





Exploring the Psychological Effects of Childbirth Trauma on Women's Subsequent Birth Experiences

Aliyeh. Heybati¹ , Seyed Mojtaba. Ghasemi² , Mahtab. Moraveji³ , Zahra Sadat. Goli^{4*} , Mahsa. Esmaeli⁵ 

¹ M.A. in Educational Psychology, Islamic Azad University, Birjand, Iran

² M.A. in General Psychology, Islamic Azad University, Arak Branch, Arak, Iran.

³ Assistant Professor, Department of Nursing, Faculty of Nursing and Midwifery, Azad University, Zanjan Branch, Zanjan, Iran

⁴ Assistant Professor of Psychology, Department of Psychology, Kashan Branch, Islamic Azad University, Kashan, Iran

⁵ M.A. in Family Counseling, University of Isfahan, Isfahan, Iran.

* Corresponding author email address: Golim.psych@gmail.com

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ABSTRACT

Objective: Childbirth can be a significant and transformative experience, yet for some women, it is marred by trauma, leading to profound psychological effects. This study aims to explore the psychological effects of childbirth trauma on women's subsequent birth experiences, focusing on understanding how past trauma influences mental health, coping mechanisms, and perceptions of future births.

Methods and Materials: This qualitative study employed a phenomenological approach to gain in-depth insights into the personal experiences of 24 women residing in Tehran who had experienced childbirth trauma and subsequently gave birth again. Data were collected through semi-structured interviews until theoretical saturation was reached. The interviews were transcribed verbatim and analyzed using NVivo software, following a thematic analysis approach to identify key themes and subthemes.

Findings: Three main themes were identified: psychological impact of childbirth trauma, coping mechanisms, and subsequent birth experiences. The psychological impact included subthemes of anxiety and fear, depression, post-traumatic stress disorder (PTSD), guilt and self-blame, and social withdrawal. Coping mechanisms encompassed seeking professional help, support from family and friends, positive reframing, self-care practices, and religious and spiritual beliefs. Subsequent birth experiences included increased vigilance and control, fear of re-experiencing trauma, positive birth preparation, emotional readiness, and empowerment and advocacy.

Conclusion: The study highlights the significant and lasting impact of traumatic childbirth on women's mental health and their subsequent birth experiences. Addressing the psychological aftermath of such trauma through early screening, comprehensive support systems, and empowering birth preparation is crucial for promoting maternal well-being and positive birth outcomes. Culturally sensitive care and targeted interventions can further enhance the support provided to women, helping them heal from trauma and approach future births with confidence.

Keywords: *Childbirth trauma, psychological effects, subsequent birth experiences, coping mechanisms, maternal mental health.*

1. Introduction

Childbirth trauma can result from various factors, including prolonged labor, emergency medical interventions, lack of support, and perceived loss of control during delivery (Karlström et al., 2015; Lai et al., 2023; Laursen et al., 2008; Lundgren et al., 2012; Nystedt & Hildingsson, 2014; Pop-Jordanova et al., 2023; Preis et al., 2020; Quattro, 2019; Reissig et al., 2021; Taghizadeh et al., 2013; Vogels-Broeke et al., 2023). According to Ayers and Pickering (2005), women's expectations and experiences of birth significantly impact their psychological well-being. When these expectations are not met, the resultant disappointment and trauma can have lasting effects (Ayers & Pickering, 2005). This is particularly evident in cases of emergency cesarean sections or other unplanned medical interventions, where the sense of control and agency is often diminished (Coates et al., 2019).

The prevalence of post-traumatic stress disorder (PTSD) following childbirth is well-documented. Ertan et al. (2021) found that PTSD can develop in women who perceive their childbirth experience as traumatic, with symptoms including flashbacks, nightmares, and severe anxiety (Ertan et al., 2021). This trauma can affect women's decisions and experiences in subsequent pregnancies and births. Coxon, Sandall, and Fulop (2015) explored how previous birth experiences influence planned place of birth in future pregnancies, highlighting that negative experiences often lead women to seek different birthing environments to avoid re-traumatization (Coxon et al., 2015).

Coping mechanisms play a crucial role in managing the psychological aftermath of childbirth trauma. Support from family and friends, professional counseling, and self-care practices are commonly employed strategies (Baptie et al., 2020). For instance, Etheridge and Slade (2017) examined the experiences of fathers who found childbirth traumatic and emphasized the importance of support systems in coping with the psychological impact (Etheridge & Slade, 2017). Similarly, Hallam et al. (2018) discussed the empowerment of women through positive birth movements, which can help mitigate the effects of previous trauma and promote a sense of agency and control in future births (Hallam et al., 2018).

Various interventions have been proposed to help women cope with childbirth trauma. Debriefing interventions, as reviewed by Bastos et al. (2015), aim to prevent psychological trauma by providing women with the opportunity to discuss their birth experiences soon after delivery (Bastos et al., 2015). Mindfulness-based childbirth

education has also been shown to be effective in reducing fear of childbirth and enhancing maternal self-efficacy (Byrne et al., 2013). Additionally, internet-based cognitive therapy and midwife counseling have been found to improve childbirth experiences among women with a fear of birth (Hildingsson & Rubertsson, 2019).

The psychological impact of traumatic childbirth extends beyond the immediate postpartum period. MacKinnon et al. (2018) found that maternal attachment style and history of interpersonal trauma can influence the development of childbirth-related PTSD. This underscores the importance of addressing psychological trauma in a holistic manner, considering both past experiences and current support needs (MacKinnon et al., 2018).

Subsequent birth experiences are often shaped by the trauma of previous births. Fear of re-experiencing trauma can lead to increased vigilance and control during subsequent pregnancies, as women seek to avoid the factors that contributed to their initial trauma (Fenech & Thomson, 2015). Fenwick et al. (2015) demonstrated that psycho-education interventions by midwives can significantly reduce childbirth fear and improve birth outcomes, suggesting that proper preparation and support can help women regain confidence in their ability to give birth (Fenwick et al., 2015).

Positive birth preparation is essential for mitigating the effects of previous trauma. Hypnobirthing, prenatal classes, and doula support have been shown to enhance women's sense of control and readiness for childbirth (Ju et al., 2022). Empowerment and advocacy during the birthing process are also critical, as they enable women to assert their preferences and participate actively in decision-making (Reissig et al., 2021). This empowerment can lead to more positive birth experiences and better psychological outcomes.

Understanding the determinants of birth experiences is crucial for developing effective interventions. Mirghafourvand et al. (2022) highlighted Iranian women's perceptions of the factors influencing their birth experiences, including the importance of support, communication, and respectful care (Mirghafourvand et al., 2022). These findings align with the broader literature on the significance of supportive and empowering care environments in promoting positive birth experiences (Lundgren et al., 2012).

Cultural and contextual factors also play a significant role in shaping childbirth experiences and their psychological impact. Suha et al. (2020) explored the experiences of Jordanian women and found that cultural norms, healthcare practices, and generational changes influence women's

perceptions of labor and birth (Suha et al., 2020). These findings address the need for culturally sensitive approaches to addressing childbirth trauma and supporting women's mental health.

In conclusion, the psychological effects of childbirth trauma are complex and multifaceted, impacting women's mental health, coping mechanisms, and subsequent birth experiences. By exploring these effects through qualitative research, this study aims to provide a deeper understanding of the lived experiences of women who have endured traumatic childbirth. This understanding is crucial for developing targeted interventions that can help women heal from trauma, regain confidence in their ability to give birth, and ultimately achieve more positive birth experiences in the future.

2. Methods and Materials

2.1. Study Design and Participants

This qualitative research aims to explore the psychological effects of childbirth trauma on women's subsequent birth experiences. The study employs a phenomenological approach to gain in-depth insights into the personal experiences and perceptions of the participants.

The participants were women residing in Tehran who had experienced childbirth trauma during a previous birth and subsequently gave birth again. Inclusion criteria required that participants were at least 18 years old, had experienced a recognized traumatic childbirth event as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and had a subsequent childbirth experience. The study aimed to reach theoretical saturation, which is the point at which no new information or themes are observed in the data.

Informed consent was obtained from all participants, ensuring they were fully aware of the study's purpose, procedures, and their right to withdraw at any time without any repercussions. Confidentiality was maintained by anonymizing transcripts and securely storing all data. Special attention was given to the emotional well-being of the participants, providing referrals to psychological support services if distress arose during or after the interviews.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews to allow for comprehensive exploration of each participant's

experiences. The semi-structured format ensured consistency in the topics covered while allowing flexibility for participants to elaborate on issues of personal significance. Interview questions were designed to elicit detailed narratives about participants' traumatic childbirth experiences, the psychological impact of these experiences, and their perceptions and experiences during subsequent childbirths.

Each interview was conducted in a private setting, either in person or via a secure online platform, to ensure participant comfort and confidentiality. Interviews lasted between 60 and 90 minutes and were audio-recorded with the participants' consent. Field notes were also taken to capture non-verbal cues and contextual details that could enrich the data analysis.

2.3. Data analysis

The recorded interviews were transcribed verbatim and analyzed using NVivo software, which facilitated the organization and coding of qualitative data. The analysis followed a thematic approach, involving several stages:

Familiarization with the Data: Initial readings of the transcripts to get an overall sense of the content.

Generating Initial Codes: Systematic coding of interesting features across the entire dataset.

Searching for Themes: Collating codes into potential themes, gathering all data relevant to each potential theme.

Reviewing Themes: Checking if the themes work in relation to the coded extracts and the entire dataset.

Defining and Naming Themes: Ongoing analysis to refine the specifics of each theme and the overall narrative.

Producing the Report: Final analysis and write-up of the findings.

Throughout the process, the research team engaged in reflexive practices to acknowledge and address potential biases. Regular peer debriefing sessions were conducted to discuss emerging themes and ensure the credibility and reliability of the findings.

3. Findings and Results

The study included 24 women residing in Tehran who had experienced childbirth trauma and subsequently gave birth again. The participants ranged in age from 24 to 42 years, with a mean age of 32.5 years. Regarding educational background, 10 participants (41.7%) held a university degree, 8 participants (33.3%) had completed high school,

and 6 participants (25.0%) had less than a high school education. Most of the participants were married (87.5%, n=21), while 3 participants (12.5%) were single mothers. In terms of employment status, 15 participants (62.5%) were

employed, and 9 participants (37.5%) were homemakers. The number of children participants had ranged from 2 to 4, with an average of 2.5 children.

Table 1

The Results of Thematic Analysis

Categories	Subcategories	Concepts
Psychological Impact of Childbirth Trauma	Anxiety and Fear	- Anticipatory anxiety - Fear of labor - Panic attacks - Hypervigilance
	Depression	- Persistent sadness - Hopelessness - Loss of interest - Crying spells
	Post-Traumatic Stress Disorder (PTSD)	- Flashbacks - Nightmares - Avoidance behavior - Hyperarousal
Coping Mechanisms	Guilt and Self-Blame	- Self-criticism - Feelings of failure - Regret - Intrusive thoughts
	Social Withdrawal	- Isolation - Withdrawal from family - Avoidance of social activities
	Seeking Professional Help	- Therapy sessions - Counseling - Psychiatric medication
	Support from Family and Friends	- Emotional support - Practical help - Open communication
Subsequent Birth Experiences	Positive Reframing	- Finding meaning - Focusing on positive outcomes - Acceptance
	Self-Care Practices	- Exercise - Meditation - Healthy eating - Journaling
	Religious and Spiritual Beliefs	- Prayer - Faith-based support - Spiritual healing practices
	Increased Vigilance and Control	- Detailed birth plans - Choosing a trusted provider - Seeking more information
	Fear of Re-experiencing Trauma	- Reluctance to get pregnant - High anxiety during pregnancy - Avoiding birth discussions
	Positive Birth Preparation	- Prenatal classes - Hypnobirthing - Doula support - Breathing exercises
	Emotional Readiness	- Mental preparation - Emotional resilience - Seeking closure from past trauma
	Empowerment and Advocacy	- Assertiveness with medical staff - Participation in birth decision-making - Use of birth affirmations

The analysis of the interviews revealed three main themes related to the psychological effects of childbirth trauma on women's subsequent birth experiences: the psychological impact of childbirth trauma, coping mechanisms, and subsequent birth experiences. Each theme comprises several subthemes and associated concepts. The following sections provide detailed descriptions of these themes, subthemes, and illustrative quotations from the participants.

3.1. Psychological Impact of Childbirth Trauma

The first theme identified was the profound psychological impact of childbirth trauma on women. This theme includes five subthemes: anxiety and fear, depression, post-traumatic stress disorder (PTSD), guilt and self-blame, and social withdrawal.

Anxiety and Fear: Women reported experiencing high levels of anticipatory anxiety, fear of labor, panic attacks, and hypervigilance. One participant shared, "Every time I thought about giving birth again, my heart would race, and I couldn't breathe."

Depression: Persistent sadness, hopelessness, loss of interest in daily activities, and frequent crying spells were common. A participant described her feelings: "I felt like I

was in a dark hole, unable to find joy in anything, even my new baby."

Post-Traumatic Stress Disorder (PTSD): Participants reported flashbacks, nightmares, avoidance behavior, and hyperarousal. One woman recounted, "I would relive the traumatic moments over and over again in my mind, especially at night."

Guilt and Self-Blame: Many women expressed self-criticism, feelings of failure, regret, and intrusive thoughts. A participant mentioned, "I kept thinking it was my fault that things went wrong. I couldn't stop blaming myself."

Social Withdrawal: Isolation, withdrawal from family, and avoidance of social activities were frequently noted. As one woman stated, "I didn't want to see anyone or talk about what happened. I just wanted to be alone."

3.2. Coping Mechanisms

The second theme focuses on the coping mechanisms employed by women to manage the psychological aftermath of childbirth trauma. This theme includes five subthemes: seeking professional help, support from family and friends, positive reframing, self-care practices, and religious and spiritual beliefs.

Seeking Professional Help: Therapy sessions, counseling, and psychiatric medication were common strategies. A participant highlighted, "Talking to a therapist really helped me process my feelings and understand that I wasn't alone."

Support from Family and Friends: Emotional support, practical help, and open communication with loved ones were crucial. One woman emphasized, "My husband and my mom were my rocks. They listened to me and helped with the baby."

Positive Reframing: Finding meaning, focusing on positive outcomes, and acceptance were significant for some women. A participant explained, "I tried to focus on the fact that both my baby and I survived. That was my silver lining."

Self-Care Practices: Exercise, meditation, healthy eating, and journaling were commonly mentioned. One woman shared, "I started journaling my thoughts and emotions, which was very therapeutic for me."

Religious and Spiritual Beliefs: Prayer, faith-based support, and spiritual healing practices provided comfort. A participant stated, "My faith gave me strength. I prayed a lot and found solace in my religious community."

3.3. *Subsequent Birth Experiences*

The third theme explores the women's experiences during subsequent births after their initial trauma. This theme includes five subthemes: increased vigilance and control, fear of re-experiencing trauma, positive birth preparation, emotional readiness, and empowerment and advocacy.

Increased Vigilance and Control: Detailed birth plans, choosing a trusted provider, and seeking more information were common strategies. A participant mentioned, "I made sure to have a detailed birth plan and chose a doctor I trusted completely."

Fear of Re-experiencing Trauma: Reluctance to get pregnant, high anxiety during pregnancy, and avoiding birth discussions were prevalent. One woman confessed, "I was terrified of getting pregnant again and going through the same ordeal."

Positive Birth Preparation: Prenatal classes, hypnobirthing, doula support, and breathing exercises were helpful. A participant shared, "Hypnobirthing and having a doula by my side made a world of difference during my second birth."

Emotional Readiness: Mental preparation, emotional resilience, and seeking closure from past trauma were important. One woman expressed, "I had to mentally prepare

myself and find ways to heal from the past before I could face another birth."

Empowerment and Advocacy: Assertiveness with medical staff, participation in birth decision-making, and use of birth affirmations empowered many women. A participant stated, "I felt more in control this time. I made sure my voice was heard and my wishes respected."

4. **Discussion and Conclusion**

The analysis of the interviews revealed three main themes related to the psychological effects of childbirth trauma on women's subsequent birth experiences: the psychological impact of childbirth trauma, coping mechanisms, and subsequent birth experiences. Each main theme is comprised of several subthemes and associated concepts, which provide a comprehensive understanding of the participants' experiences and perceptions.

The first main theme, the psychological impact of childbirth trauma, includes five subthemes: anxiety and fear, depression, post-traumatic stress disorder (PTSD), guilt and self-blame, and social withdrawal. In the subtheme of anxiety and fear, women reported anticipatory anxiety, fear of labor, panic attacks, and hypervigilance. For depression, the concepts included persistent sadness, hopelessness, loss of interest, and crying spells. The PTSD subtheme encompassed flashbacks, nightmares, avoidance behavior, and hyperarousal. Guilt and self-blame were characterized by self-criticism, feelings of failure, regret, and intrusive thoughts. Finally, social withdrawal involved isolation, withdrawal from family, and avoidance of social activities.

The second main theme, coping mechanisms, identified five subthemes: seeking professional help, support from family and friends, positive reframing, self-care practices, and religious and spiritual beliefs. Under seeking professional help, concepts included therapy sessions, counseling, and psychiatric medication. Support from family and friends involved emotional support, practical help, and open communication. Positive reframing was characterized by finding meaning, focusing on positive outcomes, and acceptance. Self-care practices included exercise, meditation, healthy eating, and journaling. Religious and spiritual beliefs encompassed prayer, faith-based support, and spiritual healing practices.

The third main theme, subsequent birth experiences, comprised five subthemes: increased vigilance and control, fear of re-experiencing trauma, positive birth preparation, emotional readiness, and empowerment and advocacy. The

increased vigilance and control subtheme included detailed birth plans, choosing a trusted provider, and seeking more information. Fear of re-experiencing trauma was characterized by reluctance to get pregnant, high anxiety during pregnancy, and avoiding birth discussions. Positive birth preparation involved prenatal classes, hypnobirthing, doula support, and breathing exercises. Emotional readiness included mental preparation, emotional resilience, and seeking closure from past trauma. Empowerment and advocacy encompassed assertiveness with medical staff, participation in birth decision-making, and the use of birth affirmations.

The first theme, the psychological impact of childbirth trauma, revealed significant emotional and mental health challenges. Women reported experiencing anxiety, depression, PTSD, guilt, and social withdrawal. These findings align with previous research by Ayers and Pickering (2005), who noted that unmet expectations and negative birth experiences can lead to severe psychological distress (Ayers & Pickering, 2005). Similarly, Ertan et al. (2021) found that PTSD symptoms such as flashbacks and nightmares are common among women who perceive their childbirth as traumatic. The enduring nature of these symptoms underscores the need for early identification and intervention to support affected women (Ertan et al., 2021).

The second theme, coping mechanisms, illustrated the various strategies women employed to manage the psychological aftermath of childbirth trauma. Seeking professional help, support from family and friends, positive reframing, self-care practices, and religious and spiritual beliefs were commonly reported. These coping mechanisms are consistent with the findings of Baptie, Januário, and Norman (2020), who emphasized the importance of support systems in coping with birth-related trauma (Baptie et al., 2020). Etheridge and Slade (2017) also highlighted the critical role of support networks in helping individuals process and recover from traumatic experiences (Etheridge & Slade, 2017). Moreover, Hallam et al. (2018) discussed the empowerment women gain from positive birth movements, which can facilitate emotional healing and resilience (Hallam et al., 2018).

The third theme, subsequent birth experiences, revealed that past trauma significantly influences women's approach to future pregnancies and births. Women expressed increased vigilance and control, fear of re-experiencing trauma, and the importance of positive birth preparation and emotional readiness. These findings are supported by Coxon, Sandall, and Fulop (2015), who found that negative

birth experiences often lead women to seek different birthing environments in subsequent pregnancies to avoid re-traumatization (Coxon et al., 2015). The study also found that empowerment and advocacy are crucial in helping women regain control and confidence, which is echoed in the work of Fenwick et al. (2015), who demonstrated that psycho-education interventions by midwives can reduce childbirth fear and improve birth outcomes (Fenwick et al., 2015).

The findings of this study are well-aligned with previous research on the psychological effects of childbirth trauma and the strategies women use to cope. For instance, Byrne et al. (2013) showed that mindfulness-based childbirth education can significantly reduce fear of childbirth and enhance maternal self-efficacy (Byrne et al., 2013). This supports the importance of positive birth preparation identified in this study, where women utilized various educational resources and support systems to prepare for subsequent births. Additionally, Hildingsson and Rubertsson (2019) found that internet-based cognitive therapy and midwife counseling improve childbirth experiences for women with a fear of birth, further underscoring the effectiveness of professional support and therapeutic interventions (Hildingsson & Rubertsson, 2019).

The theme of increased vigilance and control during subsequent pregnancies aligns with Fenech and Thomson's (2015) findings that women employ defense mechanisms to protect themselves from re-traumatization. This study's participants reported detailed birth plans, choosing trusted providers, and seeking more information to mitigate the risk of repeating their traumatic experiences. This proactive approach is crucial for restoring a sense of control and reducing anxiety (Ertan et al., 2021).

Several limitations should be considered when interpreting the results of this study. The sample was limited to women residing in Tehran, which may affect the generalizability of the findings to other cultural and geographical contexts. Additionally, the study relied on self-reported data, which may be subject to recall bias and social desirability bias. The qualitative nature of the research, while providing rich, detailed insights, also means that the findings cannot be generalized to the broader population without further quantitative validation.

The results of this study have several important implications for clinical practice and the provision of maternal healthcare. First, healthcare providers must recognize and address the psychological impact of traumatic childbirth. Early screening for anxiety, depression, and

PTSD in postpartum women can facilitate timely interventions and support. As noted by MacKinnon et al. (2018), maternal attachment style and interpersonal trauma history should be considered in the assessment and treatment of childbirth-related PTSD to provide holistic care (MacKinnon et al., 2018).

Second, the importance of support systems cannot be overstated. Encouraging the involvement of family and friends, as well as providing access to professional counseling and support groups, can significantly aid in the recovery process. Etheridge and Slade (2017) highlighted the benefits of involving fathers and partners in the healing process, which can extend the support network and foster a shared understanding of the traumatic experience (Etheridge & Slade, 2017).

Third, the findings underscore the need for empowering women through positive birth preparation and advocacy. Providing comprehensive prenatal education, promoting the use of doulas, and supporting women in creating detailed birth plans can enhance their sense of control and preparedness. Hallam et al. (2018) emphasized the empowerment gained from positive birth movements, which can be a valuable resource for women recovering from traumatic births (Hallam et al., 2018).

Finally, culturally sensitive care is essential for addressing the diverse needs of women from different backgrounds. Suha et al. (2020) demonstrated that cultural norms and healthcare practices significantly influence women's birth experiences. Therefore, healthcare providers should be trained in cultural competence to offer personalized and respectful care that aligns with the values and preferences of each woman.

5. Limitations and Suggestions

While this study provides valuable insights into the psychological effects of childbirth trauma, further research is needed to explore the long-term impacts on women's mental health and their children. Longitudinal studies could provide a deeper understanding of how traumatic birth experiences affect family dynamics and child development over time. Additionally, investigating the effectiveness of various therapeutic interventions and support programs in diverse cultural contexts can help refine and tailor care strategies to better meet the needs of all women.

The role of fathers and partners in the recovery process also warrants further exploration. Etheridge and Slade (2017) highlighted the experiences of fathers who found

childbirth traumatic, suggesting that involving partners in therapeutic interventions could enhance the overall support system for women. Future studies could examine the effectiveness of couple-based interventions in promoting mutual healing and resilience (Etheridge & Slade, 2017).

In conclusion, the psychological effects of childbirth trauma are significant and multifaceted, impacting women's mental health, coping mechanisms, and subsequent birth experiences. This study's findings underscore the need for comprehensive and supportive care strategies that address the emotional and psychological needs of women who have experienced traumatic childbirth. By recognizing the long-term impact of birth trauma and providing targeted support and education, healthcare providers can help women heal from their past experiences and approach future births with confidence and empowerment. These efforts are crucial for improving maternal mental health and ensuring positive birth outcomes for all women.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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