



An interpretative phenomenological study on the experiences of women receiving special physical and psychological support during pregnancy and childbirth

Merve İdem¹ · Osman Söner¹

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Abstract

This study aims to phenomenologically examine women's experiences receiving special physical and psychological support during pregnancy and childbirth to understand and express their feelings, perspectives, perceptions, and experiences towards pregnancy and childbirth. This study was carried out with the participation of 13 women who realized the pregnancy and birth process with the 'Birth Team Without Wishes' consisting of a doctor, midwife, doula, pregnant and birth psychological counselor/psychologist, received birth preparation training, received one-to-one midwife and doula support, and worked with a pregnant and birth psychological counselor/psychologist. After the interviews, analyses were conducted using the MAXQDA 2020 program. Vivo Coding and Thematic Coding methods were used in the study. As a result of the findings, in line with the purpose of the research, which was determined as 'Experiences of Special Support during Pregnancy and Childbirth,' 6 sub-themes were found as 'Pregnancy Process; Preparation for Childbirth; Birth Process; Professional Support and Team; Psychological Emotional Support; Support from Family, Environment and Social Groups.' The findings revealed that participants generally perceived the pregnancy process as a happy, pleasant, and positive experience, but environmental factors and individual differences shaped and influenced their experiences. Despite the proven importance of multidisciplinary support in maternal care, one of the key challenges identified is the lack of holistic models that integrate psychological and physical support tailored to women's emotional realities. This study offers an original contribution by exploring how a coordinated, team-based support model addresses these gaps and enhances birth satisfaction, emotional resilience, and perceived safety. Birth preparation training and the support provided by professional support teams were found to reduce women's anxiety and worry levels and increase their satisfaction with the process. Suggestions were made in line with the findings.

Keywords Pregnancy · Giving birth · Physical support · Psychological support · Spouse support

Introduction

Pregnancy is one of the most important and sensitive periods of human life, during which women not only experience physical changes but also emotional and psychological changes. The physical and psychological counseling support

that a woman receives during pregnancy and childbirth can positively support the strengthening of the mother-baby bond and make the mother feel safer and experience pregnancy and childbirth more positively. This assumption is supported by numerous empirical studies showing that emotional security during pregnancy reduces stress-related complications and enhances early maternal attachment (Bohren et al., 2017; Elsenbruch et al., 2007). While the strong formation of this sense of trust and bond carries the hope that the baby will come to a safe world, the preparation for life begins in the mother's womb before birth (Yaşar, 2022). Therefore, pregnancy is considered one of the most meaningful experiences that women can have throughout their lives and is regarded as a fundamental process for the

✉ Osman Söner
osman.soner@izu.edu.tr

Merve İdem
mrvidem@gmail.com

¹ Educational Science, Istanbul Sabahattin Zaim University, Istanbul, Turkey

continuity of human generation (Aslan, 2023; Ertaş, 2023; Fleischman et al., 2010; Sari, 2022; Yenerel & Küçümen, 2015). The effects of these processes in different periods of life have been revealed by researchers (Altun & Kaplan, 2020; Aydın & Yıldız, 2018; Uğuz & Karaçam, 2022). Expectant mothers and fathers must make the necessary psychological, emotional, and physical preparations for the baby's arrival (Valentine, 1982). Therefore, it can be said that maintaining psychological health during pregnancy is critical for the mother and the unborn baby (Elsenbruch et al., 2007). Considering the relationship between maternal stress and health problems during pregnancy, the effects of work stress, and the role of inadequate social support in this process, these situations have negative effects on maternal and infant health. In this context, Tuan et al. (2024) also highlight the importance of detecting psychological distress early in vulnerable populations using both conventional and machine learning-based approaches. In this sense, factors such as physically exhausting work and insufficient prenatal care may also increase pregnancy risks (Triche & Hossain, 2007). As a result, it is stated that pregnancy is a process that includes individual differences and where physical and psychological preparation for the birth process is carried out. It is also noted that unfavorable living conditions and inadequate social, physical, and psychological support have negative effects on maternal and infant health.

One of the persistent challenges in maternal care is the fragmentation of support services, where psychological, physical, and social supports are often provided in isolation rather than through an integrated care framework. Additionally, there is a limited understanding of how women personally interpret and evaluate these support mechanisms, which hinders the development of needs-based interventions. In this context, the assumption that multidisciplinary support—including psychological counseling, doula support, and midwifery care—enhances maternal experiences is grounded in the increasing number of studies that link such support with improved maternal satisfaction, reduced anxiety, and healthier perinatal outcomes (Topal & Uysal, 2022; Lucas & Wright, 2019). However, despite the increasing recognition of the importance of multidisciplinary support in childbirth, there remains a lack of phenomenological investigations focusing on how women themselves make sense of these combined support systems in their own words. Very few studies have phenomenologically examined how women perceive and experience the integrated support of midwives, doulas and counsellors throughout pregnancy and birth. There is a gap in the literature on how these integrated support systems are experienced holistically by women and how they contribute to emotional well-being, birth satisfaction and resilience (Bohren et al., 2017). Understanding these lived experiences is crucial because

assumptions about the effectiveness of support mechanisms, if left unexamined, may lead to one-size-fits-all models that do not meet individual needs. In this regard, the originality of the present study lies in its exploration of women's authentic narratives and emotions toward a coordinated, holistic birth support model. This qualitative insight enables the development of responsive, woman-centered interventions that reflect the diverse psychological and physical needs of birthing individuals. This study aims to fill this gap by examining the lived experiences of women who receive coordinated psychological and physical support during pregnancy and birth through a specialised care model. In doing so, the study aims to contribute to the body of knowledge by providing in-depth insights into the benefits of integrated childbirth support and informing future interventions, policy recommendations and interdisciplinary practices in maternal care.

During a woman's adaptation to motherhood, various challenges affecting her quality of life may arise at different stages of pregnancy. The International Confederation of Midwifery (ICM) defines birth as a unique experience where the mother and fetus mutually influence each other (Türkoğlu, 2022). Birth marks the final stage of pregnancy and the beginning of motherhood (Zülaloğlu Yalçın, 2017). Understanding women's childbirth experiences and memories is crucial for assessing their psychological well-being, birth preferences, mother-baby attachment, and the quality of support received. Factors such as labor interventions, mode of delivery, and birth traumas can shape childbirth satisfaction, influenced by past experiences, culture, temperament, education, and psychological counseling (Çark, 2023). Timur and Hotun-şahin (2010) found that most women sought social support, primarily from their mothers, to cope with childbirth fear. Spouses and siblings also played key support roles. Women sought encouragement and emotional support, while embarrassment was the most cited reason for not requesting help. Evaluating these dynamics is essential in improving maternal care and psychological well-being.

Professional support and a multidisciplinary approach during pregnancy and childbirth are essential for maternal and infant health. Providing physical, psychological, and social support during pregnancy helps the mother adapt to the postpartum period by reducing concerns about childbirth (Topal & Uysal, 2022). As the primary social supporter, the spouse also requires support from the pregnant woman, her family, and psychological counselors (Sezen & Ünsalver, 2018). Wishless birth promotes a safe and supportive birth process through collaboration among obstetricians, midwives, doulas, and psychological counselors/psychologists to ensure the mother and baby receive both physical and psychological care. Historically, birth assistance by experienced women in Sumer and Egypt led to the art of

midwifery. While midwives were crucial in ancient Greece and Rome, they sometimes turned to priests, magicians, and physicians when needed. The rise of physicians later led to midwifery's stagnation (Kömürçü & Gençalp, 2002). Today, the World Health Organization (WHO) defines midwifery as providing care and counseling before, during, and after birth, ensuring safe, intervention-free births, and offering neonatal care (Güner, 2012). Midwives provide physical and emotional support, whereas doulas serve as natural birth supporters (Aytaç & Yazıcı, 2018; Bostanoğlu, 2019). "Doula," from Greek, refers to a trained individual offering physical, emotional, and informational support (Gilliland, 2002; Klaus & Kennell, 1997). Obstetricians, specializing in gynecology and obstetrics, ensure maternal and fetal health, respect birth preferences based on medical evidence, and inform families about medical decisions (Kalaycı, 2018; Lucas & Wright, 2019; Özöztürk et al., 2023). They intervene when necessary with informed consent and provide families with the pros and cons of medical procedures (Çoker et al., 2015). Pregnancy and childbirth psychology is a growing field offering psychological support beyond maternal mental health, including fetal psychology (Guba et al., 2019; Yazıcı Ünal, 2023). Birth psychological counselors/psychologists assist mothers in making informed decisions and work closely with their families. They attend hospital births, support both mothers and healthcare teams, and ensure a minimally traumatic experience (Karabekir, 2016). They also apply psychodrama techniques during childbirth (Karabekir, 2017). This emerging field embraces a holistic approach, addressing not only the mother but also the surrounding environment. Psychological support contributes significantly to maternal and infant development across various aspects (Karabekir, 2016).

Looking at the studies conducted on pregnant individuals, it is seen that variables such as anxiety (Genez, 2023; Nazifoğlu, 2022), socio-economic status (Ateşyakar, 2021), self-efficacy (Sorgun, 2021), anxiety and childhood abuse history (Ecevitoglu, 2020), prenatal expectations and postnatal experiences (Ünverdi, 2020), prenatal attachment (Çerçel, 2019), marital adjustment (Altan, 2019), depression (Bohren et al., 2017; Gruber et al., 2013; Toker Erdoğan, 2010). When the research on childbirth was examined, it was seen that subjects such as fear of childbirth (Aslan, 2023; Öznas, 2019), depression (Yüzgenç, 2018), lifestyle (Emiroğlu, 2020), attachment (Ashyüksel, 2016; Kömürçü, 2020), trauma (Yaşık, 2019), self-understanding (Çakır, 2019) were studied. On the other hand, the subject of birth preparation education, fear of childbirth (Boylu, 2021; Kızılırmak, 2011; Unutkan, 2018; Uzun Aksoy, 2020; Yeşildağ Çelik, 2022), birth anxiety (Karabulut Doyurgan, 2009; Mermer et al., 2010; Sümer, 2019; Virit et al., 2008), social support (Baygeldi, 2019; Zülaloğlu Yalçın, 2017),

mindfulness (Ocak Aktürk, 2023), self-efficacy (Kaya, 2021), self-esteem (Gülümser, 2019), birth satisfaction (Tabak, 2021), attachment (Türkçüer, 2020), coping with stress (Çetin, 2013). When the studies on midwife support are examined, physical, emotional, information, and advocacy support (which includes protecting the pregnant woman during the birth process, observing and understanding her needs, protecting and respecting her privacy, and helping her make choices about her care) are emphasized, and it is seen that pregnant women are most satisfied with advocacy support (Bostanoğlu, 2019). In other studies, it was observed that fears about childbirth decreased with the increase in support given to women (Güleç et al., 2014).

When the above definitions of psychological and physical special support provided to women during pregnancy and childbirth and the findings of the current research are examined, it is seen that the factors explaining the effects of psychological counseling and physical special support during pregnancy and childbirth affect each other. Psychological counseling, psychotherapy, and multidisciplinary support services during pregnancy are areas that have not been adequately addressed in the current health and education system, and this research provides an important basis for new practices and professional expansions. Although previous literature has addressed components such as anxiety, birth satisfaction, or social support separately, there is a clear lack of studies that phenomenologically explore how women perceive and experience integrated, multidisciplinary care models throughout pregnancy and childbirth. This study directly addresses this gap by focusing on women's personal narratives regarding a holistic support framework, thereby offering original insights into an under-researched domain of maternal care. Defining the roles and responsibilities of field workers such as pregnant psychological counselors, birth psychologists, and psychotherapists prepares the ground for academic and applied research for the development of these professions. Unlike previous studies that focused on individual support elements during childbirth (such as midwifery or doula support alone), this study uniquely investigates the holistic impact of a multidisciplinary birth support team—including midwives, doulas, and birth psychologists—through the lens of women's personal narratives. Accordingly, the problem of the study is to understand and examine the emotions, perspectives, perceptions, and personal experiences of women who benefit from support groups during pregnancy and childbirth. This study aims to phenomenologically explore the personal experiences of women who receive physical and psychological support during pregnancy and childbirth to understand and express their feelings, perspectives, perceptions, and personal experiences toward childbirth. In other words, this study examines the effects of physical and

psychological support provided during pregnancy and childbirth on women, how these processes are experienced, and the consequences of the psychological and physical support received during pregnancy and childbirth. From this point of view, answers to the following questions were sought within the framework of the sub-objectives of the study:

1. How did the need for specialized psychological and physical support during pregnancy and childbirth emerge?
2. What are the unique psychological and physical support reflections on pregnancy and childbirth?
3. What are the psychological and physical effects of psychological and physical special support on pregnant and giving birth women?
4. How are the experiences of women who receive physical and psychological support during pregnancy and childbirth shaped?

Method

Research design

The interpretative phenomenological model, one of the qualitative research methods, was used to make sense of the perceptions, feelings, and thoughts of women who received physical and psychological special support from midwives, doulas, doctors, or birth psychological counselors/psychologists during pregnancy and birth, and their experiences during pregnancy and childbirth. The interpretative phenomenological approach has a structure in which the researcher is active, interviews are analyzed in detail by the researcher, experiences are interpreted, and themes are determined (Zontul, 2022).

Study group

The criterion sampling method was used to form the study group. Criterion sampling aims to examine situations that meet the specified criteria. The researcher can prepare these criteria in advance (Yağar & Dökme, 2018). In addition to the criteria, participants were selected through purposive sampling among women known by birth professionals (e.g., midwives and doulas) to have experienced comprehensive birth support and to be able to articulate their experiences clearly. This ensured the selection of information-rich cases, in line with IPA's emphasis on depth rather than breadth, and these selection principles were closely aligned with the foundations of the 'Birth without Wishes' approach. Defined for the first time in Turkey by the 'Istanbul Birth Academy' in 2010, the 'Birth without Wishes' approach is based on

Table 1 Demographic characteristics of participants

Participants	Age	Educational Level	Number of Childre	Occupation
K1	44	PhD	1	Physiotherapist
K2	33	Master's Degree	1	Clinical Psychologist
K3	38	Master's Degree	2	Architect
K4	35	Master's Degree	1	Industrial Engineer
K5	41	License	1	Breath Instructor
K6	46	License	1	TV Producer
K7	36	Master's Degree	1	Psychologist
K8	35	Master's Degree	1	Clinical Psychologist
K9	28	Associate Degree	1	Nurse
K10	38	Master's Degree	1	Software Consultant
K11	42	Master's Degree	1	Psychologist
K12	35	Master's Degree	1	Literature Teacher
K13	34	License	2	Child Development

four basic elements: Birth preparation training, midwife and/or doula support, obstetrician and obstetric psychological counselor/psychologist. In addition, it aims to provide physical and psychological support to women during pregnancy and birth (Zülaloğlu Yalçın, 2017). The criteria of the interviewed participants were determined as follows:

1. Having worked with doulas and midwives from whom they can receive one-to-one support,
2. Having attended a childbirth preparation course,
3. Having worked with a pregnant and childbirth psychological counselor/psychologist,
4. The birth occurred with a 'Wish-Free Birth Team' consisting of a doula, midwife, pregnancy and birth psychological counselor/psychologist, and doctor.

In this direction, the study group consists of women who voluntarily participated in the 'Keşkesiz Doğum Team' and women who realized the pregnancy and birth process in 2010–2023. Interviews were conducted with women who received physical and psychological support from the 'Keşkesiz Doğum Team.' Demographic characteristics of the participants are presented in Table 1.

Data collection tools

Demographic information form

The form created by the researcher includes questions to understand the demographic characteristics of the participants, such as age, education level, employment status, occupation, and number of children.

The Semi-structured interview questions

Qualitative research questions helped reduce the study's purpose to a specific area. While designing the questions, main questions and sub-questions were formed. The main questions are inclusive and provide an exploration of the study; rather than why, questions were formed with question patterns such as how or what to ensure discovery in qualitative research. The participants in the study were defined by specifying the central phenomenon to be explored. Sub-questions on the topic and the process were created to make the questions more specific. These questions are included as an appendix due to the word limit of the article.

Data collection

Since the study data were collected directly from people, permission was obtained from the Research and Ethics Committee of the university, where the researchers worked with the decision dated 16.02.2024 and numbered 2024/01. To carry out the study, first of all, the doctor and the pregnancy and childbirth psychological counselor/psychologist contacted women undergoing pregnancy and birth with a professional team. After the announcement of the study, women who voluntarily participated were interviewed. In this study, an in-depth interview technique, one of the data collection methods, was utilized. After the participants to be interviewed were identified, online interviews were conducted.

Data analysis

In-depth interviews were conducted with 13 women. The duration of the interviews varied according to the interviewer's response times, but the average was 92 min. The participants focused on the support they received during pregnancy and childbirth, and the effects of this support were examined in detail. Participants were informed about the importance of the research while determining the appropriate time. Informed consent forms were given, and participants were told that audio and/or video recordings would be taken within the framework of ethical principles, and it was emphasized that the identity information of the participants

would not be shared. The audio recordings obtained were transcribed and turned into text. Then, the transcribed audio recordings were transferred to the MAXQDA 2020 program. In-depth analysis was conducted using the content analysis method. The participants' responses were coded using the In Vivo Coding method (Creswell, 2020), and common themes were identified using the Thematic Coding method (Merriam & Grenier, 2019). The rationale for using MAXQDA 2020 was based on its suitability for managing large sets of qualitative data, visualizing coding processes, and integrating in vivo and thematic coding simultaneously. Although other programs such as NVivo and Atlas.ti were initially considered, MAXQDA was preferred due to its intuitive interface and robust memoing capabilities. Additionally, the number of participants was determined according to the principle of data saturation; interviews continued until no new significant codes or patterns emerged. To enhance methodological transparency and ensure the trustworthiness of the analysis, emergent themes were validated through a two-step process: First, thematic consistency was reviewed through iterative reading and comparison across cases. Second, selected themes and subthemes were cross-checked with an external qualitative research expert who independently reviewed a subset of the coded data. This process supported the credibility and confirmability of the thematic structure. In interpretative phenomenological analysis (IPA), the focus is on rich, idiographic accounts from a small, homogenous sample rather than on generalizability (Smith et al., 2009). The sample size of 13 participants is in accordance with IPA standards, which typically suggest 6–15 participants depending on the depth of the interviews (Smith et al., 2009). In this study, data saturation was carefully monitored, and interviews continued until no new significant codes or themes emerged, confirming that the sample was sufficient for thematic saturation. To ensure the reliability of the results, a subset of interviews was re-coded by the researcher and cross-checked for consistency. No substantial divergence was observed, confirming the stability of the thematic framework. To ensure the confidentiality of the participants' identity information, participants were given code names such as K1, K2, K3, and K4.

Findings

The data obtained as a result of the research were analyzed. It was determined that there were six sub-themes 'Pregnancy Process, Preparation for Birth, Birth Process, Professional Support and Team, Psychological and Emotional Support, Family, Environment, and Social group support' in line with the 'Experiences of Special Support in Pregnancy and Birth Process' obtained from the views and experiences during

pregnancy and birth process. Comments on these themes and examples of participant statements are given below.

Pregnancy process

Participants described pregnancy as a pleasant and positive experience in general. The positive outlook during pregnancy and the low incidence of physiological discomforts contributed to the participants' positive perceptions of their experiences. Important factors in the positive perception of the pregnancy process are providing social support and individuals feeling physically and emotionally well. In particular, the pregnancy period, in which physical problems were experienced at a minimum level, contributed to this process's fun and pleasant recollection. Some of the statements given by the participants regarding this situation are presented below:

'It was fun, it was much fun. I did not experience any risky situation or anxiety afterward'. I mean, I always saw pregnancy as such a sweet, beautiful, fun process'. (K2)

'I was never nauseous; I never had cravings. I mean, I was very active until the last moment. I took a leave for the last two weeks, which was not difficult. I was healthy enough to go from work to delivery. I can say that I didn't take any medication at that time. My pregnancy was perfect... It was a healthy, beautiful period, and I can say I became beautiful everywhere. So it was a good feeling for me. It was positive, all positive'. (K1)

They stated that the absence of physical restrictions and difficulties during pregnancy or experiencing them at a minimum level contributed positively to maintaining an active life. Some participants stated that mobility was not restricted during pregnancy and that they could continue their routine work. The positive effect of sports and physical mobility on the process was expressed. Despite experiencing physical discomfort, the participants emphasized that they cared about staying active and continuing an active life during pregnancy. Some of the statements made by the participants regarding this situation are presented below:

'You know... it was the last two weeks or a week when I could barely get up, I couldn't move, my movement was restricted, something like that might have happened. Other than that, I was able to continue moving'. (K10)

'I also drove until the last day; I loaded my dishwasher until the last day. It was a pregnancy that continued as normal. (K11)

Physical difficulties during pregnancy were experienced differently by the participants. While some participants described these difficulties as manageable and mild, others stated they experienced more intense physical discomfort. While some participants said that physical difficulties intensified in the third trimester, others stated that the difficulties intensified in the first trimester. Symptoms such as nausea and sensitivity to odors were prominent in the early stages of pregnancy. In conclusion, some participants accepted that physical difficulties were a natural part of the pregnancy process. However, it was also observed that there were individual differences in the severity, impact, and periods of these difficulties. Some of the statements made by the participants regarding this situation are presented below:

'Sometimes I had nausea in the first four months, you know, in those days.' (K4).

'The only negative aspect was a little nausea at first. Gagging, extreme sensitivity to smells in the first three months. (K8)

The participants generally expressed the pregnancy as a period of joy and hope. Pregnancy is perceived not only as a physical condition but also as an emotionally deep and meaningful experience for the participants. These feelings enabled individuals to develop a positive perspective on the pregnancy process and to enjoy the process. Some of the statements made by the participants regarding this situation are presented below:

'Pregnancy was a gratifying process for me. It was a period in which I felt happy and enjoyed with very positive feelings.' (K8) 'It was a period in which I enjoyed the end, a new process would begin, and I would encounter beauties.' (K3).

The participants expressed intense excitement and curiosity about the pregnancy process. Expectations regarding the development of the baby and the experience of becoming a parent caused the participants to experience a sense of curiosity and excitement. The idea of forming a relationship with a living being they do not know but with whom they feel a deep connection showed that pregnancy is an exciting process. As a result, the excitement and curiosity experienced during pregnancy increased the emotional intensity and made the pregnancy process meaningful. Some of the

statements made by the participants regarding this situation are presented below:

'There were times when my excitement and curiosity would increase greatly.' (K13).

'Curiosity, excitement. Then something, a deepening, a living being, grows inside you, and you establish a relationship with it. Like with someone you've never seen, never met. And you feel like you've seen and met them, on the other hand. That's why it was so different. Being a family is what being a family brings because my wife was in that process. Living her excitement. A wholeness, completeness. That kind of excitement, but I guess at most. I mean excitement and curiosity.' (K5)

Preparation for birth

It can be said that the birth preparation process is the process that allows expectant mothers, and especially their spouses, to develop their knowledge, awareness, and skills during pregnancy and to prepare them physically and psychologically for the birth process and moment. Participants stated that the participation of spouses in birth preparation training positively contributes to the birth process. Participation in birth preparation training enabled both expectant mothers and their spouses to prepare for the birth process consciously. The spouses' knowledge and active participation in this process positively affected the expectant mothers emotionally. Some participants evaluated participating in birth preparation training as gaining information and spending special time with their spouses. Birth preparation training enabled spouses to actively participate in the process without remaining in the background and prepared them for the birth process. As a result, it is seen that participating in training together with their spouses increases the knowledge and awareness of both expectant mothers and their spouses regarding the birth process and makes their birth experiences more supportive. Some of the statements made by the participants regarding this situation are presented below:

'But I think it helped my husband a lot. Because I retook the birth preparation training when I was pregnant. The reason was that my husband would learn and not share that information. And I think it helped him a lot.' (K8)

'My husband and I took the birth preparation training together. For me, it was like a two-day vacation with my husband. It included drama, therapy, entertainment, information, and relaxation; we did something

together; we made a preparation process together for our baby'... (K13).

Participants shared their expectations regarding the birth process with their professional teams and ensured their needs were met appropriately. Discussing who would be present at the birth, the conditions under which the birth would occur, and other preferences regarding the process were important planning issues for the participants. This planning also prevented unnecessary stress factors during the birth process. Some participants stated that it would be appropriate for there to be no crowds during the birth process. Preferred methods and expectations such as water birth, skin-to-skin contact, and not cutting the cord immediately after birth are emphasized as elements that contribute to the process progressing in a natural and positive flow. As a result, this process helped the participants to control their birth experience and make it a meaningful experience.

'My only concern is not to have a normal birth but to have a healthy and normal birth for me and my baby. I could have had a cesarean, but it didn't matter. My only wish was to have a water birth.' (K6).

'Because mothers panic when they think we are upset. We try to act like that so that they don't panic while we are trying to control ourselves; I didn't want the mother to come because the birth might be affected.' (K12).

The participants define the informative aspect of childbirth preparation training as an element providing a conscious preparation process for pregnancy and birth. Participants stated that their uncertainty and anxiety decreased and their self-confidence increased thanks to childbirth preparation training. It was noted that the training provided information on many subjects, such as hospital processes, birth methods, and awareness of their wishes. As a result, childbirth preparation trainings ensure that the birth process and experiences are experienced more meaningfully and consciously.

'I think it prepared me about what birth is, what we should expect, what we should do when'... (K2).

'It helped me gain knowledge on the subject. It reduced the uncertainty. In short, it reduced the uncertainty; I became a less anxious, less worried, and more confident mother candidate.' (K10)

Participants expressed the reasons for their decision to conduct the process with a professional team. This decision allowed the process to proceed in a positive, safe, and

supportive manner. Participants decided to work with a professional team due to their research to go through this process more safely. They also stated that participating in the process together as a couple and conducting it together made the experience meaningful and more manageable. As a result, the decision to perform the process with a professional team positively contributed to the participants having birth experiences that aligned with their needs in a supportive and safe environment.

'My sister is a doula. She lived out of town. She said I registered for such a training—every month. I said I needed a team birth. That's how I made the decision. Yes, then I said I needed this. I need a doula. A birth psychologist and a midwife. I need all of them specifically, and I have to meet this need. That was my priority above all else. I mean, it shouldn't be like this; I have to be able to get support. Since it is so easy and beautiful, I have to use it. I always say that giving birth with a team is the true definition of a princess's birth. (K13)

'Going through the birth process in an environment I trust, with people I trust, was a very comforting situation for me. That's why I wanted to work with a team at both births. (K3)

Participants emphasized the importance of seeking information and the preparation process. Participants stated they attended various workshops and benefited from multiple books and training during preparation. It was said that being informed reduced anxiety about birth.

'I was inclined to get information. It was a well-prepared process about breastfeeding and birth. We had conversations about what we would do if this happened. (K2)

'I also read Hakan Hoca's book. The birth book. The partner or spouse needs to be informed as much as you are. (K11)

The birth process

The participants described the birth process as an experience where individual preferences and emotional and physical needs are at the forefront. Ensuring and protecting privacy contributed to the participants feeling safe, which supported the birth in a more peaceful environment. Some participants preferred to experience the moment of birth only with their support team and spouses instead of sharing it with others,

and it was emphasized that this preference allowed the birth process to be experienced as a private and individual experience. Elements such as dim lighting, silence, and undisturbed birth supported the strengthening of privacy, and this was evaluated as a positive experience by the participants. It was also emphasized that birth should not be experienced as a show shared with the outside world but as a special moment for the mother, father, and baby. In general, protecting privacy is an important emotional element for the participants. Some of the statements made by the participants regarding this situation are presented below:

'I couldn't imagine so much privacy could be taken care of, but I mean in the hospital. We are in the hospital, so much privacy, so special... It was like prayers were being read to me. (K4)

'I think the birth psychologist was just as important during the birth process. For example, he had eased my concerns about my family and the hospital. I mean, he had eased the concerns of my family members... He had been very supportive in protecting my privacy. (K3)

The participants defined respect for the birth process and the baby as an important element. It was emphasized that the baby should be respected for how they come into the world, when they come in, and the baby's ability to decide on the birth process. This approach ensured that the baby was accepted as an individual and contributed to the birth being seen as a process in which the baby carries out their process. It was stated that the birth process was not only centered on the mother, but the baby was also an active participant. The participants indicated that they accompanied the baby's efforts at birth and tried to support the baby. In addition, it was noted that the birth process was an experience that family members and the environment should respect.

'We even respected how he would be born..he even decided how he would be born, etc., like that, like, not with him, but I had already started to see him as an individual before he was born.' (K2).

'All babies deserve to be born with this feeling. They deserve to be welcomed this way. I hope we move towards a world where all babies can be welcomed that way. I hope. Maybe even realizing that a child is the most important part of birth. Not treating him like an extra... (K13).

Pregnant women stated that feeling safe during the birth process was an important element. Feeling safe made the

participants feel emotionally and physically comfortable and reduced the anxiety felt during the birth process. In addition, the participants stated that a sense of trust brought surrender. Trust in the process and the professional team allowed them to let go of the flow of birth. As a result, feeling safe during birth was a need for the participants and for the process to progress positively.

'Trust is very important. What happens to me that I can trust? What happens to me? How is my child doing? Will the things I want to happen at birth? Will they support me? Is there a problem, and I say, will they direct me to a cesarean? That was trust. There was no question mark in my head. If he is going to say cesarean, he has to say it anyway. That is why I felt safe and relaxed. (K5)

'I trusted, I surrendered. I was successful in my surrender in the end. If Hakan had told me there was a complication, if I had had a cesarean, I would never describe these same feelings, this same process as a cesarean right now. Nothing will happen. (K6)

They also stated that respecting their preferences during birth made it a positive experience. Participants said that when their preferences were considered, they felt better physically and emotionally, making the process more meaningful and valuable. As a result, respect for the pregnant woman's preferences is considered an element in accepting individual differences.

'Otherwise, I would have had a cesarean there because I had said it a few times. But of course, I know they wouldn't do it if I told them right away. But I also know they would have done it if I had said it two or three more times. (K8)

'...I didn't want any intervention, and all of this was accepted. And I think the biggest thing was that it was accepted with respect. This was very valuable to me. (K13)

Participants emphasized that physical support provided during the birth process offers comfort and is important for a more comfortable process. The relaxing and emotionally supportive effects of massage and physical contact were stated. In addition, they found the way professionals provided physical helpful support. In conclusion, physical support provided during the birth process contributed to the birth process progressing more meaningfully and comfortably.

'Well, it's a great comfort. Of course. I mean... Right now, I can't think of a scenario where I wouldn't have done these things; for example, Tülin brought oils home and gave massages.' (K2).

'That touching was a lot. Teacher Neşe touching me next to me was hurting my back, my waist, my waist. It was good for her to touch my waist like that.' (K4).

Professional support and team

Participants expressed the reassuring role of the support team during the birth process and their commitment to the team. The importance of communication, one of the strong features of the team, was also expressed. Participants expressed the reassuring role of the team and the commitment to the team as an important factor during the pregnancy and birth process. The team's professional approach, knowledge, and reassuring attitudes contributed to the participants' going through the process more peacefully and comfortably. Some participants also expressed their desire to work with the same team again after their experiences. It was stated that the approach of the professional team made the participants feel safe during this process. The team's work based on scientific knowledge and being perceived as a reliable authority allowed the participants to surrender to the birth process confidently. As a result, the dependable and supportive role of the professional support team contributed to the birth becoming a positive experience by ensuring that the participants went through the process confidently. Some of the statements made by the participants regarding this situation are presented below:

'For example, when going into labor, I never had any concerns like, "Will I be born healthy? Will I be born safe and sound?" And I didn't have to experience that because I didn't know the other method, yes, the Birth Without Wish team. I don't know if they had that effect or not, I don't know if I would have felt the same way, but I am very sure that they are the ones who made me feel more comfortable, more knowledgeable about the subject, etc.' (K10).

"Knowing that the team would not decide on something for their benefit or financial gain, that they would not direct me to do something, that whatever they would do, decide on or direct me to do, would always be done with the mother's and baby's well-being in mind, that reliability was important to me." (K11).

Participants stated that the team's working experience and communication skills contributed positively to their birth experience. This positive contribution shows trust in the process, the birth, and the team. The participants welcomed the open communication between the team and the resolution of possible problems without reflecting on the mother. The combination of the professional team's support in different areas of expertise contributed to their feeling safe during this process. As a result, this harmonious and professional approach was considered an important element in ensuring that the birth took place safely and naturally.

'The fact that they all worked as a team, without anyone getting upset with each other, without anyone saying I will do his job and he is not needed here. What they did by working as a team. It is a wonderful thing. For example, my doctor was stuck in traffic and entered the delivery room at the same time I entered. But I did not know about it. I found out after the birth. He arrived at the last minute. They talked among themselves and sorted it out. They never reflected this on me. (K13)

'The distribution of tasks is so clear. It is tough for me to imagine how a birth would flow without these three, how it would progress on its path. There seem to be many problems or things that would disrupt the process. (K3)

They stated midwives and doulas provided physical and emotional support and facilitated the birth process. It was stated that midwives and doulas guided the mother in all stages of birth, determined the appropriate positions during birth, reminded the woman of breathing techniques, and provided relaxation through physical contact. Midwife support contributed to their feeling of security by providing guidance during the birth process and in matters such as breastfeeding and baby care after birth. Midwives provided women with confidence and comfort by making them feel their presence felt even in births that ended with a cesarean section. Doula supported pregnant women by providing physical support. As a result, the support and guidance of midwives and doulas during the birth process contributed to the emotional and physical strengthening of the participants.

'My midwife support was related to a psychological process. I think the biggest support came from my midwife. The role of the midwife is to facilitate the birth'. (K10)

'My doula came at that moment and squeezed my head with both hands. It was a movement; it had a name,

but I don't know the name of it...She was trying to hold me like I wasn't myself. But I felt a sudden relief. (K13)

They defined the support and presence of the birth counselor/psychologist as an important element in ensuring that the pregnancy and birth process is a more positive and peaceful experience in mental, physical, and emotional terms. It was stated that the birth counselor/psychologist prepares the expectant mother, her partner, and the family for the birth process with sessions starting from the pre-birth period. These sessions focused not only on the birth process but also on the experience of transitioning to motherhood and managing concerns by addressing perceptions about pregnancy and birth. Participants stated that their concerns decreased, and their sense of trust and motivation increased when the birth counselor/psychologist provided guidance regarding birth. Some participants noted that the birth counselor/psychologist also played an important role in managing the concerns of family members and ensuring privacy. As a result, the birth psychological counselor/psychologist provided a holistic approach not only regarding the mother's process at the time of birth but also the prenatal process, the woman's perspective on birth, her perceptions of pregnancy and the birth process, the negative effects of past experiences and witnesses, and how to express her expectations from the doctor, and this approach made the participants feel safe.

'It was good to talk to my birth psychologist about the difficulties I might experience emotionally during the birth and the end of the pregnancy, the process during my own mother's birth, how my own birth would be. My birth psychologist's job was to emotionally support me and my wife during the process. And that's exactly what happened'. (K7)

'I think the role of the psychologist/psychological counselor is at the forefront here. Because there, when you feel like you're out of breath or tired, supporting me with your words already means increasing morale and motivation. That was also very appropriate and sufficient'. (K9)

Participants stated that the doctor's role is generally directed towards medical needs during pregnancy and birth. It was stated that the doctor should mostly protect the health of the mother and the baby and intervene when and where necessary. Some participants emphasized that the doctor's presence in addition to medical needs provides a sense of security and calmness and contributes to the woman's positive perception of the process. In addition, the fact that the doctor exhibited a non-interventional attitude, respected the

mother's preferences and provided support in this direction was a positive element for the participants. This approach allowed the birth to progress as a more natural process and allowed the mother to feel comfortable.

'The doctor's role was to intervene when medically necessary to protect my health and the baby's. And that's what he did.' (K7).

'There really is no support or intervention that the doctor can provide until 10 centimeters of dilation. He has to wait until the last moment and step in there.' (K3).

Psychological and emotional support

Psychological and emotional support provided emotional strength to the participants during the pregnancy and birth process, while sensitivity to emotional needs reinforced the sense of trust. The participants stated that emotional strength is possible with psychological support. The imagery studies conducted with the psychologist/psychological counselor prepared the participants cognitively and psychologically for the birth process. The presence of the psychologist, their touch and the availability of psychological and emotional support were important elements in facilitating the process. Some of the statements made by the participants regarding this situation are presented below:

'We had visualized, how my birth process would be, from that moment on, the pain came, where am I, where am I going, that was a process that prepared me cognitively, both cognitively and emotionally, what I would experience. Those psychological events were very useful. Of course, we had sessions with the psychologist.' (K4)

'I mean, I wish there was actually psychological support in the birth education, when we think about it holistically, I had taken me there. Then, there were sessions I had with the birth psychologist, my wife's separately. These were psychological support and they were really good.' (K7)

Understanding emotional needs without expressing them provided emotional relief during this process. The accessibility and support of the birth counselor/psychologist when the woman was not feeling well emotionally made the participants feel relieved. As a result, the sensitivity of the psychological counselor/psychologist to emotional needs had a positive effect on the participants.

'Well, my role as a psychologist is to be sensitive to my emotional needs at that moment. Because you don't tell me what you need. Normally, I am someone who can easily tell you what you need. Like, I need this, I need that. But that is where you want her to understand without telling me.' (K2).

'Ms. Neşe made sure that I didn't feel anxious about these ideas and feelings of mine. Ms. Çiğdem always caressed and petted my hair. For example, this stroking and petting of Ms. Çiğdem's hair can be very valuable in emotional support.' (K10).

Participants stated that working on their negative feelings towards pregnancy and birth was an important element in coping with fears and anxieties. With psychological support, participants were able to recognize individual anxieties such as the smell of a cesarean section and transform them by confronting them. In addition, working on and reconstructing past experiences and negative social perceptions were part of the process. These studies contributed to the process becoming a more positive, safe and peaceful experience.

'You know, talking about your concerns beforehand. Of course, because it was very comforting. So it was good to work on these with Neşe Hoca.' (K2)

'One of Neşe Hanım's greatest sayings. Are you really afraid? Were you intimidated by society? We got over the part where we were intimidated by society and saw in our own bodies that it wasn't fear anyway.' (K9)

Participants stated that uncertainty during pregnancy caused anxiety and fear. It was stated that the anxiety brought on by uncertainty during processes such as prenatal tests was experienced more intensely in the first experiences. Uncertainty and the baby created an emotional burden on the participants.

'There are slight anxieties and fears brought about by the unknown. Yes, when the uncertainties are eliminated, sometimes different uncertainties come and when they learn new things, different uncertainties come.' (K11)

'There was anxiety. I think it definitely happens in every pregnancy. There were anxieties caused by some uncertainties.' (K3)

It has been observed that mothers experience anxiety along with feelings such as joy, excitement and happiness during pregnancy. Participants stated that they experience anxiety

about the baby's health during pregnancy. One of these concerns is related to the baby's development. It has also been observed that participants experience this anxiety with different intensities during different periods of pregnancy.

'There was also an anxious side. You don't feel the baby's heart beating or not at the very beginning. Is the baby okay? Will it be born healthy? Will it be born well? Will I lose it? I remember always being very anxious about something happening to the baby, being born early or whether its heart was beating, I mean I felt it a lot until the 6th month or so'. (K11)
'Of course, it was also a period when I had occasional concerns, I had concerns about how my baby's health would be. Especially towards the end. I can describe those concerns, the fact that I have had some concerns about his health, as negative compared to the recent periods'. (K8)

Family, community and social groups support

Participants mentioned the lack of support during the family, environment and social support process, the effects of environmental factors and expectations, the importance of spousal support, and eliminating loneliness during pregnancy and birth with social groups. Participants stated that the feeling of loneliness was triggered and that they experienced difficulties due to the lack of support. Participants mentioned the negative effects of experiencing a lack of environmental support during pregnancy and birth. The lack of support increased the feeling of loneliness and they needed emotional and physical support during this process. Participants stated that they expected the people around them to be more understanding and caring during this process, to understand what the woman's needs were and to provide support in this regard. In addition, the indifference and lack of support from the environment caused some participants to feel disappointed. This situation shows how important and critical the role of environmental and social support during pregnancy and birth is. Some of the statements made by the participants regarding this situation are presented below:

'I wanted to be understood more by my mother when I was pregnant. Of course, I had expectations such as my friends sharing that process with me, experiencing positive things, talking and explaining like this, being there for me a little more, etc. I can say that they were not met either.' (K11).

'From now on, since I am suffering a little, I actually help those around me who have just given birth extra.

By understanding their new situation. Therefore, I will say it as a neighbor, outside of my family, of course. I didn't have many neighbors who tried to make my life easier by saying good luck or something like that.' (K7).

Participants stated that the participation and support of the spouse during the pregnancy and birth process made an important and meaningful contribution. The emotional and physical support provided by the spouses during the process helped women to go through this process more safely. The support of the spouses made women feel valued. Welcoming the baby with the spouse helped to emphasize the importance of being a family and reduce the feeling of loneliness in the mother. As a result, the involvement of the spouse in the process provided emotional strength, rather than physical support.

'I mean, I think it was precious to welcome our son together. I mean, if I were alone, I wouldn't have had this feeling. I wouldn't have had the feeling that welcoming our son together was a beautiful thing. I might have felt lonely. I mean, he might have thought, "This is our child, why am I here alone?" But having him with me was very valuable, it was enough.' (K10).

'Then I really wanted him to come to the birth. He did. That's why I was so happy. Sharing that moment with him was also a great pleasure. I needed that too. Witnessing that miraculous moment, that baby of ours entering the world, is something else altogether. Because this is our child and the meeting between us is a legendary feeling.' (K13).

They expressed their expectations from the family and the environment as generally respecting their decisions and showing an approach that is non-interfering unless requested. Other expectations include respecting personal space and avoiding unnecessary comments. Participants stated that they wanted their requests for help to be seen without having to voice them and that the support provided when necessary was also important. As a result, a respectful and supportive approach from the family and the environment contributes to a more positive and peaceful progress of the process.

'My expectation from my family is that they respect my decisions and even if they do not support me in the decisions I make, they should not scare me, at least they should respect and hear me, regarding the birth. The expectation was that they should show respect for my birth method, the way I give birth, whether I will

inform you that I am going to the birth or not, whether I will be there or not, etc., etc. at that time or during pregnancy, etc.’ (K11).

‘...I wanted to be seen. Yes, I am a strong woman, a woman who can do everything. But a little help during this period, I should not ask for it, I should not demand it. You should see it. Let them see me’. (K6)

‘My only expectation during both the pregnancy and birth process was that they would not get involved in the issue too much. This was my biggest and basic expectation. Because I do not think it is a process where I need advice. Or to listen to the experiences of others’. (K3)

They stated that they tried to reduce the feeling of loneliness by participating in mother support groups, yoga groups and support networks. These groups provided the opportunity to establish emotional bonds with women experiencing pregnancy and to share information, thus reducing the feeling of loneliness. Especially during the pandemic, women experiencing pregnancy coming together online to share their experiences was an important source of support for the participants.

‘I think it was one of the best things I did for myself and my baby. In that very lonely process, a lonely process due to the pandemic, being with that group there, sharing those feelings with pregnant women like me’. (K12)

‘I tried to fill that loneliness with these places. We waited for our babies together. We did physical, I mean yoga together online’. (K2)

They expressed the effects of environmental factors on their emotional state during pregnancy. Negative birth stories and negative comments affected the participants’ moods. They also stated that negative birth stories and intimidation heard from their environment increased their anxiety and that they tried to stay away from it. The importance of providing environmental support in a non-anxious and understanding manner was emphasized.

‘So there is also the negative aspects of pregnancy, I mean there are many negative stories heard from people around, I mean pregnancy can have negative aspects in my opinion’. (K7)

‘But I think everyone should have the right to do that anyway. They even tell stories that are sad, they can

change. It’s not because that person is like that. They just went through that process out of fear because they couldn’t reach the right person or couldn’t get the right information. It’s either the pregnancy process or the birth process. It’s traumatic. I still think the child has grown up. It’s sad, it’s still living with those feelings and worries’. (K5)

Discussion

This study aimed to understand the perceptions, feelings, and experiences of women who received physical and psychological support from midwives, doulas, doctors, or birth psychological counselors/psychologists during pregnancy and birth. In-depth interviews were conducted with 13 women, and six themes emerged from the analysis. The first theme, the pregnancy process, is a significant and meaningful period in women’s lives, examined through physical, emotional, psychological, and sociological dimensions. Participants generally described pregnancy as a positive and enjoyable experience, emphasizing that minimal physical restrictions, along with feelings of pleasure, hope, excitement, and curiosity, reinforced this perception. Sharing these emotions with their spouses contributed to their physical and psychological well-being. While Tosun and Okyay (2018) noted that physical activity declines as pregnancy progresses, participants in this study largely maintained active lifestyles, with yoga and sports positively contributing to their experience. Rofé et al. (1993) found that emotional states varied between first-time mothers and those with multiple births, with lower socioeconomic women experiencing more physical symptoms and anxiety. These findings align with previous research, highlighting the role of individual differences and social support in shaping pregnancy experiences. Overall, the study supports the idea that personal and social factors significantly impact how women perceive and navigate pregnancy.

The second theme identified in the analysis is the birth preparation process, which supports pregnant women physically, psychologically, and emotionally. This stage involves obtaining information, working with a professional team, establishing support mechanisms, and participating in birth preparation training, all of which contribute to a more positive and manageable birth experience. Ocak Aktürk (2023) found that awareness-based birth preparation training reduces stress and depression but does not affect postpartum trauma, suggesting that while training aids stress management, traumatic experiences may be influenced by personal history and environmental factors. Ceran (2023) noted that web-based training enhances mother-baby

bonding and reduces birth fear, though face-to-face interaction remains irreplaceable. Karataş (2021) emphasized that training lowers anxiety and strengthens mother-baby attachment by addressing information gaps. Uğuz (2021) and Çelikel (2022) observed that training does not directly affect birth preferences but improves perceptions of vaginal birth. Physical activities like yoga and pilates were found to reduce anxiety and increase self-efficacy (Aktan, 2015; Uzun Aksoy, 2020; Yılmaz Esencan, 2018). Güngör (2015) highlighted that fathers' participation facilitates the transition to parenthood, while Şayık et al. (2019) stated that spousal involvement reduces anxiety and depression. Study findings confirm that birth preparation training helps manage the birth process by reducing anxiety across physical, psychological, and social dimensions.

The third theme identified in the analysis is the physical support provided during birth, which contributes to a healthy birth process and enhances satisfaction (Başkurt & İldan Çalım, 2022; Demir, 2023). Women expect both physical and emotional support from their spouses, and this assistance—through massage, breathing techniques, and relaxation methods—facilitates the birth process (Ataş, 2024). Spousal support increases mothers' sense of confidence and relaxation, leading to higher birth satisfaction (Başkurt & İldan Çalım, 2022; Demir, 2023). Tuncay and Çayır (2024) found that the rebozo technique reduces anxiety, improves birth satisfaction, and positively influences vaginal birth preference. However, its application is limited due to access constraints. Women with negative birth experiences tend to perceive birth as more painful and prolonged (Nystedt & Hildingsson, 2018). Privacy perception is linked to comfort during birth, with greater privacy protection enhancing trust and satisfaction (Alaybay, 2023). Respectful birth care increases women's birth satisfaction, whereas mistreatment reinforces negative perceptions (Baltacı et al., 2024). In line with this, the importance of respectful maternity care—characterized by privacy, dignity, informed consent, and continuous professional support—is also emphasized in the WHO's global framework, reinforcing the relevance and universality of these findings (WHO, 2018). Birth counseling services help women prepare for birth by addressing information gaps and raising awareness of birth preferences (Söylemez, 2019). Physical support during active labor reduces birth-related fears and increases satisfaction (Bayrı Bingöl et al., 2020). Women who experience negative births tend to have fewer children and longer intervals between pregnancies (Yurtsal & Eroğlu, 2020). Findings indicate that physical, emotional, and psychological support during birth not only impacts immediate birth experiences but also shapes long-term perceptions and fertility preferences.

The fourth theme found as a result of the analyses is professional support and team. The presence of a professional

support team during pregnancy and birth emerges as one of the elements that form the basis of positive experiences during this process. It has been determined that women who receive uninterrupted midwife support have increased pain coping skills, decreased anxiety levels and perceived the birth process to be shorter (Bostanoğlu, 2019). Our study also supports these findings and shows that a continuous and reliable guide during birth positively affects the process. It has been determined that the cesarean section rate is low, the water birth rate is high and there is no postpartum depression in women who give birth with the no-regret birth model (Çoker et al., 2019). In our study, it has been observed that providing support with a non-interventional approach during the birth process increases the satisfaction of expectant mothers and preserves their emotional well-being after birth. The distrust felt towards the healthcare personnel accompanying them during the birth process has been determined as one of the most important sources of women's concerns (Sönmez et al., 2021). In our study, it was determined that trust in the professional team reduces fear of childbirth and creates a positive perception of the process. In general, it is seen that the physical, psychological and emotional support provided by the professional team reduces anxiety and makes women feel safe. While these findings highlight the positive impact of multidisciplinary support teams, it is important to note that access to such comprehensive care models may not be available to all women. Similarly, a 2024 study from England reported that 64,000 women accessed NHS perinatal mental health services, which include multidisciplinary teams offering counseling, peer support, and medication. These services have been described as 'life-saving,' particularly in addressing conditions like postpartum depression and psychosis. Similarly, a study of female health workers in Kazakhstan found that human resource challenges were more determinant of labor remuneration and support systems, while legal regulations did not have the expected impact (Kassymova, & Nurgaliyeva, 2024). As this study employed an Interpretative Phenomenological Analysis (IPA) approach, its purpose was not to generalize to all populations, but rather to deeply explore the lived experiences of women within a specific support context. Therefore, the findings are most transferable to similar settings where such integrated care is possible. Nonetheless, they provide valuable insight into how supportive environments can shape childbirth experiences and may inform future service models seeking to replicate such outcomes in diverse populations. While the findings offer valuable insights for shaping supportive childbirth environments, their transferability to other regions should be considered cautiously. Cultural norms, healthcare system structures, and societal attitudes toward childbirth may

influence how such support models are received and implemented across different contexts.

The fifth theme found as a result of the analyses is psychological and emotional support. It is seen that pregnancy and birth are a period when women experience emotional and psychological experiences. When the studies in the literature are examined, it has been determined that there is a positive relationship between prenatal attachment and psychological resilience, and psychological resilience, pregnancy trimester and pregnancy expectation are among the important determinants of prenatal attachment (Altın, 2023). Our study findings are also in line with this, and it has been observed that factors that increase psychological resilience strengthen the mother-baby bond. It has been determined that anxiety and depression levels vary according to trimesters, and women experiencing their first pregnancy have higher anxiety levels in the first trimester (Teixeira et al., 2009). It has been observed that anxiety is intense in the early stages of pregnancy, is due to uncertainties about the baby's health and varies according to individual differences (Kaytan, 2021). It has been determined that women who receive professional support during the birth process do not experience postpartum depression, and that the support team's provision of information and guidance increases satisfaction with the process (Çoker et al., 2015). It has been determined that the risk of postpartum depression is higher in women with a history of depression, but strengthening self-esteem reduces this risk (Taştekné, 2019). Our study findings also show that increasing self-esteem with psychological support is effective in preventing postpartum depression. Indeed, similar results were obtained in the study conducted by Al-Akashe et al. (2024) in the United Arab Emirates. In the study, it was stated that female healthcare workers experienced depression, anxiety and social stigmatization during the pandemic; these problems increased over time and especially patient losses increased this emotional burden even more. These findings overlap with the intense psychological burdens experienced by the participants in our study in the face of traumatic losses and the perception of social exclusion. It has been determined that loneliness, depression, and violence levels are high in socioeconomically disadvantaged women, but spousal support and childbirth preparation training reduce loneliness and anxiety (Tutav, 2014). These findings reveal the importance of psychosocial support and interventions that consider individual differences in the pregnancy and birth process. Moreover, the observed shift in women's support preferences—from peer and emotional support during pregnancy to professional assistance during labor—suggests that perinatal care models should adopt a phase-specific structure, combining emotional peer-based approaches with competent clinical team support at appropriate stages.

The last theme found as a result of the analyses is family, environment and social group support. Support from family, spouse, close circle and social groups during pregnancy and birth can be expressed as an important type of support in alleviating the difficulties experienced by women during this process and reducing the feeling of loneliness. When the studies in the literature are examined, Özöztürk et al. (2021) revealed that most women who give birth, regardless of the type of birth, receive social support after birth. Yaşar and Dal (2022) show that this perceived social support is more than other types of support and that as the level of social support increases, the level of comfort they experience after birth increases. As a result of the study, it is seen that the social support provided increases the physical and emotional well-being of women, reduces the feeling of loneliness and provides emotional strength throughout the process. While emphasizing the importance of social support, the participants stated that unnecessary and unwanted intervention from the environment also provides a negative experience. In general, they emphasized that they expect the spouse to attend the birth and that the family and the environment also provide support during pregnancy and after birth. They generally stated that these expectations were met. Davran (2019), in his study to determine fathers' feelings and thoughts about birth, revealed that they wanted to attend the birth but hospitals did not allow it. He concluded that fathers also needed support to cope with their fears. Güngör (2004) found that the support fathers provided to mothers made them perceive their birth experiences more positively in every sense. He also revealed that when fathers were supported during birth, the rate of fathers being active in the birth was high. In the study, it was stated that the participation of husbands in the birth was a source of trust and support for women. It was also stated that husbands generally participated in the birth. While the findings predominantly reflect positive experiences with physical and psychological support, the study also acknowledges that no significant concerns regarding overwhelming attention, loss of autonomy, or dependency were explicitly reported by the participants. However, it is important to consider that participants who had negative or ambivalent experiences might have chosen not to participate in the study. Thus, future research could explore potential unintended consequences of intensive support models, such as emotional dependency or boundary diffusion, especially in prolonged or highly immersive care contexts.

Conclusion

Pregnancy and birth are multifaceted experiences in women's lives. This study aimed to evaluate both positive and negative experiences while assessing the functionality of support provided by professionals, family, spouses, and the environment. Findings indicate that women experience pregnancy and birth more positively when adequately supported, highlighting the role of environmental conditions and individual differences in shaping these experiences. Physical and psychological support during birth preparation, labor, and postpartum reduces uncertainty and enhances well-being. Birth preparation training improves parental competence, strengthens the bond between spouses, and fosters confidence. The study also revealed that privacy, respectful care, emotional sensitivity, and the presence of trusted individuals during birth significantly increase satisfaction. Women often seek social groups to alleviate loneliness during pregnancy, emphasizing the importance of environmental support. However, at the time of birth, they prefer the presence of a professional team, their spouse, and their baby. Ultimately, women who receive physical, emotional, psychological, and social support during pregnancy and birth perceive these processes as more positive and fulfilling.

Recommendations

Designed as an Interpretative Phenomenological Analysis (IPA), this study focused on an in-depth study of women who received multidisciplinary support and therefore did not include a comparison group of unsupported participants. However, previous literature suggests that the absence of such support during pregnancy and birth is associated with increased anxiety, decreased satisfaction, and a higher risk of postpartum complications. Future studies may benefit from comparative or mixed-method approaches to deepen our understanding of these differences. In light of the current findings, families should be educated about the importance of collaborative team support, and healthcare professionals should be trained to prioritize confidentiality, respectful care, and postpartum follow-up. Accessible and inclusive childbirth education programs should be prioritized, especially for women with low education levels and those living in rural areas. In addition, support services should be expanded to meet the unique needs of women undergoing cesarean delivery, and equal care should be provided for all. Implementation of these recommendations may contribute to a more informed, safe, and satisfying childbirth experience for women. Finally, expanding childbirth education and improving access to these programs are crucial to improving maternal well-being. Encouraging partner involvement

can strengthen parental bonds, while mindfulness-based programs and activities such as yoga and Pilates can help reduce loneliness and increase resilience during pregnancy. Encouraging access to these services is essential, as midwife and doula support has been shown to increase satisfaction.

Limitations

This research is limited to the data obtained from interviews conducted with women who experienced pregnancy and birth with the Birth Without Regret Team between 2010 and 2023. The data used in the study were shaped according to the participants' responses to semi-structured interview questions and were based on the analysis of subjective experiences. The research only addresses birth processes based on the Birth Without Regret approach and the findings obtained in this context may not be generalizable to different birth models. The scope of the study should be evaluated within the boundaries of the relevant methodological framework.

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Data availability The datasets generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Declarations

Ethical procedures and process Legal permission for this study was obtained from Istanbul Sabahattin Zaim University Ethics and Research Committee with the letter dated 16.02.2024 and numbered 2024/01.

Duplicate publication This work has not been submitted for publication in any other journal.

Informed consent Informed consent was obtained from all subjects involved in the study.

Competing interests The authors declare that they have no competing interests.

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