

## Original Article

## Maternal Satisfaction during Vaginal and Cesarean Births and the Affecting Factors: A Cross-Sectional Study

**Tulay Yilmaz, PhD in Obstetrics and Gynecology Nursing**

Assistant Professor, Istanbul University-Cerrahpasa Faculty of Health Science Department of Midwifery, Istanbul, Turkey

**Husniye Dinc, PhD in Obstetrics and Gynecology Nursing**

Assistant Professor, Istanbul University-Cerrahpasa Faculty of Health Science Department of Midwifery, Istanbul, Turkey

**Sevil Gunaydin, PhD in Midwifery**

Research Assistant, Istanbul University-Cerrahpasa Faculty of Health Sciences Department of Midwifery, Istanbul, Turkey

**Esra Celik, Midwifery Student**

Istanbul University-Cerrahpasa Faculty of Health Sciences Department of Midwifery, Istanbul, Turkey

**Correspondence:** Tulay Yilmaz Assistant Professor, PhD in Obstetrics and Gynecology Nursing Istanbul University-Cerrahpasa Faculty of Health Science Department of Midwifery e-mail: tyilmaz@istanbul.edu.tr / tulaymert@hotmail.com

### Abstract

**Background:** Maternal satisfaction during birth is a multidimensional concept which is complex, is affected by many factors and is difficult to evaluate objectively.

**Aim:** This study was to determine maternal satisfaction during vaginal and cesarean deliveries and the affecting factors.

**Methodology:** This is a descriptive and cross-sectional study. The study was carried out with the participation of 200 postpartum women between January 10, 2018 - March 10, 2018. The data collection tools were the "Descriptive Information Form," "The Scale for Measuring Maternal Satisfaction-normal birth," and "The Scale for Measuring Maternal Satisfaction-cesarean birth." The data were evaluated using the SPSS 20.0 package program, and descriptive statistics were evaluated by the Mann-Whitney U Test, Kruskal-Wallis Test, and chi-square test. The statistical significance was considered as  $p < 0.05$ .

**Results:** No significant difference was found between those with vaginal delivery and those with cesarean birth in terms of the mean satisfaction scores according to age, education, employment status, economic situation, total number of pregnancies, number of live births, and number of living children ( $p > 0.05$ ). No significant relationship was found between the scores obtained by women with vaginal birth and cesarean birth from the birth satisfaction scale and planned pregnancy, husband's request for pregnancy, participation in prenatal education class, reading a source about birth such as books and magazines, prenatal knowledge of the infant's gender, and the number of controls during pregnancy ( $p > 0.05$ ).

**Conclusions:** In this study, maternal satisfaction during birth was found to be low regardless of the birth method.

**Key Words:** Birth, Postpartum Satisfaction, Postpartum Period, Birth Satisfaction, Birth Method

### Introduction

Pregnancy is among the most important periods affecting the reproductive health during birth and postpartum period. Nowadays, the main objective of obstetric practices is to reduce perinatal and maternal mortality to the lowest possible level. This objective is an integral part

of the country's general health policy. The birth process may cause women to face many risks during pregnancy, birth, and postpartum period. One of the important issues that should be decided in this process is the woman's birth method. The trend towards birth by cesarean section is gradually increasing all over the world.

Although this increase in the cesarean birth ratio is observed in almost all countries, the ratios vary with the health policies of countries and the differences in people's perspective on labour (Gozukara & Eroglu, 2008).

Labour is performed when the uterus does not grow anymore and the fetus reaches a maturity when it can live in the external environment. Birth is performed in two ways as vaginal and cesarean birth. Vaginal birth is a birth method which has been used by people for millions of years. In general, the physiological structure of the female body is suitable for vaginal birth. Vaginal birth can be performed successfully with adequate support and appropriate intervention (Karabulutlu 2012). Cesarean birth is defined as the birth of fetus, placenta, and membranes through the incision in the abdominal and uterine walls, and it has been one of the most common major surgical interventions in the world and in our country in recent years. Apart from real cesarean indications, the increase in multiple pregnancies and maternal age and the increased use of assisted reproductive techniques and fetal electronic monitoring are shown as the reasons for the increase in cesarean rates in the world and in Turkey. Other reasons are the doctor's worry about malpractice, the fact that painless childbirth through epidural anesthesia is not very common, no economic contribution of cesarean birth to the health institution and doctor, the changes in the training of midwives and doctors, insufficient information and support during antenatal care, increase in the education level of mothers, the fact that families have good economic conditions, the fear of vaginal birth, false beliefs about vaginal birth, and the increase in elective cesarean rates. Furthermore, the belief that cesarean section is safer for the infant and mother is influential in preference for cesarean birth. Although cesarean birth is a valuable obstetric intervention that saves the life of the mother and infant, like other major surgical interventions, it brings along many risks associated with anesthesia and surgical operation, and some physical and psychosocial problems and complications during the postpartum period (Capik et al., 2016; Ertem & Kocer, 2008; Sahin 2009).

The World Health Organization recommends that birth should be left to its physiological process by keeping away from medicalization and that necessary things should be done for women to have positive birth experiences (World Health

Organization, 2018) because conditions such as postpartum depression, posttraumatic stress disorder, unintended pregnancy, and abortion, request for cesarean section in subsequent deliveries, sexual dysfunction, insufficiency in mother-infant attachment, breastfeeding problems and neglect of baby occur in women with negative birth experiences (Gungor & Rathfisch, 2009; Uludag & Mete, 2014; Alp Yilmaz & Baser, 2017).

Maternal satisfaction during birth is a multidimensional concept which is complex, is affected by many factors and is difficult to evaluate objectively. This concept is affected by the mother's perception of care, mother's control over herself, personal support and medical interventions. Furthermore, maternal satisfaction during birth is a factor contributing to positive birth experience (Gungor & Rathfisch, 2009; Uludag & Mete, 2014; Alp Yilmaz & Baser, 2017).

This study was carried out to determine maternal satisfaction during vaginal and cesarean deliveries and the affecting factors.

### **Methodology**

The postpartum women staying in the postpartum service of a training research hospital in Istanbul constituted the population of the study, and 200 postpartum women, including 100 women who had given birth by vaginal birth and 100 women who had given birth by cesarean birth, who could speak Turkish and agreed to participate in the study constituted the sample of the study.

**Research Design:** This is a descriptive and cross-sectional study.

**Time of Data Collection:** Data were collected between January 10, 2018 - March 10, 2018.

**Data Collection Tools Used in the Study:** The "Information Form," "The Scale for Measuring Maternal Satisfaction-normal birth," and "The Scale for Measuring Maternal Satisfaction-cesarean birth" were used to collect the data in this study.

**Information Form:** It is a questionnaire form consisting of 21 questions examining the socio-demographic, obstetric, birth preparation and birth-related knowledge of postpartum women.

**The Scale for Measuring Maternal Satisfaction-normal birth:** The scale which was

developed by Ilkay Gungor (2009) is a 5-point Likert-type scale consisting of 43 items and 10 sub-dimensions. The total raw scores range from 43 to 215. As the total score obtained from the scale increases, mothers' satisfaction levels with the care they receive in the hospital during vaginal birth increase. The cut-off point calculated for the Scale for Measuring Maternal Satisfaction–normal birth was determined as 150.5 ( $\geq 150.5$  high level of satisfaction,  $< 150.5$  low level of satisfaction) (Gungor & Beji, 2012).

*The Scale for Measuring Maternal Satisfaction–cesarean birth:* The scale which was developed by Ilkay Gungor (2009) is a 5-point Likert-type scale consisting of 42 items and 10 sub-dimensions. The total raw scores range from 42 to 210. As the total score obtained from the scale increases, mothers' satisfaction levels with the care they receive in the hospital during cesarean birth increase. The cut-off point calculated for the Scale for Measuring Maternal Satisfaction–cesarean birth was determined as 146.5 ( $\geq 146.5$  high level of satisfaction,  $< 146.5$  low level of satisfaction) (Gungor & Beji, 2012).

**Ethics Committee Approval:** Ethics committee approval was received for this study from İstanbul Provincial Health Directorate University of Health Sciences Bakırköy Dr. Sadi Konuk Training and Research Hospital. (Approval Date: 08.01.2018, Approval Number: 2018-01-22).

**Informed Consent:** In accordance with the Declaration of Helsinki, written and verbal information about the study and nature of the study was provided to the participants, and their written consents were obtained.

**Data Analysis:** SPSS 20.0 package program was used in the evaluation of data, and the Mann-Whitney U Test, Kruskal-Wallis Test, and chi-square were used in descriptive statistics. The statistical significance was accepted to be  $p < 0.05$ .

## Results

200 postpartum women staying in the postpartum service participated in the study. The average age of the participants was  $28.86 \pm 5.52$  (16-42), and the average age of their spouses was  $32.57 \pm 5.86$  (17-50). It was found out that the mean number

of pregnancies was  $2.68 \pm 1.44$ , the number of live births was  $2.27 \pm 1.16$  (0-6), the number of living children was  $2.26 \pm 1.16$  (0-6), and the gestational week was  $38.1 \pm 2.77$  (22-41). When mothers giving birth by vaginal and cesarean birth were compared in terms of demographic and obstetric characteristics, it was determined that there was no statistically significant difference between the groups except for the number of live births ( $p > 0.05$ ). This result shows that the groups are homogeneous. Cronbach's alpha values of the Scale for Measuring Maternal Satisfaction–normal birth and the Scale for Measuring Maternal Satisfaction–cesarean birth were found to be 0.77 and 0.75, respectively. The mean score of the scale for postpartum maternal satisfaction was found to be  $141.52 \pm 15.45$  (105-173) in vaginal birth and  $137.12 \pm 15.02$  (95-179) in cesarean birth (Table 1). No significant difference was found between those with vaginal birth and those with cesarean birth in terms of the mean satisfaction scores according to age, education, employment status, economic situation, the total number of pregnancies, the number of live births, and the number of living children ( $p > 0.05$ ) (Table 2). No significant relationship was found between the scores obtained by women with vaginal birth and cesarean birth from the birth satisfaction scale and planned pregnancy, husband's request for pregnancy, participation in prenatal education class, reading a source about birth such as books and magazines, prenatal knowledge of the infant's gender, and the number of controls during pregnancy ( $p > 0.05$ ). In women with cesarean birth, the satisfaction level of those who received information about birth from health personnel before the birth was found to be higher compared to those who did not receive information ( $p < 0.05$ ) (Table 3). When the scale for maternal satisfaction during birth was evaluated according to the cut-off score, it was determined that the satisfaction levels of 33% and 67% of the women with vaginal birth were high and low, respectively, while the satisfaction levels of 25% and 75% of the women with cesarean birth were high and low, respectively. No significant relationship was found between maternal satisfaction during birth and birth method ( $\chi^2 = 1.554, p = 0.213$ ) (Table 4).

**Table 1. Sub-dimension mean scores of the scale for measuring maternal satisfaction according to the birth method**

<b>Measuring Maternal Satisfaction–normal birth Subscales</b>	<b>Vaginal Birth mean± standard deviation (min- max)</b>
Perception of health professionals	14.97±3.19 (4-20)
Nursing/midwifery care in labour	6.94±2.06 (2-10)
Comforting	10.71±3.38 (4-20)
Information and involvement in decision making	24.37±5.14 (11-37)
Meeting baby	8.60±3.23 (3-15)
Postpartum care	18,21±3.53 (10-27)
Hospital room	14.12±3.09 (4-19)
Hospital facilities	9.89±2.34 (3-13)
Respect for privacy	16.82±2.23 (9-20)
Meeting expectations	16.89-4.40 (5-24)
Total	141.52±15.45 (105-173)
<b>The Scale for Measuring Maternal Satisfaction–caesarean birth Subscales</b>	<b>Caesarean Birth mean± standard deviation (min-max)</b>
Perception of health professionals	17.93±3.02 (7-25)
Preparation for caesarean	7.22±2.15 (2-10)
Comforting	7.95±2.90 (3-15)
Information and involvement in decision making	25.35±5.20 (10-40)
Meeting baby	6.37±3.46 (3-15)
Postpartum care	18.80±4.08 (11-30)
Hospital room	10.45±2.77 (3-15)
Hospital facilities	10.37±2.16 (4-15)
Respect for privacy	16.40±2.75 (7-20)
Meeting expectations	16.28±4.23 (5-25)
Total	137.12±15.02 (95-179)

**Table 2. Comparison of the mean satisfaction scale scores according to the demographic and obstetric characteristics of women**

	Vaginal Birth (n=100)		Caesarean Birth (n=100)	
	n	mean± standard deviation (min-max)	n	mean± standard deviation (min-max)
<b>Age</b>				
≤25	32	143.6±14.03 (117-164)	22	132.05±14.00 (95-154)
26-34	57	140.84±15.78 (105-171)	56	139.32±15.18 (101-179)
≥35	11	139.09±15.45 (108-173)	22	136.59±14.94 (110-163)
Chi-Square*		1.000		3.235
p		0.606		0.198
<b>Education</b>				
Elementary and below	72	142.56±16.29 (105-173)	70	138.27±13.96 (108-175)
High School and above	28	138.86±12.93 (117-161)	30	134.43±17.19 (95-179)
Z**		-1.233		-1.061
p		0.218		0.289
<b>Working status</b>				
Not working	85	141.02±15.68 (105-173)	83	137.34±15.31 (95-179)
Working	15	144.33±14.23 (118-161)	17	136.06±13.89 (115-157)
Z**		-0.777		-0.261
p		0.437		0.794
<b>Economical situation</b>				
Bad	30	144.67±16.08 (115-173)	38	137.61±12.50 (108-165)
Middle	56	140.75±15.28 (105-171)	48	135.19±16.02 (95-175)
Good	14	137.86±14.59 (111-159)	14	142.43±17.31 (115-179)
Chi-Square*		2.042		1.509
p		0.360		0.470
<b>Total number of pregnancies</b>				
1	31	139.42±15.00 (105-162)	18	133.39±12.33 (108-154)
2-3	47	142.09±15.08 (108-169)	53	140.13±15.93 (95-179)
4 and above	22	143.27±17.16 (118-173)	29	133.93±14.05 (101-168)
Chi-Square*		0.680		3.214
p		0.712		0.201
<b>Number of live births</b>				
1	39	139.13±15.13 (105-169)	21	133.38±12.52 (108-154)
2-3	49	142.80±15.78 (108-171)	63	138.35±16.07 (95-179)
4 and above	12	144.08±15.55 (124-173)	16	137.19±13.63 (110-168)
Chi-Square*		1.611		1.588
p		0.447		0.452
<b>Living children</b>				
1	40	139.32±15.13 (105-169)	20	133.90±12.61 (108-154)
2-3	48	142.71±15.78 (108-171)	65	138.79±16.36 (95-179)
4 and above	12	144.08±15.55 (124-173)	15	134.20±10.87 (110-149)
Chi-Square*		1.411		1.807
p		0.494		0.405

\* Kruskal-Wallis, \*\* Mann Whitney U, p&lt;0.05

**Table 3. Comparison of women's scores obtained from the birth satisfaction scale according to certain variables**

	Vaginal Birth (n=100)		Caesarean Birth (n=100)	
	n	mean± standard deviation (min-max)	n	mean± standard deviation (min-max)
Planned pregnancy				
Yes	86	142.29±15.73 (105-173)	78	137.54±15.42 (95-179)
No	14	136.79±13.13 (117-154)	22	135.64±13.70 (110-168)
Z**		-1.421		
P		0.155		-0.504
				0.615
Husband wants pregnancy				
Yes	87	142.40±15,67 (105-173)	79	137.92±15.70 (95-179)
No	13	135.6±12,88 (117-154)	21	134.10±11.92 (110-153)
Z**		-1.666		
P		0.096		-0.914
				0.361
Participating in the prenatal education class				
Yes	16	142.81±13.72 (115-160)	15	136.07±13.55 (95-148)
No	84	141.27±15.81 (105-173)	85	137.31±15.33 (101-179)
Z**		-0.381		
P		0.703		-0.357
				0.721
Reading books, magazines, etc. about birth				
Yes	43	141.21±15.36 (105-163)	36	138.44±17.50 (95-179)
No	57	141.75±15.64 (115-173)	64	136.38±13.51 (108-168)
Z**		-0.118		
P		0.906		-0.690
				0.490
Getting information about birth from health personnel before birth				
Yes	21	138.14±15.76 (105-158)	20	145.90±19.14 (115-179)
No	79	142.42±15.34 (111-173)	80	134.93±13.04 (95-165)
Z**		-0.918		
P		0.358		-2.496
				0.013
Knowing the sex of the baby before birth				
Yes	96	141.52±15.67 (105-173)	94	136.66±14.83 (95-179)
No	4	141.50±10.25 (130-152)	6	144.33±17.48 (118-168)
Z**		-0.097		
P		0.923		-1.212
				0.225
Number of visits to control during pregnancy				
No	33	140.85±15.85 (108-173)	36	135.42±13.10 (108-165)
Less than 4	55	142.33±15.01 (115-169)	48	136.70±13.36 (110-175)
4 and more	12	139.67±17.41 (105-161)	16	142.19±22.20 (95-179)
Chi-Square*		0.280		
P		0.869		3.536
				0.171

\* Kruskal-Wallis, \*\* Mann Whitney U, p&lt;0.05



**Table 4: Comparison of women's birth methods and satisfaction status**

Satisfaction level of scales according to cutoff score	Vaginal Birth n=100	Caesarean Birth n=100	Total	Test and p value
High	33	25	58	$\chi^2 = 1.554$ p = 0.213
Low	67	75	142	
Total	100	100	200	

$\chi^2$ =Chi-Square, p<0.05

## Discussion

Birth satisfaction is affected by many factors. This study was carried out to determine maternal satisfaction during vaginal and cesarean deliveries and the affecting factors. In the present study, the groups were homogeneously distributed. The relationship between birth satisfaction and socio-demographic/clinical characteristics was discussed in this section.

In their systematic review, Srivastava et al. (2015) indicated that there was a positive relationship between age and satisfaction. In the studies conducted by Bélanger-Lévesque et al. (2014), Bilgin et al. (2018), Menhart and Prosen (2017) and Blomquist et al. (2011), no difference was found between age and satisfaction. The results of the present study are different from the study result of Srivastava et al. (2015) and similar with the study results of Bélanger-Lévesque et al. (2014), Bilgin et al. (2018), Menhart and Prosen (2017) and Blomquist et al. (2011). The difference in study results can be attributed to the fact that it was carried out in different locations and with different groups.

While the lack of a difference between educational level and satisfaction in the present study is similar to the study results of Bélanger-Lévesque et al. (2014), Bilgin et al. (2018), Menhart and Prosen (2017) and Blomquist et al. (2011), it is different from the result of the systematic review carried out by Srivastava et al. (2015) indicating that educational level negatively affects satisfaction.

In the present study, no difference was found between employment status and economic situation and satisfaction. In the study conducted by Bilgin et al. (2018), it was determined that unemployed individuals had a higher level of birth satisfaction. In their systematic review, Srivastava et al. (2015) reported that maternal satisfaction scores were generally high in

developing countries. It was thought that the difference between the present study and the literature could be related to women's personal perception and expectations.

The fact that no difference was found between the total number of pregnancies and satisfaction level in the present study is similar to the study of Bélanger-Lévesque et al. (2014) and Menhart and Prosen (2017). In the study carried out by Bilgin et al. (2018) and in the systematic review performed by Srivastava et al. (2015), it was reported that multiparous women had high maternal satisfaction during birth. These differences in the literature may be due to the differences in the measurement tools used in studies. Furthermore, while interpreting the results of the study, it should be taken into account that the differences in experience between primiparous and multiparous women may affect the satisfaction level.

In the present study, maternal satisfaction level during birth was low in both vaginal birth and cesarean birth. The data of the present study are parallel with the result of Spaich et al. (2013). In another study carried out by Alp Yilmaz and Baser (2017), low satisfaction levels of postpartum women giving birth by vaginal birth are similar to the results of the present study. In the studies carried out by Shorten and Shorten (2012) and Bilgin et al. (2018), it was found out that women giving birth by vaginal birth were satisfied more compared to other birth methods. In the study conducted by Blomquist et al. (2011), birth satisfaction was found to be higher in those given birth by cesarean birth. This difference between the studies is thought to be caused by the difference in satisfaction measurement tools or the socio-cultural structure differences of the population in the studies. It is necessary to carry out more studies using the same birth satisfaction measurement tool in order to make further comparisons.

In the present study, the fact that planned pregnancy did not cause a difference in terms of satisfaction is similar to the study results of Bilgin et al. (2018). According to the result of the systematic review carried out by Srivastava et al. (2015), it was reported only in one study that planned pregnancy positively affected satisfaction. In the literature, there are not enough conclusions to reach a consensus on the effect of planned pregnancy on satisfaction.

In the present study, it was determined that the variables such as husband's request for pregnancy, participation in prenatal education class, reading a source about birth such as books and magazines, and the number of controls during pregnancy did not affect birth satisfaction. When the literature was reviewed, it was observed that these variables were not included as the affecting factors in birth satisfaction studies. In this respect, it can be said that they are the data which contribute to the literature.

In the present study, in women giving birth by vaginal birth, there was no difference in terms of satisfaction level between those who received information about birth from health personnel before the birth and those who did not receive information. In the systematic review performed by Srivastava et al. (2015), it was stated only in one study that the satisfaction of women who received information during vaginal birth increased when they were involved in their care. The fact that limited data are available in the literature makes it difficult to comment in this regard. In the present study, in women with cesarean birth, the satisfaction level of those who received information about birth from health personnel before the birth was found to be higher compared to those who did not receive information. In the systematic review performed by Srivastava et al. (2015), it was reported that cognitive support was the determinant of satisfaction with maternal care. This result is similar to the result of the present study. Information given to women with cesarean birth before the procedure allows their participation in the decision-making process. Accordingly, the increase in birth satisfaction is an expected result.

**Conclusions:** In this study, maternal satisfaction during birth was found to be low regardless of the birth method. It is necessary to perform interventions to increase birth satisfaction in order to create a positive birth experience in

women. There is a need for further studies to determine the factors affecting birth satisfaction.

**Limitations:** The results obtained cannot be generalized to the whole population since the data were collected from a small sample group and from a single center. Since postpartum satisfaction is a multi-directional concept, all factors affecting the satisfaction of the participants may not be examined, such as whether birth methods are planned, the anesthesia methods used, and whether operative interventions are performed.

**Acknowledgments:** We would like to thank all the participants for helping with recruitment for the study.

## References

- Alp-Yilmaz, F., & Baser, M. (2017). Effects of healthcare provided, by clinical nurses and student nurses during normal birth, on the mother's satisfaction. *Acibadem University Health Sciences Journal*, 1, 24-28.
- Bélanger-Lévesque, M. N., Pasquier, M., Roy-Matton, N., Blouin, S., & Pasquier, J.C. (2014). Maternal and paternal satisfaction in the delivery room: A cross-sectional comparative study. *BMJ Open*, 4(2), 1-7.
- Bilgin, N. C., Ak, B., Potur, D. C., & Ayhan, F. (2018). Satisfaction with birth and affecting factors in women who gave birth. *Journal of Health Science and Profession*, 5(3), 342-352.
- Blomquist, J. L., Quiroz, L. H., MacMillan, D., McCullough, A., & Handa, V. L. (2011). Mothers' satisfaction with planned vaginal and planned cesarean birth. *American Journal of Perinatology*, 28(5), 383.
- Capık, A., Sakar, T., Yildirim, N., Karabacak, K., & Korkut, M. (2016). Determining the satisfaction levels of the mothers according to their mode of birth. *Journal of Anatolia Nursing and Health Sciences*, 19(2), 92-99.
- Ertem, G., & Kocer, A. (2008). Vaginal birth after cesarean. *Dirim*, 82, 1-5.
- Gozukara, A. G. F., & Eroglu, K. (2008). Factors that affect the choices of primipars on the mode of delivery. *H.U. Faculty of Health Sciences Nursing Journal*, 15(1), 32-46.
- Gungor, I., & Beji, N. K. (2012). Development and psychometric testing of the scales for measuring maternal satisfaction in normal and cesarean birth. *Midwifery*, 28(3), 348-57.
- Gungor, I., & Yildirim-Rathfisch, G. (2009). Evidence based practices in the second and third stage of normal labor. *Turkish Journal of Research & Development in Nursing*, 11(2), 56-65.
- Karabulutlu, O. (2012). Identifying the women's choice of delivery methods of and the factors that



- affect them. *Florence Nightingale Journal of Nursing*, 20(3), 210-218.
- Menhart, L., & Prosen, M. (2017). Women's satisfaction with the childbirth experience: A descriptive research. *Obzornik Zdravstvene Nege*, 51(4), 298–311.
- Sahin, N. H. (2009). Rates and outcome of cesarean section. *Maltepe University e-Journal of Nursing Science and Art*, 2(3), 93-98.
- Shorten, A., & Shorten, B. (2012). The importance of mode of birth after previous cesarean: success, satisfaction, and postnatal health. *The Journal of Midwifery & Women's Health*, 57(2), 126-32.
- Spaich, S., Welzel, G., Berlit, S., Temerinac, D., Tuschy, B., Sutterlin, M., & Kehl, S. (2013). Mode of delivery and its influence on women's satisfaction with childbirth. *European Journal of Obstetrics and Gynecology*, 170(2), 401-406.
- Srivastava, A., Avan, B. I., Rajbangshi, P., & Bhattacharyya, S. (2015). Determinants of women's satisfaction with maternal health care: A review of literature from developing countries. *BMC Pregnancy and Childbirth*, 15(1), 97.
- Uludag, E., & Mete, S. (2014). Supportive care in labor. *Cumhuriyet Nursing Journal*, 3(2), 22-29.
- World Health Organization (2018). *WHO recommendations: intrapartum care for a positive childbirth experience*. Licence: CC BY-NC-SA 3.0 IGO. Retrieved from: <https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>