PSYCHOLOGICAL NEEDS DURING PREGNANCY:

A QUALITATIVE ANALYSIS OF NEW MOTHERS' INTROSPECTIONS

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2016

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Thesis submitted to the

Institute for Graduate Studies in Social Sciences

in partial fulfillment of the requirements for the degree of

Master of Arts

in

Educational Sciences

by

Nagehan Pakdamar Tüzgen

Boğaziçi University

2016

Psychological Needs During Pregnancy:

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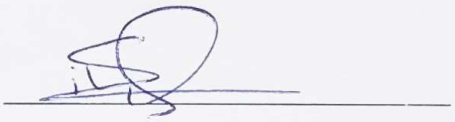
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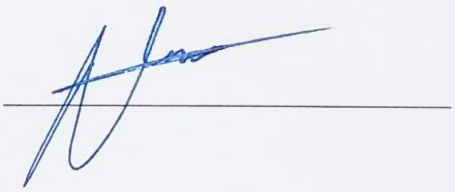
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August 2016

DECLARATION OF ORIGINALITY

I, Nagehan Pakdamar Tüzgen, certify that

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ABSTRACT

Psychological Needs During Pregnancy:

A Qualitative Analysis of New Mothers' Introspections

The current study aims to focus on possible psychological needs of prospective mothers during pregnancy, based on the reports of new mothers' experiences. In this qualitative study, the data was collected from fifteen mothers aged 18-31 years who were 3 to 6 months postpartum and who had given birth to a full-term baby. Mothers were conveniently selected from the records of Family Health Centers in Istanbul by midwives. In-depth interviews were conducted individually. This study focuses on four main areas examined, namely, the prenatal experiences of the mothers, factors related to the prenatal experiences, aspirations for an ideal pregnancy and ways of addressing the needs of the pregnant women. The findings of this study are grouped into twelve themes: physical health, prenatal follow-ups, feelings throughout pregnancy, preparedness and expectations, supportive resources, preparatory activities, working conditions, regrets or gladness about former pregnancy, wishes for an ideal pregnancy, recommended methods and topics, recommended sources and suggestions of the mothers. The findings are discussed under three headings: health related experiences, facilitators throughout transition to motherhood and suggested interventions for an ideal pregnancy. The findings indicate the importance of support from people around pregnant women, relationship with the spouse and knowledge about transition to motherhood as well as physical well-being during pregnancy. Therefore; supportive resources of pregnant women should be improved and enriched to overcome the changes during transition to motherhood.

ÖZET

Hamilelik Döneminde Psikolojik İhtiyaçlar:
Yeni Annelerde İçebakışın Nitel Analizi

Bu çalışma, yeni annelerin içebakış süreçlerini temel alarak bu yaşantısal değişimde anne olacak adayların olası psikolojik ihtiyaçlarını araştırmayı amaçlamaktadır. Bu nitel çalışmada veriler, 3-6 ay önce doğum yapmış, 18-31 yaş arasındaki on beş anneden elde edilmiştir. Annelere, sorumlu ebeler tarafından, İstanbul'da bulunan Aile Sağlığı Merkezlerinin kayıtlarından ulaşılmıştır. Bu annelerle bireysel, derinlemesine görüşmeler yapılmıştır. Bu çalışma dört alana odaklanarak inceleme yapmaktadır ve bu alanlar, hamilelikteki tecrübeler, hamilelikteki tecrübelerle ilişkili etmenler, ideal hamilelik sürecine yönelik istekler ve hamilelerin ihtiyaçlarının belirlenmesidir. Araştırma bulguları sonucunda on iki tema ortaya çıkmıştır, bunlar; fiziksel sağlık, gebe izlemleri, hamilelik sürecindeki hisler, hazır olma hali, destekleyici kaynaklar, hazırlık için yapılanlar, iş ortamı, gebelikteki pişmanlık ve memnuniyetler, ideal bir hamilelik için istekler, önerilen yöntem ve konular, önerilen kaynaklar ve annelerin tavsiyeleridir. Bulgular üç ana başlık altında tartışılmıştır, bunlar; sağlıkla ilgili tecrübeler, anneliğe geçişi kolaylaştırıcı etkenler ve önerilen müdahalelerdir. Bulgular yorumlandığında hamilelik boyunca çevresindeki kişilerden destek görmenin, eşler arası ilişkinin ve anneliğe geçiş hakkında bilgi almanın da fiziksel sağlık kadar önemli olduğu ortaya çıkmıştır. Bu sebeple, hamilelerin anneliğe geçiş sürecindeki güçlüklerle baş edebilmesi için çevrelerindeki destekleyici kaynaklar artırılmalı ve zenginleştirilmelidir.

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to many of those people who always encouraged me to pursue this research to its completion.

First of all, I want to thank my thesis advisor, Assist. Prof. Z. Hande Sart, who has always been supportive, caring and patient throughout all my graduate years. I would like to acknowledge another committee member of my thesis, Assist. Prof. Sibel Akmehmet Şekerler, who has always willing to listen me and make insightful comments. I also thank Assist. Prof. Nilay Güler Karaca, who contributed her valuable time to the development of my thesis by opening new perspectives from a medical perspective. Also, I want to thank Assoc. Prof. F. Nevra Seggie for her guidance and constant support throughout my professional development.

I want to thank my friends, especially Yasemin Karagöz and Sevde Barış, for helping me any the time I need them. It would have been hard to complete this work without the support of Dilara Kılıç, Seda Altıparmak and Burcu Şener. I want to thank all of my friends for their emotional and academic support.

I want to offer my thanks to my mother-in-law, Dr. Huriye Tüzgen. Having finished her radiology residency with six children, she was a great role model for me. She encouraged me to maintain the study by looking after my daughter from the time she was born. I am deeply grateful for her devotion. I also would like to offer my gratitude to my mother, Hatice Pakdamar, who raised me alone and taught me to be strong, resistant and ambitious and to follow the way I believe is the best.

I would like to express special gratitude to my best friend, my beloved husband, Dr. Erkam Tüzgen, for his patience and support. Even though we have spent many years together, words are still not enough to explain how I am lucky to be able to share my whole life with you.

To my daughter Eslem Tüzgen

who gave me the chance to be a mother,

and turned all the life into a miracle…

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CHAPTER 1

INTRODUCTION

Pregnancy is one of the most important milestones which come with bliss and struggles in women's lives (Kuğu & Akyüz, 2008; Murkoff & Mazel, 2008; Darwiche et al., 2015). Becoming a parent requires lots of changes since a newborn baby brings new responsibilities such as financial load (Yali & Lobel, 2002; Alpöge, 2012), new social relations as a family (Darvill, Skirton & Farrand, 2010) and concerns about the future life (Türkoğlu, Sis Çelik, & Pasinlioğlu, 2014; Alpöge, 2012; Arıkan & Kahriman, 2002; Yüksel, Akın, & Durna, 2012). These changes can be intense in terms of physiological, psychological and social aspects (Karabulut Doyurgan, 2009; Hernández, 2012). Some women may easily adapt to these changes in their lives, whereas some may face psychological problems (Yüksel et al., 2012; Hernández, 2012). In the perceptions of some women, pregnancy is a source of "joy, satisfaction, maturity, self-realization and happiness" (Yüksel et al., 2012, p. 54). On the other hand, for some women, pregnancy is the source of the feelings of "anxiety and distress" (Yüksel et al., 2012, p. 54).

The changes in prospective parents' lives start even before pregnancy with the biological maturity, intimate relationship among partners, marriage satisfaction and decision making process to have a baby (Kuğu & Akyüz, 2008; Murkoff & Mazel, 2008). On the other hand, not every pregnancy starts in the usual way but various pre and while pregnancy situations can be experienced as well such as; unexpected pregnancies, extramarital pregnancies, medical interventions for infertility, adolescent pregnancies, and late pregnancies (Cronin, 2003; Murkoff & Mazel, 2008). In all these usual and unusual situations, women are the main subjects

who are directly influenced by consequences (Kuğu & Akyüz, 2001). Some studies show that women can also feel productive and powerful during prenatal period; for example, they may go into developmentally challenging situations to improve self-achievement and self-awareness on their child raising skills (Cronin, 2003; Karabulut Doyurgan, 2009).

In addition to this, some studies show the relationship between mothers' positive emotions and positive experiences. These positive experiences have an effect on mothers and newborn babies (Rini, Dunkel-Schetter, Wadhwa, & Sandman, 1999; Boyd & Bee, 2015; Türkoğlu et al., 2014). For example, receiving support during pregnancy has a positive effect on improving maternal and fetal health. In addition to this, support during pregnancy is effective in reducing stress, pre-term births, and adverse birth outcomes on baby (Rini et al., 1999; Yali & Lobel, 2002). Therefore, social support may buffer the negative experiences that may lead to negative emotions which affect maternal and fetal well-being (Boyd & Bee, 2015; Rubertsson, Hellstrom, Cross, & Sydsjo, 2014; Kuğu & Akyüz, 2001; Gray, 2014) as well as it may buffer postpartum depression in the postnatal period (Ngai & Chan, 2011).

At the same time, mothers' psychological well-being has an effect on the experiences during pregnancy; and prenatal development can also affect mothers' emotions (Kuğu & Akyüz, 2001; Boyd & Bee, 2015). Generally, in the first trimester of the pregnancy, mothers are expected to focus on physical health and psychological adjustment to pregnancy due to the physical struggles like hormonal changes, morning sickness and emotional sensitivity (Murkoff & Mazel, 2008). In the second trimester, mothers start to feel the first movements of fetus and the abdomen starts to grow up (Murkoff & Mazel, 2008), so the baby starts to be seen as a separate

individual both emotionally and physically (Kuğu & Akyüz, 2001; Yüksel et al., 2012). In the third trimester, mothers mostly focus on the delivery process and baby's health after birth (Murkoff & Mazel, 2008).

In addition to these, women's concerns about their parenting skills, general knowledge about child rearing practices and the possibility of postpartum depression increase anxiety levels as well (Kuğu & Akyüz, 2001; Murkoff & Mazel, 2008). According to these stated studies; anxiety may lead to situations where there is fear of labor, death of baby and mothers themselves, losing control, and excruciating pain during labor (Rubertsson et al., 2014; Kuğu & Akyüz, 2001). Knowledge on pregnancy procedure, received social support and sharing the similar experiences with other mothers may reduce the anxiety during pregnancy (Gray, 2014; Luyben & Fleming, 2005). In addition, availability of social support and high number of resources such as family members; have a positive effect on maternal competency and self-confidence (Ngai & Chan, 2011). Therefore, most of the mothers seek for more interaction with family members and friends (Darvill et al., 2010) as well as they prefer to have frequent doctor visits to be informed about upcoming delivery and postpartum life (Alpöge, 2012).

In most countries in Europe (such as Netherland, Ireland and Australia) and in Turkey, prenatal care services are compulsory for pregnant women and directed by medical professionals (Molzan Turan, Nalbant, Bulut & Sahip, 2001; Luyben & Fleming, 2005; Schneider, 2002). According to prenatal care protocol of Ministry of Health, of Republic of Turkey; five follow-up visits are set from the beginning of the pregnancy to the postpartum period (Ministry of Health, of Republic of Turkey, 2008/13). These follow-ups are conducted in local Family Health Centers (FHC) by medical doctors, nurses and midwives (Güngör & Kızılkaya Beji, 2012). In each

visit, different investigations are conducted. In each visit, parents are asked for their (1) demographic information and (2) medical history of family. After these (3) the obstetric history and present prenatal anamnesis are examined. Another step is (4) physical examination and laboratory tests. Last part of the investigation includes (5) information about healthy pregnancy. Information part includes the topics such as eating habits, gaining weight, sexual life, smoking and alcohol consumption, substance abuse, exposure to radiation and chemicals. In addition to these, a preparation to labor and delivery such as stress reducing and pain relief exercises is also recommended. Instructions about child care such as breastfeeding and bottle feeding is also covered in the information part (Ministry of Health, of Republic of Turkey, 2014b).

Prospective mothers may feel overwhelmed by responsibilities of motherhood, lack of skills of child care, physical exhaustion and worry about the future (Murkoff & Mazel, 2008). As a result, mothers need support throughout the pregnancy (Hildingsson, Haines, Cross, Pallant, & Rubertsson, 2012). In the study about the prenatal distress among pregnant women in Turkey (Yüksel et el., 2012), it is found that pregnant women in Turkey are "moderately distressed" and only 10% of women receive emotional support from their family members during pregnancy (Yüksel et al., 2012, p. 54). Despite this need, compulsory follow-ups are narrowed to emergencies and mostly focus on baby's and mother's physical health rather than psychological well-being (Cronin, 2003; Murkoff & Mazel, 2008). In addition, current prenatal care and prenatal education may not fulfill the needs of prospective mothers (Barnes et al., 2008; Türkoğlu et al., 2014).

1.1 Purpose of the current study

The present study aims to explore psychological needs during pregnancy by referring new mothers' introspections. The main concern is to allow new mothers to recall, examine and interpret their own feelings, thoughts and ideas that are occurred during pregnancy. Mothers are guided to express their introspections and related factors on these introspections. In addition, mothers' aspirations for an ideal pregnancy and their suggestions to address the needs during pregnancy are also examined in order to understand and fulfill future pregnant women's needs during pregnancy.

1.2 Research questions

According to the aim of the study mentioned above, the research questions of this study are set as follows:

(1) What are the prenatal experiences of mothers?

(2) What are the factors relating to prenatal experiences?

(3) What are the aspirations of mothers for an ideal pregnancy?

(4) In which ways mothers address the needs of pregnant women?

1.3 Significance of the study

Most of the former studies on mothers' health during pregnancy focus on physical health, parents' readiness for child rearing responsibilities, changing family structure, getting adequate information about baby care, medical staff's attitudes towards mothers and stress reducing factors for mothers such as prenatal care. Furthermore, prospective mothers' psychological well-being throughout the transition to motherhood and "psychological impact [of pregnancy] on the mother, is still not clear" (Darvill et al., 2010, p. 358). In addition to these, studies show the relation

between positive paternal anxiety and effectiveness of childbearing practices of mothers as well as quality of mother-child relationship and child's behavioral patterns (Schneider, 2001; Rini et. el., 1999). Several studies conclude the positive effects of social support, supportive resources and prenatal care on pregnancy; therefore, it is recommended to focus on these topics (Schneider, 2001; Hobfoll, 2002).

Some studies about health policies in Turkey show positive outcomes of prenatal and postnatal interventions such as increased maternal and fetal mortality rates (Yüksel et al., 2012). Previous studies show that over 90% of pregnant women attend at least one of the compulsory follow-ups in Turkey (Sal Çalışkan, 2006; Güngör & Kızılkaya Beji, 2012). Thus, these follow-ups can be an opportunity for screening and giving information for a wide range of population of pregnant women and their offspring. In addition, results of these follow-ups can be used to identify the need of prospective mothers before planning intervention programs to prevent possible risk factors of pregnancy (Kuğu & Akyüz, 2001). However, these follow-ups are conducted by medical doctors, nurses and midwives but psychologists and psychological counselors are not participated in these preventive sessions (Schneider, 2001). Despite awareness raising on the importance of social support during prenatal and postnatal periods (Türkoğlu et al., 2014), most of the recent studies on prenatal health are from medical aspect of overall health and they generally use quantitative methods but not qualitative ones (Deave, Johnson, & Ingram, 2008). Deave et al. (2008) mentioned that many studies on transition to parenthood and pregnancy assume that health workers are the main source of the data to examine the needs and experiences of pregnant women (Deave et al., 2008). In addition, most of these studies does not address the reality of the needs of prospective mothers since they are

not focusing the details (Deave et al., 2008). As a result, qualitative approaches are recommended to focus on mothers' own experiences as the main source of the data about the needs of mothers during pregnancy.

In addition to the recommended methodology, the contents of the services are recommended to improve. For example, women need more information about the knowledge of transition to parenthood, postnatal couple relations (Deave et al., 2008), prenatal and postnatal education in general (Güngör & Kızılkaya Beji, 2012). In order to meet the needs of prospective mothers during pregnancy; education and counseling systems (Türkoğlu et al., 2014), emotional and informational support services are recommended topics for further studies (Schneider, 2001; Erci & Ivanov, 2004; Deave et al, 2008; Serçekuş & Mete, 2009).

The importance of the study comes from its attempt to focus on prospective mothers' psychological needs during pregnancy from new mothers' own introspections, as the main source of the experiences. The present study uses qualitative approach to focus on the experiences in detail. This study gives a chance to new mothers turn into their self, examine and interpret their experiences to address the needs of pregnant women. In addition to this, it is expected to contribute the previous literature on the prospective pregnant women population in Turkey by indicating mothers' experiences, aspirations and suggestions about pregnancy.

1.4 Organization of the study

Organization of the study consists five chapters. Chapter 1: Introduction; presents an overview about the topic, the purpose of the study, the research questions, and significance of the study. Chapter 2: Literature Review; contains the theoretical framework, review of relevant literature on the procedure of pregnancy, physical and

psychological effects of pregnancy. Chapter 3: Methodology; explains selection of the participants, the research procedure that includes design of the study, data collection method, procedure and analysis in detail. Chapter 4: Findings; includes the results of the analysis of the data and emerged themes. Finally, Chapter 5: Discussion and Conclusion; gives the interpretation of the findings and conclusion of the study, mentions the limitations of the present study and recommendations for further studies.

CHAPTER 2

LITERATURE REVIEW

The literature review of this study has four main parts; theoretical framework, pregnancy, prenatal care, and women's aspirations for prenatal care. In the first part; theoretical background of the present study is presented. In the second part; factors that have an effect on pregnancy and physical developmental changes during pregnancy will be reviewed as well as psychological changes. The third part includes the literature on prenatal care. In the last part, women's wishes and recommendations about prenatal care is stated.

In this study, the words "woman" and "mother" will be used interchangeably depending on the situation. If the phrase only refers to the women who have child, the word "mother" will be used. If the phrase also refers the population that includes single, married or expecting women who have no children, the word "women" will be used.

2.1 Theoretical framework

Pregnancy comes with physical and psychological changes that may cause stress in different aspects of mothers' lives (Slade, 2002). During these changing times, women need to maintain their overall well-being. In this purpose, there are theories that claim various mechanisms to overcome such stressful events. For example, resource is one of the important focus of the studies that claim the link between people's resources and stress-resistance, and well-being. (Hobfoll, 2002).

Resource models offer different theories to examine the stress coping mechanisms of people. Resource is defined as "…those entities that either are

centrally valued in their own right (e.g., self-esteem, close attachments, health, and inner peace) or act as a means to obtain centrally valued ends (e.g., money, social support and credit)" (Hobfoll, 2002, p. 307). There are various resource theories to explain different aspects of resource models. For example, there are management resources that focuses on selecting, matching and using the resources to overcome stressful events in life (Thoits, 1994). Additionally, dispositional optimism is another resource theory which refers the tendency of being optimistic is a factor for well-being and stress resistance (Scheier & Carver, 1992). Another personality-based resource theory refers that people's characteristics such as goal orientation is related with coping mechanisms in stressful times (Brandtstädter & Renner, 1990).

In addition to these personality-based resource theories, social support refers a resource that emerged in social environment (Hobfoll, 2002). Social support resource is explained as "…a complex meta-construct…that includes aspects of the commerce of supportive interactions, perceptions of receipt of support, and aspects of the self and whether it is viewed as supported" (Hobfoll, 2002, p. 309). Another definition of social support is "…different types of aid and behaviors that show someone he or she is valued…" (Gray, 2014, p. 1197). Social support resource is derived from social environment by intimate others around such as "…emotional support from partner and action support from medical personnel…" (Gray, 2014, p. 1197).

In the light of these, it can be concluded that social and psychological resources can be buffer mechanisms to overcome stressful events during pregnancy (Gray 2014; Hobfoll, 2002). As a result of social support, people can achieve better psychological well-being, and psychological health with having a tendency to resist

stress (Hobfoll, 2002, p. 309). As a result of these buffer mechanisms of stressful events; the health of infants and well-being of mothers can be achieved (Gray, 2014).

The current study aims to explore psychological needs of mothers during pregnancy. The main focus is to examine related factors on the experiences of prospective mothers. Since the previous literature presents the results on the social interaction and supportive resources during the transition to motherhood (Wilkins, 2005; Deave et al., 2008; Schneider, 2001; Rini et. el., 1999; Lavender, 1999), this study uses social support resource model as the theoretical framework.

2.2 Pregnancy

Pregnancy is defined as the developmental process of a fertilized egg inside a woman's uterus. This period goes through from the conception to birth (Boyd & Bee, 2015). Pregnancy is an intensive changing period both for the pregnant woman and the fetus (Boyd & Bee, 2015; Darwiche et al., 2015).

2.2.1 Before pregnancy

The period before pregnancy is one of the most important phases of beginning of a new life. In other words, it is the decision to pass the genetic heritage to new generations. Flanagan (1982, p. 20) states that "in a sense, each new life actually has no definite beginning… When any two parent cells unite, they bring together a blend of the attributes of all ancestors before them" (Flanagan, 1982). Each pregnancy is a new journey both for individuals and the society itself (Alpöge, 2012).

In addition to transfer of genetic heritage, it is a new stage for a couple that brings new responsibilities and new dynamics to their relationship. Most of the couples wait for the best time for their social, psychological and economical

readiness to be a parent (Murkoff & Mazel, 2008). According to the study of Barret et al. (2015); women can be grouped according to the level of their readiness to pregnancy such as “prepared”, “poor knowledge” and “absent pre-pregnancy period” group (Barret et al., 2015, p. 1). In addition to these factors that affect planned pregnancies; there are also situations such as unexpected pregnancies, extramarital pregnancies, and adolescent pregnancies (Raynor, 2006). The results of this study shows that; apart from the level of knowledge and readiness before pregnancy; all women need pre-pregnancy care for the preparation to parenthood and pregnancy period (Barret et al., 2015).

2.2.2 During pregnancy

Pregnancy starts with the union of woman’s mature egg cell and man’s sperm cell, namely conception (Boyd & Bee, 2015). The union of the egg cell and the sperm cell forms a new cell called zygote (Boyd & Bee, 2015). After that, the zygote starts to develop. Between third week and the eighth week of pregnancy, developing organism is called as embryo (Boyd & Bee, 2015). After eighth week, the new organism is called as fetus until 40 weeks of pregnancy, approximately 9 months from the last menstruation period of mother to the birth of the baby (Murkoff & Mazel, 2008; Boyd & Bee, 2015). Pregnancy can be confirmed by home pregnancy tests, medical examination and blood tests (Murkoff & Mazel, 2008).

Pregnancy is divided into three main trimesters according to the developmental milestones of fetus. Each trimester can be considered 12-15 weeks long (Boyd & Bee, 2015; Murkoff & Mazel, 2008).

2.2.2.1 First trimester

In the beginning of first trimester, fertilized egg starts to divide rapidly, forms the embryo which is the primitive form of human body. These primitive body parts will develop and shape each organ including body systems. This trimester is critical to prevent birth defects (Boyd & Bee, 2015). If the embryo is exposed to radiation, toxins, alcohol, drugs or infection in this trimester; it may cause damage on body parts that will not be recovered in later weeks (Kowalski & Westen, 2005). At the end of the first trimester, the whole systems are structured to develop in time, heart starts to beat and the baby starts to be called as "fetus" (Murkoff & Mazel, 2008). "Approximately 15% of pregnancies end in miscarriage or spontaneous abortion in the first trimester" (Boyd & Bee, 2015, p. 80).

In addition to development of the fetus, women experience physical and emotional changes in the first trimester. After conception, some physical symptoms can occur such as morning sickness (can be defined as "feelings of nausea, often accompanied by vomiting, which usually occurs in the morning"), sensitivity in breasts, posture changes, frequent urination, tiredness, longer periods of sleeping and frequent feelings of hunger (Murkoff & Mazel, 2008). Dramatic hormonal changes can cause emotional ups and downs, mood swings, irritability and irrationality in thoughts for most of the women (Murkoff & Mazel, 2008).

2.2.2.2 Second trimester

In the second trimester; mother's abdominal walls expand, the uterus becomes obvious since the fetus is growing and developing rapidly (Boyd & Bee, 2015). Hormones to produce milk start to increase in the body. Mothers can actively feel the movements of fetus including hiccough, sleeping and waking up activities (Murkoff

& Mazel, 2008). Sex of the fetus can be determined in this trimester. Diabetes or gestational diabetes which is “a kind of diabetes that happens only during pregnancy” may be a risk factor for fetus to grow too rapidly, which causes premature birth or C-Section delivery (Boyd & Bee, 2015, p. 80). “Risk of miscarriage drops” in this trimester. After 24th week, fetus may survive outside the womb (Boyd & Bee, 2015, pp. 80-81). Since the negative physical symptoms mentioned in the first trimester almost disappear, this trimester is the most comfortable period for the majority of the pregnant women (Murkoff & Mazel, 2008).

In women’s body; blood vessels enlarge, volume of blood cells, speed of the heart beat and breathing increase to fulfill rising need of oxygen. Women feel adjusted to hormonal changes in the second trimester, so the general mood turns into the excitement and apprehension. However; frustration, forgetfulness, and having trouble in concentrating may rise in this trimester (Murkoff & Mazel, 2008).

2.2.2.3 Third trimester

The third trimester is the last one in the pregnancy journey. The fetus has developed most of the body systems and established reflexes for the life outside. Strong activities of fetus can be observed outside of the womb such as hiccups of fetus (Murkoff & Mazel, 2008). However, functions of some organs will continue to develop after birth, such as eyes, muscles and brain (Murkoff & Mazel, 2008). At the end of this trimester; labor begins with Braxton Hicks contractions, oxytocin and prolactin releases for milk production (Murkoff & Mazel, 2008). Between 37-42 weeks, pregnancy is considered as full-term and babies are ready to born. Birth can take place by normal or C-Section delivery (Murkoff & Mazel, 2008). After birth,

the period called puerperium starts and mothers' body changes back into the pre-pregnancy conditions (Murkoff & Mazel, 2008).

Some of the complaints of women such as heartburn, headache, dizziness, backache, hemorrhoids, itchy abdomen, stretch marks especially on womb, and difficulty in sleeping may reach the highest levels in the last trimester. As a result of increased performance of the metabolism; strange and vivid dreams can be seen (Murkoff & Mazel, 2008). Women feel emotionally more connected to fetus (Boyd & Bee, 2015). Feelings of excitement and apprehension increase in this trimester. Through the end of this trimester, women may feel both eager to have the baby and anxious about the delivery process (Murkoff & Mazel, 2008).

2.2.3 Psychological changes during pregnancy

Pregnancy is a major transition period not only in physiological but also in psychological and emotional aspects (Wilkins, 2005). Overall health of mothers, family-couple relations, socioeconomic, sociocultural and socio-educational levels are the leading factors that affect the transition to motherhood (Wilkins, 2005; Darwiche, et al., 2014).

Studies claim that "maternal emotions" such as anxiety can affect prenatal development (Boyd & Bee, 2015, p. 92). Women can be affected by different factors such as "poverty, marriage problems, family illnesses, problems at work", therefore, women can feel "anxiety, distress, trauma, or extreme fear of grief" (Clarke-Stewart, Perlmutter, & Friedman, 1988, p. 90). Women's body can react to such negative emotions and to the changes in "body chemistry". These changes in body chemicals can cause "qualitative and quantitative changes in the hormones and other chemicals" that fetus is exposed to (Boyd & Bee, 2015, p. 92).

Additionally, Kowalski and Westen (2005, p. 466) listed “maternal stress” as one of the teratogens that is defined as “environmental agents that harm the embryo or fetus” (Boyd & Bee, 2015, p. 92) such as alcohol, drugs, radiation and viruses (Kowalski & Westen, 2005).

According to Schneider’s study focusing on women’s experiences in each trimester during pregnancy, first trimester can be considered as “adaptation to pregnancy” (Schneider, 2002, p. 240). During the adaptation process, women mention their concerns and emotional ambivalence about their life in the future, since their expectations may not match with the reality of pregnancy. They feel that their body is out of control and lethargic instead of physically well. Their expectation of great joy of pregnancy shifts to emotionally labile moods and anxiety about labor, miscarriage and fetal abnormalities. In addition to these feelings, they mention their need for support from family, friends and colleagues. All the women in the study of Schneider (2002) mention that they seek information from medical doctors or midwives to cope with the symptoms. In general, women mention that they need to be “in control” of their bodies and decision-making on delivery process (Schneider, 2002, p. 242).

In the second stage of Schneider’s study, women are asked about their experiences during second trimester (Schneider, 2002). Most of the participants experience a return in energy in various degrees. However, enlarged abdomen may start to cause physical discomfort during sleeping. Most of the women feel emotionally more stable than first trimester. Women state that they feel comfortable in the interaction with the people around them. Some women are disappointed at the fact that their family members are not supportive enough. Women feel more in control and able to discuss the decisions about their pregnancy such as delivery type.

However, they still seek information for situations relevant to third trimester or delivery (Schneider, 2002).

According to Schneider's study, women experience the highest discomfort of physical symptoms in the third trimester (Schneider, 2002). Due to baby growth and total weight gain; tiredness, fatigue and need for sleep can be experienced. Even though they need to eat very often and much more; they experience heartburn that reduces the appetite. However, most women also feel emotionally more stable and relaxed than former trimesters while they are busy with the preparation for the coming baby (Schneider, 2002).

In another study on the women who experience their first birth, they express their views on the factors that contribute to positive birth experiences (Lavender, Walkinshaw & Walton, 1999). For example, women mention that the support that is provided by their partners, family members or midwives during the labor is crucial to have a fulfilling experience. Women also mention the concept of "control" in the study and describe it as self-control and external control over the whole pregnancy. As a result of the need to be "in control", women mention the necessity of the participation in decision making process about medical interventions. Related to control and in the role of decision making; women state they seek information to be prepared and to achieve realistic expectations for delivery (Lavender et al., 1999).

In another study that focuses on women's needs to develop a women-constructed model for prenatal care (Luyben & Fleming, 2005), women's needs mainly derive from the "feeling of responsibility". Responsibility is generated as biophysical and emotional care for themselves, for their babies and people in their environment. As it is stated in the result of this study, responsibility leads to

autonomy and confidence. The issue of control is stated as “feeling autonomous” theme and associated with the decision making process.

The “confidence” theme, as the result of the Luyben and Fleming’s study, (2005, p. 216) has findings on the cognitive processes women face during pregnancy. In this study, it is stated that women experience “a different feeling about their physical and mental health during pregnancy…” (Luyben & Fleming, 2005, p. 216). As a result of this difference in feelings, women experience less confidence and try to restore their confidence by gaining knowledge about the pregnancy. This process of gathering knowledge and trying to make sense of it to remain confident is called “becoming aware” by the participant women of this study (Luyben & Fleming, 2005, p. 216). If the woman cannot achieve confidence; seeking knowledge goes on and “worrying” starts (Luyben & Fleming, 2005, p. 216). This study shows that women acquire knowledge by comparing their own feelings towards others’ experiences and emotions. Another factor on women’s feeling of confidence is the relationship with the people around them and the unborn baby. Women need to share their experiences with people to be understood and not to feel alone. The relation with the unborn baby can be supported by women’s knowledge about health and the conditions of the baby. Since women use knowledge to feel confident, they try to gather more information and reduce the risk factors for baby’s health (Luyben & Fleming, 2005).

Schneider (2001) states another important factor on women’s feelings about pregnancy, namely “naturalness”. The stereotype that motherhood comes naturally to every woman may have no basis in fact but can affect women’s expectations from themselves. This idealization of motherhood can cause “pressure” and lead to “anxiety”, “disappointment” and “failure” (Schneider, 2001, pp. 4-5). Similar to these results, another study shows that mothers’ expectations are influenced by

myths about motherhood and this causes a gap between reality and experiences (Staneva & Wittkowski, 2013). As a result of this gap, adjustment to pregnancy and motherhood becomes more difficult (Staneva & Wittkowski, 2013).

Studies conducting with Turkish samples have similar findings compared to literature stated above. There are some studies showing high levels of distress and different levels of anxiety among pregnant women (Yüksel et al. 2012). According to the study of Yüksel et al. (2012), the sources of the anxiety among Turkish pregnant women are similar to the ones in other studies. For example; "premature delivery, having an unhealthy baby, labor and delivery, feeling tired and having low energy during pregnancy" are the main concerns of women. This study shows "pregnant women need to be supported emotionally, physically and socially" to avoid "pregnant specific distress". In this purpose, it is important to determine "risk factors" and "the personal characteristics" of women that may contribute to "anxiety, fear, concerns and stress" during pregnancy (Yüksel et al., 2012, pp. 61-62).

2.3 Prenatal care

In literature, different concepts are used such as maternal services, maternity care, prenatal education, prenatal classes, prenatal care, prenatal support (Schneider, 2001; Murphy Tighe, 2010; Goberna-Tricas, Banús-Giménez, & Palacio-Tauste, 2011) but all these have common features such as the interventions to prepare couples for parenthood. In this study, the term "prenatal care" is preferred since it refers both to formal and informal interventions.

Formal prenatal care refers to the formal intervention system to improve the overall health of the mother and the baby (Erci & Ivanov, 2004; Luyben & Fleming, 2005). Various methods are used such as medical screening, providing informative

materials, applying protective programs, giving lectures to health professionals or parents about pre/postnatal period, organizing individual or group sessions (Serçekuş & Mete, 2009; Hildingsson et al., 2012).

Formal prenatal care in Turkey is free of charge under the government-run system. The service is mainly carried out by medical doctors, nurses and midwives, during individual medical visits in Family Health Centers; or in hospitals in rural areas. In addition to this, private sector services provide formal prenatal care at cost (Erci & Ivanov, 2004). Most of the studies that are on the effects of formal prenatal care "reflect western culture" but Turkish context has some unique differences (Serçekuş & Mete, 2009, p. 1007). In the study of Serçekuş and Mete (2009), effects of prenatal education on maternal adaptation in Turkey are examined as opposed to western context. The results show that, individual or group prenatal education has "positive impact on prenatal adaptation" among pregnant women. In contrast, women do not find the education useful for postpartum. Researchers explain this by "cultural difference" namely "strong informal support network" during postpartum. Family members, especially "grandmothers [prospective parents' mothers] provide knowledge, physical and emotional support" for new mothers after birth. Researchers claim that, this support may "weaken perceived effects" of prenatal education received during pregnancy; in comparison to "more valuable informal support" in postpartum (Serçekuş & Mete, 2009, pp. 1000-1007). It can be concluded that even though there is informative support during postpartum; women need prenatal education for adaptation during pregnancy.

The effectiveness of the formal prenatal care can also be assessed by Infant Mortality Rate (IMR) (Güngör & Kızılkaya Beji, 2012). In Turkey, overall health care system has improved since Health Transformation Program (HTP) started in

2003 (Akıncı, Mollahaliloğlu, Gürsöz, & Oğücü, 2012). Infant Mortality Rate (IMR: refers the death of an infant before one-year-old, per 1000 births) is reduced to IMR: 7. 6 level. This result is below the rate of World Health Organization's European Region rates (IMR: 10. 5) while the average in the world is IMR: 33. 6 level (Ministry of Health, of Republic of Turkey, 2014a).

In addition to the IMR; the effectiveness of formal prenatal care is positively linked to the fulfillment of the expectations of mothers which is related to the satisfaction of care received (Berentson-Shaw, Scott, & Jose, 2009; Hildingsson et al., 2012; Christiaens & Bracke, 2007). The satisfaction of the women can be influenced by the attitudes of medical staff who are responsible from the formal prenatal care, communication skills, personal preferences, support from the environment, personal values, feelings and perceptions (Staneva & Wittkowski, 2013; Güngör & Kızılkaya Beji, 2012). Another study (Murphy Tighe, 2010) shows similar results. Women mention that facilitator of the education such as medical doctors, information about delivery process and the social aspects of classes such as support of other mothers are the main motivator to attend educational classes (Murphy Tighe, 2010). Even though the studies mentioned above are linked to the effectiveness on the health care; not enough studies are conducted on the expectations and satisfactions about health care during pregnancy in Turkey (Özsoy, Özgür, & Durmaz Akyol, 2007).

Informal prenatal care is the behavior to prepare prospective mothers for parenthood which is not standardized like formal prenatal care. Informal prenatal care can be considered as social support in terms of different types such as nurturing, giving information, creating a supportive network, supporting esteem and emotions (Gray, 2014). In the study of Moshki and Cheravi (2016) social support is also

explained as “family, friends, organizations and colleagues” (Moshki & Cheravi, 2016, p. 149). In the descriptive qualitative study of McLeish and Redshaw (2015), the concept of peer support is defined as “befriending or mentoring” and “responding to the individual” (McLeish & Redshaw, 2015, p. 6). In another study by Raymond (2009), it is found that partner support is “crucial to the women’s psychological well-being during pregnancy” (Raymond, 2009, p. 39). Similar to these results, another study on the partner support during pregnancy shows that “mothers who perceived stronger social support from their partners during pregnancy had lower emotional distress postpartum after controlling for their distress in early pregnancy…” (Tanner et al., 2012, p. 453). To understand the importance of support, another study on the smoking behavior during pregnancy is resulted that low support during pregnancy may increase depressive symptoms and reduce quality of life (Elsenbruch et al., 2007, p. 869).

2.4 Mothers’ aspirations for prenatal care

Throughout the transition to motherhood in pregnancy; women’s needs and aspirations also change in various degrees. In the study of Wilkins (2006), women mention that, in the activities they attend during pregnancy, the overriding factor is the wish of “doing it right” in every step. Similar to this, women state their wishes to be able to overcome the responsibilities of becoming a mother (Luyben & Fleming, 2005). One of the main reasons why women need prenatal care is the feeling of responsibility or control for themselves, their babies and the experiences during the journey of parenthood (Luyben & Fleming, 2005). In another study about the effects of prenatal education, it is concluded that prenatal education decreases false labor admission of women, improves partner involvement to labor process, improves the

usage of pain relief methods and decreases the anxiety about delivery (Ferguson, Davis, & Browne, 2013).

During pregnancy, women try to maintain the balance in feelings and confidence by gathering knowledge. Women acquire knowledge they need through daily life of other pregnant women, their personal experiences during pregnancy, childbirth experiences and values. In addition, the knowledge is gathered by reading, hearing, seeing and establishing a relation with others (Cronin, 2003; Staneva & Wittkowski, 2013). When these sources are unavailable to women; they lead to prenatal care. Prenatal care may create an environment that welcomes sharing of experiences, anxieties and courage needed during pregnancy (Luyben & Fleming, 2005; Staneva & Wittkowski, 2013).

The feelings of responsibility bring out the need of confidence and autonomy. Women state that they gain confidence and autonomy through knowledge and by the relation with the prenatal care provider who is mostly midwives or nurses. Women mention that, the care provider is "someone who is always there" to listen and guide (Luyben & Fleming, 2005, p. 221). In the results of another study about women's beliefs, women mention that care providers (mostly medical doctors and midwives as the focus of this study) should express "empathy" and "personal commitment" (Goberna-Tricas et al., 2011, p. 235). In addition to this, a prenatal care provider should be "encouraging", "facilitating to reduce anxiety and worry" (Luyben & Fleming, 2005, p. 222).

In Schneider's study (2001), women state their retrospective comments and suggestions about prenatal care they received (Schneider, 2001). In the findings of the study, women stated that the component that has too much focus on it was the labor, but not enough information about breastfeeding, self-care, infant care,

behaviors of infant and first weeks at home was provided. They find the education informative about the pain during labor. One of the most important findings of the study is that women want more information in the prenatal education sessions, the existing one does not fulfill their needs because of diversity of their needs. The reason for this is the gaps in the literature about prenatal intervention in terms of objectives, content, practitioners' qualifications, application, and assessment. The study recommends more flexible and interactive education programs which welcomes sharing of prospective mothers' experiences (Schneider, 2001).

To conclude the literature review; most of the studies suggest that pregnancy is a milestone in women's lives. During the transition to motherhood, pregnant women may experience negative feelings such as anxiety, ambivalence and stress. As a result, they need information and support to overcome with these negative feelings. It is concluded that fulfilling these needs may create positive outcomes both on mothers and babies. Prenatal care and support can be an intervention to fulfill these needs and an opportunity to reach pregnant women in a wide range.

CHAPTER 3

METHODOLOGY

This study focuses on the psychological needs of mothers during pregnancy throughout new mothers' introspections. The main focus is to allow mothers to express their own thoughts in detail. In this purpose, a qualitative research was conducted. Data is collected through face-to-face interviews with mothers about their experiences during pregnancy. Collected data is analyzed, interpreted and reported.

In this chapter, detailed information about the design of the study, participants and selection, content of the interview protocol, data collection, pilot study and research procedure, analysis and identity of the researcher is mentioned.

3.1 Design

This study aims to show new mothers' introspections on their experiences and aspirations during pregnancy. In addition, their suggestions based on their experiences to fulfill the needs of prospective mothers is another focus for the research. Qualitative approach is chosen to achieve this goal. Because, qualitative approach is more appropriate to find out deep, rich and detailed information about an issue in comparison to quantitative approach (Berg, 2001; Creswell, 2003). This study is based on the assumption that the interaction between individuals and their environment shapes individuals' unique perception systems of their experiences. In other words, individuals' interactions with the environment establish their experiences (Creswell, 2003, Seggie & Bayyurt, 2015). Narrative or narration is the method that shows these experiences from the perspective of the main subject and uses subject's own patterns to examine the issues (Elliot, 2005; Sart, 2015). In

narrative method, the narrators perceive, interpret, construct, order, and express the phenomenon according to the way they choose (Sart, 2015). After considering these explanations, qualitative approach and the narrative method are chosen to reach the aim of the present study.

3.2 Participants

The participants of the present study are fifteen mothers aged 18-31 years, who had given birth to a full-term baby.

There were four criteria for selecting participants of this study. First, mothers were chosen by considering 18-35 age range. According to the population and health report of Ministry of Health (2009), first pregnancies before age 18 is a risk factor for miscarriage, stillbirth or maternal death during pregnancy as well as it is under the age of legal majority (Ministry of Health, of Republic of Turkey, 2009). Additionally, first pregnancy after the age 35 is called advanced maternal age and referred as a risk factor for genetic anomalies and risky pregnancy. In addition, the most frequent maternal age is reported as the age range of 20-35 for mothers in Turkey (Ministry of Health, of Republic of Turkey, 2009). As a result of these information, the selection criteria is determined as the age 18-35 for the participant mothers in this study.

Secondly, the participants had to have normally developing, full-term babies. According to the baby and child health protocol of Ministry of Health (2011) full term baby refers the baby who is born at least after 36^{th} week of pregnancy without any neonatal illness (Ministry of Health, of Republic of Turkey, 2011). Thus, the focus of the mothers' experiences can be their psychological needs rather than any concern about the health conditions of the baby.

Thirdly, mothers who are 3 to 6 months' postpartum period are chosen. The exclusion of before and after 3-6 months of postpartum period precluded the data influenced by immediate birth reactions and timeout of the retrospective experiences which may confound the data. The time period is decided to give mothers time for recovery after birth as well as having fresh memories about the prenatal experiences.

Lastly, mothers who did not experience more than one pregnancy (primigravid) and who did not give birth more than once (primiparous) were chosen. In other words; participants who experience a miscarriage were not chosen. The sample was narrowed to primigravid mothers since the previous studies show that these women feel "more distressed" than multigravida mothers feel (Yüksel et al., 2012, p. 59). Similarly, primiparous mothers were chosen since it is mentioned by Arıkan and Kahriman (2002) that these mothers will probably face with more struggles and need more supportive information then experienced multiparous mothers who have more than one child (Kahriman & Arıkan, 2002).

Mothers were chosen from the records of different Family Health Centers (FHC) in Istanbul. The records were not available for the researcher because of confidentiality. The recruitment process started with the visit of the researcher to the FHCs. In each FHC, the researcher met the midwives, introduced the study, presented the official and ethical approval and asked them for cooperation to select participants. In every FHC visited, the midwives were eager to cooperate and help the researcher. After that the researcher explained the selection criteria of participants and asked them to find suitable mothers from the records. In a few days, midwives selected mothers and arranged an appointment for the interview. Than the researcher went to FHCs on the appointment date to interview with participant mothers.

Family Health Centers were chosen in terms of availability for researcher and based on socioeconomic environment. Participants were chosen from Family Health Centers in Beyoğlu, Sultangazi, Bahçelievler, Üsküdar and Zeytinburnu which can be considered as a heterogeneous sample among socioeconomic environment in Istanbul.

The ages of participant mothers are between the range of 18-31, with mean age of 25.46. In terms of education levels of mothers; there are two illiterates; one elementary school, two middle school and ten university graduates. The occupations of mothers are; psychologist, bank employer, textile worker, manager, theologian, waitress, accountant, special education teacher, chemical engineer, child development specialist, medical doctor and psychological counselor. Ten mothers are not working. Two mothers work part-time. Three mothers work full-time but currently on maternity leave.

In addition, ages of spouses of mothers vary between 24-37 with mean age of 29.73. The education levels of these spouses are as below: there are two elementary school, five middle school, two high school and six university graduates. The occupations of spouses are; computer engineer, government officer, textile worker, electrician worker, kitchen business employer, electrical engineer, waiter, hawker, logistics worker, real estate business owner, car sale consultant, medical doctor and psychological counselor. All the spouses are currently working.

Babies' ages vary between 3-6 months with mean age of 4.83 months. Seven of the babies are girl, eight of babies are boy. Babies were born in the mean 1.63 years of marriage within the range of 1-4 years. One baby was born in Kastamonu while the others were born in Istanbul. The mean gestational birth week of the babies is 38.4 weeks. Nine of the babies were born with C-Section and six of them were

born with normal delivery. Birth weight of babies vary between 2600 g – 3440 g. Birth length of babies vary between 47 cm – 52 cm and five mothers did not mention the birth length of the babies.

Demographic information of the participants, their spouses and their children were mentioned below and also demonstrated in Appendix G. A brief description of each participant is be stated in this part. All the mothers were given a participant number to increase confidentiality of the collected data such as Mother 1, Mother 2.

Mother 1 is 27 years old. She has an undergraduate degree in psychology. She had been working part-time in preschool but not currently working. Her husband is a 28 years old computer engineer in a private sector. She has a 5 months old daughter. The baby was born in Istanbul after one-and-a-half year of marriage. She had C-Section in 40th week of pregnancy. Baby was born in 3170 g weight and 47 cm long.

Mother 2 is 22 years old. She is a bank employer but not currently working. Her husband is 28 years old, and a government officer. She has a 4 months old son. The baby was born in Istanbul after one year of marriage. She had normal delivery in 39th week of pregnancy. Baby was born 2965 g weight and 50 cm long.

Mother 3 is 18 years old as the youngest participant in this study. She is illiterate and did not go to school at all. She is not working. Her husband is 26 years old and a textile worker. She has a 6 months old son. The baby was born in Istanbul after one year of marriage. She had C-Section in 39th week of pregnancy. Baby was born in 3150 g weight and 52 cm long.

Mother 4 is 27 years old. She is illiterate and did not go to school at all. She was a textile worker and worked full-time until the 8th month of the pregnancy. She is not currently working. Her husband is a 37 years old electrician worker. He was married and divorced before. He has one son living in another city as a boarding

student. She has a 4 months old son. The baby was born in Istanbul after four years of marriage. She had C-Section in 37th week of pregnancy. Baby was born in 2600 g weight and the birth length was not mentioned.

Mother 5 is 24 years old. She has an undergraduate degree in management and does not work at all. Her husband is 24 years old and graduated from middle school. He has his own business in industrial kitchen business. Mother 5 has a three months old son. The baby was born in Istanbul after one year of marriage. She had C-Section in 38th week of pregnancy. Baby was born in 2840 g weight and 48 cm long.

Mother 6 is 26 years old and graduated from university after studying Islamic theology. She is not working. Her husband is 27 years old and graduated from university. He has his own business as an electrical engineer. She has a 5 months old daughter. The baby was born in Istanbul after one year of marriage. She had normal delivery in 38th week of pregnancy. Baby was born in 2890 g weight and 48 cm long.

Mother 7 is 22 years old. She is graduated from middle school. She worked as waitress in a hotel before marriage, currently she is not working. Her husband is 26 years old and working as a waiter in the same hotel. She has a 3 months old daughter. The baby was born in Istanbul after two years of marriage. She had normal delivery in 36th week of pregnancy. Baby was born in 2800 g weight and birth length was not mentioned.

Mother 8 is 29 years old. She has an undergraduate degree as an accountant. She is not working. Her husband is 32 years old. He is graduated from elementary school and working as a hawker. She has a 5 months old son. The baby was born in Istanbul in the first year of marriage. She had C-Section in 36th week of pregnancy. Baby was born in 2930 g weight and 51 cm long.

Mother 9 is 20 years old, graduated from elementary school. She is not working. Her husband is 28 years old. He is graduated from middle school and working as a logistics worker. She has a six months old son. The baby was born in Istanbul after two years of marriage. She had normal delivery in 40th week of pregnancy. Baby was born in 2900 g weight and birth length was not mentioned.

Mother 10 is 23 years old. She is a full-time special education teacher in an elementary school. She was working but currently on maternity leave. Her husband is a 27 years old and working in real estate business. She has a six months old son. The baby was born in Istanbul after one year of marriage. She had C-Section in 37th week of pregnancy. Baby was born in 3400 g weight and 47 cm long.

Mother 11 is 30 years old, graduated from middle school. She had been working as a semi-skilled worker in a jewelry business and did not work after marriage. Her husband is 33 years old. He is graduated from middle school and working as a textile worker. She has a six months old daughter. The baby was born in Istanbul after one year of marriage. She had C-Section in 38th week of pregnancy. Baby was born in 2670 g weight and birth length was not mentioned.

Mother 12 is 26 years old. She is chemical engineer but not working. However, she gives private chemistry lessons for children at her own home. Her husband is a 35 years old car sale consultant in a private sector. She has a five-and-a-half months old daughter. The baby was born in Istanbul after one year of marriage. She had normal delivery in 41st week of pregnancy. Baby was born in 3370 g weight and 52 cm long.

Mother 13 is 31 years old, and she is a child development specialist and not working. Her husband is graduated from high school. He is an electrician worker. She has a 6 months old daughter. The baby was born in Kastamonu after one year of

marriage. She had C-Section in 40th week of pregnancy. Baby was born in 2890 g weight and birth length was not mentioned.

Mother 14 is a 31 years old full-time medical doctor in a hospital. She is working but on maternity leave now. Her husband is 34 years old and he is a medical doctor, too. She has a five months old son. The baby was born in Istanbul after three years of marriage. She had C-Section in 38th week of pregnancy. Baby was born in 3440 g weight and 50 cm long.

Mother 15 is 26 years old. She is a psychological counselor in a middle school. She is working but on maternity leave now. Her husband is 27 years old and a psychological counselor in a middle school, too. She has a three months old daughter. The baby was born in Istanbul after three years of marriage. She had normal delivery in 39th week of pregnancy. Baby was born in 3000 g weight and 48 cm long.

3.3 Interview protocol

The data collection method is semi-structured interviews in this study. The questions of the interview were developed by the researcher after reviewing the literature on the topic. The interview was designed to collect data from mothers about their physical health in prenatal period, psychological experiences, supportive factors, aspirations and suggestions for prenatal care. Original interview protocol in Turkish is presented in Appendix E and the English version is presented in Appendix F.

The interview has two main sections; (1) demographic information section, and (2) questions about pregnancy section. The first section has 13 short questions regarding the demographic information; such as age of mother, father and child; occupation of mother and father, education level of mother and father; sex of child,

year of the marriage that the child has born, birth place of child, gestational week of birth of child, delivery type and birth weight/length of child. This part is a warm-up session to establish and maintain the rapport between the participant and the researcher while conducting demographic information.

Second section includes 13 questions under five sub-parts. In the first and second part, questions are about describing mother's lives before and during pregnancy including social relations with partner and family members, overall health during pregnancy and readiness of parents to have a baby. These questions can help mothers mention their experiences as a whole with the preparatory factors for pregnancy. The last three parts are about mother's psychological experiences during pregnancy, aspirations for pregnancy and suggestions to meet with the needs of mothers during pregnancy.

Most of the questions are open-ended questions. During the interviews, the researcher gave a brief information about the questions in each part of the interview. The researcher was able to change the order or the way of the questions delivered according to the flow of conversation. In addition, questions were paraphrased or the order has changed when it was needed.

3.4 Procedure

At the beginning, the researcher applied to Health Directorate of Istanbul for the official approval to conduct a research in Family Health Centers in Istanbul and the approval protocol was obtained in December 2015. The official approval protocol for the study is presented in Appendix A. After that, ethical approval was obtained from the Boğaziçi University Institutional Review Board for Research with Human

Subjects (INAREK) in February 2016. The ethical approval for the study is presented in Appendix B.

After official and ethical approvals, pilot study was conducted with two mothers who have the same selection criteria with the sample of the study. Participants for pilot study is selected from Üsküdar and Sultangazi FHCs. Interviews are conducted in the available rooms of FHCs in February 2016. After pilot study; it was concluded that the questions were appropriate to collect the targeted data. The demographic information part was a useful warm-up session both for researcher and participant. The brief explanations of each part provided a smooth transition between the topics. On the other hand, the questions were focused on pregnancy but not on the labor. However, mothers seemed eager to share their labor as it was the end of the pregnancy. This question was added to interview protocol to complete their sharing.

The data collection process of this study took nearly a month on February and March in 2016. At the beginning, the researcher visited Family Health Centers in Istanbul and asked health professionals for cooperation. The researcher did not have access to the health records due to the personal privacy of records. The health professionals reviewed the records of mothers, selected the ones that match with the participant selection criteria of the study, and asked whether they want to participate the study or not.

The nurses had contact with the mothers who wanted to participate and arranged an individual appointment for each of them. After that, the researcher welcomed the participants Interviews were held in an available room in Family Health Centers such as child care rooms or vaccination rooms.

The interviews started with debriefing the aim of this study and the issue of confidentiality. The researcher read the informed consent form (See Appendix C for Turkish version and Appendix D for English version of informed consent form) and went through the details with mothers. After this explanation, the researcher and mother signed the form and a signed copy was provided to mother.

Interviews took approximately 25-45 minutes long. Data were recorded digitally and transcribed manually.

3.5 Analysis

In this study, thematic analysis was used to examine the data. In thematic analysis, data are categorized, identified and interpreted in terms of common themes (Seggie, 2015). To create the themes and divide the data into the related categories, constant comparative method was used. Constant comparative method is dividing data into pieces, coding them separately and finding similarities and differences to create meaningful themes (Seggie, 2015).

After data collection; all data were transcribed word by word from the digital records of interviews, checked and arranged. After editing and organization, transcriptions were printed on different colored papers for each participant. Each participant was given a unique participant number for anonymity. Mothers' responses were read through several times to familiarize with the data. The whole data were read/listened again and again to create main and sub categories. Similar or related quotes were divided into pieces. After creating categories, data were separated, coded and matched with these categories manually. The analysis was ended with the interpretation of the data and writing the report.

During the analysis procedure, content and the focus have revised according to the recommendations of the committee members. In order to reflect the aim and content of the present study; word choice, tense and form of the title are discussed. As a result of these discussions, title needed to be changed to make it more reliable with the content of the study. The first version of the title "Psychological Needs of Mothers During Pregnancy: Experiences, Aspirations and Suggestions" has changed into "Psychological Needs During Pregnancy: A Qualitative Analysis of New Mothers' Introspections". However, the aim of the study, the target group and the content did not change. Therefore, official and ethical approvals had the former version of the title as well as the informed consent form that is used to collect the data of the present study.

3.6 Identity of the researcher

The researcher of the present study was born in Kahramanmaraş in 1987. Her parents are teachers and she has two elder brothers who have graduate degrees. After her father passed away in 1991, the family moved to Istanbul. She went to primary school and high school in Istanbul.

After university entrance exam, she started to study in Boğaziçi University in 2006. She received bachelor degree in preschool education and psychological guidance and counseling programs in 2012. During the internships of these programs, she gained experience from different practicum sites including special education schools and counseling centers. She has worked with various families and a wide age range of children from 0-18 years old.

After graduation, she started the master program in Sociology in Istanbul University. After one semester, she decided to apply master program in educational sciences and started to study in Boğaziçi University in 2013. In the second year, she had internship experience with a developmental psychologist in a hospital and observed families and children in a clinical setting.

She got married in 2012 and her husband went to Hakkari for obligatory service as a medical doctor while she stayed in Istanbul. She had one miscarriage and one risky pregnancy at this time. She has a 2 years old daughter now. She had attended a private prenatal education class and received assistance during labor by an expert doula. Throughout these procedures, she had a chance to observe different physiological and psychological procedures for pregnant women including herself. In addition to this, she has faced with the insufficient informational and supportive services during her pregnancy. Therefore, she decided to study on psychological health and supportive systems during the journey of motherhood.

"Being a mother" helped the researcher to create rapport with participant mothers. In this study, she was not only the researcher, but also a mother who passed through the struggles of pregnancy just like the participant mothers. This helped her to understand, internalize and interpret the answers. Some mothers mentioned that they have participated in this study just to talk about what they have experienced. At the end, it was not only a professional work but also a precious experience for the researcher's own development.

CHAPTER 4

FINDINGS

In this chapter, findings of the study are presented under two main parts. First, information about each participant is mentioned in order to provide a broader perspective of their lives and the conditions that have an effect on their experiences. Secondly, themes that emerged from the analysis of the present study are mentioned in detail with the related quotations of the participants.

In this study, the data is collected in Turkish and translated into English. Original Turkish quotes of the participants are presented in Appendix I. After the analysis of the data and the themes that emerged, participants' quotes are matched with related themes. Each quote of the participants has a reporting system at the end, between parenthesis; including a participant number and an appendix number. For example, after the quote of a participant, (Mother 13, Appendix I, 5) refers the participant "Mother 13" and her original statement in the fifth line of Appendix I.

4.1 Information about participants

In this part; it is aimed to explore mothers' background to understand their individual and environmental conditions during pregnancy. In addition to demographic information of the participants (see Appendix G), additional information is added for each participant. This information about participants can help create a comprehensive description of each mother's pregnancy related life.

In these descriptions; the focus is on the information coming from mothers' personal sharing about themselves, about their personal history, individual characteristics such as temperament, their marriage and couple relations as

prospective parents, family relations, decision making processes on getting pregnant, readiness to get pregnant, and overall health during pregnancy. In addition, observational notes of the researcher have been stated regarding mother's general behaviors and manners.

Mother 1 was working in a preschool as a full-time psychologist when she was five months pregnant. She describes her working environment as "positive, healthy and supporting for a pregnant woman". After five months of pregnancy; she had to quit the job to get ready for birth. Her marriage was an arranged marriage. Their families had known each other for many years, and then they decided to get married. She and her husband frequently travel and have good times together. She lives in a place close to her own family. It was a planned pregnancy and she first offered her husband to have a baby. She prepared herself for pregnancy such as starting healthy eating habits, doing sports before pregnancy. She wanted to have normal delivery since she defines it as "the better one for the baby" but she had to have C-Section because the labor would not start after due date, at the 40th week of pregnancy. And she also has one elder sister who has experienced C-Section.

Mother 2 got married right after graduating from the university. She did not work at all. Her husband and she had an arranged marriage initiated by a mutual friend. She stated that she did not face cultural adaptation problems with her husband's family since they are from the same hometown. She describes her relation with her husband as "peacefully and cooperatively handling the problems of marriage". She first offered her husband to have a baby and it was a planned pregnancy. Before pregnancy, she had visited medical doctors and had taken folic acid and vitamins. She had a "problem-free" pregnancy as she stated; she went on vacations in different cities and often traveled while pregnant.

Mother 3 is the youngest participant in this study, she is 18 years old. She is illiterate and did not go to school at all. Her family moved to Istanbul from an eastern city of Turkey when she was nine years old. In her hometown, her grandfather did not let the girls in the family go to school. After they moved to Istanbul; she wanted to start school. However; her mother had just had a baby and she had to take care of the younger siblings and housework as one of the older child in the family. At the age of eleven, her mother offered her to start school, and one of the neighbors registered her for the school but she refused to go because she would be embarrassed about her older age in the classroom. She is regretful now and wants to learn how to read and write, because she thinks that when her son grows up, he will ask her to read things and she will not be able to do so. Her husband supports her to start schooling but she does not know where to apply. Her family lives in the same neighborhood with them. Her husband is the only child and his family lives in a country in Europe. They were introduced to each other by a friend and decided to get married. It was a desired but unplanned pregnancy; they did not have any preparation. She did not permit for the vaginal examination during pregnancy. She was afraid of and shy about vaginal examination, so the medical doctors offered her C-Section.

Mother 4 did not go to school at all. Her family moved to Istanbul ten years ago from an eastern city. She could not go to school because her parents did not get legally married so she did not have a Turkish Registry Card. In Istanbul, parents got married legally and the children who was born after that time went to school. Mother 4 always wanted to go to school, she registered literacy course in her late 20s but did not find it “effective” to learn how to read and write. She was eager to learn to read by herself. She is not able to write by hand but can use keyboard to surf on the

internet and use social media such as Facebook. Mother 4 and her husband met in the neighborhood and got engaged. Since he did not have a regular job; the family did not want them to get married earlier. So the couple ran away from home and got married by themselves. Because of this; her family refused to contact with her until the baby was born. After the baby was born, they contacted again and saw each other regularly. She states that she is regretful because their financial problems still continue and it has caused emotional distance between her and her husband. She also mentions that their cultural differences cause adaptation problems. In addition, she said that there are "ideological differences" and her husband has humiliating behaviors towards her. She said that she wanted to love him again, especially since the baby was born, she tries but is not able to do so. It was not a planned pregnancy. Their prominent desire was having better financial conditions, not having a baby. Despite these issues, they loved kids and wanted to become a parent. She did not visit doctors before pregnancy, because she was worked longer hours. She was afraid of labor pain since she had witnessed "terrible cases" during hospital visits. She was also shy about vaginal examination and did not let doctors examine. So she asked for C-Section by herself.

Mother 5 got married after her graduation from the university. They had known each other for eight years before marriage. She describes their relation as "happy like the first day" and "problem-free". Her sister-in-law has a three years old daughter, she was helpful and provided support to her. Pregnancy was unplanned for the couple. After she had learnt about the pregnancy, she quitted smoking. She had a normal pregnancy but in the last examinations, doctors offered them C-Section since it was physically risky both for the baby and the mother.

Mother 6 had an arranged marriage. She stated that they have good relations. She describes her own family as mostly liberal and husband's family as more traditional in sense of collective life. They live in the same apartment with husband's family. She also states there are differences in values caused by the cultural differences, but not they are intentionally bad. It was not a planned pregnancy, she did not make a preparation but the couple had been expecting the pregnancy, therefore it was not a surprise.

Mother 7 and her husband had been living together with her mother and father in law. It was a planned pregnancy. She visited medical doctor for check-up before pregnancy. She is the only participant who attended a formal education program for pregnant women about pregnancy and birth. She attended it and found it effective for getting prepared for labor and later child care. The education program was given by nurses and medical doctors in a public hospital, free of charge and only for pregnant women. It was a 1day/5-week program. Mother 7 mentioned that the education motivated her to feel good enough to be a mother.

Mother 8 came to the interview with her husband and he waited in front of the room. After demographic information was taken, she decreased her voice and started the interview as "We had been in a relation for ten years but marriage was a huge disappointment for me. Big sadness, stress and regret… [starts crying]". It was the most challenging interview for me in this study since she was often crying and I needed to calm her down. For a few times, I offered her to stop the interview but she wanted to continue and said "I need to share". She mentioned that she found about her pregnancy while she was preparing her luggage to leave her husband so she did not feel happy about the pregnancy. It was not a planned pregnancy because she did not know and use any methods of birth control. She also mentioned she still does not

know about birth control and is afraid of getting pregnant again, and sees nightmares about it. She describes herself as “stubborn, nervous, obsessive and extremely jealous” about her husband. She had used psychiatric pills [name was not mentioned] prescribed by doctors against the complaints before marriage. After marriage, doctors recommended her to stop pills to get pregnant, so she did.

During pregnancy, she experienced extreme nausea, and weight-loss. Despite these all, she cleaned the apartment for hours as a soothing activity for her. She said “I cannot stop myself cleaning”. The chores caused risk for miscarriage and she was recommended to lay down for approximately six months. Sexual intercourse was also prohibited during the whole pregnancy. She stated that this caused even more stress and extreme jealousy, because she thought her husband might cheat on her. During pregnancy, her mother in law was diagnosed with cancer and the whole family focused on this issue. She faced some physical adverse effects of pregnancy, so she searched for the adverse effects through the internet. She came to the conclusion that what she found online was “harmful and pessimist information” that caused even more stress and sadness. So she refused to search for any information about birth, labor and parenting. She had urgent C-Section in the 36th week of pregnancy since it was too risky for miscarriage.

Mother 9 and her husband has an arranged marriage and she stated that their relationship is quite good. She lives with mother-in-law, father-in-law in the same apartment. It was a planned pregnancy but she could not tell the family at the beginning because her older sister had a twin miscarriage and could not get pregnant for years so she was wanted to keep it as a secret for a while since she got pregnant before her sister did. She reflected her sister’s feelings and experienced anxiety about possibility of miscarriage during her own pregnancy.

Mother 10 and her husband got married after 3-4 years of dating. She described their marriage as “perfect except external factors” such as conflicts with other family members. It was a planned pregnancy. She did all the routine examinations except amniocentesis for screening intellectual disabilities during pregnancy. She explains the reason for not doing it as follows “because the test would not have changed our decision”. She would have given birth to the baby no matter what circumstances were, since the baby deserved to live. Yet “the positive result would have caused stress and anxiety during pregnancy”. She also added that she is aware of the issue of disability as a special education teacher. High levels of albumin are found in her urine after 8th months of pregnancy. Mother 10 describes albumin as the increase of protein in urine which refers a risk for the high blood pressure and vascular problems. She had an emergency C-Section in the 37th week because of high blood pressure and high albumin level.

Mother 11 and her husband had an arranged marriage and she described their marriage as “respectful and quite good”. She moved to another neighborhood, which was far away from her family. She mentioned that she misses her friends and her neighbors. She feels “alone, trapped and overwhelmed” in her home and often visits her own family. She used to smoke and continued to smoke while pregnant. Her family and medical staff recommended her not to smoke but she says “nobody helped me quit and nobody explained the harm”. It was a planned pregnancy. She was anxious about the pain and did not allow doctor for vaginal examination so she was recommended to have a C-Section for her delivery.

Mother 12 and her husband had an arranged marriage. She defined their marriage as “meeting in common ground, tolerating each other well”. It was a planned pregnancy. She felt the support of her husband and her family and does not

need anyone else. She prepared herself for pregnancy by taking folic acid and following routine examinations provided by medical doctors in Family Health Center. She mentioned the support and special care of family physician in Family Health Center. She had a friend who could not get pregnant and Mother 12 reflected her friend's feelings on herself. She was anxious about not being able to get pregnant so wanted to try to have a baby as soon as possible.

Mother 13 and her family had lived in Europe for several years and came back to Turkey. Some of the family members still live abroad. She defines her life before marriage as "free as much as she wanted to have". When she got married, she felt she had nothing to do instead and thought it was an appropriate time to have a baby. It was a planned pregnancy but she did not want to have pregnancy test to confirm it because she used to, and did not want to quit smoking yet. However, at the day when she learned about her pregnancy, she quitted smoking. After the birth, she started smoking again to "lose weight". She had a normal pregnancy but at the end, she visited her hometown with the family members. Her mother got ill and she could not come back to Istanbul. The baby was born in her hometown because it was her due date. She kept a diary from the first day of her pregnancy, kept the belongings of baby, wrote down all the events and feelings to give her baby when she grows up. She had this idea from the portfolios in elementary school while they lived in Europe. During the interview, she mostly compared the health applications held in Turkey and in Europe.

Mother 14 and her husband had known each other from the university and decided to get married. She described her marriage as "quite calm". She says she had a problem-free pregnancy. However, she decided to have C-Section. She explained the reason as "professional awareness about the struggles of labor and emotional

overload about the complications of labor". She states that "normal delivery is the best since everyone knows how to operate it" and because it is "normal", but C-Section is less risky and more comfortable both for mother and baby.

Mother 15 and her husband met at the university and got married after graduation. She had a "quite good and calm" pregnancy as she mentioned. She had a problem-free pregnancy except some rash on hands and feet. She stated that she received enough support provided by her husband and did not need anyone else. In addition, she did not need any informational support by family members but read a lot of books and followed online pregnancy/parenting groups on the internet.

4.2 Themes emerging from the study

In this study, the researcher set four main questions namely "What are the prenatal experiences of mothers?", "What are the factors relating to prenatal experiences?", "What are the aspirations of mothers for an ideal pregnancy?", and "In which ways mothers address the needs of pregnant women?". Regarding these four questions asked during the interviews, twelve themes and four subthemes are emerged as demonstrated in Appendix H. Themes and subthemes are presented below in detail.

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4.2.1 What are the prenatal experiences of mothers?

The findings under this question enables us to see what mothers of current study experienced during their pregnancy. According to mothers' experiences, three different themes emerged; Overall Health, Prenatal Follow-Ups, and Feelings Throughout Pregnancy.

4.2.1.1 Overall health

Under this theme, mothers' experiences throughout their physical health during pregnancy are mentioned. This theme enables us to see the physical conditions of pregnancy.

When it is asked about the overall health during pregnancy, mothers raised similar and different points. For example; seven mothers mentioned severe nausea and vomiting. Mothers mention that nausea and vomiting forced them to stay at home for weeks, dizziness and headache and tiredness. Most of the mothers mentioned such complaint disappeared in second or third trimester.

> I had nausea from the second to fifth month. I used to rest all day long, I was always at home, I couldn't even go out. It went pretty bad. I used to say I would be OK, hopefully it would pass, when they asked me how I was. (Mother 6, Appendix I, 1)

Mother 14 also mentioned that such complaints had been disappeared when her husband came to the home.

> I had frequent nausea in the first trimester. I couldn't eat, I lost weight. I only ate one package of pretzels in a day. Yet when my husband was at home, that mood immediately got lost. I couldn't recognize myself in the workload during the weekdays. But the Saturdays when there was nobody at home but me, were very bad, I had strong nausea and headaches. But when my husband came on Sunday, all those went away. (Mother 14, Appendix I, 2)

Two mothers mentioned they had gained almost 20 kg and 30 kg weight during pregnancy. They have mentioned that they were not able to move easily because of the weight they have gained but it was the only problem occurred in their pregnancies.

> My health was pretty good during my pregnancy. I did what I was told, I took all kinds of blood medicine, vitamins and so on. My only problem was gaining weight; I was like a balloon being blown. I gained 30 or more kilos. (Mother 13, Appendix I, 3)

> I had no trouble [on health]. The only thing was that I was eating a bit much bread and the doctor told me to cut it down. He said my baby's water went down. I was being careful about my diet. Apart from that, the doctor told me I was healthy. I gained 20 kilos during pregnancy. (Mother 3, Appendix I, 4)

Five mothers mentioned risk of miscarriage during their pregnancy. As a result of this, they are recommended to rest for a few weeks or to use medicine.

> I had no problems about my health. Only was there are preterm birth risk in the sixth month. I took medicine. We delayed the birth until the ninth month like this. I had to rest during the last two months. (Mother 5, Appendix I, 5)

Mother 10 and Mother 4 mentioned they had health problems due to the blood pressure. Mother 10 mentioned that she had also other health problems that is concluded an emergency C-Section.

> It was good until the seventh month. On the seventh months, foot aches started, my baby was in a lower place than it should be. I carried it very difficultly, I suffered so much. There was a risk of miscarriage, I took progestin medicine for that. I had menstrual pain. I couldn't carry myself after the seventh month, I had foot ache. The baby was in a very lower place. I almost could not go to the hospital for the birth. I used to lie down all the time. Album [albumin] started in the 8th or 9th month. In other words, there was a protein increase in the blood. I had many troubles, my blood pressure was always high (16-17), I couldn't carry my head. At last, I had Caesarean [C-Section] when it began to be serious. (Mother 10, Appendix I, 6)

Mothers are asked about any medical intervention to themselves and to their babies right after the birth. Five mothers are mentioned that their babies stayed at hospital for 1-10 days as a result of different reasons. None of the mothers mentioned any medical intervention to themselves after delivery and birth.

> We couldn't take the child with us immediately. The child was infected and incubated. I could see my child three or four days later. (Mother 8, Appendix I, 7)

> He had a high level of hepatitis, he stayed in the incubator for a night and I guess he took phototherapy. In the morning they checked him again, the levels were decreased, so they took him out. I went to breastfeed him every two hours and left some [breast] milk for him. (Mother 10, Appendix I, 8)

> After my baby was born, they said there was a problem in his breath. Not in the incubator, but they would give him some oxygen. The doctor said he would bring him if I wanted but he would go purple, so they didn't. That process worn me out psychologically, I couldn't take the baby into my arms for four days. They took him out after four days. (Mother 12, Appendix I, 9)

> The baby stayed at the intensive care for ten days. Since he was born two weeks earlier, his lungs were premature. They gave him oxygen, and they diagnosed him with hepatitis, then with microbe in the blood, then with flatulence. I didn't stay with him, I left some [breast] milk for him. (Mother 11, Appendix I, 10)

4.2.1.2 Prenatal follow-ups

Mothers were asked about their experiences related to prenatal follow-up visits. All the mothers mentioned that they had physical examinations during pregnancy. Except Mother 6 and Mother 14; all the mothers have done their compulsory follow-ups in their Family Health Centers (FHC). In addition to these compulsory follow-ups, all the mothers had also visits to a private hospital/gynecologist. Mother 3 mentioned that they have visited private gynecologist to see the fetus since there is no ultrasound examination in FHC.

> I attended the medical appointments, we checked everything, everything was done. I had my own doctor. We went for scanning and to see the baby. (Mother 3, Appendix I, 11)

Mother 6 has mentioned that nobody called her from Family Health Center and she did not go to the compulsory follow-ups. Since she did not want any intervention to the fetus, and she had also rejected all the prenatal tests.

> I changed three doctors but I didn't see them every month. I did not go to FHC, and they didn't call me. I didn't get vaccinated. They called me for it from the FHC, but I didn't go. I didn't want to make intervention to the baby, no test was conducted either. (Mother 6, Appendix I, 12)

Mother 10, mentioned that she had all the prenatal tests but the one related to down syndrome. Since she was special education teacher, she said she was aware of the issue of disability and refused to had a possible stressful pregnancy with a positive result of the test.

> I went to both FHC and the hospital, everything was done, except for Down [Syndrome] test. I am a teacher of mentally handicapped. I didn't feel the necessity for it, I know what it is. It is a natural endowment. I wanted to see him when he was born. If had known, if the test had been positive, it would have affected my pregnancy, I would have been sad all the time, it certainly would have, there would have been a brokenness. I thought it would affect the pregnancy, I am a sentimental person, so I didn't need to do it. Surely, it could affect you after the birth but it is a natural endowment, we would have gone on our life. (Mother 10, Appendix I, 13)

Mothers are asked about their delivery, labor and birth which is the last procedure of pregnancy to understand the process as a whole. Mothers' delivery types are demonstrated in Appendix G. Six mothers had normal delivery as they have planned before.

> I had an appointment in the morning of the day when I gave birth. We got ready to go out for the appointment. My water broke, I thought it was normal but on the way the water increased. We entered into the ER, they said there was an opening and they took me to the birth unit. The birth went quite well. They didn't let my husband in because it was a state hospital. I gave the birth with 2 or 3 people in the room. They gave me medicine for artificial pain, because there was an opening and my water broke. I suffered from evening till the morning, I was yelling, I wanted to be taken to the Caesarean [C-Section], but fortunately I gave birth in the normal way. You cannot sit down or stand up in the Caesarean [C-Section], they cut you, they do operation. You can feel that you are giving birth in the normal delivery. But I could stand up after two hours. (Mother 7, Appendix I, 14)

> It was a bit hard because of normal delivery. It was Sunday, my water broke. But I wasn't worried because I knew it thanks to my friends. I waited for 3 or 4 hours. I made my preparation, took a shower. Then we went to hospital. I gradually started to feel the pain. It seemed as if they would take longer. The doctor said that they could give artificial pain if they had not been an opening. I didn't want. Because they always said that it was too heavy. They gave it only for early delivery. So I was a bit prejudiced against it, yet I had to take it when the delivery delayed. And I didn't regret so much. I felt some pain because it was normal delivery. Yet both the nurses and my mother told me it was an easy one. (Mother 2, Appendix I, 15)

Nine mothers had C-Section in this study. Mothers had different reasons to have C-Section. Mother 14 decided to have C-Section by herself. She explained the reason as professional awareness and the conditions as a medical doctor.

> Caesarean [C-Section] was my own personal choice. Actually, I had no obstacles for normal delivery. But I had my worries caused my too much exposure due to my job. I had seen normal delivery so many times. I thought it would be hard for me. And for the baby, too. There may be births where the baby is stuck. I thought it was risky both for me and the baby so I decided on Caesarean [C-Section] … intervention is to increase both the mother's and baby's comfort. When I looked at my friends' experience, I thought it was better for me. And my husband is doctor, so I had worries about him being in the round and me being alone. My mother's first delivery was also problematic; I think I was affected by it. This is my personal choice. (Mother 14, Appendix I, 16)

Five mothers had C-Section due to several health problems or recommendations of medical doctors.

> The doctor told me, before the delivery, that the baby was in a lower place, there might be bleeding, you may not have children again, we may have to take your uterus out. Since I constantly worked, I don't know how, I got to that point. In the meanwhile, I had some bleeding, I saw the doctor. He said they had to take me to the delivery immediately. I had a Caesarean [C-Section]. (Mother 8, Appendix I, 17)

> I was very sick on Saturday night. I felt my blood pressure was getting higher. We went to the pharmacy; it was really high. They told me to go to hospital. We went there, the tests were done, the protein was very high. We waited till the morning hoping it could go lower but it remained same, so they put me into Caesarean [C-Section]. (Mother 10, Appendix I, 18)

> When the 39th week was over, the baby didn't come out. His head wasn't in the lower place. I was very sad for a week. I didn't want to take Caesarean [C-Section], I cried so much. My husband was also very sad. I cried because I didn't want it and I was scared of it. Even when I was going to the hospital for delivery, I was asking myself "I wonder if the baby can come out himself if we wait?". (Mother 1, Appendix I, 19)

Three mothers had C-Section because they rejected vaginal examination. Mothers explained this rejection is due to discomfort of vaginal examination position, shame against health personal and fear of labor pain.

> I didn't want bottom [vaginal] examination, I felt weird. I was afraid if something bad would happen. They didn't do anything at all to comfort me. Then they took me to the Caesarean [C-Section]. I was afraid of the normal delivery so I wanted Caesarean [C-Section]. And my doctor told that the uterus was too narrow, normal delivery was impossible. I was satisfied with the Caesarean [C-Section], my doctor was really good. (Mother 11, Appendix I, 20)

> My water broke one evening; it was 6 pm. I already knew I had high blood pressure, so I told the doctors. They checked me and saw the pressure was high; also the baby was not upside down so they sent me to another hospital and I had Caesarean [C-Section]. I already wanted to have Caesarean [C-Section] because I was afraid of giving birth. I didn't get checked from the bottom. [Vaginal examination]. (Mother 4, Appendix I, 21)

> I have never had a bottom [vaginal] examination, that's why I had Caesarean [C-Section]. We went to the doctors for a checkup with my husband, the doctor told us we still had 2 days left but we could take the baby out now if we wanted. They anaesthetized me from waist down and the delivery process was finished in 1 hour. (Mother 3, Appendix I, 22)

Mothers also mentioned their attitudes towards delivery type. For several reasons, they have various assumptions on C-Section and normal delivery.

> My elder sister gave 3 births in a European country; all of them were normal deliveries. Because that what it is healthy. I thought maybe in Turkey they cut you open for money. (Mother 13, Appendix I, 23)

> 40th week was a turning point for me. Until then, I always wanted to have a normal delivery, because that was what I heard from my mother, I listened to her positive normal delivery stories, even its name is normal… In the society, there is this negative approach towards Caesarean [C-Section] deliveries. People constantly ask you, "why Caesarean [C-Section]?", like it is a choice you make, it is the easy way out. They implicitly tell you that you are too weak to have a normal delivery. Normal delivery is like a capability, a skill or even a blessing. (Mother 1, Appendix I, 24)

> I wanted to have normal delivery; everybody tells it is healthier. Motherhood is better felt with it, you fully get the glimpse of motherhood and it is a gift directly from Allah. In normal delivery, you heal quicker, but now my stiches still hurt when I even catch a cold or flu. (Mother 10, Appendix I, 25)

> As we all know, normal delivery is the best. When looking at a more general perspective, it is called 'normal', even if you do not interfere, the process continues, the child is born to life and mother goes on with her life. (Mother 14, Appendix I, 26)

4.2.1.3 Feelings throughout pregnancy

One of the objectives of this study was to explore the experiences of mothers during pregnancy. In analyzing, the experiences about their feelings throughout the pregnancy is emerged as a theme.

Mothers mentioned that they have experienced various feelings on their lives, their pregnancies, and parenthood responsibilities as a result of pregnancy. Mothers express these feelings in different intensities in different times.

Five mothers are mentioned that they have experienced mood changes, crying, and emotional sensitivity.

> In the 4th and 5th months, I got very sentimental. Whenever someone said something to me, I would immediately cry and be affected and later, that phase passed as well. (Mother 5, Appendix I, 27)

> I was very sentimental at first. I hadn't even known that I was pregnant. Whenever someone said something to me, I would cry. Some people asked me if I was pregnant. Later on, I found out. (Mother 4, Appendix I, 28)

> I am a naïve and mild person already, sometimes I feel like crying, I cannot help it, I am not a very talkative person, as well. (Mother 7, Appendix I, 29)

> I don't know it was because of the stress caused by pregnancy but I got depressed. I didn't feel like doing anything, I didn't want to go home or laugh or do anything at all. (Mother 11, Appendix I, 30)

Two mothers are mentioned their worries about the health of the fetus and the future of their lives while rising the child.

> On one hand, I was very happy to have a child, on the other hand, I was feeling upset because my child would start school and ask me if I do not know how to read and write. (Mother 3, Appendix I, 31)

> Pregnancy was not easy for me, I have fears, I am afraid of getting pregnant again. The most important thing is not bringing a child into this world but taking care of your child. It is difficult financially. Provide your children with good education. I could not access education; I desire my child to be educated in every field. I want my child to be a knowledgeable person, to be able to reply when asked a question. (Mother 4, Appendix I, 32)

> The feelings are great actually, but at that moment, you do not realize those great feelings, you are afraid of the possibility of a miscarriage. My elder sister had a miscarriage; she was married for four years with twin daughters when she had a miscarriage. The baby died all of a sudden in her belly. That's why I was so afraid. I always thought what if I go through the same thing. My father had a tough life; I always thought whether my child would live such a hard life or whether I could be a good mother. (Mother 9, Appendix I, 33)

Three mothers mentioned their excitement about the arrival of the baby.

> I really wanted so badly to see my child. Then, I told to myself, I pray for my child to be born on the time and day s/he was supposed to be born. (Mother 5, Appendix I, 34)

> I was very excited, I wanted to get pregnant very much, I even got upset when I couldn't in the first month then I waited impatiently. At first, you are very impatient because time hangs heavy at first. Now, s/he moves, it is a brilliant feeling, s/he is always in my dreams. I wanted very much, I wanted my child to be born and I wanted to love him/her. (Mother 2, Appendix I, 35)

> I wanted to be understood. For instance, I shared my feelings with my husband on that I wanted my baby to be born and to hold him/her impatiently. My husband told me I was very fiend and the baby was just a baby. My baby was not very active, I wanted my baby to move so I could feel. I was talking to my neighbors and friends, they were telling me how their baby moved inside like kicking balls all the time but mine never moved that much. I wanted it very much; I even opened my belly and waited to see the movements. (Mother 4, Appendix I, 36)

Three mothers mentioned physical complaints and gaining weight affected their mood since it has changed their appearance, comfort and ability to move easily.

> I wouldn't say it was perfect. I was so bad; I remember in one day when I had my sicknesses I washed one of my sheets. After I gave birth, I reached out for the same sheets and I smelt the softener and that reminded me of those days and I felt horrible and throw the sheets away somewhere. When I told to myself my sicknesses went away and I was fine now, I realized I was heavier and I couldn't move, turn, do the chores around the house, cook, those things bothered me very much. (Mother 6, Appendix I, 37)

> I was very angry because I was not able to the dress the way I used to, go to places like before. At the same time, I was happy to live this moment of womanhood, a precious experience. My physiology was wavelike. I longed for the past; you miss the way you used to look in front of a mirror. You gain weight, your clothes do not fit anymore, when you buy something new, you will not wear it again. I was very carried away with those things. (Mother 10, Appendix I, 38)

> Towards the end, the heat of August was very hard on me; I wouldn't lie if I tell I never slept comfortably for an entire month. I was feeling free outside, but I couldn't fit into the house anymore. That was all because of the heat; otherwise I was very happy to be waiting for my baby. Then, I began saying come on, please come to this world so I could be relieved. At first, my belly was small, even in 7th month it was not big. After the 8th month, it grew huge and I wasn't able to turn, move or do anything. (Mother 12, Appendix I, 39)

4.2.2 What are the factors relating to prenatal experiences?

In this study, mothers mentioned that some factors have an impact on their prenatal experiences. These factors are presented as four different themes; Preparedness and Expectations, Supportive Resources, Preparatory Activities and Working Conditions such as working hours and positions.

4.2.2.1 Preparedness and expectations

In this study, mothers are asked about their experiences related with the readiness of themselves and their husbands' to become a parent as well as their expectations before getting pregnant.

Seven mothers mentioned that they were ready to be a mother. However, they have added different justifications such as just loving kids, feeling ready to become a mother, passing through fertile age, and doubt on their fertility.

> We are people with increasing ages. That's why we didn't want to postpone it anymore and wanted to have a child right away. Since I have a major in child development, I love children. I am home all the time, I don't work, and I wanted to have a child. (Mother 13, Appendix I, 40)

> Actually, one of my colleagues was trying to get pregnant but wasn't able to, I didn't realize then but subconsciously I thought deeply about the same things like what if I go through the same troubles, what if we have a hard time in having a child too, I was anxious about the issue. Actually, no one in my family had any troubles related to having kids but the situation of my colleague set me up for such a problem, otherwise I wouldn't want to have a child at this early stage of my life. (Mother 12, Appendix I, 41)

> I was ready to be a mother. I wanted to feel that emotion, become a mother. I actually thought that my age was very young, but I don't know, I had the feeling. (Mother 10, Appendix I, 42)

One mother mentioned that she had thought she was not ready but she realized that she has already ready to have a baby.

> I never thought I was ready to become pregnant. My husband always wanted to have a baby but I needed a little more time, I wanted to postpone it. I was making summer vacation plans. I didn't have a strong feeling towards pregnancy. But after I got pregnant, I realized that I was ready, it was a beautiful thing and I had always wanted it deep inside. (Mother 14, Appendix I, 43)

Another mother mentioned that she was not ready in terms of economic conditions but she was thinking, expecting and exciting deep inside to have a baby.

> At first, I didn't want it, because of financial issues; my husband was not working, at that time only I was working. But deep inside, I wanted to have a child. I was not ready financially but other than that, I was ready. I wanted a baby in my heart; I was waiting for it impatiently and dreaming about it all the time. (Mother 4, Appendix I, 44)

Instead of this, one mother mentioned that she thought she was ready but during pregnancy she realized she was not ready yet.

> I thought I was ready but I wasn't. When I first found out I was very happy but after the sicknesses began, I thought maybe it was too soon, I should have waited until the summer finished then get pregnant. When I encountered the hardships of pregnancy, I felt like I was not ready for it. I thought maybe I should have at least had one year of marriage before getting pregnant. Then I would have hosted my guests properly, since newlyweds are visited very often, I didn't get a change to host my guests, I couldn't go away for a vacation, I thought maybe I should have had all these before pregnancy. (Mother 6, Appendix I, 45)

Similar to this, Mother 5 mentioned that she was not ready to face with the struggles of pregnancy and the heavy responsibilities of being a mother.

> I wasn't feeling ready. My period was late, I wasn't expecting, I was surprised. I hadn't fully understood the marriage, long before I could feel the responsibility of a marriage; we were expecting a baby from the very start. (Mother 5, Appendix I, 46)

Mother 8 mentioned that both she and her husband was not ready and expecting a pregnancy.

> We weren't ready, neither me nor my husband. Not only having a child, but also being a parent. Now, he is very interested in the kid but fatherhood is much more than that. (Mother 8, Appendix I, 47)

Thirteen mothers mentioned that their husbands were ready and willing to have a baby. Some fathers were more eager and positive to have a baby, than mothers.

> My husband was so ready; he wanted it from the beginning. We always talked about having a child is such a nice thing when we see parents with children in our close friend circle. (Mother 14, Appendix I, 48)

> My husband was more ready than I was. My belly growing big, my sicknesses, none of those was a surprise for him. I had stretch marks, he told me they were normal and those days will pass. The generally known things were actually known to him. (Mother 6, Appendix I, 49)

> My husband wanted it badly, it happened on his will and desire. I always told him about enjoying the marriage first. He was stating that as we were young, our child will grow along us. He was totally ready. (Mother 5, Appendix I, 50)

Mother 2 mentioned that her husband was not eager to have a baby because of responsibilities and economic conditions but still he was positive on her pregnancy.

> My husband was postponing the thought; I tricked him into it actually. He needed more time; he was concerned about taking care of the baby and carrying out a nice relationship with some alone time. He also has financial concerns, he has a nephew who constantly got sick when growing up, he was thinking about that. And also we were newlyweds, he had concerns about spending time together, what if I neglect him. (Mother 2, Appendix I, 51)

When it was asked mothers about their readiness to pregnancy, they have mentioned their first impressions and expectations on the pregnancy such as happiness, excitement, sadness and fear.

> I didn't tell my husband, my mother did. I have an elder sister who can't have a baby, I thought about how to tell her every day, I was crying all the time, that's why my mother in law told everyone on behalf of me. (Mother 9, Appendix I, 52)

> When I first found out, I went to a hospital and had a blood test. I was looking at the results paper; laughing and I went out, started crying. I laughed and cried consecutively, it was a very interesting feeling. (Mother 11, Appendix I, 53)

> I was not happy to hear I was pregnant. I found out at a very bad time, I was packed and leaving the house then I found out that I was pregnant. I had low back ache, my mother in law suspected pregnancy. I did a test at home but couldn't manage to do it properly. We tried again, my husband did it himself, and the result was pregnancy. My husband was not very thrilled about the result, he kept quiet, didn't say a word. (Mother 8, Appendix I, 54)

During the interviews, mothers are asked about whether it was a planned or unplanned pregnancy. Eight of them mentioned that it was a planned pregnancy and they had preparation before getting pregnant such as visiting doctor, quitting birth control, starting healthy eating, exercise, taking folic acid and vitamins.

> It was a planned pregnancy; I got pregnant considering my calendar. I knew exactly when I got pregnant and I found out surely in a very short time. First symptoms began. I had some preparations before pregnancy. I exercised; I got ready for a healthy pregnancy. I stopped eating junk food and fast food. For instance, I never had eggs until then; I started eating an egg a day. (Mother 1, Appendix I, 55)

> It was a planned pregnancy. When I started thinking about pregnancy, I went to a private hospital three months before, I started taking folic acid and vitamins, and I had all my blood tests done. I got pregnant three months later. (Mother 2, Appendix I, 56)

Five mothers mentioned that they have wanted to have a baby but not prepared at the time they got pregnant.

> We wanted to have a child but I was very surprised to find out about my pregnancy, so did my husband. I wanted it but didn't know when it would happen. (Mother 7, Appendix I, 57)

> I wasn't having any preparations because I expected it a couple of months later. I stopped taking the pills and they were usually telling me that after the pills, pregnancy would take place a couple of months later. I was expecting it a couple of months later. That was our plan. (Mother 14, Appendix I, 58)

Four mothers mentioned that they got pregnant without any preparation but it was planned and expected.

> It was an expected pregnancy, wasn't a surprise. I didn't have any doctor controls or preparations prior to the pregnancy. (Mother 6, Appendix I, 59)

Three mothers mentioned that they were smoking. Mother 5 mentioned that she had stopped smoking after she had learnt the pregnancy. Mother 13 mentioned that she felt that she was pregnant but did not go to doctor in order not to stop smoking. After the pregnancy is identified by doctors, she had stopped smoking.

> I didn't quit smoking until I heard about the child, then I realized I was pregnant. I thought about quitting smoking. I didn't even visit the doctor for not quitting smoking. I was three weeks pregnant when I found out, I quit smoking suddenly, it all happens in your brain. (Mother 13, Appendix I, 60)

On the other hand, Mother 11 mentioned that she had maintained smoking during pregnancy even though people suggested her not to smoke. She explained that she was aware of the harm of smoking during pregnancy, decreased the number she smokes but not ready to stop smoking.

> I smoked, I smoked during my pregnancy. People around me interfered, told me to quit. I lessened it because of my pregnancy, I was not ready to quit but I only had one cigarette a day. (Mother 11, Appendix I, 61)

4.2.2.2 Supportive resources

This theme relates to the supportive resources of mothers relating to their prenatal experiences. Mothers mentioned different supportive resources as sub-themes under this theme namely Partners, Family and Friends, Professionals, Published/Digital Sources and Online Networks.

4.2.2.2.1 Partners

In this study, all the mothers mentioned the critical role of their husbands on their experiences during pregnancy. To explain the effects of their husbands, mothers mentioned various issues by referring their couple relation before pregnancy, sharing with husbands about pregnancy, husbands' involvement to the pregnancy procedure, husbands' attitudes toward mothers and toward upcoming babies.

To explain their relation, mothers referred the beginning of their relation with husbands and its effect on later relations as a couple. Nine of the mothers are mentioned that they have met each other and decided to get married with their husbands. Four mothers are mentioned that they have met by an arranged marriage and then decided to get married. All the mothers mentioned that they knew their husband for a few months or years.

Seven mothers are mentioned that they are glad about their marriage. Two mothers are mentioned their negative feelings about their marriage. These two mothers also mentioned their negative feelings about their marriage and their husbands by referring past events during their marriage.

> We loved each other, got engaged but when we were engaged for 1 year, I ran away with him. My parents didn't want me to marry him because he wasn't working; so I ran away. But I regretted it very much. I still regret it. He doesn't have a job; he is not working. These job issues made me go cold, our relationship is very cold. Even if he starts working now, I am fallen out of love. I sometimes want to love him, but I cannot. I wanted to make thing better after the child, but I couldn't. (Mother 4, Appendix I, 62)

> Prior marriage, we were together for 10 years but my marriage didn't turn out to what I imagined. It was a big disappointment, caused distress and sadness. I regretted. I feel like I married a different person than my boyfriend. He became someone else after marriage, I totally thought wrong about him. (Mother 8, Appendix I, 63)

Mothers also mentioned their considerations about their relation as a couple. Eleven mothers mentioned their relation as positive and most of them emphasized respect, care, sharing and mutual understanding in their answers. Two mothers are mentioned the conflicts with their husbands by referring the relation before pregnancy:

> We have strong difference of opinion. I am a quick-witted person but he cannot follow his own opinion. His friends and family affect him very much, when someone says something to him, he comes to me and talks about me, our marriage and our life with others' opinion. Then I talk back, it is not something that they are used to, they want me to shut up and they despise me. (Mother 8, Appendix I, 64)

> I don't like his attitude towards me. He doesn't turn to violence but verbally, he makes speeches in front of his family and friends in order to despise or humiliate me; this disturbs me deeply. He despises me very much. (Mother 4, Appendix I, 65)

On the other hand; Mother 4 mentioned that their relation and her husband's attitudes changed positively when she was pregnant.

> For instance, he is a very aggressive person normally but when I was pregnant, he would calmly come near me whenever I called him somewhere. He always came to my side whenever I asked. I would ask to go for a walk together, he wouldn't object. Sometimes he would tell me he wanted me to give birth so he would get rid of the chores. He set the table, prepared breakfast for me. Pregnancy was very good in this aspect. (Mother 4, Appendix I, 66)

Mother 12 mentioned the effect of their couple relation as a buffer for the challenges of pregnancy.

> Our relationship is very good. I had many troubles related to pregnancy, but my husband is very understanding, he supports me all the time. Thanks to him, I had a nice pregnancy. We had a perfectly normal relationship. There were no quarrels in our house; we get by with each other. (Mother 12, Appendix I, 67)

Mother 1 mentioned their positive relations before pregnancy positively affected the relations during pregnancy.

> My husband likes to search for information, especially at work. When he gets home in the evening, he shares what he read and we talk about it. We make researches and decide together. Our relationship was like that since the very beginning of our marriage, we always make mutual decisions. It continued that way during my pregnancy, as well. (Mother 1, Appendix I, 68)

4.2.2.2.2 Family and friends

Participant mothers mentioned their family members and friends as one of the main resources relating to their prenatal experiences. Mothers mostly mentioned their relations with the family and friends before and after pregnancy. All the mothers expressed their relation as mostly positive with their family members and friends. Three mothers mentioned that they are living with or close to their families. Mothers mentioned that family members and friends supported them during the pregnancy by giving advices, sharing their own experiences, and helping households.

> I have a strong support from my family and friends. My husband's family is nice as well but they live in an Anatolian city. My husband's brother and his wife live at the apartment above ours. Since my mother and father lives next to me, so I do not want anybody else supporting me. They do whatever I need for me. (Mother 12, Appendix I, 69)

> My mother is the most supportive person in my life, I have an aunt who is only 5 years older than me, I talk to her very much, I have a close friend circle, I see them often, I ask for their opinion. (Mother 14, Appendix I, 70)

> Besides my husband, my mother was supporting the most, in every field. When I got heavier and could clean the house and do the chores, my mother helped me. (Mother 10, Appendix I, 71)

Mothers mentioned that being experienced on rising a child is important to provide efficient information and to overcome the challenges during pregnancy and after birth. Most of the mothers mentioned that they have support from the experienced people around them.

> But my biggest source of information was my mother. I learned a lot from her since he had many deliveries and she is experienced. I talked to my friends who had babies recently, I asked about their processes, what they did, what they encountered, I always asked. I got information from my elder sister especially about the types and processes of delivery since she had a Caesarean [C-Section] a short while before I had my baby. (Mother 1, Appendix I, 72)

> My husband's brother's wife helped me a lot. She has young children, she helped me a lot. I like her so much. We used to watch normal delivery videos. For instance, she used to show me the pictures of a fetus in womb, helped me a lot. She told me to rest, cared for me. I also helped her. (Mother 3, Appendix I, 73)

> I asked around how normal delivery was like, how Caesarean [C-Section] was like to my friends and my mother. I was asking how it was like to be a mother. Their answers made me feel good. (Mother 11, Appendix I, 74)

Mother 12 mentioned that she had faced conflicts with the suggestions of people around her. She mentioned that there is generation gap between the child raising practices of previous generations and present ones. However, she had her mother as a supportive resource to defend her own decisions and practices. And her mother helped her overcome the negative interventions of others.

> It seemed reasonable to me to listen to the elders. My mother helped me a lot. Everybody had an opinion, everybody wanted to interfere, especially neighbors. They wanted to interfere with old information, wrong ideas and superstitions. You get affected inevitably. They tell you lie down, do not get up when you are pregnant. However, you should move around. But my mother always stood by me. (Mother 12, Appendix I, 75)

On the other hand, Mother 2 experienced the generation gap with her own mother. She mentioned that she has the responsibility to make decision on herself and her baby.

> We have a generation gap with my mother; we had it when I was pregnant, as well. She was telling me eat more, but you need to have a balanced diet. We had clashes. I got angry. I do not like to be criticized. This kid is mine, in the end. I get to decide what happens to my child. (Mother 2, Appendix I, 76)

Mother 13 mentioned that theoretical information can be gathered by books, and it can be effective but not sufficient. Theoretical information should be supported by practical knowledge of experienced people around.

> My books were sufficient for me scientifically, all the information I needed was in them but the reality turned out to be different. When I had trouble with reality, my family helped me out, especially my mother, experienced people. She was there for me, always. (Mother 13, Appendix I, 77)

Mothers mentioned that compatibility among tradition is related with the positive relations in the family. Four mothers addressed the factors of traditions, norms and attitudes that has a positive or negative effect on their relations in the family.

> In my own family, everybody is free; everybody lives their own lives without boring each other. We are not a family living close all the time but when we come together, we spend quality time. Apart from the common hours, everybody does their own thing. My husband's family is a kind of family that lives very closely. We are not together with them all the time, not enough to disturb me but at first I had a hard time getting used to it. Now, I am used to it. We live in the same block; they live in the apartment upstairs. We have a cultural gap, I am born and raised in Istanbul, so is my family but they come from an Anatolian city. The things we care about are different, our approach towards motherhood, what we want to do in life, decisions and thoughts as women are different. I think all these happen out of this cultural gap, not from bad intentions. (Mother 6, Appendix I, 78)

Mother 1 mentioned that other people's positive attitudes helped her feel better, precious and privileged.

> I enjoyed the positive discrimination of my circle towards me, getting special treatment, giving up seats for me, taking care of me. It made me feel special to hear the words, please my child, be careful, take care of yourself. It makes you feel that you are special and the baby you are carrying is also special. (Mother 1, Appendix I, 79)

In addition to this, Mother 14 mentioned that such behaviors of people around can make prospective mothers feel better but she did not need it. Because she mentioned that she already can have such feelings in her life, before getting pregnant.

> As it happens during pregnancy, I never played hard, felt agitated, angry or stressed. I didn't feel like that; I didn't want anything to be different or the world turn around me because I was pregnant. That's what I think, since women do not get the attention and all in regular times, they try to reach it by using pregnancy. Thank God, it didn't happen to me, I already had everything I wanted. (Mother 14, Appendix I, 80)

4.2.2.2.3 Professionals

According to the responses of mothers, it is found that professionals are one of the supportive resources during pregnancy.

Some mothers mentioned that professionals provided information about fetus and helped mothers establish a relation with their babies during pregnancy.

> Here what comforted me, the doctor told us what was happening that month, which parts of the baby were improving, that month the baby's hand and feet was formed etc. Once you know that kind of information, you get excited about your next ultrasound, you get curious. You have a relationship with the baby, you don't see it but you hear about it. For instance, when I was going to hear the baby's heart beat for the first time, the doctor told me to get ready, I got very excited, almost cried. (Mother 5, Appendix I, 81)

On the other hand; unkind behaviors, misinformation and negative attitudes of the professionals affected the experiences of mothers negatively.

Three mothers in this study mentioned that they could not let the professionals to do vaginal examination since they felt uncomfortable and anxious about it.

> The midwife was going to give me an examination from down there [vaginal], I winced, she was taking another look, I got scared more. The midwife told others I was not letting her, she had a bad attitude and she left us in the room, told us to settle things between us, we didn't know what to do. I didn't want an examination from down there [vaginal], I felt weird, I was afraid that something harmful would happen. They didn't do anything to comfort me, either. (Mother 11, Appendix I, 82)

> I had a Caesarean [C-Section] because I do not let them give me an examination from down there. I have never had a vaginal examination. The doctor told that "She is not opening her legs, she cannot deliver the baby normally, the baby would die, I cannot consent for such a thing, and I cannot take the chance". He was tough towards me, to be honest. I couldn't open my legs, I strained. I was very embarrassed because the doctor was male, as well. (Mother 3, Appendix I, 83)

Mother 13 mentioned that she trusts her medical doctor and take the doctor's advice to make decisions. However, another medical doctor was unkind of her questioning and put pressure on her about the health of fetus.

> [The other] doctor told me to get ready for it right away; I told him that I wanted to make a research. I had never thought about Caesarean until that moment, I said I would ask around, consult my own doctor that I trusted and get prepared for it. I wanted at least a day to make my own research. The next day we went to the hospital, I was asking him if Caesarean was the right decision, since he was telling me there was not enough dilation then why I should give birth that day. He didn't give me enough information, they just scared me with my baby dying, I of course was concerned about my baby's life. (Mother 13, Appendix I, 84)

Mother 8 mentioned that misinformation of the health professionals caused negative psychosocial experiences for her.

> I had papilloma when I was pregnant. The doctors told me it might also come from my husband. I felt even more stressed thinking he might have an affair with some other woman. After learning it would happen not only through intercourse but through many other ways, I felt angry towards the doctors, because they didn't tell me that. The doctors already forbade intercourse for us during my pregnancy due to the risk of miscarriage. Maybe there was another way, they had never told us. (Mother 8, Appendix I, 85)

Mother 1 and Mother 7 mentioned that they were informed by prenatal education classes during their follow-up visits in the hospital. Only Mother 7 in this study attended to formal pregnancy classes and she mentioned that the information received by professionals helped her to gain the skills to take care of a baby.

> I took prenatal education class in a public hospital. After my examination they told me to enroll for classes. The classes were free; I took those for five weeks, once a week. They gave us information about babies and pregnancy. They didn't take anyone but mothers, the classes were very crowded. It was a very nice environment, you ask questions, they reply. Nurses, doctors gave lectures, they were gracious and concerned. I felt very nice and motivated. I am glad that I went. I wouldn't have learned all the information if I didn't participate in those classes. It was very beneficial for me. Especially on breast feeding and baby care. (Mother 7, Appendix I, 86)

4.2.2.2.4 Published/digital sources and online networks

When it is asked about the supportive resources, most of the mothers are mentioned published/digital sources like books and TV programs are one of the important resource for them to reach information.

> Since high school, I read child development books and because I like children, I am very interested in this field. I used to buy books and read. I looked up information from books and the internet about how to wind the babies, have to massage a baby and also what the people are going through and whether or not we live through similar things. The information I received was sufficient and beneficial. For instance, we will start supplementary food soon; I get support on it very much. You may not even hear about this from your mother. (Mother 2, Appendix I, 87)

> I read books, watched doctors on TV, they give information to pregnants and mothers, I listened to those programs. (Mother 12, Appendix I, 88)

Online networks like webpages, blogs, forums, social media platforms and texting applications of smartphones are another rising focus for resources in the data analysis of the present study.

> I was monitoring my baby over the internet and a mobile application to see how the baby is developed from month to month, what I was supposed to eat etc. It was sufficient; I did what I learned about. I had no question marks on my mind. (Mother 5, Appendix I, 89)

> I did some research over the internet; I searched about the authors and doctors of the books I was reading. For instance, there is this forum on the internet called 'ladies' club', they talk about everything in there, the topic you do not ever think of before, you read and get prepared in case the same thing happens to you. I followed that forum very much. I read about other mothers' experiences and try to be prepared. I still go in to that forum, it was beneficial, and it still is. (Mother 10, Appendix I, 90)

> Now we have WhatsApp groups, mothers' groups in which we ask questions and share experiences with each other. I used to ask many questions but now I am well experienced and we converse all day. It is highly beneficial; it is such a support that you do not feel alone. (Mother 15, Appendix I, 91)

Two mothers mentioned that they refused or did not need to have information from internet because of misleading and not intensive enough.

> I didn't ever want to look anything up in the internet, because it might be very harmful. It sometimes leads you in the wrong direction. In the end, everybody is different, my pregnancy is different than any other pregnancy, and our children are not the same. It is about the character, my frame of mind is different, too. (Mother 8, Appendix I, 92)

> I had no preparations. Once I watched a delivery on the internet, I felt scared and never looked again. (Mother 9, Appendix I, 93)

4.2.2.3 Preparatory activities

This theme relates to the preparatory activities of mothers relating to the experiences they face during pregnancy.

Mothers mentioned some activities like walking around with others helped them to do exercise and feel relaxed.

> Going places made me feel good. I felt good when I walked around the seaside. I told the sea all of my troubles; the sea would listen to me. Whatever I told, the sea would listen. (Mother 3, Appendix I, 94)

Mother 8 mentioned that she was obsessed on cleaning the house as preparatory activity for upcoming baby. However, these cleaning activities caused risk for miscarriage.

> I love cleaning the house. I cannot stop cleaning. That's why the baby kept falling down and causing a risk of miscarriage. I went to the doctor because of my symptoms, he told me to rest, I rested for a while but then I started cleaning again. Wipe the floors, vacuum the carpets… Nobody forced me. Even my mother in law told me not to do that but I felt relieved, the only thing that comforted me was cleaning. When I was pregnant, my mother in law had a surgery and I was alone at home for a long time, I even increased my cleaning routine at those times. (Mother 8, Appendix I, 95)

Eight mothers mentioned that shopping and preparing a room for upcoming baby is one of the important activities relating to their experiences. Mother 6 mentioned that the clothes are a way to embody the fetus as a baby.

> You do not feel much before you actually have the baby in your hands. We bought some cloths with my mother, I washed and hung them, but even though my belly was huge, I couldn't exactly feel the baby. I was looking at the clothes and thinking will I really have a baby to wear those? You do not really feel it when you do not have the baby. But I was holding the clothes and saying to myself, I suppose it will be nice. (Mother 6, Appendix I, 96)

In addition to this, shopping and preparation is explained as a way of expressing the care, attention and sensibility of mothers towards their babies during transition to motherhood.

> I was buying cloths, pacifiers and feeding bottles for my baby. I was feeling nice, I was happy. I was hesitant about buying one thing or another, I was buying both. I kept buying things, I wanted to have everything. I felt really good. (Mother 3, Appendix I, 97)

> I set up a room for my baby. When I learned it was a girl, my hand always reached towards the pink stuff. I bought things, with care. I felt really good. It is a very different emotion. I had a room myself but preparing a room for your own baby is another thing, very enjoyable. You try to make everything perfect from A to Z. I tried to get high quality things and I bought the things I couldn't find in Turkey from Europe. (Mother 13, Appendix I, 98)

Some mothers defined these activities as a way of spending time with their husbands, sharing information and getting ready to become parents.

> I quit working and spend time at home during my pregnancy. I was very excited at that period of time, I had a baby in my life, I had a big belly, and it was moving I could feel it. We started shopping, setting up the furniture, the room with my husband, it was nice to do everything together, and it felt good. (Mother 1, Appendix I, 99)

> Whatever the baby might need, we went out and bought those. We were dealing with the cloths, baby stuff and the baby's room. I felt really good, it was comforting me. There were times we would go out with my husband; those were fun, as well. (Mother 5, Appendix I, 100)

> Talking about our baby or shopping for our baby with my husband felt good. Preparing things for the baby, buying something, choosing the best, deciding for a better choice made me feel really good. Spending time with my husband also felt so good. (Mother 10, Appendix I, 101)

Mother 13 mentioned that she kept diary from the beginning of the pregnancy. Keeping a diary helped her to record the feelings and events throughout the pregnancy. She had planned to share this diary as a gift to her daughter in the future.

> I wrote everything down before even I got pregnant, during the pregnancy and me, as well. All my writings are for my child; I will leave it to my baby. The guests wrote their feelings in the notebook, as well. (Mother 13, Appendix I, 102)

Mother 2 and Mother 5 mentioned that some religious activities helped them to prepare for motherhood.

> I deeply cared about praying during my pregnancy. That is how I believe; praying is helpful for a trouble free pregnancy. You pray for a flawless pregnancy, you turn your face to Allah and pray for not being tested with your child, it feels good psychologically. When I was pregnant, one of my friends gave premature birth in seventh month and her baby died. I was deeply touched by this incident. Until my third month of pregnancy, I was praying not to miscarriage and after three months, I was praying against premature birth. Towards the end of my pregnancy, I was concerned about the birth, whether the baby will be delivered on time without any troubles. Even if I had not troubles, I felt all of those concerns and I got over those through my prayers. (Mother 2, Appendix I, 103)

> I was scared of the risk of a disability or a missing body part, Allah forbid. I was talking with my husband and he was telling me to pray and ask for the best. That was how I felt relieved, good. (Mother 5, Appendix I, 104)

4.2.2.4 Working conditions

One of the important themes emerging from the analysis of the data is the working conditions that is related to mothers' experiences. In the present study, three mothers mentioned that they were working full-time and two mothers mentioned they were working part-time during pregnancy.

For example, Mother 1 mentioned that appropriate and supportive working conditions helped her to experience a healthy pregnancy. She explained her job as a healthy environment, an opportunity to be physically active, healthy eating routine, and a chance to have positive mood.

> I kept working until the end of my fifth month. I worked in two different preschools as a psychologist. I worked two days a week. Working was easy for me, my conditions were nice. After the fifth month, I felt bored at home. I thing one of the reasons I couldn't have a normal delivery was this, being inactive and also my psychology. Working gives you mobility, action, you have a dynamic. I had regular breakfast; it was a positive thing for me, a good distraction. Later, [at home] I had physical fatigue. It was nice to be around people, do helpful and beneficial things. You do something beneficial by being pregnant and having a baby but the baby makes you housebound. When I think about it now, if I didn't quit my job back then, I would work until I am in labor. This is also related to the working environment and conditions. I was able to go late in the mornings, I could have my breakfast and I had possibility to have my dinner at around four or five. It was a healthy environment with healthy food, since I was already working with children, those things were properly taken care of. (Mother 1, Appendix I, 105)

On the other hand; Mother 4 mentioned that she had harsh working conditions that cause health problems during pregnancy, such as long working hours and working position.

> I had high blood pressure troubles, after the fourth month it was very high and I had to be hospitalizes. I worked until my eighth month, I had a hard time. I always sat down, when I move, I had stomachache. I had a miscarriage risk in the first months. I started working at eight and until seven in the evening; we only took two fifteen minute breaks. It made my pregnancy even harder. (Mother 4, Appendix I, 106)

Mother 14 also stressed the importance of appropriate working conditions and working hours to support positive experiences during pregnancy.

> My job requires me to talk all the time, the patient tells me the complaint, I tell them something and we ask questions. But because of pregnancy, in my late months, I felt like I was talking myself out, I was breathless. My working conditions weren't obstacles for me. I didn't have night shifts because I was pregnant, it facilitated my job. If I had night shifts, that would have been difficult but I didn't. (Mother 14, Appendix I, 107)

4.2.3 What are the aspirations of mothers for an ideal pregnancy?

Mothers' aspirations for an ideal pregnancy is one of the main questions of this study. After exploring the experiences and the factors related to these experiences during pregnancy, it is important to focus on the ideal picture of the pregnancy from mothers' own perspective.

Two different themes are emerged related to this question; Regrets or Gladness on Former Pregnancy and Wishes for an Ideal Pregnancy.

4.2.3.1 Regrets or gladness on former pregnancy

When it is asked about mothers' ideal picture for pregnancy, they have mostly mentioned their own regrets and gladness on their former pregnancies to refer their aspirations.

One of the issues raised by mothers is keeping the overall health such as healthy eating habits, gaining less weight, avoiding physically risky activities and doing exercise. Some mothers mentioned their regrets while some mentioned their gladness about their overall health during pregnancy.

> I could have a better diet towards the end, that is the reason my baby was slim, I think. I didn't exercise, I didn't need to because I had a nice pregnancy, I moved a lot, I went to places often. (Mother 2, Appendix I, 108)

> I didn’t bloat during my delivery because I walked a lot, I was outside every night, I ate vegetables, fruit and broth. That felt good. (Mother 3, Appendix I, 109)

> I did everything I wanted to do, but when I got heavier, I couldn’t do as much. I couldn’t go out as often as wanted to. I wish I had gained a little less weight. (Mother 5, Appendix I, 110)

> I cared about my diet very much. I had one boiled egg, one bowl of yogurt, a glass of milk and a couple of walnuts every day. (Mother 10, Appendix I, 111)

> I think I had an ideal pregnancy. People usually work up on appetite when pregnant, I gained weight a little, but I was keen on apple. Maybe, I could have gained a little less after my seventh month. I could have gone to get fresh air more often. But other than that, I never had any troubles or negative incidents. I didn’t even clean the house myself, I had no risky movement. (Mother 12, Appendix I, 112)

Mother 1 mentioned her regrets on doing less exercise. She believed that doing less exercise caused her to have C-Section instead of normal delivery.

> I could have done things to facilitate normal delivery. They recommend Pilates, for instance, I wonder if I had tried, would it worked for me? I could have done thing to prepare myself for normal delivery, for instance there were some pubis exercises. (Mother 1, Appendix I, 113)

Three mothers mentioned that they have regrets about not maintaining their education during pregnancy.

> I gave a pause to everything due to my pregnancy. I could have done better things to contribute my life. Now, every passing day is a waste of time for me. I think about how I had so much time for everything three years ago, I could have gotten my master’s degree for instance. (Mother 1, Appendix I, 114)

> I am very eager, they give a piece of paper with writings and I cannot read it and feel so upset. Now, I have a child and growing up, my child will want me to read things but I will not be able to. My husband supported me to enroll to a distance education program and even offered me to get private tutoring but I didn’t know where to go or how to apply. Now, I have a child, how and to whom I can leave my kid and go to school? If somebody had helped me, persuaded me back then, guided me to where I was supposed to go, I would have gone and read. I regret too much and now it is even harder to accomplish this with a child. (Mother 3, Appendix I, 115)

> I couldn't have access to good education, so I want my child to have the best education possible. I want my baby to be a knowledgeable person, to be able to reply every question asked. For example, sometimes people ask me some questions but I cannot answer those because I do not know a lot, not in many fields. (Mother 4, Appendix I, 116)

Two mothers talked about religious activities. Mother 2 mentioned her gladness about supporting herself by religious activities and prayers. Mother 6 also mentioned her assumption about the support of religious activities but she regrets she had neglected that.

> I deeply cared about praying during my pregnancy. That is how I believe; praying is helpful for a trouble free pregnancy. You pray for a flawless pregnancy, you turn your face to Allah and pray for not being tested with your child, it feels good psychologically. (Mother 2, Appendix I, 117)

> I couldn't support myself spiritually because of my sicknesses and summer. I would be better if I were pregnant now. That was what I missed during pregnancy. I didn't quite feel a negative impact but it would have helped me, I could have been more peaceful. (Mother 6, Appendix I, 118)

Two mothers mentioned their regret that they were not able to do preparation for upcoming baby because of economic conditions and conflicts in the family.

> My husband's sister had a bad attitude towards me. She talked about me all the time. She interfered whenever I said something about buying the kid this, doing that. I felt upset. My husband told her not to step in all the time. But I couldn't prepare a room for my baby. I would have felt better, if I could. It is a beautiful part of the pregnancy, I think. (Mother 3, Appendix I, 119)

> I couldn't go for shopping for my baby. There were financial issues as well as my mother in law's health issues; she was having treatment for cancer. My child grew up in some other kids' clothes. I would have felt better if I could do this; it is one of the most beautiful feelings to be able to choose cloths for your baby. Cleaning and shopping, those two are my favorite things to do to feel relieved. A woman would like to buy everything herself for her first baby, to feel the joy; but I couldn't do that. (Mother 8, Appendix I, 120)

> If I get pregnant ever again, the first thing I will do is buying maternity dresses for me. It was summer time in my first pregnancy and I didn't want to buy clothes for myself because I couldn't wear much. I want to get pregnant again in winter to make it easier for myself. When I wear a maternity dress, I would feel blessed, I have a child, I have a husband. (Mother 9, Appendix I, 121)

4.2.3.2 Wishes for an ideal pregnancy

Mothers are asked about the picture of their ideal pregnancy by asking their recommendations to a prospective mother who is at the beginning of the pregnancy. They have raised some issues such as keeping the overall physical health.

> Healthy nutrition, drinking lots of water, fruit and vegetables, milk, meat are very important during pregnancy. I heard you should not eat parsley when pregnant; I didn't eat it at all. I didn't eat rice. You should not drink tea or coffee, keep away from smoking areas. (Mother 2, Appendix I, 122)

> First things first, a pregnant woman should not carry out hard works, and keep away from cleaning agents such as bleachers. (Mother 8, Appendix I, 123)

> She should walk a lot; try not to gain too much weight. Have a healthy diet, I benefited from this highly, and my baby was born very healthy. Normally, babies of mothers like me with poisonous albumin and high blood pressure would not have enough nutrition. But thank God, my baby was born very healthy. (Mother 10, Appendix I, 124)

> She should move a lot, be active. I had a hard time while working but even harder time when I was at home, sitting all the time, couldn't even bend or sit up. She should have a healthy diet. Meat was not good for me, it felt too much. More vegetables and fruits were beneficial for me. (Mother 4, Appendix I, 125)

In addition to physical health, mothers also mentioned psychological health such as being relaxed, happy and peaceful.

> Do not ever stress yourself out, let it go, don't worry about a thing, only think of yourself, do whatever you want to do, eat whatever you want to eat. (Mother 6, Appendix I, 126)

> Try not to be stressed, try to go to the hospital for delivery with a relaxed mind because the baby would feel stress right away. (Mother 7, Appendix I, 127)

> Turn a deaf ear to everyone around. For example, my posture changed during the first times of my pregnancy, I didn't realize that but my mother in law told me and I felt so bad. I would tell her to sit however you would like. Only listen to your doctor, whoever is really experienced. (Mother 9, Appendix I, 128)

> Do things to be happy, mother's psychology affects the baby. People can be happy with little things. Do whatever make you happy. (Mother 10, Appendix I, 129)

Mother 1 recommended to maintain the social life as before pregnancy. She mentioned the pregnancy period as an opportunity to focus on hobbies, art and music.

> Here is what I would recommend a woman in her early pregnancy stages; you're your days to the fullest, do not pause your social life as much as you can. Pregnancy is a free time period, an opportunity. If I were pregnant now, I would keep myself busy with arts, crafts, sewing and knitting. I would like to play an instrument. The society pressures you, you are pregnant; so have some rest. One day we all will rest in peace, but not now. (Mother 1, Appendix I, 130)

Mother 14 offered positive thinking towards pregnancy. She mentioned that the pregnancy should be assumed as a normal procedure, not an extreme case in life; therefore, the experiences would be positive during pregnancy.

> Here is what I think, if you are happy in your family, pregnancy is a normal stage of life. It has been experienced for thousands of years, no need to make a fuss about it. The more you think it as a normal phase, the more comfortable you would feel. Being peaceful is very important. Think positive, live positive. You do whatever is in your power and leave the rest for Allah. (Mother 14, Appendix I, 131)

4.2.4 In which ways mothers address the needs of pregnant women?

According to the purposes of this study, it was aimed to examine mother's experiences during pregnancy, the factors relating to these experiences, their aspirations for an ideal pregnancy and their suggestions to meet with the needs during pregnancy.

The recommendations of the mothers emerged regarding the methods, topics and the sources. In addition; mothers' suggestions to fulfill the needs during pregnancy are also presented.

4.2.4.1 Recommended methods and topics

All the participant mothers in this study mentioned that pregnancy is a changing time in their lives. They have mentioned different topics and methods could be effective to meet with their needs during pregnancy.

Most of the mothers mentioned that they sought information about the physical and emotional challenges of the pregnancy as well as the health of the fetus.

> Pregnant women need attention. Talking to them and giving them information regarding the baby comfort them. I felt relieved whenever I heard information about my baby. Recommendations would be nice for pregnant women, do this and do that; it will be good for you, kind of sentences. Not much information was given to me but I wanted to learn so I went all the checkups to hear more. I wanted to get information from my doctors, they know better. (Mother 4, Appendix I, 132)

Mother 8 mentioned that she sought information about sexual life during pregnancy. She emphasized that healthy sexual life is critical for couple relations.

> I think sexual intercourse during pregnancy is very important. Women should be educated in this issue. It is very important for the relationship. A woman should be able to protect herself, not solely trust her husband's knowledge. This can be a problem, doctors and midwives should support women, to whom a woman can ask those kinds of questions? (Mother 8, Appendix I, 133)

Another focus emerged from the analysis is being prepared for labour and birth, for example. Mother 6 mentioned that her expectations did not met with the reality of labour and receiving information can help mothers to be prepared for the process of birth.

> Getting prepared for the delivery is an important subject, what a mother wants is important. If she wants to have a normal delivery, preparations that need to be done to for it should be told her. In my own experience, the support during delivery is so little. We have prenatal and postnatal support but insufficient support during the delivery. They leave you to give birth by yourself. (Mother 1, Appendix I, 134)

> There are things to be done to facilitate the delivery. I, for instance, did no research about it, did not even think it would be this hard. I thought the baby would born by herself. Now my brother's wife is pregnant and I told her the other day and she was surprised. I told her that she needs to push; the baby will not come by itself. (Mother 6, Appendix I, 135)

In addition to the delivery, mothers also mention the need of the information about child rearing practices and the life as a mother after birth.

> Somebody should tell her what she will go through. You will have a baby, you will become a mother, you will breast feed your child. Those nice things should be uttered; hardships can be told but without scaring her. Nice things should be talked about. (Mother 11, Appendix I, 136)

> Whatever the postnatal syndrome really is should be talked about. I have a baby, I am so happy but I want to cry all the time. Mothers should be informed about this. It is very important that this process is told. (Mother 12, Appendix I, 137)
> I think more preparation for postnatal and puerperal stages. There is an adaptation period to the baby; you cannot even take care of your basic physical needs at that time. It would be better if information is given related to those periods of time. (Mother 14, Appendix I, 138)

Mothers recommend different methods to address the prospective mothers' needs. For example; Mother 1 mentioned the benefits of formal education classes in the hospital.

> In the hospital that I have my follow-ups, there were free seminars for pregnant women. None of those were mandatory but they offer you to join when you go for your checkups. In the trainings, they tell you about babies, pregnancy and child care. Those kinds of trainings should be carried out more often since everybody has a different level of education and financials, everyone may not be as lucky as I am. They should also be able to have trainings from experts. (Mother 1, Appendix I, 139)

Since all the mothers have various needs; Mother 12 suggested individual meetings or counseling sessions with prospective mothers instead of group sessions.

> Actually, I think one on one interviews with psychologists would be better because each mother and each baby and also their needs are different than another. The opinions of others affect you deeply. They tell you that you did that wrong; you should do it this way, this and that. Those interventions tire you out. You have to stand tall against those. Maybe mothers should work on

> this, to not worry about any of those opinions. Being prepared for the possibilities would be beneficial. They may or may not ever be experienced by you; it is normal. For example, there are applications that have been done for many years but proved wrong now. People put pressure on you for such things. (Mother 12, Appendix I, 140)

Three mothers in this study mentioned that fathers should be supported to enrich prospective mothers. Because they are the most effective and desired supportive sources for mothers; so they need to be strengthened.

> Fathers should be educated, even more than mothers. His sleep is constantly interrupted, his wife is not there for him most of the time, not even sleeping with him anymore in some cases, there is another person that she should care for, she looks sick, can't even go to the bathroom or take a bath. Of course, the father feels depressed. A depressed father cannot help that mother and even makes her job harder. Preparing men for the process would even relieve mothers. (Mother 12, Appendix I, 141)

> I always ask this to myself; why mother go through all the trouble, not fathers? Why should mothers carry the burden? Some studies should be carried out on this issue. No change for men, they continue to work, with their lives but as a woman you are in physical and psychological agony. You become this huge person and your life changes forever. Your life changes even more after the birth. Something should be done to motivate and support mothers against those thoughts and men also should be informed and triggered to be aware of all these and support their wives. (Mother 6, Appendix I, 142)

> Some husbands make their wives very upset, some even beat them when pregnant. Husband should be taken care of. If you want to do something for those women, you should talk to the husbands. Then, those women would feel good already. (Mother 3, Appendix I, 143)

4.2.4.2 Recommended sources

In addition to recommended methods and topics, mothers in this study indicated that they prefer the people around as the sources to address their needs during pregnancy. In this study, "support" is emerged under two categories such as a factor relating to prenatal experiences and a recommendation to address the needs of pregnant women.

In terms of mothers' recommendations to meet with the needs of pregnant women; husbands are emerged as the main source of support among women.

Mothers and other experienced family members are mentioned after husbands as a source of support.

> The biggest supporter is the husband. You two are the reason that there is a child in your belly. That's why no other person would be the same as your spouse. Then, the next person is your mother. Mother in law could be an option but some things are very special during pregnancy, you can only feel comfortable with your own mother, the mother in law should stay one step behind. (Mother 1, Appendix I, 144)

> To begin with, your husband is your support, then your family and then a doctor you trust. (Mother 13, Appendix I, 145)

> People who you love the most should do that. The person I love the most is my husband. She has a family and friends but the most important person is your husband. The support of the husband is significant. (Mother 11, Appendix I, 146)

> At this situation the biggest support and help comes from your husband, the closest person to you is your husband. His support is significant. If people need more, doctors, nurses or other may help but if the husband is sufficient by himself, she wouldn't need anyone else. When there is no peace within the family and you want to talk to someone, you need some other person. (Mother 5, Appendix I, 147)

> Husbands should be very understanding; it is very important during pregnancy. My needs would be different if I had been pregnant under different circumstances. But your spouse being the most, your mother and close friends are very important. (Mother 14, Appendix I, 148)

> My husband supported me, told me what to do and what not to do. (Mother 9, Appendix I, 149)

> I didn't expect support from anyone other than my husband. There was no need, I think. (Mother 7, Appendix I, 150)

Mother 15 mentioned that all the other sources of support such as medical doctors, midwifes and doulas should also focus on the support of husbands because mothers mentioned that enriching fathers were the most effective way to improve the well-being of prospective mothers.

> People who would like to do something for a pregnant woman and make her healthy both physically and psychologically and have her spend the process in the best possible way should help the father as well. Mothers should be supported as a priority but fathers should be supported as well. Because a

> family is a whole, you cannot just save the mother and ignore other components of the family. The child will be born and live in that house with the mother and the father. You need to support both to be effective. (Mother 15, Appendix I, 151)

4.2.4.3 Suggestions of mothers

Participant mothers in this study raised some specific suggestions to meet with the needs of mothers during pregnancy.

Most of the mothers mentioned the importance of positive attitudes, intimacy and caring manners of doctors and midwifes as well as partners and family members.

> The healthcare personnel and midwives should be very kind, patient and understanding. Especially midwives should be more careful, soft and tender during the examination. (Mother 2, Appendix I, 152)

> If you work with pregnant women, you must be gracious. Not everyone can trust right away. You need to motivate her for the birth. There is a lot to be done by the experts. (Mother 13, Appendix I, 153)

> Nurses, as well, should be gracious, kind, try not to hurt the mother and be giving. They should do their job right. (Mother 13, Appendix I, 154)

> You need to have a nice attitude, you should smile and soft. You should care more and guide the mothers towards what they should do. Being taken care of is a great feeling. (Mother 7, Appendix I, 155)

> When pregnant, women get more sentimental. They should do whatever pregnant women want and need, spoil them, talk to them and support them. (Mother 10, Appendix I, 156)

> Support and motivation is very important. And also not saying anything negative is very important. Because pregnant women are very open to negative thoughts. You do not want to hear any negative thoughts, nothing bad about your baby. You want doctors to give you good news and everyone else. That makes you feel good. You become so fragile, vulnerable. You are not in a position to evaluate your baby and yourself. You cannot eliminate comments and think right. (Mother 14, Appendix I, 157)

Mother 1 and Mother 15 mentioned that they had overcome with the stressors of pregnancy with positive attitudes, caring and patience of people around them.

> It was a positive stage of my life, I was happy. I was a wife and mother from then on. For the first time of my life, my mothers' day was celebrated. I didn't have any negative feelings. Sometimes I had emotional ups and downs and be very resentful towards my husband. But he kept supporting me in any circumstances and I got over everything thanks to him. (Mother 1, Appendix I, 158)

> It could have been one of my life's worst times; I could have had a horrible experience. But with my husband's support and everyone around me, I had a nice, flawless experience. I don't think it is something only special to me, every woman can get over the process nicely if supported enough. (Mother 15, Appendix I, 159)

Mother 11 mentioned that she continued smoking during pregnancy. She also added that except suggestions, nobody helped and supported her to quit smoking.

> My husband and my parents told me not to smoke. Doctors and nurses told me it was harmful for the baby. But no one helped me to quit. I smoked less but I could not quit smoking by myself. (Mother 11, Appendix I, 160)

Mother 7 mentioned the importance of prenatal classes to provide information about struggles of pregnancy, development of the baby, child rearing practices and birth. In addition, she found prenatal education as a way to reach wide populations.

> When I took prenatal classes, I was informed about myself, the baby, childcare, hormonal changes and we watched beneficial videos. You cannot always ask your questions during checkups but there, they answer all of your questions with pleasure. Those things are important. I wish every mother can benefit from such service, I wish every hospital can have those trainings and classes. (Mother 7, Appendix I, 161)

Mothers raised recommendations on health system, physical conditions of hospitals, physiological and psychological support of pregnant women. For example, Mother 1 mentioned that the doctors should encourage normal delivery.

> It would be easier if the doctor supports normal delivery and guide the mother for physiological and psychological preparations. For instance, via TV programs. The state should support it. State hospitals are more into normal delivery. But their conditions are worse. If the conditions were better, I would prefer state hospitals. The normal delivery rate is high there; the Caesarean rate is very low. The conditions should be enhanced. (Mother 1, Appendix I, 162)

Mother 2 mentioned that she was in the hospital room with her family members during labour process. She mentioned that the support of others helped her overcome with the pain instead of being alone in a separate labour room.

> For instance, there were no pain rooms. I was with my family the whole time in my own room. When the pain increased, I wanted to have a Caesarean but my mother supported me and told me it was almost over and I should bear a little more. They supported me. I was holding their hands. If I were along, I would feel very bad, because I was in so much pain. I was very satisfied with the hospital staff and conditions. I believe if all the hospitals are like that, a lot more women have easier and more comfortable normal delivery and remember those moments with grace. (Mother 2, Appendix I, 163)

CHAPTER 5

DISCUSSION AND CONCLUSIONS

This chapter includes the discussion and conclusion of the findings. In addition to these, limitations of the present study and recommendations for further studies are also presented.

This study shows the introspections of mothers about their pregnancy. The present study adds to our understanding of the importance of an expecting mother's experiences, aspirations for an ideal pregnancy and suggestions to improve their well-being. In this way, the present study also aims to raise the voices of the mothers as the main source of the information about their own needs.

In order to focus on new mothers' introspections as the main source of the data, in-depth interviews were conducted. The sample of the study consists fifteen primaparous and primigravid mothers who are between 18-31 years old. Mothers' education level varies from illiterate to graduate level with different occupations. Mothers are conveniently chosen from the records of Family Health Centers in Istanbul. During the interviews, mothers are first asked about their demographic information as well as their husbands' and babies 'demographic information. Mothers' experiences throughout the pregnancy, their relations in social circle, their overall health during pregnancy, psychological experiences and feelings, their aspirations and suggestions about pregnancy are the main focus of the interviews.

There are various personal factors that may affect psychological experiences during pregnancy. However, literature indicates that there are also common factors as well as differences. As Schneider (2002) mentioned, "the factors that influence a women's pregnancy include her philosophy on life, health status, education, culture, financial status, support network, life experiences, her partner and important others

in her life, and not least of all, her own particular needs and expectations" (Schneider, 2002, p. 247). The findings of the present study contribute the literature by providing an in-depth examination of the experiences of the prospective mothers during pregnancy.

Psychological adaptation and transition to motherhood is one of the major developmental shifts in individual life. Since the transition procedure impact physical and psychological well-being, it is important to understand and fulfill the needs. Deave et al. (2008) presented the needs during transition to motherhood such as support, information and preparation (Deave et al., 2008). As it is mentioned in the theoretical framework of the current study, social support is an important resource in pregnancy (Gray, 2014). In addition, Rini et al. (1999) offers personal and social resources to adapt the changes during the transition to motherhood (Rini et al., 1999).

The present study is designed by considering four main questions namely "What are the prenatal experiences of mothers?", "What are the factors relating to prenatal experiences?", "What are the aspirations of mothers for an ideal pregnancy", and "In which ways mothers address the needs of pregnant women?". After analyzing and interpreting the data, main findings are emerged as twelve main themes; Overall Health, Prenatal Follow-Ups, Feelings Throughout Pregnancy, Preparedness and Expectations, Supportive Resources, Preparatory Activities, Working Conditions, Regrets and Gladness on Former Pregnancy, Wishes for an Ideal Pregnancy, Recommended Methods and Topics, Recommended Sources, and Suggestions of Mothers. These findings are discussed under three main titles such as health related experiences, facilitators through the transition to motherhood, and suggested interventions for ideal pregnancy. Discussions of the results are presented below.

5.1 Health related experiences

The findings of the present study emerged that mothers' introspections are often accompanied by physical experiences, examinations and feelings they face during pregnancy. These experiences are discussed as health related experiences.

Mothers in this study mentioned some degree of physical struggles for example; nausea, vomiting, gaining weight, itchy skin, heartburn, back pain, sleepiness, tiredness, hormonal health problems, and some physical problems that can be a risk for miscarriage. All these physical struggles affected prospective mothers' psychological experiences in different ways. Mothers mentioned that at the beginning of the pregnancy; morning sickness, dizziness and hormonal changes caused loss of motivation to go out and socialize. In addition to this, unreasonable crying, anger and sensitivity experienced. Murkoff and Mazel (2008) mentioned mothers' such experiences as, hormonal changes can affect emotions, mood swings and feelings of mothers.

The findings of the present study also present that, since gaining weight, mothers mentioned that it was hard them to move easily and exercise. Study of Da Costa, Rippen, Dritsa and Ring (2003) about the relationship between physical activity and psychological well-being during pregnancy; physical challenges are correlated with less engagement of exercise or physical activities for pregnant women. Similar to this, Scheier and Carver (1992) mentioned the effect of positive thinking and emotional well-being on health habits and physical exercise. For example; Mother 15 mentioned that since pregnant women face physical struggles, it can cause lack of physical activity and isolation from social life.

> You only think about yourself, your health affects everything. Sicknesses, swelling, bloating and crying… How can I go out, meet with friends or do Pilates when I have all those problems? (Mother 15, Appendix I, 165)

Mothers also mentioned the effect of examinations on their health related experiences. All the mothers had their compulsory follow-ups. Some of them are visited FHCs but all the mothers visited a public or private hospital at least one time for ultrasound check. Some mothers mentioned that they have thought it was compulsory to have ultrasound examination and some said they wanted to see their babies and get an ultrasound picture of fetus. In addition to these, physical examinations were important for decision making on delivery type for mothers. Some mothers mentioned they have discussed the health conditions with their medical doctor and decided their delivery type. However, some mothers mentioned they were not informed about delivery type, even though some mother rejected vaginal examinations mostly because of lack of information and care by professionals. Nine mothers in this study has C-Section delivery and six had normal delivery. The attitudes of society and medical doctors toward the delivery type affected mothers' decision on delivery type.

Another health related experience is the feelings of mothers on their lives, their pregnancies and parenthood in the future. Throughout the pregnancy, mothers experience mood changes, emotional sensitivity, complaint on physical appearance, and worries about future as well as excitement about the arrival of the baby. All the feelings affect mothers' experiences both in negative and positive ways.

5.2 Facilitators through transition to motherhood

Participants in the current study stated the factors that relate their experiences during pregnancy. These factors are discussed under three categories such as support, couple relations and knowledge.

5.2.1 Support

Support is an important resource that has an impact on the experiences of prospective mothers. During the major transition periods of life, support can be a psychological buffer mechanism to overcome with struggles.

All the mothers in the present study mentioned the importance of support and supportive resources in their experiences during pregnancy. Mothers mentioned they focus on discovering and doing the best way to care for themselves and for their babies. However, lack of support sometimes makes mothers feel vulnerable, anxious, doubtful, weak and uncertain (Lavender, 1999; Darville et al. 2008). These feelings are similar to the findings of former studies of Lavender et al. (1999) that presents factors contributing to positive birth experience of mothers. The study of Schneider (2002) also stress the importance of support for pregnant women's experiences. Schneider (2002) concludes that "the support a pregnant woman receives may play a major part in how she feels about herself and thus, her life experiences" (Schneider, 2002, p. 247). In other words, support has an impact on feelings that shape experiences. Data of the present study supports these studies. Most of the mothers in the present study mentioned that their overall psychological well-being and feelings toward pregnancy had an impact on their attitudes and experiences during pregnancy. Seven mothers mentioned that they were ready and had planned to have a baby, three mothers mentioned that it was not a planned pregnancy but they have realized they felt ready. Some mothers emphasized that the economic conditions, responsibilities of motherhood and problems in couple relations caused unwillingness toward pregnancy.

In this study, the sources of the support were another important focus. Mothers referred different resources of support such as partners, family and friends,

professionals, published/digital sources and online networks. Mothers mentioned that their preference and intimacy are interchangeable among these resources according to the focus of the support. For example; most of the mothers mentioned that availability and presence of the husband are the most important factors. Husband's positive attitudes, sharing moments of the couple, talking about the baby and the future life help prospective mothers feel relief. On the other hand, mothers seek help for housework from their own mother and family members. In addition, mothers prefer to gather practical information about pregnancy, delivery and child rearing skills from experienced social circle such as their own mothers, family members, friends and online networks. Professionals are important sources to create a connection between fetus and the prospective mothers. By giving information about the development of the fetus and monitoring the fetus, professionals help mothers to connect with their babies. Published/digital sources and online networks are the less preferred but considerable resources of support especially about immediate issues. However, some mothers emphasized that misinformation of online networks should be considered. Support by these resources mostly interpreted positively by mothers in the present study. However, most of the mothers noted that the resources should be improved to address their needs. This is similar to the study of Türkoğlu et al. (2013) which concludes that support needs are more than the received support of mothers.

The support received by husband is the prominent result of the present study. All the mothers mentioned that partners' active involvement by his presence, verbal appreciation and participation to preparatory activities are the most important supportive resources during pregnancy.

Support received from professionals are crucial for some mothers in terms of decision making on delivery type, allowing vaginal examination and to quit smoking. Mothers also mentioned the crucial role of professionals during formal prenatal education.

5.2.2 Couple relations

Another finding which was the effect of couple relations on mothers' introspections during pregnancy. During the interviews, mothers mostly referred their experiences in relation with their husbands before and after marriage. Especially about the issues of conflicts, problem solving and support in the family; mothers referred the marital quality, marital satisfaction and accord between the characteristics of couples. These findings support the literature on marital satisfaction and couple relations. As Bradbury, Fincham and Beach (2000) presented, positive interactions among couples are characterized by positive reciprocity. In addition to this, the reciprocity between couples may affect interpersonal process such as supportive behaviors, problem-solving methods and interaction on child rearing. Similar to this, the present study shows findings that refers a link between marital process, behavioral interaction and quality of life which are related with mothers' introspections during pregnancy.

According to the study of Shapiro, Gottman and Carrère (2000) on couple's marital satisfaction throughout the transition to parenthood; having a baby is an important life change and it is an effective factor on couples' life. According to this study, transition to parenthood may cause increase in marital conflict and decrease in marital satisfaction. However, the study indicates buffering factors such as marital friendship. Similar to these findings, participants in the present study referred their relation with their husband that has an effect on their introspections during

pregnancy. For example; Mother 12 mentioned their relation as a couple by referring life before marriage, way of problem-solving, sharing and friendship.

> Thank God, we are a very happy couple. We were introduced by our parents and then we loved each other and got married. We have the talent to find a common ground. We both have insufficiencies but we cover for each other and tolerate those. We were a travelling couple and shared everything. We enjoy each other's company. (Mother 12, Appendix I, 164)

5.2.3 Knowledge

According to the findings of the present study, mothers mentioned the importance of gathering reliable knowledge to influence their confidence and control over their lives during pregnancy. Mothers in the present study mentioned that seeing available options, possible outcomes of different choices and others' experiences help them to take initiative about decision making during pregnancy. Previous studies also mentioned the link between knowledge and confidence during pregnancy. For example, in the study of Gibbins and Thomson (2001), women's expectations and experiences of childbirth are examined. The results show that women need to be in control over their lives and this control requires accurate and reliable knowledge (Gibbins & Thomson, 2001).

Mothers seek information from the supportive resources to construct their expectations. As Lavender et al. (1999) mentioned, most of the prospective mothers develop their particular expectations throughout pregnancy. For example, mothers shape their assumptions on pregnancy by considering the information they have gathered from resources such as other mothers, books, and online forums. The findings are consistent with the study of Darvill et al. (2008) which shows the impact of social connections with other mothers on strength and the experiences of mothers (Darvill et al., 2008). Similar to this, participant mothers of the present study

mentioned that gathering information enrich them to make better decisions about themselves and the baby.

The outstanding issues that women seek information is labour, delivery and breastfeeding in the present study. For example, most of the mothers decided delivery type by considering the recommendations of medical doctors. Another example is Mother 7 who mentioned that she was working before pregnancy and did not experienced or observed child rearing practices. However, she attended a formal prenatal education class to gather the information she needed. She concluded that the information was efficient and professionals were experienced to fulfill her needs.

The study of Barnes et al. (2008) shows some important results on prospective mothers' preparation and information needs during pregnancy. The study indicates that few mothers feel well prepared even though they are well educated, they have supportive resources and stable relations that effect positive experiences during pregnancy (Barnes et al., 2008). Similar to this results, the findings of the present study indicate that mothers' information and preparedness are related with the factors such as relation with husband, marriage satisfaction and supportive resources.

The results of the previous studies indicated that prospective mothers' anxiety is related with unrealistic or exaggerated expectations that derived from the received information (Darvill et al., 2008). Findings of the study are consistent with the previous literature. For example, some mothers mentioned that they were afraid of labour pain because of the exaggerated sharing about pain from experienced mothers around. Another example is unrealistic and underestimated expectations such as little changes in lifestyle, minor physical symptoms, less weight to gain and less load of responsibility are effected mothers to feel disappointed.

In addition to this, some mothers mentioned the negative effect of oversensitivity during pregnancy. Mother 2 explained her ideas by using a proverb "What one fears always happens[1]" to express the risk of oversensitivity and suspicion on the well-being during pregnancy. She claims that perfect pregnancy should not be the only focus, but prospective mothers should try to have good time to be relax.

On the other hand, there are some examples that resources had negative impact on expectations and decision making. For example; the fear of vaginal examination is an outstanding topic in the present study. The negative attitudes of professionals toward mothers is one of the main sources of this fear. Mothers mention that they may need caring, warmth and respect to overcome that fear as well as the information about the procedure of examination. Previous literature shows the importance of sharing the information with professionals to make decision. For instance, Gibbins and Thomson (2001) offers the concept of "defusing" to refer the women's chance of discussing the issues in detail with health professionals (Gibbins & Thomson, 2001, p. 311). Results of their study shows the benefits of the opportunity of discussions to make informed choices during pregnancy (Gibbins & Thomson, 2001).

5.3 Suggested interventions for ideal pregnancy

The implications for practice of this study can be categorized as formal and informal recommended interventions by participant mothers in the study.

[1] English translation of proverb: "Sakınılan göze çöp batar" (Mother 2).

Recommendations of formal interventions mainly targeted professionals and policy makers. In addition, these recommendations are focused on improving the content of compulsory follow-ups, improving the conditions of hospitals, improving positive attitudes of professionals to create rapport.

The content of the compulsory follow-ups during pregnancy is examined in several researches. Most of the studies concluded the importance but inadequacy of the follow-ups (Darvill et al., 2008; Staneva & Wittkowski, 2013; Güngör & Kızılkaya Beji, 2012). The findings of the present study support former literature. Participants interpret the follow-ups as inadequate. Mothers prefer to learn about the development of the fetus, possible symptoms of pregnancy, labour and delivery, sexual life during pregnancy and child rearing practices. They want to be able to ask questions, discuss and listen others' experiences, too. These findings are supported by the results of Nolan's (2009) study on women's preferences and needs during education during pregnancy (Nolan, 2009). As Nolan (2009) mentioned, "pregnant women like to receive emotionally demanding or intellectually complex information from a health-care professional in person" (Nolan, 2009, p. 28). The participant mothers of the present study mentioned similar statements. For example, professionals are recommended to be warm, caring, patient and sensitive toward pregnant women. In addition to this, they are expected to be available in times of necessity, eager to give information and make explanations according to the results of the present study.

Despite the needs of support and knowledge, women in the current study emphasized that the resources are not enough to fulfil the needs of prospective mothers. Another topic of the intervention is recommended as informal prenatal care by social circle. For example, informal prenatal care is the essential and the main

source of mothers to address their psychological needs. Mothers in the study prefer support firstly from husbands, then their own mothers, family members, friends, professionals and other resources. Interventions that facilitate and enrich informal supportive resources may achieve better outcomes on mothers' experiences.

Alternative prenatal education programs can be developed not only for prospective mothers but also for their husbands who are the main supportive resource for mothers. Some mothers recommended group session while some offer individual sessions with counselors.

Mew mothers recommended some activities for prospective mothers such as shopping for upcoming baby, maintaining the education, positive thinking, having hobbies like music and art, being relax and peaceful, having healthy habits and sharing time with husbands. Some mothers suggested to attend religious activities that has a positive effect on mothers' spiritual well-being and help them to relief. Keeping diary is another suggestion by participant mothers as a way to understand, express and recall the feelings that are experienced during pregnancy. In addition to these, healthy working conditions and appropriate working hours are also recommended for prospective mothers to continue working life during pregnancy.

5.4 Conclusion

Throughout the present study, four main questions are asked:

(1) What are the prenatal experiences of mothers?

(2) What are the factors relating to prenatal experiences?

(3) What are the aspirations of mothers for an ideal pregnancy?

(4) In which ways mothers address the needs of pregnant women?

The present study tried to answers these questions to gain a better understanding of prospective mothers' needs. First, the present study shows prenatal experiences of mothers under three main categories such as physical health, prenatal follow-ups and feelings throughout pregnancy. In addition, the factors that relate women's experiences are stated as preparedness, supportive resources, preparatory activities and working conditions. Mothers mentioned their aspirations for an ideal pregnancy regarding their regrets and gladness such as doing exercise, having healthy eating habits, receiving information, preparation for upcoming baby and emotionally supportive religious activities. Lastly, mothers suggested to extend the covered topics of support, improve the availability of the supportive facilities and enrich the supportive resources.

The findings of the present study show that, rather than focusing only on physical health during pregnancy; support by resources should be provided for prospective mothers. These findings are similar with the previous studies. As Deave et al. (2008) mentioned, support mechanisms, information, antenatal education, breastfeeding, practical baby care and relationship changes (Deave et al., 2008). In addition, all the supportive interventions should be enriched and extended to address prospective mothers' needs in order to empower them to feel they can overcome with the struggles of pregnancy.

Supportive resources need to be enriched to provide effective support for mothers. In this purpose, formal and informal resources of prenatal care should be encouraged, mothers' own networks should be facilitated and women should be enabled to develop necessary skills. With the support from resources, women can be empowered and positive outcomes of the pregnancy can be increased.

5.5 Limitations of the study

The present study has various limitations regarding generalizations of the results, sampling of the participants, purity of the collected data, researchee and researcher's effect on data collection and analysis.

First; this qualitative study aims to examine the experiences and the needs of mothers during pregnancy from their own perspective. The participants of the study are chosen conveniently by considering the main selection criteria, from the records of Family Health Centers that are available to the researcher. As a result of this, the study presents only a small percentage of mothers. However, the data does not claim a representation of the population, but an in depth understanding about the experiences of particular cohort.

Qualitative studies assume that "Meaning is situated in a particular perspective or context that is different for people and groups…" (Gay, Mills & Airasian, 2009, p. 8). In other words, the data in the research is what the participants want to present in the way they choose. Mothers could have presented their experiences in more socially acceptable way, because of social desirability. Therefore, the data in the study is limited to the level of information presented by participants.

In addition to this, the result of the study is depending not only the level of information presented by participants, but also the interaction of these with the researcher. As Gay et al. (2009) mentioned; the identities, biases, and rapport between researcher and the researchee can affect the interpretation of the data. This researcher and researchee effect can be a limitation for the present study.

5.6 Recommendations for professionals and policy makers

As previous literature shows, supportive resources and the content of the support is important for well-being of prospective mothers during pregnancy. However, new mothers' suggestions in this study presented that most of the mothers can not receive adequate support from the resources. Therefore, several implications resulted from the findings of the current study can be used by professionals and policy makers to improve the supportive resources.

Firstly, mothers need support in different methods and these methods can be developed. Support groups can be conducted in local centers such as FHCs, schools or hospitals. In these sessions it is important to create an environment to share experiences among prospective mother who pass through the same transition period. In addition, individual sessions are also important to meet with the individual needs in detail. These individual sessions can focus on the issues like smoking, readiness or couple relations. Formal prenatal education is also recommended to give information about the topics mentioned by mothers such as physical development of fetus, physical changes caused by pregnancy, delivery, birth and childrearing practices.

Secondly, hospitals can be rearranged to help mothers feel more comfortable. Shared labour and delivery rooms by several mothers are not preferred. However, individual labour rooms and having husbands or family members with the mother in the room can be supportive for mothers during labour process.

Thirdly, prospective mothers need information and professionals can convey this information in different ways. For example, midwives may give information during compulsory follow-ups such as the content of physical examinations and projective tests. Some informative flyers can be delivered to prospective mothers in FHCs. In addition, psychological counselors and other professionals can give

seminars in public organizations by targeting the prospective mothers. Such informative methods can include topics on heathy habits, sexual life, physical changes, and exercise during pregnancy.

In addition to these interventions that are aimed to reach prospective mothers, resources of mothers should be supported, too. For example, educational programs should include husbands and family members. Professionals should receive education to develop their communicative skills to understand and focus on the needs of prospective mothers. Published/digital sources and online networks should be enriched by professionals to avoid misinformation from inadequate sources.

5.7 Recommendations for future studies

The present study provides a contribution to the literature on psychological needs of prospective mothers from their own introspections. However further studies should improve the results by building up new dimensions to focus on.

Feelings which may be related to short term and long term postnatal outcomes can be explored and compared. The present study focusing on mothers' introspections on pregnancy from the postpartum period. However, the effect of postpartum on these introspections can be another focus for further studies.

Depressive symptoms during pregnancy have related factors such as history of depression, younger age, lack of partner, "unemployment, lower income and less years of education" as well as "history of miscarriage and stillbirths may increase vulnerability to depressive symptoms in successive pregnancies…" (Koleva, Stuart, O'Hara, Bowman-Reif, 2011, p. 104). The studies that focus on the effects of these related factors can be carried out to present a wider picture of the issue.

Results of this study can be a used to develop prenatal education classes to address the needs of prospective mother. In addition, such programs can focus on the social circle of the prospective mothers who are the immediate supportive resources for them.

APPENDIX A

OFFICIAL APPROVAL PROTOCOL FOR THE STUDY

PROTOKOL

Taraflar:

Madde 1-

Bu protokol TC Sağlık Bakanlığı İstanbul İl Sağlık Müdürlüğü ile ***Boğaziçi Üniversitesi Eğitim Fakültesi Eğitim Bilimleri Psikolojik Danışmanlık ve Rehberlik bölümü*** *arasında yapılmıştır.*

Çalışmanın gerçekleştirileceği kurum/kuruluşlar: *İstanbul Sağlık Müdürlüğü Sağlık Araştırmaları Şube Müdürlüğü*

Çalışmanın adı: Psychological Needs of Mothers During Pregnancy: Experiences, Aspirations and Suggestions (Annelerin Gebelikteki Psikolojik İhtiyaçları: Tecrübeler, İstekler ve Öneriler)

Bu çalışmayı yürütecek kişi/kişiler: Nagehan Pakdamar TÜZGEN

Çalışmanın Konusu: Bu çalışmanın amacı, annelerin gebelik sürecindeki psikolojik ihtiyaçlarını, arzu ettikleri gebelik sürecini ve bu süreçteki ihtiyaçlarını karşılamaya yönelik önerilerini, onların geçmişe dönük tecrübelerinin aktarılması aracılığıyla incelenmektedir. Araştırmanın verileri; 3-6 ay önce ilk doğumlarını gerçekleştirmiş 15 anneden; derinlemesine, yüz yüze ve bire bir, yarı yapılandırılmış görüşmeler yoluyla yapılacaktır. Anneler İstanbul ilçesindeki Aile Sağlığı Merkezinin kayıtlarından, ilgili Aile Sağlığı Merkezi sorumlularının yönlendirmeleri ile uygunluk durumuna göre seçilecektir. Bu araştırma katılımcılar açısından bir risk içermemekte ancak gebelik döneminde psikolojik ihtiyaçlara yönelik yapılacak çalışmalara katkı sağlayacağından profesyonel fayda içermektedir.

Madde 2-

a) Bu protokol ilimiz sınırları içinde İstanbul İl Sağlık Müdürlüğüne bağlı kurum ve kuruluşlarda verilen hizmetleri, yapılan koruyucu sağlık hizmeti çalışmalarını ya da yapılan kayıtlar sonucu elde edilen istatistik verileri içeren ve kurum personeli ve/veya kuruma başvuran kişilerle yapılacak anket çalışmalarını kurala bağlamak amacı ile düzenlenmiştir.

b) Çalışma uygulanırken kapsam dışı hiçbir veri toplanmayacaktır. Çalışmanın detayında kapsam dışı bırakılacak durumlar ve özellikler Ek:2 de bildirilmiştir.

c) Veri toplama sırasında Sağlık Bakanlığı Personelinden de yararlanılacaksa ayrıca Sağlık Müdürlüğünden onay alınacaktır.

d) 01.08.2014 tarihli Hasta hakları yönetmeliğinin Birinci Bölüm 5.madde d ve e fıkrası, Dördüncü Bölüm 21.maddesine kesinlikle riayet edilmesi gerekmektedir.

Sözleşme şartlarında aykırılık:

Protokol süresince yapılacak çalışmalar sırasında, yapılan çalışmayı devam ettiren kişi ya da kişiler aynı olacaktır. Saha çalışmasına katılan ve protokolle tespit edilen kişide değişiklik yapılması ya da yeni kişinin çalışmaya dahil edilmesi ancak Sağlık Müdürlüğünün onayı ile mümkün olacaktır. Aksi halde protokol iptal edilecektir.

Protokolün süresi:

a) Bu çalışmanın yürütücüsü kurumlarımızda **3 (üç) ay** süre ile çalışmasını yürütecektir.

b) **Başlangıç**...01.02.16...**/Bitiş**.....30.04.16.....

c) Protokol, çalışmanın taraflarca planlanan ve kabul edilen süresi ile sınırlıdır. Uzatılması ancak yeni bir protokole bağlıdır.

d) Şartlarda oluşabilecek değişikliklere bağlı olarak Sağlık Müdürlüğü protokolü daha önce de sonlandırabilir.

İhtilafların çözümü:

Protokolün uygulanması ile ilgili çıkabilecek sorunlar tarafların yetkili temsilcileri tarafından görüşülerek çözülecektir.

Yürürlük:

a) Toplum sağlığı açısından sakıncalı verilerin toplanması uygun değildir.

b) Çalışma Üniversite ya da kurum tarafından kabul edildikten sonra bir nüshası cd halinde İstanbul Sağlık Müdürlüğüne teslim edilecektir.

c)Yürürlük bölümündeki a ve b maddelerinin yerine getirilmediği takdirde kurumumuza ait veriler yayın/proje/tez ....vs gibi bilimsel bir çalışmada kullanılamayacaktır.

d) Çalışmayı gerçekleştiren kişi ya da kişiler kurumda görevlendirileceklerse ayrıca vilayet oluru da alınacaktır.

e) Yapılacak çalışmalarda Protokole ek olarak vilayet oluru da alınacaktır.

f) Çalışma esnasında her tür ilaç uygulaması veya girişim için gerek hastanın kendisi ya da yasal vasisinden izin alınacaktır. Ayrıca etik kuruldan onay alınacaktır.

Taraflar:

31/12/2015
Nagehan Pakdamar TÜZGEN

31/12/2015
Uzm. Dr. Çiğdem YAZICI ERSOY
Sağlık Müdür Yardımcısı

OLUR
31/12/2015
Prof. Dr. Selami ALBAYRAK
Vali a.
Sağlık Müdürü

APPENDIX B

ETHICAL APPROVAL FOR THE STUDY

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ
FEN–EDEBİYAT FAKÜLTESİ
Psikoloji Etik Alt Kurulu

8.2.2016

Nagehan Pakdamar Tüzgen
Boğaziçi Üniversitesi
Eğitim Bilimleri Bölümü

Sn. Araştırmacı,

"Annelerin Gebelikteki Psikolojik İhtiyaçları: Tecrübeler, İstekler ve Öneriler" (Psychological Needs of Mothers During Pregnancy: Experiences, Aspirations and Suggestions) başlıklı projeniz ile ilgili olarak yaptığınız PEAK2015/12-001 kodlu başvurunuz, INAREK-Psikoloji Etik Alt Kurulu olarak 21 Aralık 2015 tarihinde incelenerek uygun bulunmuştur.

Saygılarımla,

Dr. Nur Yeniçeri – INAREK Psikoloji Etik Alt Kurul sekreteri



Yrd. Doç. İnci Ayhan – Kurul üyesi
Yrd. Doç. Elif Duman – Kurul üyesi

APPENDIX C

INFORMED CONSENT FORM (TURKISH)

Sayın katılımcı,

Boğaziçi Üniversitesi, Eğitim Bilimleri Bolumu, Psikolojik Danışmanlık ve Rehberlik Yüksek Lisans Programı öğrencisi olarak "Annelerin Gebelikteki Psikolojik İhtiyaçları: Tecrübeler, İstekler ve Öneriler" adı altında bir tez çalışması yürütmekteyim. Bu araştırmamda siz annelerin gebelikteki deneyimlerinizi, ihtiyaçlarınızı ve önerilerinizi incelemek için sizinle görüşme yapmak istiyorum. Bu araştırmaya katılmayı kabul ettiğiniz takdirde sizinle yüz yüze bir görüşme gerçekleştireceğim. Görüşmemizde; gebelik öncesi hayatınız, aile ilişkileriniz, gebelik boyunca sağlık durumunuz, gebelik boyunca psikolojik durumunuz, gebelik surecinde ihtiyaçlarınız ve beklentileriniz ile ilgili sorular soracağım. Bu görüşme 30 ila 60 dakika arasında sürebilir. Bu sorularda önemli olan sizin düşüncelerinizdir, soruların doğru ya da yanlış cevabı yoktur.

Bu araştırma bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Cevaplarınız kayıt edilirken isminiz yerine bir katılımcı numarası kullanılacaktır. Cevaplar izninize göre ses kaydı ya da el ile not alınarak kaydedilecektir ve sadece araştırma için kullanılacak, başka kimselerle paylaşılmayacaktır. Araştırmanın yazımı tamamlandığında yazılı ve (varsa) sesli görüşme kayıtları imha edilecektir.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden onayınızı çekme hakkına sahipsiniz.

Yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma imkânı buldum. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi ve bıraktığım takdirde herhangi bir ters tutum ile karşılaşmayacağımı anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle, hiçbir baskı ve zorlama olmaksızın katılmayı kabul ediyorum. Formun bir örneğini aldım.

Görüşmede ses kaydı alınmasına izin veriyorsanız lütfen işaretleyiniz: ☐

Katılımcının Adı-Soyadı:

İmzası:

Tarih (gün/ay/yıl):...../...../.....

Araştırmacının Adı-Soyadı: Nagehan PAKDAMAR TÜZGEN

Boğaziçi Üniversitesi, Eğitim Fakültesi, Eğitim Bilimleri Bolumu,

Psikolojik Danışmanlık ve Rehberlik Yüksek Lisans Programı öğrencisi.

Email: npakdamar@gmail.com Telefon: 555 689 XXXX

İmzası:

Tarih (gün/ay/yıl):...../...../.....

Tez Danışmanının Adı-Soyadı: Yard. Doç. Z. Hande SART

Boğaziçi Üniversitesi, Eğitim Fakültesi, Eğitim Bilimleri Bölümü

e-posta: hande.sart@boun.edu.tr

APPENDIX D

INFORMED CONSENT FORM (ENGLISH)

Dear participant;

As a graduate of Department of Educational Sciences and student at Psychological Counseling and Guidance Postgraduate Program of Boğaziçi University, I am conducting a thesis study under the title of "Psychological Needs of Mothers During Pregnancy: Experiences, Aspirations and Suggestions". I would like to interview with you in order to investigate your pregnancy experiences, your needs and your suggestions.

I am going to have a face-to-face meeting with you, if you accept participating in this research. During our meeting, I will ask questions about your pre-pregnancy life, family relations, health conditions, psychological conditions, your needs and expectations during pregnancy. This meeting may last 30 to 60 minutes. The important point in these questions is your answers. There is no wrong or right answer. This is a scientific research and information about participants will be kept confidential. Instead of your real name, a participant number will be used in registration. The answers will be kept as voice record or handwritten notes, according to your permission. They will be used only for the research and will not be shared with anyone. Written notes and audio records (if available) will be annihilated upon the completion of the writing of the research. Participation for this research is optional. After your participation, you have the right to withdraw your approval in any process in this research, without showing any reason.

I have read the text above and understood the scope and aim of the research and my responsibilities as a volunteer. I have the possibility to ask question about the research. I understood that I can quit this research whenever I desire, without showing any reason and I will not encounter a bad attitude if I quit the research.

I accept participating in this research, in these conditions, of my own request and without feeling any pressure. I acquired a copy of the form.

If you allow audio records during the meeting, please check. ☐

Name-Surname of the Participant:

Signature:

Date (day/month/year):...../...../.....

Name-Surname of the Researcher: Nagehan PAKDAMAR TÜZGEN

Boğaziçi University, Faculty of Education, Department of Educational Sciences,

Student at Psychological Counseling and Guidance Post Graduate Program

E-mail: npakdamar@gmail.com Mobile: 555 689 XXXX

Signature:

Date (day/month/year):...../...../.....

Name- Surname of Thesis Advisor: Assist. Prof. Z. Hande SART

Boğaziçi University, Faculty of Education, Department of Educational Sciences

e-Mail: hande.sart@boun.edu.tr

APPENDIX E

INTERVIEW PROTOCOL (TURKISH)

Merhaba; yakın zamanda bir gebelik süreci geçirdiniz. Bu süreçte bedensel ihtiyaçlarınız kadar, psikolojik ihtiyaçlarınız da oldu. Bu araştırmanın amacı annelerin gebelikteki psikolojik ihtiyaçlarını incelemek. Bunun için şimdi sizden gebeliğinize dair bazı bilgiler almak istiyorum

.Demografik Bilgiler

Görüşme yapılan anne bilgileri

- Doğum tarihi – Yaşı:
- Son mezun olduğu okul:
- Mesleği – İşi:

Baba bilgileri

- Doğum tarihi – Yaşı:
- Son mezun olduğu okul:
- Mesleği – İşi:

Çocuk hakkında bilgiler

- Cinsiyeti:
- Doğum tarihi – Yaşı:
- Doğumu evliliğin kaçıncı yılında gerçekleşti? :
- Doğum yeri:
- Kaçıncı haftada doğdu? :
- Doğum şekli:
- Doğum boyu- kilosu:

İlk olarak gebelik öncesi hayatınıza dair sorular sormak istiyorum;

1. Bana aile hayatınızdan bahseder misiniz?
    a. Evlilik hayatınız nasıldı?
    b. Aile ilişkileriniz nasıldı?

Şimdi gebeliğiniz süresince sağlık açısından neler yaşadığınızı öğrenmek istiyorum.

2. Gebelik öncesi sürecinizi kısaca anlatınız.
    a. Gebelik öncesi dönemde hazırlık yaptınız mı? Nasıl? (Sigarayı bırakmak, sağlıklı yaşam, kilo verme, folik asit takviyesi, bazı tahliller vb.)
    b. Gebeliğe hazır mıydınız? Nasıl?
    c. Eşiniz bu gebeliğe hazır mıydı? Nasıl?
    d. Planlı-Plansız bir gebelik miydi?
    e. Hamile kalmakta güçlük? Gebelik için herhangi bir tıbbi müdahale oldu mu?
3. Gebelik sürecinizi kısaca anlatınız.

a. Sağlık durumunuz nasıldı? Rahatsızlık yaşadınız mı?
b. Gebe takibiniz düzenli yapıldı mı? Neler yapıldı? Neler Yapılmadı? Neden?

4. Doğumdan sonra ilk gün/hafta bebeğe tıbbı müdahale gerektiren bir durum oldu mu? Ne yaşandı?
5. Doğumdan sonra ilk gün/hafta size tıbbi müdahale gerektiren bir durum oldu mu? Ne yaşandı?

Biraz da gebelik sürecindeki tecrübelerinizi psikolojik açıdan ele alalım.

6. Gebelik süresince psikolojik olarak neler yaşadınız?
7. Anneliğe hazırlık konusunda neler yaptınız? Kimlerden destek aldınız? Nasıl?
    a. Sağlık personeli, aile üyeleri, kitaplar, sosyal paylaşım platformlarından destek aldınız mı? Nasıl?
    b. Bu destek yardımcı oldu mu? Yeterli miydi?

Şimdi, gebeliğinizin başına geri döndüğünüzü düşünelim, beklentileriniz ne olurdu bunları konuşalım.

8. Kendi gebeliğinizden yola çıkarak düşünürseniz; bugün hamilelik sürecinin başında olan bir annenin, gebelik sürecini nasıl geçirmesini isterdiniz? Onlara öneriniz ne olurdu? Çevresindekilere öneriniz ne olurdu?
9. Peki, bu anneye önerileriniz ile sizin geçmiş gebelik tecrübeniz arasında neler aynı olurdu, neler farklı olurdu?

Öyleyse şimdi de annelerin yaşadığı tüm bu bahsettiğiniz süreçlerin iyileştirilmesi için sizin ne gibi önerileriniz var bunları konuşalım.

10. Gebelikte psikolojik ihtiyaçlarınız oldu mu? Neler? Bu ihtiyaçlar karşılandı mı? Nasıl?
11. Gebelik sürecinin başında olan bir anneye verilecek nasıl bir destek, gebelikte psikolojik ihtiyaçlarını gidermeye yardımcı olur?
12. Sizce psikolojik olarak kimlerden destek görmek bir anne adayına iyi gelir? Nasıl?
13. Sizce bir anne adayı hangi konularda psikolojik destek almak ister? Nasıl?

Eklemek veya ayrıntılı olarak belirtmek istediğiniz bir şey var mı?

Teşekkürler.

APPENDIX F

INTERVIEW PROTOCOL (ENGLISH)

Hello. You have experienced a pregnancy process recently. You had both psychological and physical needs during this process. The aim of this study is to examine the psychological needs of mothers during pregnancy. So, I would like to *get information about your pregnancy process.*

Demographical Information

Information about mother interviewed:

- Birth Date– Age:
- Last Graduated School:
- Profession:

Father Information:

- Birth Date– Age:
- Last Graduated School:
- Profession:

Information about the Child:

- Sex:
- Birth Date – Age:
- In Which Year of the Marriage S/he Has Born:
- Birth Place:
- In Which Week S/he Has Born:
- Type of Delivery:
- Birth Length/Weight:

Firstly, I would like to ask questions about your pre-pregnancy life.

1. Could you mention about your family life?
    a. How was your marriage?
    b. How was your relationship with your family?

Now, I would like to learn about your health conditions during your pregnancy.

2. Please mention about your pre-pregnancy period shortly.
    a. Have you prepared for the pregnancy? How? (quit smoking, healthy lifestyle, losing weight, taking folic acid, have some medical tests done, etc.)
    b. Were you ready for the pregnancy? How?
    c. Was your husband ready for this pregnancy? How?
    d. Was it a planned or unplanned pregnancy?
    e. Did you have difficulty in conceiving a baby? Have you experienced any medical intervention to get pregnant?

3. Please mention about your pregnancy process shortly.
    a. How was your health condition? Have you experienced any discomfort?
    b. Have you gone through regular pregnancy control? Which controls have been carried out and which controls have not been done? Why?
4. In the first day/week after the birth, did any case which requires medical intervention for baby occur? What happened?
5. After the birth, did any case which requires medical intervention for you occurred? What happened?

Now, we will approach your experiences from the psychological aspect.

6. Which psychological experiences did you have during your pregnancy?
7. What preparations did you experience for motherhood? From whom did you get support? How?
    a. Have you supported by healthcare personnel, family members, books or social networking platforms? How?
    b. Did this support work well? Was it enough?

Now, we will assume that we returned to the beginning of your pregnancy, what would your expectations be?

8. If you think on the basis of your own pregnancy, how a mother in the early process of the pregnancy should have her own process? What would you suggest for them? What would you suggest for the people around them?
9. What are the differences or similarities between these suggestions and your own pregnancy experiences?

Then, let's talk about your suggestions to improve these processes

10. Did you have any psychological needs? What were these needs? Have these needs been satisfied? How?
11. What kind of a support would fulfill the psychological needs of a prospective mother in her early process of pregnancy?
12. Whose support would be beneficial for the psychology of a prospective mother? How?
13. According to you, in which topic a prospective mother wants to get support? How?

    Do you have anything to add or mention in detail?

    Thank you.

APPENDIX G

DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

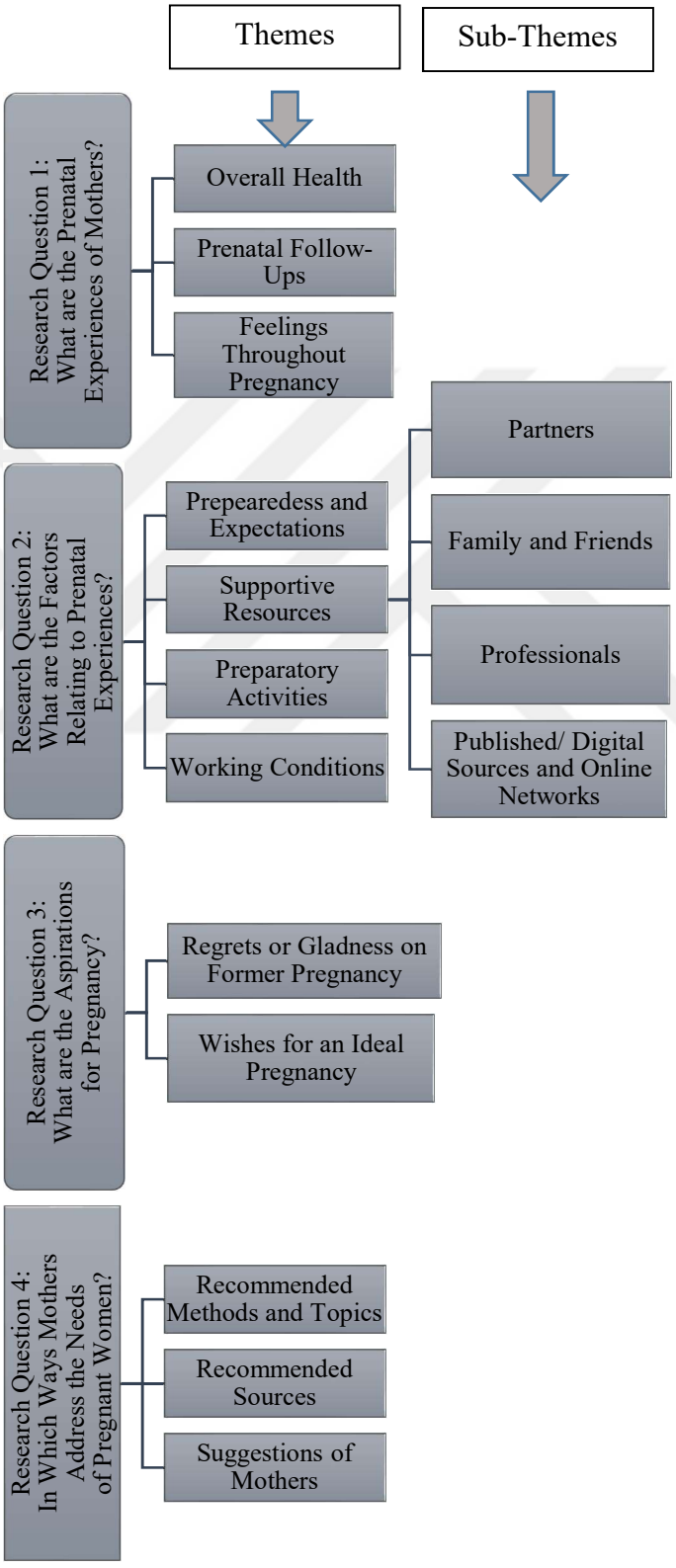
Table 1. Demographic Information of the Participants

Name	Mother 1	Mother 2	Mother 3	Mother 4	Mother 5	Mother 6	Mother 7	Mother 8	Mother 9	Mother 10	Mother 11	Mother 12	Mother 13	Mother 14	Mother 15
Age	27	22	18	27	24	26	22	29	20	23	30	26	31	31	26
Education Level	University	University	Illiterate	Illiterate	University	University	Middle School	University	Elementary School	University	Middle School	University	University	University	University
Occup.	Psychologist	Bank Employer	Homemaker	Textile Worker	Manager	Theologian	Waitress	Accountant	Homemaker	Special Ed. Teacher	Worker	Chemical Engineer	Child Dev. Specialist	Medical Doctor	Psychological Counselor
Working Status	Part-Time	NW	NW	NW	NW	NW	NW	NW	NW	Full-Time	NW	Part-Time	NW	Full-Time	Full-Time
Age of Spouse	28	28	26	37	24	27	26	32	28	27	33	35	33	34	28
Ed. Level of Spouse	University	University	Elementary School	Middle School	Middle School	University	High School	Elementary School	Middle School	Middle School	Middle School	University	High School	University	University
Occup. of Spouse	Computer Engineer	Government Officer	Textile Worker	Electrician Worker	Kitchen Business Employer	Electrical Engineer	Waiter	Hawker	Logistics Worker	Real Estate Business Owner	Textile Worker	Car Sale Consultant	Electrician Worker	Medical Doctor	Psychological Counselor
Sex of Child	Female	Male	Male	Male	Male	Female	Female	Male	Male	Male	Female	Female	Female	Male	Female
Age of Child	5 months	4 months	6 months	4 months	3 months	5 months	3 months	5 months	6 months	6 months	6 months	5.5 months	6 months	5 months	3 months
Year of Marriage	1,5 years	1 year	1 year	4 years	1 year	1 year	2 years	1 year	2 years	1 year	1 year	1 year	1 year	3 years	3 years
Birth Place of Child	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Istanbul	Kastamonu	Istanbul	Istanbul
Week of Birth	40th	39th	39th	37th	38th	38th	36th	36th	40th	37th	38th	41st	40th	38th	39th
Delivery Type	C-section	Normal	C-section	C-section	C-section	Normal	Normal	C-section	Normal	C-section	C-section	Normal	C-section	C-section	Normal
Birth Weight/Length	3170 g / 47 cm	2965 g / 50 cm	3150 g / 52 cm	2600 g / NM	2840 g / 48 cm	2890 g / 48 cm	2800 g / NM	2930 g / 51 cm	2900 g / NM	3400 g / 47 cm	2670 g / NM	3370 g / 52 cm	2890 g / NM	3440 g / 50 cm	3000 g / 48 cm

NW: Not Working, NM: Not Mentioned

APPENDIX H

THEMES EMERGING FROM THE STUDY



APPENDIX I

PARTICIPANTS' QUOTES IN TURKISH

1. İkinci ay başlayıp beşinci aya kadar devam eden bir bulantım oldu, gün boyu yatıyordum, sürekli evdeydim, dışarı çıkamıyordum. Çok kötü geçti. Nasılsın diyenlere hep diyordum ki iyi olacağım inşallah diyordum. (Mother 6)

2. İlk trimesterda bulantılarım çok oldu, yemek yiyemedim, çok ciddi kilo verdim. Bir paket krakerle bir günü geçiriyordum. Ama esimin evde olduğu günler bu halim anında geçiyordu. Hafta içi yoğun is temposunda kendimin farkına varamıyordum. Ama evde kimsenin olmadığı ve benim olduğum cumartesi günleri çok kotu geçiyordu, çok şiddetli bulantılarım bas ağrım oluyordu. Ama Pazar günü esim gelince tüm bunlar geçiyordu. (Mother 14)

3. Sağlığım gebeliğim boyunca gayet iyiydi. Ne dedilerse yaptım, kan ilacı, vitamin her şeyi aldım. Tek sorunum çok kilo alıyordum, sürekli balon gibi şişiyordum. 30 ya da daha fazla kilo aldım. (Mother 13)

4. Hiç sıkıntı yaşamadım. Sadece biraz ekmek yiyordum, doktor onu azalt dedi. Bebeğin suyu azalmış dedi. Ona dikkat ettim yeme içmeye. Onun dışında doktor iyi dedi. 20 kilo aldım hamilelikte. (Mother 3)

5. Sağlığımda hiç problem olmadı sadece 6. ayda erken doğum riski oldu. İlaçla 9. aya kadar erteledik. Son 2 ay yatarak geçirdim. (Mother 5)

6. Yedinci aya kadar güzeldi. Yedinci ayda ayak ağrılarım başladı, bebeğim aşağıdaymış, zor taşıdım, çok sıkıntı çektim. Düşük riski oldu, progestan ilacı kullandım. Adet sancısı gibi ağrılarım oluyordu. Yedinci aydan sonra kendimi taşıyamıyordum, ayak ağrılarım oluyordu. Bebek çok aşağıdaydı, doğuma bile zor gittim, ayaklarımı uzatıp yatıyordum hep. 8-9. aylarda albüm [albümin] başladı. Yani idrarda protein yükselmesi oldu, çok sıkıntılar çekiyordum, tansiyonum yükseliyordu, tansiyonum 16-17 oluyordu, başım arkaya düşüyordu. En son ciddileşince acil sezaryene aldılar. (Mother 10)

7. Çocuğu hemen yanımıza alamadık, enfeksiyon kapmış, kuvöze aldılar, 3-4 gün sonra çocuğumu görebildim. (Mother 8)

8. Sarılık yüksek çıktı, kuvözde kaldı, bir gece yattı fototerapi sanırım ışık tedavisi gördü. Sabah tekrar bakıldı değerleri düşmüştü, o zaman çıkardılar. 2 saatte bir emzirmeye gittim ve süt bıraktım. (Mother 10)

9. Bebeğim doğduktan sonra nefesinde bir sorun olduğunu söylediler. Kuvözde değil ama bir miktar oksijen verileceğini söylediler. Doktor istersen getiririm dedi ama ememez morarır dediler o yüzden getirmediler. Bu süreç beni psikolojik olarak çok yıprattı, 4 gün boyunca bebeğimi hiç kucağıma alamadım. 4. Günün sonunda çıkardılar. (Mother 12)

10. Bebek 10 gün yattı yoğun bakımda hastanede. İki hafta önce doğduğu için ciğerleri gelişmemiş, önce hava verdiler, sonra sarılık dediler, sonra kanında mikrop var dediler, sonra gazı var dediler. Ben yanında kalmadım, gelip gittim emzirmek için ve sağıp bırakıyordum. (Mother 11)

11. Kontrollere geldim, hiç bir şey atlamadık, her şey yapıldı. Bir de kendi doktoruma gidiyordum. Ultrasona girmek için, bebeği görmek için gidiyorduk. (Mother 3)

12. Biraz doktor değişikliğim oldu, 3 doktor değiştirdim, ama her ay da gitmedim zaten. Sağlık ocağına hiç gitmedim, aramdılar da. Herhangi bir aşı olmadım, aşı için çağırdılar ASM'den [Aile Sağlığı Merkezinden] ama gitmedim. Ben, dışardan çok fazla müdahale edilsin istemedim bebeğe, testler de yapılmadı. (Mother 6)

13. Sağlık ocağına da hastaneye de gittim, her şey yapıldı. Down testi yapılmadı sadece. Ben zaten zihinsel engelliler öğretmeniyim. Açıkçası gerek duymadım, neyin ne olduğunun bilincinde bir insanım, Allahın vergisi diyorum. Ben doğduğu zaman görmek istiyorum. Olursa da o şekilde büyütecektim. Bilseydim, Test pozitif çıksa benim hamileliğimi etkileyecekti, üzülecektim sürekli, mutlaka etkilerdi, bir kırıklık olacaktı. Ben hamileliğimi etkiler diye düşündüm duygusal bir insanım, o yüzden gerek duymadım tabi ki doğduktan sonra öğrenince de insan etkilenir am Allah'ın takdiri, o şekilde hayatımıza devam edecektik. (Mother 10)

14. Doğum yaptığım günün sabahında randevum vardı. Hazırlandık, kontrolüm vardı diye çıkıyoruz evden. Biraz suyum geldi, ben normal sandım ama yoldayken çok suyum geldi. Hemen acilden giriş yaptık, açılma var dediler, hemen doğuma aldılar. Doğumum da gayet iyi geçti. Eşimi içeri almadılar, çünkü devlet hastanesi. 2-3 kişi bir arada doğum yaptık, suni sancı verdiler, açılma vardı ve su geldi diye. Akşamdan sabaha kadar sancı çektim, artık bağırıyordum yeter beni sezaryene alın diye ama iyi ki normal doğum yapmışım, sezaryende oturamıyorsun kalkamıyorsun, kesmişler seni ameliyat ediyorlar. Normal doğumda gerçekten hissediyorsun doğum yaptığını. Ama ben iki saat sonra ayağa kalkabildim. (Mother 7)

15. Normal doğum olduğu için biraz zor oldu. Pazar günü, sabah namaza kalkmıştım, sonra yattım, suyum geldi. Ama arkadaşlarımdan duyduğum için hiç endişe etmedim. Biraz bekledim. 3-4 saat, günlük işlerimi ve hazırlığımı yaptım, duş aldım. Sonra hastaneye gittik. Yavaş yavaş sancıları hissetmeye başladım. Biraz uzayacak gibiydi, doktor dedi ki eğer saat sekize kadar açılma olmazsa suni sancı verebiliriz. İstemiyordum. Çünkü hep demişlerdi ki suni sancı çok şiddetli, gerek yok, çabuk doğsun diye veriyorlar. O yüzden biraz ön yargım vardı ama gecikince kabul etmek zorunda kaldım. Çok da pişman olmadım. Birazcık acı çektim normal doğum olduğu için ama ebeler olsun annem olsun kolay bir doğum olduğunu söylediler. (Mother 2)

16. Sezaryen olması benim kişisel tercihimdi. Aslında benim normal doğuma dair bir engelim yoktu. Ama biraz mesleğimle alakalı fazla bilmeden kaynaklanan endişelerim vardı. Normal doğumu çok fazla gördüğüm için. Hem kendi

açımdan, canım acıyacak, nasıl doğururum diye. Hem de çocukla ilgili bir sıkıntı olabilir diye. Bebeğin sıkıştığı doğumlar olabiliyor. Benim açımdan da bebek açısından da daha az riskli diye düşünüp sezaryene karar verdim… [Sezaryen ile] müdahale kısmı annenin ve bebeğin konforunu biraz daha artırmak için. Arkadaşlarım tecrübelerine bakınca da bu benim için daha iyi diye düşündüm. Bir de eşim doktor, eğer normal olursa yalnız mu olacağım nöbette mi ameliyatta mı olur, gelebilir mi, sancı geldiğinde yalnız mı olurum kaygılarım da vardı. Benim annemin doğumu da sıkıntılı geçmiş, ondan da etkilendiğimi düşünüyorum. Benim kişisel tercihim. (Mother 14)

17. Doktor bana doğum öncesi dedi ki çocuğun eşi aşağıda, kanama olabilir durduramayabiliriz, kanama olursa bir daha çocuğunuz olmayabilir, rahminizi almak zorunda kalabiliriz dedi. Sürekli iş yaptığım için, artık ne olduysa bu hale gelmişim. Bu arada kanamam oldu. Doktor dedi ki acil doğuma almamız lazım. Beni sezaryene aldılar. (Mother 8)

18. Cumartesi akşamı çok rahatsızdım, tansiyonumun yükseldiğini hissettim, nöbetçi eczaneye gittik çok yüksek çıktı, eczacı hastaneye gidin dedi. Hastaneye gittik, tahliller yapıldı, protein çok yüksek çıktı. Sabaha kadar bekledik belki düşer de normal doğumu bekleriz diye ama düşmedi o yüzden sezaryene aldılar. (Mother 10)

19. 39. Hafta bitince bebeğin başı aşağıda değildi. 1 hafta boyunca çok kötüydüm, sezaryen istemiyordum, ağladım, eşim de çok üzüldü benimle… Hem istemediğimden, hem korkudan ağlıyordum. Doğuma giderken bile "Acaba beklesek bebek kendisi gelir mi?" sorusu kafamdaydı. (Mother 1)

20. Alttan muayene istemedim, tuhaf oldum, bir şey olacak diye korktum. Rahatlatacak bir şey de yapmadılar ki. Ondan sonra sezaryene aldılar. Açıkçası normal doğumdan korktuğum için sezaryen istedim. Doktorum da demiş, rahim dar, zaten normal doğum olamazmış dedi. Sezaryenden memnun kaldım, doktorum çok iyiydi. (Mother 11)

21. Gece suyum geldi, saat altıydı. Daha önceden de tansiyonum yüksek olduğunu biliyordum, söyledim doktorlara. Kontrol ettiler, tansiyon yüksek, çocuk da ters, o yüzden başka hastaneye gönderdiler, o yüzden beni sezaryene aldılar. Ben doğumdan biraz korktuğum için sezaryen istiyordum… Alttan baktırmadım. (Mother 4)

22. Ben alttan muayene ettirmediğim için sezaryen oldum… Eşimle gittik kontrole, doktor dedi ki iki gün var isterseniz şimdi alabiliriz dedi. Belden uyuşturdular, bir saat içinde doğum bitti. (Mother 3)

23. Benim ablam bir Avrupa ülkesinde üç tane doğum yaptı, hepsi de normal doğum. Çünkü sağlıklı olan bu. Acaba dedim Türkiye'de para için mi kesiyorlar diye düşündüm. (Mother 13)

24. 40. Hafta benim için bir dönüm noktası oldu. Ben o zamana kadar hep normal doğum istedim, çünkü annemden hep öyle duydum, onun olumlu doğum hikâyelerini dinledim, adı üstünde normal doğum… Toplumda sezaryene

karşı olumsuz bir tavır var, “Neden sezaryen?” diye soruyor insanlar. Sanki bu bir tercih gibi, kolay yolu seçmişsin gibi. Normal doğum yapamayacak kadar güçsüzsün diyorlar üstü kapalı. Normal doğum yapmak bir kabiliyet, bir beceri, hatta bir lütuf gibi. (Mother 1)

25. Normal doğum istiyordum, daha sağlıklı olduğunu söylüyor herkes. Hem annelik daha iyi, anneliği tatmak, o duyguyu yaşamak için, Allah’ın vergisi. Normal doğumda çabuk iyileşiyorsun, ben şimdi hasta olsam üşütsem bile dikişlerim ağrıyor. (Mother 10)

26. Normal doğumu biliyoruz tabi ki en iyisi. Geneline bakarsak adı üstünde normal doğum, siz müdahale etmeseniz bile o süreç isliyor, o çocuk dünyaya geliyor, anne hayatına devam ediyor. (Mother 14)

27. 4-5. aylarda çok duygusallaştım, biri bir şey dese hemen ağlıyordum, duygulanıyordum ama sonra o da geçti. (Mother 5)

28. İlk başlarda çok duygusaldım, mesela başta hamile olduğumu bilmiyordum ama birisi bir şey söylüyor, ben hemen ağlıyorum. Bazıları diyordu, hamile misin sen diye. Sonra öğrendim. (Mother 4)

29. Biraz yumuşak mizaçlı bir insanım zaten, bazen ağlama geliyor, tutamıyorum kendimi, çok konuşan bir insan da değilim. (Mother 7)

30. Hamileliğin verdiği stres miydi neydi bilmiyorum ama psikolojim çok bozuldu. Hiçbir şey yapmak istemiyordum, eve girmek istemiyordum, gülmek istemiyordum, hiç bir şey yapmak gelmiyordu içimden. (Mother 11)

31. Bir yandan çocuğum olacağına seviniyordum, bir yandan çocuğum okula gidecek anne sen okuma yazma bilmiyor musun diyecek ona üzülüyordum. (Mother 3)

32. Hamilelikten biraz zorlandım, korkularım var, tekrar hamile kalmaktan korkuyorum. Dünyaya çocuk getirmek önemli değil, önemli olan iyi bakmak. Maddi kısmı zor. İyi eğitim vermek. Ben eğitim alamadım, istiyorum ki çocuğum her konuda eğitimli olsun. İstiyorum ki bilgili bir insan olsun, biri soru sorunca cevabını verebilsin. (Mother 4)

33. Çok güzel hisler aslında ama o an öyle şeyler düşünemiyorsun bir yandan korkuyorsun ya düşerse diye. Benim ablam düşük yaptı, dört senelik evli ikiz çocuğu vardı kendiliğinden karnında ölmüş o yüzden ben de çok korktum hep. Ben de aynı şeyi yaşar mıyım iye düşündüm hep. Babam zor bir hayat çekmiş, öyle şeyler yaşar mı benim çocuğum, iyi anne olabilir miyim diye düşündüm hep. (Mother 9)

34. Çok istiyordum, görmek istiyordum. Sonra diyordum ki hayırlısıyla gününde doğsun diyordum. (Mother 5)

35. Gayet heyecanlıydım, isteyerek gebe kaldım, ilk ayda olmadığı için üzüldüm bile, sonra sabırsızlıkla bekledim. İlk zamanlar daha sabırsız oluyor insan çünkü zaman geçmiyor. Oynuyor kıpırdıyor, çok güzel bir duygu, rüyalarıma giriyor. İstiyordum, bir an önce doğsun seveyim istiyordum. (Mother 2)

36. Beni anlasınlar istiyordum. Mesela eşime diyordum ki bir an önce doğsa da elimize alsak, bana diyordu ki ne kadar meraklısın, bebek işte diyordu… Benim bebeğim çok hareketli değildi, ben mesela hareket etsin, hissedeyim istiyordum. Komşular, arkadaşlarla konuşuyordum, mesela diyorlardı bizimki top oynar gibi içerde hareket ediyor derlerdi, benimki hiç hareket etmezdi o kadar. Çok isterdim, açar beklerdim görmek için. (Mother 4)

37. Çok iyi geçti diyemem. Öyle kötüydüm ki mide bulantılarımın olduğu zamanlar yıkadığım nevresim takımını şimdi doğumdan sonra ilk defa çıkardım, üzerinde yumuşatıcı kokusu var ama o kokuyu aldım, o kadar kötü oldum ki hemen katlayıp geri koydum. Mide bulantısı geçti oh rahatladım dediğim zaman bir baktım ki ağırlaşmışım, hareket edemiyorum, dönemiyorum, evin işini yapamamak, yemek yapamamak, bunlar beni çok rahatsız etti. (Mother 6)

38. Eskisi gibi giyinemiyorsun gezemiyorsun sinir oluyordum. Bir yandan seviniyordum, bu da kadınlığın bir durumu, yasayacağın bir anı. Psikolojim inişli çıkışlıydı. Geçmişe bir özlem vardı, aynanın karşısında eski halini özlüyorsun. Kilo alıyorsun olmuyor kıyafetlerin, bir kıyafet alsan onu tekrar giyemiyorsun. Bunlardan çok etkileniyordum. (Mother 10)

39. Sonlara doğru, ağustos ayının, sıcaklığın verdiği bir hararet vardı, bir ay boyunca hiç uyumadım desem yalan söylememiş olurum. Dışarıdaki hayatımda herhangi bir kısıtlama yoktu ama evin içine sığamıyordum artık. O da sıcaktan dolayı, yoksa bebeğimi beklemekten dolayı çok mutluydum. Bu sefer bende artık şu oldu, hadi artık, hayırlısıyla gel dünyaya rahatlayayım diyordum. İlk baslarda karnım küçüktü, 7 aylıkken bile çok karnım yoktu, 8 aydan sonra çok ciddi bir büyüme meydana geldi, dönemiyorum hiçbir şey yapamıyorum. (Mother 12)

40. Artık yaşı ilerlemiş insanlarız. O yüzden çok geciktirmek istemedik, hemen çocuk sahibi olmak istedik… Ben zaten çocuk gelişim alanı bitirdiğim için çocuklara hastayım, bayılırım. Evdeyim de, boşum, yapayım bir çocuk dedim. (Mother 13)

41. Aslında mesai arkadaşım çok uğraştığı halde gebe kalamıyordu, onun psikolojisi bende çok yoğunmuş, yani ben de bunu yasar mıyım, acaba biz de zorlanır mıyız, olur mu olmaz mı diye endişe ediyordum. O bende bir bilinçaltı oluşturmuş herhalde. Aslında ailemde de bunu yasayan kimse yok ama o durum beni hazırlamış, ben aksi halde bu kadar erken çocuk sahibi olmak istemezdim. (Mother 12)

42. Anne olmaya çok hazır hissediyordum. Yani artık o duyguyu tatmak istiyordum, artık anne olmak istiyordum. Yaşımın aslında daha erken olduğunu düşünüyordum ama ne bileyim, o duygu geldi. (Mother 10)

43. Ben gebeliğe hiç hazır olmadığımı düşünüyordum. Eşim istiyordu ben hep biraz daha biraz daha diyordum, ben hazır değilim diyordum, hep bir erteleme vardı. Yaz tatil planları yapıyordum. Hamile kalmaya yönelik içimde güçlü bir istek yoktu… Ama hamile kaldıktan sonra fark ettim ki çok hazırmışım, çok güzel bir şeymiş ben bunu istiyormuşum meğer. (Mother 14)

44. İlk başlarda çok istemiyordum, maddi durumlar sebebiyle, eşim çalışmıyor diye, o zaman bir tek ben çalışıyordum. Ama kendi içimde çocuk istiyordum… Maddi olarak hazır değildim, onun dışında hazırdım. İçimden çok istiyordum. Sabırsızlıkla bekliyordum, hep hayal ediyordum. (Mother 4)

45. Ben hazır olduğumu sanıyordum ama hiç değilmişim. İlk öğrendiğimde çok sevindim ama bulantılar falan başlayınca acaba erken mi oldu, yazı geçirseydim, ondan sonra mı hamile kalsaydım diye düşündüm. Hamileliğin zorluklarıyla karşılaştıkça hazır değilmişim gibi geldi. Biraz şunu düşündüm en azından evliliğin 1 yılını geçirseydim. Gelen misafirleri daha güzel ağırlardım, yeni evlilere misafirler gelir, ben birçoğunu ağırlayamadım, bir tatile gidemedim, acaba bunlar olsa mıydı diye düşündüm. (Mother 6)

46. Kendimi hazır hissetmiyordum. Günüm gecikti, beklemiyordum çok şaşırdım. Çünkü evlilikten hiçbir şey anlamamıştım daha, evlilik sorumluluğuna girmeden, daha en başında bir baktık ki bebek geliyor. (Mother 5)

47. Hazır değildik, ben de eşim de hazır değildi. Sadece çocuk yapmak değil, baba olmak anne olmak… Şimdi üzerine çok düşüyor eşim ama sadece sevmekle babalık olmuyor. (Mother 8)

48. Esim çok hazırdı, en basından beri istiyordu. Sürekli hadi artık diyordu… Bir de çevremizde, yakına arkadaş grubumuzda küçük çocuğu olanlar vardı, bak ne güzel bizim de olsun diye hep konuşuyorduk. (Mother 14)

49. Eşim benden daha çok hazırmış. Karnımın büyümesi, mide bulantılarım, hiç birini şaşkınlıkla karşılamadı. Karnımda çatlaklar oluştu, bak bunlar geçici diyordu, normal olacak bunlar diyordu. Genel olarak bilinen şeyler ya, biliyormuş yani. (Mother 6)

50. Eşim ama çok istiyordu, onun isteği üzerine oldu biraz da. Ben diyordum ki evliliğin tadını çıkaralım diyordum. O da diyordu ki bizim de yaşımız çok büyük değil, çocuğumuz da bizimle beraber büyüsün diyordu. Çok hazırdı. (Mother 5)

51. Eşim biraz sonraya bırakıyordu, ben kandırdım diyebilirim. Eşim biraz daha sonra istiyordu, yapabilecek miyiz, bakabilecek miyiz, biraz sonraya mı atsak, birbirimizle vakit geçiremez miyiz gibi. Ekonomik kaygıları da biraz vardı, bir yeğeni var küçükken çok hasta oluyormuş, ondan korkuyordu. Yeni evlendiğimiz için de, birbirimize vakit ayırabilecek miyiz, beni ihmal eder misin gibi kaygıları vardı. (Mother 2)

52. Eşime ben söylemedim, annem söyledi. Benim ablam var çocuğu olmuyor, ben o gün ona nasıl söyleyeceğimi düşünüyordum, ağlıyordum, o yüzden kayınvalidem herkese söyledi benim yerime. (Mother 9)

53. İlk öğrendiğimde, hastaneye gidip kan tahlili yaptırdım. Kâğıda bakıp gülüyorum, gülme krizine girdim, dışarı çıktım ağlamaya başladım. Bir güldüm bir ağladım çok değişik bir duyguydu. (Mother 11)

54. Hamile olduğumu öğrendim hiç sevinemedim. Çok kötü bir zamanda öğrendim, tam eşyalarımı toplamış gidiyordum evden, hamile olduğumu öğrendim. Belim çok ağrıyordu, kayınvalidem hamilelik olabilir dedi. Ben yaptım evde test, ama beceremedim. Sonra bir daha denedik, eşim kendisi testi yaptı, hamilelik çıktı. Eşimde de büyük bir sevinç yoktu yani, hatta sustu hiç bir şey söylemedi. (Mother 8)

55. Planlı bir gebelikti, takvimi göz önünde bulundurarak hamile kaldım. Hatta hamile kaldığım zamanı biliyordum, çok kısa sürede öğrendim. İlk belirtiler başladı. Gebelik öncesinde hazırlık da yaptım. Spor başladım, sağlıklı gebelik için hazırlık yaptım. Abur cubur ve fast food kestim. Mesela hiç yumurta yemezdim ama her gün yemeye başladım. (Mother 1)

56. Planlı bir gebelikti. Gebeliği düşünmeye başlayınca üç ay önce kontrole gittim vitamin ve folik asit aldım, özel bir hastaneye gitti, kan testlerim yapıldı, tahlillerim yapıldı. Üç ay sonra da gebe kaldım. (Mother 2)

57. İstiyorduk ama yine de hamile olduğumu öğrenince çok şaşırdım, eşim de şaşırdı. İstiyordum ama ne zaman olacağını bilmiyordum. (Mother 7)

58. Herhangi bir hazırlık yapmadım çünkü birkaç ay sonra olmasını bekliyordum bu gebeliğin. Hap kullanmayı bırakmıştım ama genelde birkaç ay sonra oluyor gebelik hemen olmuyor deniyordu. Ben de birkaç ay sonra en azından bekliyordum. Programımız oydu. (Mother 14)

59. Beklenen bir gebelikti, çok da sürpriz olmadı. Herhangi bir hazırlığım ya da doktor kontrolüm olmadı gebelik öncesinde. (Mother 6)

60. Çocuğu duyana kadar sigarayı bırakmadım, hamile kaldığımı fark ettim. Sigarayı bırakayım mı bırakmayayım mı diye düşündüm. Hatta doktora gitmedim, sırf sigarayı bırakamam diye. Üç haftalık falandı bebeğim, öğrendim, birden bıraktım, beyinde bitiyor tamamen. (Mother 13)

61. Sigara kullandım, gebeliğim boyunca da kullandım. Etrafımdakiler çok müdahale etti, içme dediler. Ben zaten azaltmıştım hamile olduğum için, günde 1 tane içiyordum ama bırakmaya hazır değildim. (Mother 11)

62. Severek nişanlandık sözlendik ama sonra kaçtım nişanlıyken 1 sene sonra kaçtım. Çalışmıyor işi yok diye ailem istemiyordu, ben de kaçtım. Ama sonra pişman oldum, pişmanım hala, anlaşamıyoruz. Çalışmıyor işi yok… İş mevzusu baya soğuttu beni. Soğuk ilişkimiz. Şimdi çalışsa bile soğudum. Bazen sevmek istiyorum ama sevemiyorum. Çocuktan sonra ısınmak istiyorum ama ısınamıyorum. (Mother 4)

63. Evlenmeden önce 10 yıl birlikteliğimiz vardı ama evlendikten sonra beklediğim gibi olmadı, büyük hayal kırıklığı yaşadım üzüntü, stres, sinir oldu. Pişmanlık duydum. Konuştuğum insandan farklı bir kişiyle evlenmişim gibi hissediyorum. Evlenince bambaşka biri oldu, meğer hiç tanımamışım. (Mother 8)

64. Fikirlerimiz uymuyor, düşünce farklarımız çok fazla. Ben çok cevap veren biriyim ama eşim kendi fikirleriyle hareket etmiyor, çevresinden çok etkileniyor, başkası bir şey söyleyince bunun üzerine gelip bana müdahale ediyor, şöyle olmalı böyle olmalı. Genelde benle ve evlilikle, yaşamımızla ilgili şeyler. Ben cevap verdiğim için, onlar buna alışkın değil, ters geliyor, susayım istiyorlar, adam yerine koymuyorlar. (Mother 8)

65. Bana karşı hareketlerini de beğenmiyorum. Şiddet uygulamıyor ama sözlü olarak, başkalarının, özellikle kendi çevresinin ailesinin yanında, kendini övüp beni küçük düşürmek için konuşmaları var, bu beni çok rahatsız ediyor. Beni hor görüyor yani. (Mother 4)

66. Mesela normalde hiç yapmaz, çok sinirli agresif insandır ama hamileyken oturduğum yerden kaldırmak için ne zaman çağırsam gelirdi. Her çağırdığımda gelirdi. Yürüyüşe çıkalım desem çıkardı, itiraz etmezdi. Hatta bazen derdi ki keşke doğursan da kurtulsam şu işlerden. Soframı kurardı, kahvaltımı hazırlardı. Hamilelik iyiydi bu yönden. (Mother 4)

67. İlişkilerimiz çok iyi. Hamilelik sürecinde mesela ben çok sorun yaşadım, hamilelikten kaynaklanan ama eşim mesela çok anlayışlıdır, çok destek olur, onun sayesinde güzel bir hamilelik geçirdim diyebiliyorum. Gayet normal bir ilişkimiz vardı, bağırış çağırış olmaz evimizde, birbirimizi idare edebilen bir çiftiz. (Mother 12)

68. Eşim çok araştırır, özellikle işteyken. Akşam geldiğinde benimle paylaşır, üzerinde konuşuruz. Beraber araştırıp karar veririz yani. Evliliğimizin başından beri ilişkimiz hep böyleydi zaten, ortak karar alırdık. Hamilelikte de böyle devam etti. (Mother 1)

69. Etrafımda ciddi bir desteğim var, eşimin ailesi de iyidir ama bir Anadolu şehrindeler. Eltim bana yakın üst katta oturuyor. Ama annem babam yanımda olduğu için kimsenin desteğini hissetmiyorum, onlar hep yanımdalar. Her işime koşturuyorlar. (Mother 12)

70. Annem beni en çok destekleyen insan, benden beş yaş büyük teyzem var, onunla çok konuşurum, yakın arkadaş çevrem var, onlarla sık sık görüşürüm, danışırım, fikirlerini alırım. (Mother 14)

71. Eşimden başka kendi annem de çok destek oluyordu, her konuda. Ben ağırlaşınca evimin isini yapamıyordum, annem yardım ediyordu. (Mother 10)

72. Ama en büyük bilgi kaynağım annemdi, annem çok doğum geçiren tecrübeli biri olduğu için en çok ondan öğrendim… Yeni doğum yapan arkadaşlarıma danıştım, onlar ne yaptılar, nelerle karşılaştılar hep sordum… Özellikle doğum şekli ve süreci hakkında ablamdan bilgi aldım, o da benden kısa süre önce sezaryen ile doğum yaptı. (Mother 1)

73. Eltim en çok o bana yardımcı oluyordu. Onun küçük çocukları var, çok yardımcı oluyordu. Bir de ben onu çok seviyorum. Videolar izliyorduk normal doğum videoları. Mesela bebeğin anne karnındaki hallerinin fotoğraflarını gösteriyordu, o bana çok yardım ediyordu. Çok iş yapma diyordu, beni kolluyordu. Ben de ona yardımcı oluyordum. (Mother 3)

74. Normal, sezaryen nasla diye sordum, arkadaşlarıma anneme. Anne olmak nasıl bir duygu diye soruyordum. İyi geliyordu söyledikleri. (Mother 11)

75. Biraz da büyükleri dinlemek bana mantıklı geliyordu… Annem bana çok yardımcı oluyordu. Herkesin bir fikri oluyor, dışarıdan çok müdahale geliyor, komşular bile özellikle. Eski bilgiler, artık yanlış olduğu belirlenmiş bilgiler, safsatalarla müdahale ediyorlar. İnsan ister istemez etkileniyor. Gebeyken aman kalkma yat diyorlar, hâlbuki hareket etmek lazım. Ama annem her zaman benim yanımda durdu. (Mother 12)

76. Annemle mesela biraz kuşak farkı yaşıyoruz, hamileyken de yaşıyorduk, o bol bol ye diyordu, hâlbuki dengeli beslenmek gerek… Biraz çatışma yaşıyoruz. İnsan sinirleniyor. Çok eleştirilmeyi sevmem. Bu çocuk benim çocuğum sonuçta. Ona ne olacağına da ben karar veriyorum. (Mother 2)

77. Kitaplarım bilimsel olarak bana yetti, her bilgi vardı ama pratikte öyle değilmiş her şey. O pratik kısmını çözmediğim yerde ailem girdi devreye, özellikle annem, tecrübelilerden. O hep yanımdaydı. (Mother 13)

78. Kendi ailemde herkes özgürdür, kimse birbirini sıkmadan yaşar, sürekli bir arada yaşayan bir aile değiliz, bir araya gelince de iyi vakit geçiririz. Ortak zamanlar dışında herkes istediğini yapar. Eşimin ailesi daha bir arada yaşayan bir aile. Onlarla da sürekli beraber değiliz, rahatsız edecek boyutta değil ama ilk başta zorlandım, şimdi alıştım. Aynı apartmanda oturuyoruz, üst katımızda oturuyorlar. Kültür farkımız var, ben İstanbul'da doğup büyüdüm ailem de, ama onlar bir Anadolu şehrinden geliyor. Mesela değer verdiğimiz

şeyler farklı, anneliğe bakış açımız farklı, yapmak istediklerimiz, kararlarımız falan farklı, kadın olarak düşüncelerimiz farklı. Ben bunların kültür farkından olduğunu düşünüyorum. Ama kötü niyetten değil. (Mother 6)

79. Çevredeki insanların pozitif ayrımcılığı hoşuma gidiyordu, bana özel davranılması, yer verilmesi, dikkat edilmesi. Aman yavrum dikkat et denmesi, özel hissettiriyor, kıymetli olduğunu, taşıdığın canın da kıymetini anlamanı sağlıyor. (Mother 1)

80. Gebelikte olur ya, nazlanma, ajitasyon, sinirlilik, gerginlik gibi şeylerim de olmadı. İçimden gelmedi, farklı bir şey istemedim, ben gebeyim her şey benim etrafımda dönsün gibi bir düşüncem olmadı. Kadınlar normalde elde edemiyorlar o ilgiliyi, o yüzden gebeyim diyerek erişmeye çalışıyorlar. Çok şükür bende olmadı, ben istediğim her şeye sahiptim. (Mother 14)

81. Beni şu çok rahatlatıyordu, şu ayda neler oluyor, çocukta ne gelişiyor, bu ay elleri ayakları oluşmuş, doktora gittiğimizde anlatıyordu. Bunu bilince bir dahaki ay ultrasonda görmek çok heyecanlandırıyor, merakla bekliyorsun. Bir ilişkin oluyor çocukla, sonuçta görmüyorsun, ama böylece öğreniyorsun. Mesela ilk kalp atışını duyduğumda doktor hazır ol demişti, çok heyecanlandım, ağlama derecesine geldim. (Mother 5)

82. Ebe muayene edecek alttan, ben irkildim, bir daha bakacaktı yine irkildim korktum. Ebe dedi ki izin vermiyor, çok kötüydü tavrı, bizi bıraktı odada gitti, aranızda anlaşın dedi, biz de ne yapacağımızı bilemedik. Alttan muayene istemedim, tuhaf oldum, bir şey olacak diye korktum. Rahatlatacak bir şey de yapmadılar ki. (Mother 11)

83. Ben alttan muayene ettirmediğim için sezaryen oldum. Hiç alttan muayene olmadım. Doktor dedi ki "Açmıyor bacaklarını, bu bebeği doğuramaz, bebek ölür, ben yapamam göze alamam" dedi. Biraz da sert davrandı doğrusu. Bacaklarımı açamadım, sıktım. Çok utandım bir de erkek olduğu için. (Mother 3)

84. [Diğer] doktor bana hemen alalım dediğinde ben biraz araştıracağım dedim, o ana kadar hiç sezaryen düşünmemişim, araştıracağım, güvendiğim kendi doktoruma soracağım, hazırlığımı ona göre yapacağım dedim. Araştırmak için bir gün dahi olsa süre istedim. Ertesi gün gittiğimde sezaryen doğru karar mı diye sorular soruyorum, açılma yok diyorsunuz, öyleyse neden doğuma alıyorsunuz diye soruyordum mesela kendisine. Ama hiç bilgi vermedi bana, sadece korkuttular çocuk ölür diye, ben de bebeğimin canını düşündüm tabi ki. (Mother 13)

85. Hamilelikte bende siğil oldu… Doktorlar bu eşinizden kaynaklanabilir dediler. Öyle olunca daha da sıkıntılandım çünkü başka biriyle mi ilişkisi var diye… Sadece ilişki değil, başka yollardan da bulaşabileceğini öğrendikten sonra direkt sinirlendim doktorlara, bana söylememişlerdi çünkü. Zaten bütün hamileliğimiz boyunca cinsel birlikteliğimizi kestiler doktorlar düşük sebebiyle. Belki bir yol vardı, hiç anlatmadılar. (Mother 8)

86. Ben gebe okuluna gittim. Bir devlet hastanesinde eğitim aldım. Muayeneden sonra gebe okuluna gelin kayıt yaptırın dediler. Ücretsiz eğitim verdiler, toplam 5 hafta, haftada 1 gün gittim. Bebekle, hamilelikle ilgili bilgiler verdiler. Ama anneden başka kimseyi almıyorlardı, çok kalabalıktı. Güzel bir ortamdı, soru soruyorsun cevap veriyorlar. Hemşireler ve doktorlar eğitim verdi, gayet güler yüzlü ve ilgililerdi. Ben çok güzel duygular hissettim, çok motive olmuş hissettim. İyi ki gitmişim. Gitmeseydim belki bunları öğrenemezdim… Benim için çok faydalı oldu. Emzirme ve çocuğun bakımı konusunda özellikle. (Mother 7)

87. Liseden beri çocuk gelişim kitapları okurum, çocukları sevdiğim için ilgi de duyarım bu alana. Kitaplar alırdım okurdum. Bebek masajı, gazı nasıl çıkarılır onlara bakıyordum, daha çok internetten bakıyordum, insanlar neler yaşıyor, benzer şeyler yaşıyor muyuz diye bakıyordum. Aldığım bilgi yeterli oluyordu, faydalı olan bilgiler oluyor. Mesela ek gıdaya geçeceğiz, o konuda çok destek oluyor. Bu bilgileri annenden bile duyamayabilirsin. (Mother 2)

88. Kitaplar okudum, televizyonda çıkan bazı doktorları seyrediyordum, programlarda annelere, hamilelere bilgiler veriliyor, onları dinliyordum. (Mother 12)

89. İnternet üzerinden ve telefondaki programdan takip ediyordum, her ay gelişimini, bu ay neler oluyor, neler gelişiyor, ne yemem lazım, takip ediyordum, okuyordum. Yeterli oluyordu, öğrendiğimi yapıyordum. Kafamda soru işareti kalmıyordu. (Mother 5)

90. İnternetten araştırmalar yaptım, okuduğum kitabın yazarlarını doktorlarını araştırıyorum… İnternette mesela kadınlar kulübü sitesi var, orada her şey konuşuluyor, aklına gelmeyen şeyler bile, bakıyorsun okuyorsun, sonra başına gelince habersiz olmuyorsun. Çok takip ettim orada. Baktım diğer anneler ne yapmış, şu basıma gelince hazırlıklı olayım diye. Hala da bakıyorum, çok iyi geldi, çok faydalı oluyordu. (Mother 10)

91. Şimdi telefonda WhatsApp grupları var mesela, anne gruplarımız var, orada birbirimizle sorularımızı, tecrübelerimizi paylaşıyoruz. Önceleri ben hep soru soruyordum, şimdi artık ben de tecrübeliyim yazıyorum, bazen tüm gün yazışıyoruz. Çok iyi geliyor, destek oluyor, yalnız değilsin. (Mother 15)

92. İnternete hiç bakma istemedim çünkü internet çok zararlı olabiliyor. İnsanı yanlış yönlendirebiliyor. Sonuçta insandan insana fark var, herkes aynı şekilde değil, herkesin hamileliği de aynı değil, çocuğu da aynı değil. Biraz yapı meselesi, benim mizacım da farklı. (Mother 8)

93. Hiç hazırlık yapmadım. Bir kere doğum izleyeyim dedim internetten, çok korktum, bir daha da bakamadım. (Mother 9)

94. Gezmek de çok iyi geliyordu. Deniz taraflarını gezmek çok iyi geliyordu, ben denize dertlerimi anlatıyordum. Deniz beni dinliyordu, ne anlatsam dinliyordu. (Mother 3)

95. Ben iş yapmayı çok severim, temizlik yapmadan duramam. Bundan dolayı çocuk aşağıya iniyordu, düşük riski oluşuyordu. İlk şikâyetlerim oldu doktora gittim, doktor dinlen dedi, o zaman biraz yattım ama duramadım tekrar iş yaptım, temizlik. Onu çek bunu çek altını üstünü sil. Beni kimse zorlamadı, hatta kayınvalidem yapma diyordu ama ben rahatlıyordum, beni tek rahatlatan şey temizlikti. Ben hamileyken kayınvalidem ameliyat geçirdi, ben uzun süreler evde yalnız kaldım, o zamanlarda çok arttı bu temizliklerim. (Mother 8)

96. İnsanın eline bebek gelmeden fazla bir şey hissedemiyor. Annemle kıyafetlerini aldık, yıkadım astım. Karnım büyümüş de olsa anlamıyorum çocuğu. Kıyafetlere bakıyorum bunları giyecek bir bebeğim olacak mı acaba diyorum. Elinde tam somut bir şey yokken gerçekten hissedemiyorsun. Ama kifayetleri tutuyordum elimde, herhalde güzel olacak diyordum. (Mother 6)

97. Çamaşırlar, meme, biberon alıyordum. Güzel hissediyordum, mutluydum. Acaba şu mu bu mu diyordum. Bir şey görünce onu da alıyordum, bir sürü alıyordum, hepsinden olsun istiyordum. Çok iyi geliyordu. (Mother 3)

98. Oda kurdum bebeğime. Kız olduğunu öğrendiğimde elim hep pembe şeylere gitti. Aldım, özenle seçtim. Çok iyi hissettim. Çok farklı bir duygu. Benim de odam vardı ama çocuğuma oda hazırlamak çok çok zevkli çok başka bir şey. A dan Z'ye her şey mükemmel olsun diye uğraşıyorsun. Özen gösteriyorsun. Türkiye'de bulamadığım şeyleri Avrupa'dan istedim, daha kaliteli daha güzel şeyler almaya çalıştım hep. (Mother 13)

99. İşi bıraktığım, evde geçirdiğim gebelik dönemi. Bu dönemde heyecanlıydım, artık yaşamımda bebek var, karnım da çıktı, hareket ediyor, hissediyorum. Alışveriş yapmaya başladık, mobilyaları kurduk, eşimle odayı hazırladık, her şeyi birlikte yapmak güzeldi, bunlar çok iyi geldi. (Mother 1)

100. İhtiyaçları neyse çıkıp onları alıyorduk, eşyaları, kıyafetleri, oda düzenlemesiyle uğraşıyorduk. Çok iyi geliyordu, çok rahatlatıyordu. Eşimle beraber çıktığımız da oluyordu. Çok keyifliydi. (Mother 5)

101. Esimle çocuğumuz hakkında konuşmak ya da alışveriş yapmak çok iyi geliyordu. Hazırlık yapmak, onun için bir şey yapmak, ona bir şeyi hazırlamak, özenle seçmek, bu değil de şu olsun demek. Eşimle vakit geçirmek, çok iyi geliyordu. (Mother 10)

102. Ben gebeliğimdeki her şeyimi yazdım, başından sonuna kadar, hamile kaldığımı öğrendiğimde, öncesinde, sonrasında düşündüklerimi. Hep çocuğuma yönelik, ona hitaben, ona bırakacağım zaten. Evime gelen misafirler de yazdılar. (Mother 13)

103. Ben gebeliğim sürecinde ibadete çok dikkat ettim… Şöyle inanıyorum, daha sorunsuz bir hamilelik geçirmek için ibadet iyi geliyor. Sorunsuz bir hamilelik için dua ediyorsunuz, Allah'a yöneliyorsunuz, evlatla imtihan olmamak için, psikolojik olarak iyi geliyor. Ben hamileyken bir arkadaşım yedi aylık doğum yaptı ve vefat etti bebeği, ondan da etkilendim. 3 aya kadar

Allah'ım düşmesin diyordum, 3 aydan sonra Allah'ım erken doğum olmasın diyordum, son zamanlarda da acaba doğmayacak mı, içerde bir sıkıntı olacak mı derdi oluyordu. Hiçbir şeyim olmamasına rağmen bunları ben bile hissettim. Dua ile atlattım bunları. (Mother 2)

104. Beni Allah korusun azasında eksiklik olması, sakatlık olması çok korkutuyordu. Eşimle konuşuyordum, o da dua et hayırlısını iste diyordu, dua ediyordum, o şekilde rahatlıyordum, iyi hissediyordum. (Mother 5)

105. Beşinci ayın sonuna kadar işe devam ettim. İki farklı anaokulunda psikolog olarak çalıştım. Toplamda iki gün çalıştım. Benim için çalışmak çok kolaydı, koşullarım çok iyiydi. Beşinci aydan sonra evde çok sıkıldım. Bence normal doğum yapmamamın sebeplerinden biri bu hareketsizlik, diğeri de benim psikolojim. Çalışma bir hareket imkânı veriyor, bir tempon var. Düzenli kahvaltı yapıyordum, pozitif etkisi oluyordu, zihnim dağılıyordu. Sonrasında [evdeyken] fiziksel yorgunluk çok oldu. Başkalarıyla beraber olmak, işe yarar hissetmek iyiydi. Hamile olmak ve bebek sahibi olmak ile insan yararlı oluyor ama bebek eve hapsediyor. Şimdi düşünüyorum, eğer o zaman işten ayrılmasam, sancım gelene kadar işe devam ederdim. Çalışma yeri ve koşullarıyla da ilgisi var. Sabah geç gidebiliyordum, kahvaltımı yapabiliyordum, akşam 4-5 gibi yeme içme imkânım oluyordu. Zaten sağlıklı bir ortam ve sağlıklı yemekler, çocuklarla çalıştığım için bu konuda bir özen vardı. (Mother 1)

106. Tansiyon sıkıntım oldu, dört aydan sonra çok yüksekti, hastanede yatmak zorunda kaldım. Sekizinci aya kadar çalıştım, çok zorlandım. Sürekli oturarak çalışıyordum, hareket edince karnım ağrıyordu. İlk aylarda düşük tehlikem de oldu. Sabah sekizde başlıyordum, akşam yediye kadar çalışıyordum, sadece iki defa ara veriyorduk, o da 15'er dakika. Hamleliğimi çok zorlaştırıyordu. (Mother 4)

107. Benim işim gereği sürekli konuşarak iş yapıyorum, hasta şikâyetini anlatıyor, ben ona anlatıyorum, soru soruyor. Gebelikten dolayı artık son zamanlar nefesimin tükendiğini hissediyordum. Ama çalışma koşullarım bana engel olmadı. Gebe olduğum için nöbet tutmuyordum, çok büyük kolaylık. Nöbet tutsam belki zor olurdu ama bir zorluk olmadı. (Mother 14)

108. Sonlara doğru daha iyi beslenebilirdim, bebeğimin bu yüzden daha zayıf doğduğunu düşünüyorum. Spor yapmadım ama gerek de duymadım, iyi bir gebelik geçirdim çünkü hep hareket ettim, gezdim. (Mother 2)

109. Doğumda fazla şişmem olmadı çünkü çok yürüdüm, her gece dışardaydım meyve sebze yiyordum, et suyu yiyordum, iyi geliyordu. (Mother 3)

110. İstediğim her şeyi yaşadım ama vücudum ağırlaştıkça mesela her istediğimi yapamaz oldum, istediğim gibi dışarı çıkamadım, o zor oldu. Daha az kilo alsaydım iyi olurdu. (Mother 5)

111. Ben beslenmeme çok dikkat ediyordum. Her gün bir tane suda pismiş yumurta, bir kâse yoğurt, bir bardak süt içtim, birkaç tane de ceviz yedim. (Mother 10)

112. Ben sanırım ideal bir hamilelik geçirdim zaten. Mesela insanların iştahı açılır ya, bende az bir kilo alımı oldu, ben sadece elmaya yöneldim. Belki yedinci aydan sonraki kilo alımına biraz daha dikkat edebilirdim. Belki biraz daha bol oksijen alabilirdim. Ama onun dışında hiç zorluk, sıkıntı yasatacak bir durumum olmadı. Evimde doğru düzgün temizlik bile yapmadım, tehlikeli hiç hareketim olmadı. (Mother 12)

113. Doğumu kolaylaştırıcı şeyleri daha fazla yapabilirdim mesela. Pilates çok öneriyorlar, deneseydim işe yarar mıydı diyorum, normal doğumu hazırlayan şeyler yapabilirdim, çatı açma egzersizleri yapılıyormuş mesela. (Mother 1)

114. Ben hamilelikle birlikte her şeye ara verdim. Hayatıma daha çok katkısı olan şeyler yapabilirdim. Şu an her geçen gün bir kayıp benim için. Üç sene öncesini düşünüyorum, çok vaktim vardı, çok şey yapabilirdim, yüksek lisans yapabilirdim mesela. (Mother 1)

115. Çok istekliyim, biri bana bir kâğıt veriyor okuyamıyorum mesela çok üzülüyorum. Şimdi çocuğum var, o büyüyünce bana diyecek anne şunu oku, okuyamayacağım. Eşim açık öğretimden oku dedi destekledi, gerekirse kursa gidersin dedi ama ben nereye gidip ne yapacağımı bilmiyorum, bir de şimdi çocuğum oldu, nereye bırakırım nasıl giderim hiç bilmiyorum. Birileri yardım etseydi eğer, ikna etseydi, şuraya git şunu yap deseydi çoktan ben de okurdum, çok pişmanım, şimdi de çok zor artık çocukla. (Mother 3)

116. Ben eğitim alamadım, istiyorum ki çocuğum her konuda eğitimli olsun. İstiyorum ki bilgili bir insan olsun, biri soru sorunca cevabını verebilsin. Bana mesela bazen soru soruyorlar, cevap vermiyorum. Bazı meselelerde mesela cevap vermiyorum, her şeyi bilmediğim için. (Mother 4)

117. Ben gebeliğimde ibadete çok dikkat ettim, tavsiye veriyorum, bana çok iyi geldi. Daha sorunsuz bir hamilelik geçirmek için ibadet iyi geliyor. Sorunsuz bir hamilelik için dua ediyorsun, Allaha yöneliyorsunuz, evlatla imtihan olmamak için, psikolojik olarak iyi geliyor. (Mother 2)

118. Ben bulantılar, yaz sıcakları derken manevi olarak kendimi destekleyemedim, şimdi olsa ona daha dikkat ederdim. Gebeliğim boyunca bunu biraz eksik bıraktım. Olumsuz bir etkisini görmedim ama olsa daha iyi olurdu gibi geliyor. Daha huzurlu olabilirdim. (Mother 6)

119. Görümcem biraz kötü davranıyordu. Laf söylüyordu. Mesela çocuk olunca şunu alacağız bunu alacağız diyordum, karışıyordu. Bende biraz üzülüyordum. Eşim dedi ki karışma dedi. Ama çocuğuma yatak odası yapamadım yine de. Yapsam daha iyi hissederdim, hem kafam dağılırdı. O da güzel bir yanı hamileliğin aslında. (Mother 3)

120. Çocuğuma bir alışveriş bile yapamadım. Ekonomik sebepler de var, bir de kayınvalidem kanser tedavisi görürken alamadık. Çocuğum başkasının kıyafetleriyle büyüdü. Yapabilsem bunları sevinirdim, huzurlu olurdum, en güzel şeylerden biri, onun giyeceği kıyafetleri seçmek. Temizlik ve alışveriş, benim için kafa dağıtmaya bire bir bunlar. İnsan ilk çocuğunda her şeyi kendisi almak ister o sevinci yaşamak için ama yaşayamadım. (Mother 8)

121. Yine hamile kalsam ilk yapacağım şey kendime hamilelik almak. Yaz günüydü, bir şey giyemiyordum almadım, kışın hamile kalmak istiyorum, daha kolay olsun diye. O kıyafeti giyince iyi hissederim, çocuğum var, eşim var. (Mother 9)

122. Yeme içme konusunda da sağlıklı beslenmeye dikkat etmek lazım, bol bol su içmek, meyve sebze, süt, sağlıksız şeyleri yememek, çiğ sebze yemek, et yemek… Maydanoz gebelikte yenmemeli diye duyuyordum, maydanoz yemiyordum. Pilav çok yemiyordum. Çay içmemek lazım, kahve içmemek lazım, sigara içilen ortamlardan uzak durmak lazım. (Mother 2)

123. Bir kere kesinlikle ağır işlerle uğraşmasın, çamaşır suyu ya da diğer temizlik malzemelerinden uzak dursun. (Mother 8)

124. Bol bol yürüyüş yapsın, fazla kilo almamaya çalışsın… Sağlıklı beslensin, ben her gün çok faydasını gördüm, benim bebeğim çok sağlıklı doğdu, normalde benim gibi zehirli albüm, yüksek tansiyon geçiren annelerin bebeği hiç beslenmezmiş, bebek yeterli gıda alamazmış… Benim bebeğim şükürler olsun çok sağlıklı doğdu. (Mother 10)

125. Çok hareket etsin, hep hareket içinde olsun. Ben çalışırken zorlanıyordum ama evde oturunca daha çok zorlanıyordum, ağırlaşıyordum, eğilip kalkamıyordum… Sağlıklı beslensin. Et yemeği falan bana iyi gelmiyordu, ağır geliyordu. Daha çok meyve, hafif yemekler iyi geliyor. (Mother 4)

126. Sakın kendini sıkma, rahat bırak, işleri bırak, kafana takma, sadece kendini düşün, ne yapmak istersen yap, ne yemek istersen ye. (Mother 6)

127. Strese girmemeye çalışsın, doğuma stressiz mutlu girmeye çalış, çünkü çocuğa da geçiyor bu stres. (Mother 7)

128. Hiç kimseyi dinlemesin, sağı solu. Hamileliğin ilk zamanlarında mesela oturuş şeklim değişmiş, ben fark etmedim ama kayınvalidem söyledi bana ben çok kötü oldum. İstediğin gibi otur derim… Sadece doktoru dinlesin, bilen kimse onu dinlesin. (Mother 9)

129. Mutlu olmak için bir şeyler yapsın, annenin psikolojisi bebeğe de geçermiş, insan küçük şeylerle de mutlu olabilir. Neyle mutlu olabiliyorsa onu yapsın. (Mother 10)

130. Hamileliğin başında birine şunu önermek isterim, günlerini dolu dolu geçirsin, sosyal hayatını mümkün olduğunca aksatmasın. Hamilelik bir fırsat, bomboş ve sana ait bir zaman dilimi. Ben hamile olsam sanatla, el sanatlarıyla, dikiş nakışla uğraşmak isterim. Enstrüman çalmak isterim. Toplumda şöyle bir baskı var, "hamilesin, yat" gibi. Bir gün gelecek hepimiz ebediyen yatacağız, ama şimdi değil. (Mother 1)

131. Ben şunu düşünüyorum, aile hayatında mutluysan, gebelik normal bir şey doğal bir süreç, binlerce yıldır yaşanan bir şey, bunu büyük bir olay haline getirmeye eğerek yok. Ne kadar normal ne kadar doğal olduğunu düşünürsen o kadar rahat geçirirsin, huzurlu olmak çok önemli. Olumlu düşün, olumlu olsun. Elinden geleni yapacaksın, sonrasını allaha bırakacaksın. (Mother 14)

132. Gebelerin ilgiye ihtiyacı var. Onunla konuşmak, bebek hakkında bilgi vermek rahat hissettirir. Ben çocuk hakkında bilgi aldığımda rahat hissediyordum. Psikolojik olarak şöyle şeyle olur sana, böyle yap iyi gelir demek lazım, tavsiye etmek lazım. Bana bu bilgiler çok verilmedi ama çok istiyordum, tüm kontrollerime düzenli gittim bir şey duyabilmek için. Doktorlardan bilgi almak çok isterdim, onlar daha iyi biliyor diye. (Mother 4)

133. Bence gebelikte cinsel ilişki çok önemli, bu konuda bilgi verilmeli kadınlara, bu ilişki için önemli bir şey… Kadın eşinin bilgisi dışında kendisini korumalı, eşinin bilgisi olmamalı. Bu sorun olabiliyor ama ebeler doktorlar da kadına destek vermeli, kadın kime sorsun bunları. (Mother 8)

134. Doğuma hazırlık önemli bir konu, annenin ne istediği, mesela normal doğum istiyorsa ona hazırlık için ne yapması gerektiği anlatılmalı… Benim gördüğüm şu ki, doğum anı ile ilgili destek çok az. Doğum öncesinde destek var, doğum sonrasında da destek var ama doğum anı için destek yetersiz. Seni bırakıyorlar kendi kendine doğur diye. (Mother 1)

135. Doğumun kolaylaşması için bir şeyler yapılabilir. Ben mesela o konuda hiç okumamışım, bakmamışım. Bu kadar zor olduğunu tahmin etmemiştim. Ben kendi kendine doğacak sanıyorum. Abimin eşi mesela hamile, onunla ben geçen gün konuştum, anlattım, aa öyle mi dedi. Ona anlattım, senin de kendini zorlaman itmen lazım, kendi kendine doğmuyor derdim. (Mother 6)

136. Başına neler geleceğini anlatmak lazım; çocuğun olacak, anne olacaksın, emzireceksin güzel şeyler söylemek lazım gebelere. Zorlukları da söylemek lazım ama korkutmamak lazım, iyi şeyler söylemek lazım. (Mother 11)

137. Lohusa sendromu denilen şey her ne ise bunun üstünde durulabilir… Bebeğim var çok mutluyum ama sürekli bir ağlama durumum var, sürekli ağlamak istiyorum. Bu konularda annelere bilgi verilmeli. O surecin anlatılması çok önemli. (Mother 12)

138. Bence doğum sonrası ve lohusalığa daha çok hazırlık yapılmalı. Bebeğe alışma sureci oluyor, en basit fiziksel ihtiyaçlarını bile gideremiyorsun o dönemde. Bu konuda bilgi verilmesi daha iyi olacaktır. (Mother 14)

139. Takibimin yapıldığı özel hastanede ücretsiz eğitimler oluyordu, hamileler için. Bunlar zorunlu değil ama randevu günü gittiğinde teklif ediyorlar, istersen katılıyorsun. Eğitimde bebek hamilelik ve bebek bakımı anlatılıyor. Bu eğitimler daha fazla olmalı çünkü herkesin eğitim seviyesi imkânları farklı, herkes benim kadar şanslı olmayabilir. Onlar da böyle eğitimlerle uzmanlarından destek almalı. (Mother 1)

140. Açıkçası birebir görüşmelerin iyi olacağını düşünüyorum, belki psikologlarla çünkü herkes her anne birbirinden farklı ve ihtiyaçları farklı, her bebek de farklı… Konu komsunun lafları çok etkiliyordu. Su olmuyor, sunu yanlış yaptın, şöyle böyle. Bu müdahaleler çok uzuyor, çok yıpratıyor. Ama bunun karsısında daha dik durmak lazım. Belki annelerle bu yönde çalışılabilir. Takma kafana. Yaşanabilecek şeylerin önceden anlatılması, hazırlıklı olunması faydalı olabilir. Herkesin basına gelmeyebilir ya da gelebilir ama bu normal. Örneğin eskiden yapılan ve simdi yanlış olduğu anlaşılan şeyler var, etraftan baskı yapılıyor. (Mother 12)

141. Babalarında çok eğitilmesi gerektiğini düşünüyorum annelerden ziyade. … Sürekli uykusu bölünüyor, esi yanında yok, bazı durumlarda birlikte bile yatamıyorsun, sürekli senin yanında olan esin bir anda yok, sürekli ilgilenmesi gereken başka bir insan var, beti benzi sapsarı giyinemiyor bile, banyo yapması bile lüks, tuvalete bile gidemiyor. Tabi ki baba da bunalıyor. Bunalan baba, anneye destek olamıyor hatta annenin işini daha da zorlaştırıyor. Bence erkekleri bu surece hazırlamak anneleri de rahatlatacak. (Mother 12)

142. Ben hep şunu soruyordum kendime, neden babalar değil de anneler sıkıntı çekiyor, neden yük annelerin omuzunda. Mesela bu konuda çalışmalar yapılabilir. Erkeklerde hiçbir değişiklik yok, onlar hayatlarına işlerine aynen devam ediyorlar ama kadınlar bedenen ruhen bir eziyet içindesin. Kocaman bir şey oluyorsun, fiziğin hayatın tamamen değişiyor. Doğduktan sonra da hayatın çok değişiyor. Bu konuda anneleri motive edici destek olacak çalışmalar yapılabilir ama erkekleri de bilinçlendirecek ve eşlerine destek olmalarını sağlayacak şeyler yapılmalı. (Mother 6)

143. Bazı insanları kocaları üzüyor hamileyken, bazıları dövüyor bile. Kocalarıyla ilgilenmek lazım. O Kadınlar için bir şey yapmak isteyen gitsin kocalarıyla konuşsun. Sonra zaten kadınlar iyi olur. (Mother 3)

144. En büyük destekçi eş. Karnındaki çocuğun var olmasına sebep olan ikinizsiniz. O sebeple etraftaki diğer kişiler eşin yerini tutmaz. Sonrasında da anne. Kayınvalide de olabilir ama bazı şeyler bana mahrem geliyor hamilelikte, kadın kendi annesiyle daha rahat eder, kayınvalide bir adım geride durmalı. (Mother 1)

145. En başta eşi iyi gelir insana, sonra aile, sonra güvendiğin bir doktor. (Mother 13)

146. En sevdiği insanlar yapmalı bunu. En sevdiğim insan esimdir. Ailesi çevresi de var ama en önemli insan estir. Esin desteği çok önemli bence. (Mother 11)

147. Bu durumda bence en büyük destek eşten gelir, yardım yakınlık, en yakınındaki kişi eşin. Onun desteği çok önemli. İhtiyacı olanlar için doktor, hemşire ya da başkaları gerekebilir ama eş tek başına yeterse başka kimseye gerek kalmaz. Aile içinde huzur olmayınca, konuşmak istesen dışardan birine ihtiyaç duyarsın. (Mother 5)

148. Gebelik surecinde eslerin anlayışlı olması çok çok önemli. Belki huzursuz bir ortamda hamile kalsam faklı ihtiyaçlarım olurdu. Ama en başta es olmak üzere, anne, yakın arkadaşlar çok önemli. (Mother 14)

149. Eşim bana çok destek oluyordu, öyle yapma, böyle yapma derdi. (Mother 9)

150. Eşimden başka kimseden destek beklemedim, gerek yoktu. (Mother 7)

151. Hamilelerin zamanı en iyi şekilde geçirmesini, ruhen ve bedenen sağlıklı olmasını isteyen babalara da yardım etmeli. Annelere elbette ilk sırada destek verilecek ama babalara da verilmeli. Çünkü aile bir bütün. Anneyi kurtarıp gerisini göz ardı edemezsin. O çocuk doğacak ve o anne baba ile aynı evde yaşayacak, hepsini desteklemen lazım ki etkili olsun. (Mother 15)

152. Sağlık personeli gebelere karşı çok sakin çok nazik olmalı, sabırlı olmalı, anlayışlı olmalı. Ebeler özellikle biraz daha dikkatli olmalı, muayene sırasında daha hassas ve yumuşak hareketlerle davranmalılar. (Mother 2)

153. Hamilelerle çalışıyorsan bir kere güler yüzlü olacaksın. Herkes de içini kolay kolay açamaz, sana güvenmesi lazım. Onu doğuma motive etmek lazım. Çok is düşüyor uzmanlara. (Mother 13)

154. Hemşireler de aynı şekilde. Güler yüzlü olmak, canını yakmamak, sonuna kadar özverili olmak, hakkını vermek lazım. (Mother 13)

155. İyi davranılsın, güler yüzlü, yumuşak davranılmalı. Daha çok üstüne düşmek lazım. Özen göstermek, şöyle yapma böyle yapma bak bir şey olur diye özen gösterilmek çok güzel bir şey. (Mother 7)

156. Hamileyken insan daha duygusal oluyor, her anlamda isteklerini yerine getirsinler, şımartsınlar, onunla konuşsunlar, destek olsunlar. (Mother 10)

157. Destek çok önemli, motivasyon çok önemli. Bir de en önemli şeylerden biri olumsuz bir şey söylememek. Çünkü olumsuz şeylere çok acık oluyor insan gebelik döneminde. Olumsuz hiçbir şey duymak istemiyorsun, çocuğunla da ilgili olumsuz bir şey duymak istemiyorsun. Doktor iyi şeyler söylesin, çevredekiler iyi şeyler söylesin istiyorsun ve bu iyi geliyor… O kadar hassas oluyorsun ki. Bebeğini de kendini de normal değerlendiremiyorsun, etraftan gelen o yorumları eleyip düşünemiyorsun. (Mother 14)

158. Bu dönem benim için pozitif bir dönemdi, hayatımdan memnundum. Eş olan ben vardım ama anne olan ben de vardım. Hatta ilk defa anneler günüm kutlandı. Olumsuz duygu hiç yoktu. Bazen duygusal iniş çıkışlarım oluyordu, o zamanlarda eşime karşı alınganlık yaptığım zamanlar oldu. Ama bana her koşulda destek olmaya devam etti, onun sayesinde atlattım. (Mother 1)

159. Hayatımın en zor dönemlerinden biri olabilirdi, çok kötü atlatabilirdim. Ama başta eşim, çevremdeki herkesin desteği ile sorunsuz, çok güzel geçirdim. Bunun bana özel olduğunu düşünmüyorum, her kadın desteklenirse bu süreci çabuk atlatabilir bence. (Mother 15)

160. Eşim annem babam hep içme dediler. Doktor ve hemşireler de söylediler zararlı olduğunu söylediler karnımdaki bebeğe. Ama bana yardım eden olmadı bırakmak için. Kendi çabamla azalttım ama bırakamadım, o kadarına gücüm yetmedi. (Mother 11)

161. Ben gebe okuluna gittiğimde her konuda bilgi verildi, hem kendim hem bebeğin bakımı hakkında videolar gösterildi, hamilelik olsun, hormonal değişim olsun, doğumun öncesi-sonrası, açıklayıcı bir şekilde anlatıldı. Kontrollerde soramıyorsun sorularını ama orda güler yüzle cevaplıyorlar her şeyi. Bunlar çok önemli, keşke her anne faydalansa bundan diyorum. Her hastanede olsa bütün anneler faydalansa böyle bir hizmetten. (Mother 7)

162. Doktorlar normal doğumu desteklerse, bunun için gereken psikolojik ve fizyolojik hazırlığın yapılması için anneyi yönlendirirlerse daha kolay olur. Örneğin televizyonlarda, programlarda… Devlet bunları desteklemedi. … Devlet hastaneleri daha normal doğuma yönelik. Ama onların da koşulları kötü, eğer iyi olsa giderdim çünkü orada normal doğum oranı yüksek, sezaryen oranı düşük. Koşulları iyileştirilmeli. (Mother 1)

163. Mesela sancı odası gibi ayrı bir şey yoktu. Ben odamda, ailemle beraber geçirdim o aşamaları. Hatta sancılar arttığı bir sırada ben sezaryen istiyorum dedim, o sırada annemler destek oldu, hadi sonuna yaklaştın, biraz daha dayan diye hep destek verdiler. Ellerini tutuyordum. Yalnız olsaydım psikolojim çok bozulurdu çok sancı çektiğim için. Çok memnun kaldım hastane personelinden ve hastanedeki bu şartlardan. İnanıyorum ki diğer hastaneler de böyle olsa insanlar daha kolay doğum yapar, daha güzel hatırlar o anı. (Mother 2)

164. Elhamdülillah biz çok mutlu bir çiftiz. Görücü usulü tanıştık, sonra birbirimizi çok severek evlendik. Aynı ortak paydada buluşma yeteneğimiz var. Benim de onun da eksilerimiz var ama bunları tolere edebiliyoruz. Sürekli gezen, paylaşımlarda bulunan bir çifttik, birlikte olmaktan keyif alırız. (Mother 12)

165. Zaten kendi derdine düşüyorsun, sağlığın her şeyi etkiliyor. Kusma, şişme bir yana bir de ağlamalar oluyor… Tüm bunlar olurken nasıl gezip dolaşayım, pilates yapayım, arkadaşlarımla görüşeyim ki? (Mother 15)

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