CYPRUS JOURNAL OF MEDICAL SCIENCES

Original Article

DOI: 10.5152/cjms.2019.661

Women's Experience of Cesarean Section: A Qualitative Study

Meltem Meriç[1], Gül Ergün[2], Ganna Pola[1], Eyüp Yaycı[3], Ümran Dal Yılmaz[1]

[1]Department of Nursing, Near East University, Nicosia, Northern Cyprus
[2]Department of Nursing, Mehmet Akif Ersoy University, Faculty of Heath Sciences, Burdur, Turkey
[3]Department of Obstetrics and Gynecology, Cyprus Kolan British Hospital, Nicosia, Northern Cyprus

ORCID IDs of the authors: M.M. 0000-0002-3146-5500; G.E. 0000-0002-1292-2040; G.P. 0000-0003-2226-4552; E.Y. 0000-0002-7611-8887; Ü.D.Y. 0000-0002-9482-6983.

Cite this article as: Meriç M, Ergün G, Pola G, Yaycı E, Dal Yılmaz Ü. Women's Experience of Cesarean Section: A Qualitative Study. Cyprus J Med Sci 2019; 4(3): 183-8.

BACKGROUND/AIMS
Having a positive or negative experience of labor affects the method of delivery women select for their next pregnancy. Having a positive experience also helps women feel in control, thus improving the relationship between them and their babies and the quality of care they are able to provide. Therefore, the aim of the present study was to understand women's experiences of having a C-section and to determine their feelings and thoughts on this subject in the early postpartum period.

MATERIAL and METHODS
This was a qualitative descriptive design study. A total of 27 women who had given birth by C-section in the obstetrics and gynecology clinic of a university hospital between November 2016 and February 2017 were included in the study. Data were collected using a questionnaire form for socio-demographic information and a semi-structured interview that discussed the women's experience of C-section. Data were analyzed using the content analysis method.

RESULTS
Five categories were identified with regard to women's experiences of C-section. These were "their knowledge about C-sections," "their feelings about the decision to give birth by C-section," "their feelings immediately before delivery," "their experiences after the C-section," and "their opinions on the effects of the C-section on their relationships with their babies."

CONCLUSION
The women viewed a C-section as a surgical intervention. They experienced fear and anxiety when going into the operating theater and suffered mostly from afterpains. Healthcare professionals should be aware of women's experiences and should develop practices that allow them to express their thoughts and feelings about cesarean birth.

Keywords: Cesarean birth, C-section, women's experience, qualitative study

INTRODUCTION

A cesarean section is a surgical procedure for the removal of the fetus by cutting into the abdominal wall and then the uterus. If it is thought that either the mother or the baby may not survive after a vaginal delivery, or if both of their lives are in danger, then a C-section is vital (1). The World Health Organization has suggested that C-sections should occur in between 5% and 15% of all births (2). However, the cesarean rate in Turkey is much higher than this. The percentage of cesarean births, which was 21% in 2002, increased to 51% in 2014 and then to 53% in 2015 and 2016 according to data from the Turkish Ministry of Health (3).

In recent years, women have had a high number of C-sections both for medical reasons and as a result of demands for a cesarean delivery in the absence of any medical reason (4). Pregnant women decide to give birth by C-section because of their uncertainty about being in labor, worry about the pain and suffering they will experience, fear that their labor will be unsuccessful, concern about giving birth without any trusted health personnel present, and as a result of the influence of their social environment (5). In fact, as a surgical intervention, a C-section is not necessarily easy or pleas-

Corresponding Author: Meltem Meriç
E-mail: meltemcos@yahoo.com

Received: 21.09.2018
Accepted: 04.05.2019

ant because of the pain that it causes, the lack of control during delivery, the length of the healing process, and the delay that may be experienced in establishing the mother–infant relationship. Women who have cesarean deliveries experience anxiety about the risks of the operation and have fears about the long period of recovery and pain after a C-section compared with a vaginal delivery (6). Amanak and Karaçam found in their study with 235 women who gave birth by C-section that women experience problems related to pain in the workplace and difficulties in moving, passing wind, feeding, and producing stools during the postpartum period. Their study determined that women had problems related to feeding their babies, cleaning themselves, and dressing and caring for their stomachs (7). It was determined that even when the C-sections had been planned, the women were not happy about the afterpains and fear that they had experienced (8). In addition, the positive or negative experiences women have during childbirth influence the method of delivery they select for their next labor (9).

An unplanned and emergency C-section, the type of anesthesia used in a cesarean section, and their perceptions and experience of labor all affect the satisfaction women derive from giving birth. A positive experience of labor helps women to feel more in control, therefore improving their relationship with their babies and the quality of care they are able to provide. Thus, it is important to understand the experiences of women in the early postpartum period and to determine their feelings, thoughts, and experiences about giving birth. Women's perceptions of their C-section, how they understand it, how they respond to it, what feelings they experience most after childbirth, the difficulties they encounter, and how they deal with these difficulties all affect the postpartum care of the mother and baby. Being aware of these will enable health professionals who provide primary care to feel more in control and help them to decide on and offer the best care. Thus, the aim of the present study was to investigate the experiences of women in the early postpartum period and to determine their feelings, thoughts, and experiences about giving birth via C-section.

MATERIALS and METHODS

The research was conducted using a phenomenological approach, which is a qualitative research method. In the phenomenological approach, the researcher is interested in how the participants perceive the events they are experiencing and how participants attribute a meaning to them through their own descriptions.

The study was approved by the Near East University ethics committee (approval date: 20/10/2016, approval no.: 327). There is no specific sample number in qualitative studies, and the present study used the purposive sampling method. The population of the study consisted of women undergoing C-sections at the obstetrics and gynecology clinic of a university hospital between November 2016 and February 2017. The study sample included 27 Turkish-speaking women who underwent C-sections between the dates specified and who agreed to participate in the study. Participants were informed in writing and orally about the aim of the study, its confidential nature, its voluntary basis, and their right to end the interviews whenever they wished. Informed consent was obtained from the women who participated in the study.

Data were collected using a form with 15 questions about the socio-demographic characteristics of the women and 10 semi-structured interviews, including questions about the women's knowledge about cesarean birth, their thoughts after a cesarean birth had been decided on, and their experience after their C-sections (post-cesarean delusions).

The researcher conducted individual in-depth interviews in the women's rooms in the first 48 h after delivery. During the interviews, the researcher ensured that the women were not suffering from any severe pain and had finished breastfeeding their newborns. As the babies were sleeping after breastfeeding, the mothers were comfortable, and this ensured that they were able to answer as they wished.

During the interview, the participants were observed by the interviewer, and their behaviors and moods were noted along with their statements. The interviews lasted for 20–25 min and were recorded with the participants' consent.

In addition, the researcher asked the participants to listen to the audio recordings after the interviews, and their consent to proceed was received. They were also asked whether they had anything else they wished to say.

Statistical Analysis

All audio recordings were transferred to the computer by the researcher on the same day. The participants' statements were transcribed and read individually by the researchers, and content analysis was used to determine what the statements meant and how categories could be formed from them.

The analysis of the data generated five categories (no computer-assisted qualitative data analysis software was used). To test the validity of the study, the data obtained from the interviews were examined by two faculty members who were experienced in qualitative research, and the consistency of the researchers was checked.

RESULTS

The study was conducted on 27 women who agreed to participate. The mean age of the women was 31.3±7.2 years. Of the 27 women, 66.6% were university graduates, and 51.8% were employed. Among them, 51.8% had just had their first gestation, and the interbirth intervals of 75% of the women who had become pregnant twice or more were ≥3 years. Of the 27 women, 96.2% had had to give birth by cesarean delivery for medical reasons, and 70.3% stated that they would not have selected a C-section if there were no medical reasons to do so. Among them, 85.1% had delivered by a C-section under epidural anesthesia.

Five categories emerged as a result of the qualitative analysis of the interviews. These were "their knowledge of C-section," "their feelings about the decision to give birth by C-section," "their feelings immediately before delivery," "their experiences after the C-section," and "their opinions on the effects of the C-section on their relationships with their babies."

Category I: their knowledge of C-section

Most of the women stated that they heard something about C-sections, but they had not researched it and did not have

detailed information. Most of them knew the C-section was an operation and had knowledge of the forms of anesthesia used:

"I'd picked up some knowledge about C-sections. General or epidural anesthesia is administered; I did not know anything except this. My view about it is positive; it is one of the best medical choices. People who'd given birth by C-section were generally satisfied, they recommended it." (Mother 8).

"I didn't know anything about C-sections. I'd heard that a C-section is like surgery, so it's hard and the mother gets scars." (Mother 12).

"The only thing I know about the C-section is that if a woman has previously had one, she can only give birth by cesarean in any future pregnancies."

Women who had had their first delivery by C-section had some knowledge of it:

"I knew about having a C-section. It is more difficult to recover after wards. It was just like that in my first labor." (Mother 9).

"I knew about it. I had a C-section during my first labor, so, for instance, I knew it was hard to pass wind. I knew that if you give birth by C-section in your first labor, you have to give birth by a C-section the next time." (Mother 26).

Category 2: their feelings about the decision to give birth by C-section

Women who gave birth by cesarean delivery after having expected to give birth by vaginal delivery stated that they experienced sadness and worry:

"I was disappointed when I heard that I was giving birth by C-section because I was focused on a normal delivery. I thought a normal delivery would be better for me and the baby." (Mother 1).

"I felt very bad when a C-section was decided on. I was worried. If it wasn't absolutely necessary I would have insisted on a normal delivery, but I gave birth by C-section because my baby defecated." (Mother 18).

"I didn't know anything about a C-section. It was decided on at the 35th week. I don't think that's good; it would have been better if it had been normal delivery; I was sad." (Mother 25).

Some of the women stated that they gave birth by C-section but would have preferred to have had normal delivery:

"A C-section is good when it's necessary, but there should be a normal delivery when there's no problem." (Mother 17).

"It shouldn't be done when it's not compulsory, because normal birth is natural and adapting to it is easier. The body recovers more quickly. You have to have an incision and you're anesthetized when you give birth by C-section." (Mother 24).

Category 3: their feelings immediately before delivery

Most of the women stated that they worried because C-section is a surgical operation performed under anesthesia:

"I was afraid. I thought, 'I am going to have an operation under anesthesia, will this affect my baby?' But nothing happened. You have to be brave to undergo an operation." (Mother 2).

"When I underwent a C-section, I felt a bit anxious, a bit frightened. I kept wondering, 'Will something go wrong? Will I be in pain?'" (Mother 13).

One woman stated that she did not think she was going to be frightened because she was giving birth by C-section for the second time, but she worried about her previous surgery site when she underwent her C-section:

"I had a C-section for my first delivery, so I thought that they'd cut the same area. I thought this would be a difficult experience." (Mother 26).

Most of the women who planned to give birth by C-section were excited about seeing their children and curious about the health of their babies and how they would react:

"I was excited to have a C-section, because I had carried my baby and I became emotional and cried when I saw my baby." (Mother 7).

"It's a very nice feeling. I experienced it like a normal birth. I dreamed about my baby before giving birth. I wish everything was this beautiful." (Mother 19).

"I felt excitement and fear, I prayed that both of us would just be well. I felt it when I underwent the operation. I was excited. I was glad to see the baby." (Mother 22).

The women who underwent a cesarean section without planning stated that they were worried about their health and had mixed feelings:

"When the doctor told me I would be having a cesarean, my only thought was to get rid of my pain. It did not matter if it was a C-section or normal delivery. But I was scared again." (Mother 14).

"It was a last-minute decision. When my waters broke suddenly, they gave me a cesarean. I was scared when I went into the operating theater. I thought the baby would be thirsty, so I was very worried." (Mother 18).

"Having the C-section was very different. It was sad because I expected to give birth normally but I gave birth by cesarean. It was also happy because of the thought that I would meet my baby in an hour. I had mixed feelings." (Mother 19).

One woman stated that she was sad that her baby would no longer be part of her after she had her C-section:

"When I was going to give birth, I was sad because my daughter would leave my body and we would be separated. I had got used to feeling my baby inside me, and I thought that they would separate us when I gave birth." (Mother 15).

Category 4: their experiences after the C-section

The women stated that they were most likely to experience abdominal pain after the C-section:

"I was in pain after the operation, I didn't sleep well and I was uncomfortable when I couldn't lactate. I would have liked to be able to feed immediately." (Mother 6).

"The pain was too much after the C-section. It was more than I expected. I had difficulty breathing. I don't feel sorry about giving birth by cesarean, I'm just in pain." (Mother 20).

Most of them stated that they were sad because they could not breastfeed their babies due to the distress and pain they experienced after the C-section:

"Afterwards, I felt pain and regretted having it because I had a lot of pain. It was hard not to be able to walk or to stand up and to have to deal with coughing. I was afraid because the C-section was my first operation. I was worried about the surgical incision." (Mother 1).

"It's not like a normal birth, lactation is generally late. I tried to lactate this morning. I would probably have been able to lactate earlier, if I hadn't given birth by C-section." (Mother 12).

Category 5: their opinions on the effects of the C-section on their relationships with their babies

Most of the women stated that they had difficulty breastfeeding and holding their babies because of the pain:

"I didn't hug my baby straight away, but I don't think that the bond between me and my baby was affected, because I had already carried my baby for nine months, so a bond had already been established." (Mother 1).

"I think that a normal delivery might have been better for my relationship with my baby, because I had a lot of pain. But I felt better saying 'It had to be like this.'" (Mother 21).

Women who gave birth under epidural or spinal anesthesia stated that they had no problem with their babies because they were able to see them immediately:

"Even though I gave birth by C-section, I experienced the moment my child was born. I was lucky I was not under general anesthesia. I never thought 'I wish I would given birth by normal delivery.'" (Mother 6).

"I chose to have an epidural so I could see my baby. I saw everything. I was relaxed, I saw and kissed my baby." (Mother 10).

"Actually, I saw my baby straight after birth because I had an epidural. They brought my baby straight to my bed. In my eyes, there's no difference between the two of them." (Mother 19).

Some women stated that they thought that their relationship with their baby would have been better if they had given birth normally:

"There is a difference between a C-section and normal delivery: you feel labor pains in normal delivery, the mother feels more during the birth. The bond with the child is strong because you're awake during the whole process, from the beginning to the end, when you give birth normally." (Mother 5).

"There's a difference between a C-section and normal delivery. Lactation is late after a C-section but lactation occurs immediately after normal delivery. I couldn't breastfeed my baby; this might have affected our relationship at the start." (Mother 8).

DISCUSSION

How their baby will be delivered is an important issue for pregnant women. From the point at which women begin to plan to become pregnant, they also start to be concerned about the delivery method (10). It is very important to ensure that pregnant women have adequate information and counseling from health professionals so they can decide on the most appropriate form of delivery. Being informed about the delivery methods reduces women's anxiety, whether they given birth via a vaginal or cesarean delivery (11). The women who participated in our study stated that they had heard a lot about C-sections but had not tried to find out more. The reason for this may be that most of the women who participated in the present study gave birth by C-section on the advice of their doctors. According to the literature, pregnant women generally obtain information about C-sections from their doctors, whereas their information about vaginal delivery comes from midwives. It is important that doctors, nurses, and other health professionals help pregnant women to have a positive experience of giving birth and ensure that they are able to actively participate through planned health education, psychoeducation, and similar psychosocial interventions (12).

Women's perceptions of childbirth are influenced by their personal characteristics, their expectations, and their experiences of previous deliveries (13). In this regard, it was found that women who had delivered their first child by C-section were more experienced and therefore had more knowledge about cesarean birth. Most women described a C-section as an operation. Normal delivery is a natural physiological process. A C-section is not an alternative to normal delivery but a surgical procedure that should only be performed when there is a problem with normal childbirth. In the present study, the women's definition of a C-section as a surgical procedure supports the finding that most of them would have selected normal delivery if they had been able to. However, some of the women stated that "If the first birth was by C-section, subsequent births have to be by C-section." Nonetheless, studies have emphasized that individuals who have previously had C-sections are able to deliver vaginally during subsequent labors and should be encouraged to give birth by vaginal delivery (14, 15). Vaginal birth after cesarean (VBAC) is recommended only after appropriate information and consultation have been provided and when the situation meets the required conditions as stated in the Management Guidelines on Birth and Cesarean Delivery as published by the Turkish Ministry of Health (16). Kavak et al. (17) observed only one case of uterine rupture in 68 women having VBAC in their retrospective study. One study analyzed the level of knowledge of health professionals about this subject and the proportion of health professionals who stated that women who have delivered by C-section may be able to give birth normally in subsequent labors was found to be 72.7% (18). Given that not all health professionals have accurate knowledge of the topic, it may not be appropriate to expect a full understanding of the subject in participants who are not health professionals. Nevertheless, the lack of knowledge of this subject among the pregnant women

in our study shows that it is important that nurses, doctors, and other health professionals provide pregnant women with up-to-date information while they are preparing to give birth, so that they can make the right decision at the right stage of the process.

The present study found that the women who gave birth by cesarean delivery after expecting to give birth normally experienced fear, sadness, and anxiety. The perinatal period is an important period in which women prepare themselves for labor; women generally decide how they will give birth in this period. Currently, women want to have a say about the delivery method and to participate in the decision-making process. Any woman who has to decide on the delivery method will be influenced by her own style of decision-making. At this stage, physicians and nurses have a responsibility to ensure that the woman participates fully in making the decision while also encouraging her to decide on the appropriate delivery method and providing clear and accurate information (19). Nurses in particular should help pregnant women to deal with any anxiety and to think about what the healthiest delivery method may be. In pregnancies in which a C-section had suddenly become necessary for medical reasons, the mothers were found to be concerned about their babies' lives and to have concerns about the operation. In particular, women who were giving birth by cesarean delivery for the first time experienced these feelings more intensely. Studies in the literature on the psychological problems experienced by pregnant women about both normal delivery and C-sections support our findings. Pregnant women who give birth by C-section experience fear about being paralyzed and are frightened that they will not come round after being anesthetized or that they will bleed out. A sudden decision to perform a C-section may increase the psychological problems experienced by pregnant women according to both our results and the literature (20, 21).

In the present study, the mothers experienced positive feelings, such as astonishment, getting emotional, crying, excitement, and happiness, when they first met their babies. Mothers can maintain a happy, peaceful, and healthy mother–infant relationship when they are ready for motherhood and when their pregnancy has been planned. The participants in our study had infants with no health problems and this might have helped them to have positive feelings and have made it easier for healthy mother–infant communication to begin.

In the present study, the participants' most common problems were found to be negative experiences, such as pain in the site of sutures, difficulties with movements, difficulty in performing daily life activities, especially infant care, and late lactation. Negative experiences after a C-section may make it difficult for women to adapt to the role of being a mother, develop a bond with the baby, or demonstrate healthy mothering behaviors (22).

Nurses have the very important responsibility of managing women's pain after childbirth, using methods including pharmacological interventions (23). Mothers may be worried about motherhood and caring for their infant as a result of the pain they are experiencing. Therefore, it is important that nurses both inform mothers about what to expect in the postpartum period and provide advice to mothers when they need it. Studies have shown that mothers who give birth by C-section are more likely to need the support of health professionals to interact with their babies during the first days of life than mothers who give birth by normal delivery (24).

Some of the women who gave birth by C-section stated that if they had given birth by normal delivery, they would have had a better relationship with their babies after delivery, and that lactation might have occurred earlier. Studies have shown that mothers who deliver by C-section cannot communicate properly in the early postpartum period because of their pain, the limitations to their movement, and late lactation. The process of giving birth may be defined as a trauma for mothers who cannot immediately hug and breastfeed their baby due to the pain they are experiencing (25, 26). Our findings suggest that normal birth is a more appropriate method for establishing a healthy mother–infant relationship in early life. The support of nurses, doctors, and other health professionals is important for establishing strong bonds between infants and mothers in the postpartum period whether there has been a normal delivery or a C-section (27). After a C-section, mothers cannot comfortably hug their babies, and establishing a safe mother–infant relationship may be delayed because of pain at the surgical site, restrictions on movement, feelings of weakness, and an inability to get up, as seen in our results (28).

In conclusion, it was determined that women preferred vaginal delivery to a C-section, considered a C-section to be a surgical intervention, experienced fear and anxiety when going into the operating theater, and suffered mostly from afterpains. Health professionals should ensure that the women who have a C-section are relaxed and comfortable when they are preparing them physically for the procedure. Women should be able to express their feelings, and therapeutic communication techniques should be used to inform them about the operation they will undergo and to listen to their responses. It is important, both for the postpartum mother–infant relationship and for planning healthcare, that women know about these experiences and that practices are developed that allow them to express their thoughts about childbirth. Further studies on how to develop these practices are recommended. Qualitative studies should also be conducted to investigate the experiences of cesarean among women with different cultural and social backgrounds.

The present study has limitations. As this research is a qualitative study, the results are limited to the study group and cannot be generalized to all women. In addition, the present study was performed with a small sample size and in one hospital; thus, the possibility of transferring these findings to other populations is limited.

Ethics Committee Approval: Ethics committee approval was received for this study from Near East University ethics committee (Approval Date: 20.10.2016, Approval Number: 327).

Informed Consent: Written informed consent was obtained from all individual participants included in the study.

Peer-review: Externally peer-reviewed.

Author contributions: Concept – M.M., G.P.; Design – M.M., Ü.D.Y.; Supervision – E.Y., Ü.D.Y.; Data Collection and/or Processing – G.P., M.M.; Anal-

ysis and/or Interpretation – G.E., M.M.; Literature Search – E.Y., G.E.; Writing – G.E., M.M.; Critical Reviews – Ü.D.Y.

Conflict of Interest: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

REFERENCES

1. Tezcan P. Gabbe Obstetri Normal, Sorunlu Gebelikler. Ankara: Güneş Tıp Kitapevi; 2018.
2. World Health Organization, Statement on caesarean section rates, 2015. [Internet] Available from:http://www.who.int/reproductive-health/publications/maternal_perinatal_health/cs-statement/en/ Accessed: 20.06.2018.
3. Press Releases of Turkish Statistical Institute; Child Statistic, 2017 [Internet] Available from: http://www.tuik.gov.tr/PreHaberBultenleri.do?id=27596. Accessed: 20.06.2018.
4. Aksoy AN. Fear of Childbirth: Review of the Literature. ODU Journal of Medicine 2016; 2(3): 161-5.
5. O'Donovan C, O'Donovan J. Why do women request an elective cesarean delivery for non-medical reasons? A systematic review of the qualitative literature. Birth 2018 45(2): 109-19. **[CrossRef]**
6. Velho MB, Santos AK, Brüggemann OM, Camargo BV. Experience with vaginal birth versus cesarean child birth: integrative review of women's perceptions. Text Context Nursing, Florianópolis 2012; 21(2): 458-66.
7. Amanak K, Karaçam Z. Sezaryen ile doğum yapan kadınların postpartum erken dönemde öz bakım ve bebek bakımı konularında yaşadıkları sorunların belirlenmesi. Tepecik Eğit ve Araşt Hast Dergisi 2018; 28(1): 17-22.
8. Dönmez S, Yeniel ÖA, Kavlak O. Vajinal doğum ve sezaryen doğum yapan gebelerin durumluk kaygı düzeylerinin karşılaştırılması. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi 2014; 3(3): 908-20.
9. Bilgin NÇ, Ak B, Coşkuner Potur D, Ayhan F. Doğum yapan kadınların doğumdan memnuniyeti ve etkileyen faktörler. HSP 2018; 5(3): 342-52. **[CrossRef]**
10. Coşar F, Demirci N. Lamaze felsefesine dayalı doğuma hazırlık eğitiminin doğum algısı ve doğuma uyum sürecine etkisi. SDÜ Sağlık Enstitüsü Dergisi 2012; 3(1): 18-30.
11. Pinto do Nascimentoa RR, Arantesb SL, Cameron de Souzac ED, Contrerad L, Assis Sales AP. Choice of type of delivery: factors reported by puerperal woman. Rev Gaúcha Enferm 2015; 36: 119-26.
12. Karabulutlu Ö. Kadınların Doğum Şekli Tercihlerini Etkileyen Faktörler. İÜFN Hem Derg 2012; 20(3): 210-8.
13. Elmas S, Yeygel Ç, Saruhan A. Doğum öncesi eğitim modelleri eşliğinde doğal doğum. Anadolu Hem ve Sağ Bil Derg 2017; 20(4): 299-303.
14. Aydın N, Yıldız H. Travmatik doğum deneyiminin etkileri ve nesiller arası aktarımı. Journal of Human Sciences 2018; 15(1): 604-18. **[CrossRef]**
15. Şentürk Erenel A, Aksu Pelit S. Sezaryen Sonrası Vajinal Doğum: Neden ve Hangi Koşullarda? Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi 2017; 6(3): 235-42.
16. Uzunçakmak C, Güldaş A, Aydın S, Var A, Özçam H. S.B. İstanbul Eğitim Araştırma Hastanesi Kadın Hastalıkları ve Doğum Kliniği'nde 2005-2012 yılları arasında sezaryen ile doğum yapan hastaların değerlendirilmesi. İstanbul Med J 2013; 14(2): 112-6.
17. Kavak SB, Çelik Kavak E, Kurkut B, Atılgan R, Önen Ş, İlhan R. Sezaryen Sonrası Vajinal Yolla Doğum: Retrospektif Değerlendirme. Turkiye Klinikleri J Gynecol Obst 2013; 23(4): 215-9. **[CrossRef]**
18. Gözükara İ. Karapınar O, Hakverdi AU, Kurt R, Demirkiran G. Cesarean birth after vaginal delivery: a survey in healthcare proffesionals. The Journal of Gynecology-Obstetrics and Neonatology 2016; 13(4): 151-3.
19. Moffat MA, Bell JS, Porter MA, Lawton S, Hundley V, Danielian P, et al. Decision making about mode of delivery among pregnant women who have previously had a caesarean section: a qualitative study. BJOG 2007; 114(1): 86-93. **[CrossRef]**
20. Wijma K, Ryding EL, Wijma B. Predicting psychological well-being after emergency caesarean section: a preliminary study. J Reprod Infant Psychol 2002; 20(1): 25-36. **[CrossRef]**
21. Mojrian M, Alidoosti K, Tirgari B, Mehdizadeh A, Jahani Y. The effect of supportive counseling on the symptoms of acute stress disorder following emergency cesarean section. JMRH 2018; 6(2): 1208-14.
22. Köse D, Çınar N, Altınkaynak S. Yenidoğanın anne ve baba ile bağlanma süreci. STED 2013; 22(6): 239-45.
23. Lavand'homme P. Postoperative cesarean pain: real but is it preventable? Curr Opin Anesthesiol 2018; 31(3): 262-7. **[CrossRef]**
24. Çakır D, Alparslan Ö. The investigation of the effects of the birth type variable on the mother-infant interaction and mother's perception of her the infant. J Contemp Med 2018; 8(2): 139-47.
25. Beck CT. The slippery slope of birth trauma. In motherhood in the face of trauma. Muzik M, Rosenblum KL. (Ed). Springer, 2018. p.55-67. **[CrossRef]**
26. Işık G, Cetişli N, Başkaya VA. Doğum şekline göre annelerin postpartum ağrı, yorgunluk düzeyleri ve emzirme. DEUHFED 2018; 11(3): 224-32.
27. Öztürk M. Sürücü Gökyıldız Ş, Özel TE, İnci H. Evaluation to adaptation of motherhood in postpartum period. LIFE: Int J Health Life-Sci 2017; 3(2): 65-76. **[CrossRef]**
28. Erkaya R, Türk R, Sakar T. Determining comfort levels of postpartum women after vaginal and caesarean birth. Procedia-Social and Behavioral Sciences 2017; 237: 1526-32. **[CrossRef]**