	1	0.57 0.001*
Fathers' total BEQ scores	r p	0.57 0.001*	1

These interventions are much more cost-effective than clinical therapy and therapeutic techniques (Pour & Raghibi, 2016). Our study found that mothers who did not have skin-to-skin contact with their newborns immediately after birth and who did not breastfeed early had higher negative birth experience scores. Our findings are consistent with other studies in the literature, which have concluded that skin-to-skin contact and early breastfeeding increase birth satisfaction (Karimi at al., 2020; Nahaee et al., 2020; Pour & Raghibi, 2016;) In our study, it was found that men were affected by the same factors much more than women. A similar finding has also been reported in Saxby et al. (2018). Although there is limited information yet, experts claim that negative emotions such as pain, anxiety, and stress are more contagious (Saxbe at al., 2018). Someone else's anxiety can make a shared event seem even worse than it is (Paukert at al., 2008). We think that there would be an emotional transfer during birth. In a systematic review, it was found that fathers are similarly affected by birth to mothers (van Vulpen et al., 2021). Hodgson et al. (Hodgson, at al., 2021) also stated that men who become fathers for the first time experience many negative emotions due to the unknown event they are experiencing. It is claimed that men who have emotions such as stress and anxiety at birth are at an increased risk of depression (Leach at al., 2016). Both the complex nature of birth and the health system can affect fathers. The results of a study carried out by Kaye et al. (2014) with men who accompanied their partners during childbirth are remarkable. The participating men stated that they did not know exactly what the health system wanted from them, what their roles were, or what they would be faced with (Kaye et al., 2014). It is not possible for fathers who accompany the birth to not be affected by the stress experienced by the mothers during the birth process. This study determined that there was a high degree of correlation between the BEQ total scores of the mothers and the BEQ total scores of the fathers. Professionals expect fathers to have active roles during the prenatal, birth, and postnatal periods, but fathers' own experiences are often not considered (Steen at al., 2012). The assessment of fathers' experiences of birth differs greatly by research. Sociologically, men and women become parents later in high-income countries. Thus, the impact of being a first-time father seems to be the most relevant variable. Among the factors that can influence the birth experience of fathers, the most important one is the mode of birth, in which they feel the fear of losing their spouses and babies more and are traumatized (Brunstad at al., 2020). In fact, similar to this study, another study reported that fathers report more negative birth experiences during emergency cesarean sections or instrumented vaginal births than during physiological births (Nystedt & Hildingsson, 2018). In another study, it was reported that dissatisfaction with the medical care provided to their partners also affects the birth experience (Johansson at al., 2012). The literature shows that fathers feel excluded and unsupported by the healthcare system (Baldwin at al., 2018; Poh at al., 2014; Vallin at al., 2019; Widarsson et al., 2012). In addition, fathers' stress scores may have increased in the first births due to cultural factors, Turkish family structure, physical conditions of the hospital's maternity clinics, and fathers' inability to attend pregnancy schools because they are constantly working. As a solution, the positive and respectful behaviors of health professionals toward fathers, and the sharing of information with them, can positively affect the birth experience of fathers.

Conclusion

In this study was determined that the birth experience of fathers was more negative than that of mothers. During the birth, the birth experience of the mother and father affected each other, and birth interventions made the birth experience more negative. Avoiding not evidence-based routine interventions during birth and involving fathers in the process can improve birth experiences. Not only

mothers but also fathers should be assessed psychologically and supported during birth. Spouses may feel helpless, excluded, stressed, unprepared, and unsupported during the birth of their partner. They may also lose control, fear complications, and feel a strong emotional bond and instinct to protect their partner. This can lead to a more negative experience for the spouse. Healthcare professionals can support husbands during labor by providing them with information, emotional support, and a comfortable environment. This can help to reduce stress and anxiety and can make the birth experience a more positive one for both the husband and the mother. Additionally, healthcare professionals should avoid unnecessary interventions, as non-evidence-based interventions have been shown to affect the psychology of both mothers and fathers.

Study Limitations

The study's single-center design limited its generalizability, and additionally, the data were collected through interviews conducted with couples in the early stage of the postpartum period, making the current findings potentially inapplicable to all postpartum couples; moreover, all variables in the study were assessed using self-report measures, which are fallible.

Etik Komite Onayı: Çalışma, Marmara Üniversitesi Sağlık Bilimleri Enstitüsü Etik Kurulu tarafından 10 Eylül 2018, Sayı:179 tarafından onaylandı.
Hasta Onamı: Bu çalışmaya katılan tüm katılımcılardan sözlü onam alındı.
Hakem Değerlendirmesi: Dış bağımsız.
Yazar Katkıları: Fikir, MDB, FBB Tasarımı, MDB, FBB Literatür taraması, MDB, FBB Veri toplama ve/veya işleme, MDB, FBB İstatistiksel analiz ve/veya yorumlama, MDB, FBB Makale yazma, MDB: Eleştirel inceleme/eleştirel okuma, MDB.
Çıkar Çatışması: Yazarların açıklayacak herhangi bir çıkar çatışması yoktur.
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Ethics Committee Approval: The study was approved by the Marmara University Ethical Committee of Health Sciences Institute (10 September 2018, Number:179).
Informed Consent: Verbal informed consent was obtained from all women who participated in this study.
Peer-review: Externally peer-reviewed.
Author Contributions: Idea, MDB, FBB Design, MDB, FBB Literature search, MDB, FBB Data collection and/or processing, MDB, FBB Statistical analysis and/or interpretation, MDB, FBB Manuscript writing, MDB: Critical review/critical reading, MDB.
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Genişletilmiş Özet

İnsan deneyiminde derin bir olay olan doğum, derin sevinçten ezici strese kadar uzanan bir duygu yelpazesini ortaya çıkarır. Genellikle bir zafer anı ve yeni başlangıçlar olarak kutlansa da, doğum aynı zamanda bir kadının yaşayabileceği fiziksel ve duygusal açıdan en zorlu deneyimlerden biri olarak kabul edilmektedir. Doğum deneyimi, kadının doğum eylemi üzerindeki kontrol düzeyi, ağrıyla başa çıkma mekanizmaları, eşinden aldığı destek ve sağlanan ebelik bakımının kalitesi gibi çeşitli faktörlerden etkilenir. Buna ek olarak, planlanmamış girişimler, maternal komplikasyonlar ve yenidoğan yoğun bakım ihtiyacı doğum deneyimini önemli ölçüde etkileyerek olumsuz duygulara ve psikolojik sıkıntıya yol açabilir.

Özellikle primipar kadınlar, daha önce doğum deneyimlerinin olmaması nedeniyle olumsuz doğum deneyimlerine karşı daha savunmasız kabul edilmektedir. Araştırmalar, doğum sırasında partner desteğinin olumsuz yönleri azaltabileceğini ve hem anneler hem de babalar için daha olumlu bir doğum deneyimine katkıda bulunabileceğini göstermektedir. Eş katılımının bilinen faydalarına rağmen, Türkiye gibi bazı toplumlarda kültürel ve dini faktörler doğum sırasında eşlerin katılımını sınırlayabilmektedir. Bu bağlamda, bu çalışma primipar kadınların ve eşlerinin doğum deneyimlerini ve etkileyen faktörleri belirlemeyi amaçlamıştır.

Etik kurul onayı ardından, katılımcılar bilgilendirilmiş onam vermiş ve çalışma boyunca gizlilik korunmuştur. Bu tanımlayıcı çalışmaya Mart 2020 ile Mart 2021 tarihleri arasında ilk doğumlarını gerçekleştiren 350 çift dahil edilmiştir. Veri toplama, eşlerin doğuma katılmasına izin veren bir hastane ortamında gerçekleştirilmiş ve İstanbul'un çok kültürlü doğasını yansıtan çeşitli bir örneklem elde edilmiştir.

Örneklem büyüklüğü, 2016 yılında Türkiye'de gerçekleşen canlı doğum sayısına dayalı formüller kullanılarak belirlenmiştir. Veriler, kadınlar ve eşlerinden doğumdan en az 24 saat sonra hastaneden eve gitmeden önce toplanmıştır. Örnekleme dahil edilme kriterlerini karşılayan ve onay veren çiftler yüz yüze görüşmelere katılmaya ve gerekli değerlendirmeleri yanıtlamaya davet edilmiştir. Veriler demografik ve obstetrik bilgileri içeren tanıtıcı bilgi formu ve Doğum Deneyimleri Ölçeği kullanılarak toplanmıştır. Ölçekten alınan puan arttıkça olumsuz doğum deneyimi algısı artmaktadır. İstatistiksel analizler tanımlayıcı istatistikler, t-test ve değişkenler arasındaki ilişkileri araştırmak için korelasyon analizini içermektedir. Araştırma Soruları: Çiftlerin Doğum Deneyimleri Anketi (BEQ) ile değerlendirilen doğum deneyimi puanları nedir? ve Doğum sırasında yapılan çeşitli girişimler doğum deneyimi ölçeği puanlarını nasıl etkilemektedir? olarak belirlenmiştir.

Annelerin BEQ puanı ortalaması 37,89 olup orta düzeyde bir doğum deneyimine işaret etmektedir ve annelerin yarısından fazlası ortalamanın üzerinde puan almıştır. Buna karşılık, babaların ortalama BEQ puanı 46,28 ile oldukça yüksektir ve genel olarak daha olumsuz bir doğum deneyimi algısına işaret etmektedir. İdrar kateterizasyonu, indüksiyon, epizyotomi, acil sezaryen ve gecikmiş ten tene temas ve gecikmiş emzirme gibi durumlar hem anneler hem de babalar için daha yüksek BEQ puanları ile ilişkilendirilmiştir. Anne deneyimleri, tarihsel olarak doğum araştırmaları ve bakımının odak noktası olmuştur. Babaların duygusal tepkilerini ve zorluklarını tanımak, kapsayıcı ve destekleyici doğum ortamlarını teşvik etmek için çok önemlidir. Çalışmanın bulguları, doğum bakımına daha bütüncül bir yaklaşım önermekte ve sağlık hizmeti sağlayıcılarının annelerin yanı sıra babaların deneyimlerini de kabul etmesi ve ele alması gerektiğinin altını çizmektedir.

Ayrıca, doğum sırasında yapılan tıbbi girişimlerin doğum deneyimleri üzerindeki etkisi de önemli bir tema olarak ortaya çıkmaktadır. Çalışma, üriner kateterizasyon, indüksiyon, epizyotomi ve acil sezaryen gibi çeşitli girişimlerin hem anneler hem de babalar arasında stres ve memnuniyetsizliğin artmasına yol açtığını ortaya koymaktadır. Bu durum, mevcut obstetrik uygulamaların yeniden değerlendirilmesinin ve gereksiz girişimleri en aza indirirken anne ve yenidoğanın refahına öncelik veren kanıta dayalı yaklaşımların benimsenmesinin önemini vurgulamaktadır. Sağlık hizmeti sağlayıcıları, girişimler konusunda daha seçici bir yaklaşım benimseyerek doğum deneyimleri üzerindeki olumsuz etkiyi azaltabilir ve çiftler arasında daha fazla memnuniyeti teşvik edebilir. Çalışma aynı zamanda ten tene temas ve emzirme gibi erken bağlanma deneyimlerinin doğum deneyimlerini şekillendirmedeki önemini vurgulamaktadır. Bu bağlanma fırsatların yokluğu, anne ve babalar arasında artan memnuniyetsizlikle ilişkilendirilmekte ve sağlık hizmeti sağlayıcılarının doğum sonrası dönemde bu uygulamalara öncelik vermesi ve kolaylaştırması gerektiğinin altını çizmektedir. Sağlık hizmeti sağlayıcıları, erken bağ kurmayı teşvik ederek her iki ebeveynin de duygusal refahını artırabilir ve daha güçlü ebeveyn-çocuk ilişkilerini kolaylaştırabilir. Araştırmalar, travmatik doğum deneyimlerinin doğum sonrası depresyon, anksiyete ve ebeveyn-çocuk bağlanmasında zorluklara katkıda bulunabileceğini öne sürerek, tatmin edici olmayan doğum deneyimlerinin geniş kapsamlı sonuçlarını vurgulamaktadır.

Bu çalışma, hem anneler hem de babalar için olumlu doğum deneyimlerini teşvik etmek amacıyla doğum sırasında kanıta dayalı uygulamaların ve destekleyici bakımın öneminin altını çizmektedir. Sağlık çalışanları, girişimlerin etkisini ve doğuma ilişkin

olumsuz algıları azaltmak için iletişim, duygusal destek ve ortak karar alma süreçlerine öncelik vermelidir. Ayrıca, babaları doğum sürecine dahil etme ve onlara bilgi ve destek sağlama çabaları genel aile refahını artırabilir. Çalışma değerli bilgiler sunarken, tek merkezli tasarımı ve öz bildirim ölçümlerine dayanması bulguların genellenebilirliğini kısıtlamaktadır. Gelecekteki araştırmalar boylamsal çalışmaları dikkate almalı ve farklı kültürel bağlamlarda hem anneler hem de babalar için doğum deneyimlerinin psikolojik dinamiklerini daha fazla araştırmak için objektif ölçümler içermelidir.