



Jordanian Women's Experiences of Natural Childbirth Using a Midwife-Led Care Unit: A Qualitative Study

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ABSTRACT

Background: Midwives can play a pivotal role in promoting natural-birth experiences. However, limited information is available about Jordanian laboring women's experiences of natural childbirth guided by midwives. Understanding women's experiences of natural birth can inform healthcare providers and policymakers to improve the care provided for laboring women. **Purpose:** This study aims to explore women's experiences of natural childbirth in a midwife-led care unit. **Methods:** A qualitative descriptive approach guided the study protocol. Data was collected through in-depth, semi-structured telephone interviews with 10 Jordanian women who experienced natural childbirth in a midwife-led care unit. **Results:** Two main themes emerged: "The journey of empowerment" and "being prepared for natural childbirth". The first theme consisted of two sub-themes: Making an informed decision, and being supported. The second theme consisted of three sub-themes: The power of the place, being satisfied with natural-childbirth practices, and feeling relieved. **Conclusion:** Women had positive childbirth experiences shaped by having autonomy in decision-making, perceived support, and being satisfied with the midwife-led care unit. Women's positive experiences emphasize the need for social and political change to promote natural childbirth. **Implications for Nursing:** This paper provides evidence that supports the incorporation of midwife-led units to promote natural childbirth. New data will play a critical role in strengthening the responsibilities of nurses and midwives by raising public awareness and calling for policy changes to promote natural childbirth.

Keywords: Midwife-led care unit, Natural childbirth, Women's experiences.

What does this paper add?

1. Midwives are interested in promoting natural birth in midwife-led care units. It is considered safer than the units at hospitals, which are characterized by high

rates of intervention. However, much existing knowledge about midwife-led care units comes mainly from Western countries.

2. Evidence shows that women's experiences of natural

childbirth have been successfully achieved through establishing and activating the midwife-led care unit at governmental hospitals in Jordan.

Introduction

The childbirth experience represents a very important event in women's lives, marked by the transformation of the woman into her new role of becoming a mother (Adler et al., 2020; Chabbert et al., 2021). The importance of this event is reflected by enhancing maternal and family satisfaction with childbirth experiences, as well as improving mother-and fetal-health outcomes, such as fast recovery, immediate powerful bonding, and early breastfeeding initiation, in addition to decreasing their morbidity and mortality rates (Darsareh et al., 2018), which is believed to be achieved by promoting natural childbirth and decreasing childbirth medical interventions (Erkaya & Calik, 2021).

Worldwide, women expressed a desire for natural childbirth provided by midwife-led care units, as they perceived that this model of care improved the continuum of care, improved woman-centered care, and improved satisfaction of care (Mose et al., 2023). The term natural childbirth refers to a birth without, or with minimal, medical interventions (Prosser et al., 2018). On the other hand, the medicalization of childbirth means using interventions and procedures, even when the mother and fetus are healthy, can consequently result in increasing costs, creating unnecessary risks, and increasing the unwanted rate of cesarean birth worldwide (Maffi & Gouilhers, 2019).

In Jordan, the medicalization of childbirth was accelerated in the 1980s and 1990s (Maffi & Gouilhers, 2019). This increase in medicalized childbirth is reflected by the use of medical interventions, such as epidural analgesia, electronic fetal monitoring (EFM), and induction of labor, which have dramatically increased, and found to be different from WHO guidelines recommended (Abuidhail et al., 2021). These guidelines recommended that birth should start on its own, with freedom of movement during birth, using other positions instead of supine, providing physical and emotional support, avoiding unnecessary interventions, such as induction of labor, episiotomy, and epidural anesthesia (Arik, 2023).

Midwives can play a pivotal role in promoting natural and positive birth experiences (Wong et al.,

2018). They have a great desire to promote normal births with minimum interventions and help women have meaningful birth experiences (Wong et al., 2018). A qualitative study of Jordanian women revealed that whenever a midwife is present, women are valued and acknowledged during the childbirth process (Hawamdeh, 2018).

Studying women's perspectives on their personal experiences is important and worthwhile. However, there are very few qualitative studies exploring natural-childbirth experiences; Jordanian women's natural-childbirth experiences have not yet been studied. Therefore, this study aims to explore Jordanian women's experiences of natural childbirth using midwife-led care. Understanding women's experiences of natural birth is significant in enhancing nurses' and midwives' roles to take responsibility for leading the change and advocate for natural birth in their community.

Methods

Study Design

A qualitative descriptive approach guided this study. This approach is used to explore new phenomena, understand context, identify new research questions, and give deep insight into understanding the problem under investigation (Kegler et al., 2019; Preis et al., 2018). Therefore, this design was used in our study to provide straightforward descriptions of women's experience of natural childbirth, using a midwife-led care unit by listening to their stories (Doyle et al., 2020).

Study Participants

In this study, purposive convenience sampling was used. Ten women were recruited, according to data saturation during data collection and analysis, which has been ascertained when redundancy in the information occurred, and no further data collection and/or analysis are necessary (Saunders et al., 2018). The study participants were selected based on the following inclusion criteria: low-risk full-term pregnancies and having natural childbirth in the midwife-led care unit, during the six-week postpartum period. The rationale for these inclusion criteria was based on the aim of the study to recruit participants with natural-childbirth experiences.

Setting

The study was conducted at Zarqa New Governmental Hospital (ZNGH) in Al-Zarqa city in

Jordan. This hospital was purposefully selected, as it includes a midwifery-led unit designed as a part of a research project conducted by Abuidhail et al. (2021). This unit was prepared according to the evidence-based guidelines of WHO (2018), and it has been supplied with the needed equipment. A well-trained midwife was assigned to this room and applied the recommended guidelines, including enhancing women to walk, changing positions during labor, providing continuous labor support, avoiding unnecessary medical interventions, using upright pushing positions, following women's urges to push, and keeping the woman and her baby together (Erkaya & Calik, 2021). The labor room contains the following equipment: delivery bed (electrical), suction apparatus, infant incubator, infant resuscitator, fetal monitors, obstetrical set, private bathroom, Jacuzzi hot tub, birth ball, and music.

Data Collection

Data was collected through semi-structured telephone interviews. The interviews were conducted and audiotaped by the first author, after obtaining the permission of women. The telephone-based interviews were selected, because the study was conducted during the lockdown period during the COVID-19 pandemic from April to August 2021. The interview guide was prepared based on the literature reviewed and approved by two PhD-educated nursing faculty members. The interview questions were translated into Arabic by a bilingual researcher who is a doctoral student, then two bilingual PhD holders tested the translated questions for accuracy and cultural sensitivity as recommended by Farooq and de Villiers (2017). The focus of the interviews was on women's experiences of natural childbirth using a midwife-led care unit. The duration of the interviews was directed according to the participants' time and lasted from 45 to 50 minutes. Appendix I represents the interview questions.

Ethical Considerations

Ethical clearance before data collection and approval to conduct the study was obtained from the Institutional Review Board (IRB) of the Faculty of Nursing at the University of Jordan, and then from the Ministry of Health (MoH). Verbal and written consents were obtained and a copy of the written consent was provided to the participants as a part of the online instrument.

Data Analysis

The stage-by-stage data analysis for semi-structured interviews method developed by Burnard (1991) was used. He emphasizes adopting open coding concepts and thoroughly reading and precisely summarizing the events in the transcripts. He does this by the following processes that are methodical and easy to understand (a) the audiotapes were transcribed verbatim by the first researcher; (b) each typed transcript was checked against the audiotape by the second and third researchers; (c) the first author read the written transcript of each interview several times and highlighted the keywords and significant statements throughout the transcript, (d) the first author re-read the transcripts and listed emerging themes to describe all aspects of the content; (e) then, the identified themes were determined, and similar themes were grouped; (f) each theme then was named to reflect the content; (g) transcripts were then re-read alongside the final list of themes to identify which theme is significant to the purpose of the study. Selected quotes were translated into English by two bilingual nursing faculty members (doctoral student and PhD holder) independently, and then another two bilingual doctoral nursing faculty members tested and approved the translated quotes.

Trustworthiness

Evaluating the rigor of qualitative research is a gold standard of the research process (Hunter et al., 2017). Therefore, the credibility of the categorization process was confirmed by the second and third researchers, while the credibility of the findings was achieved by returning transcripts to two participants to ascertain that the major themes were a true reflection of the participants' lived experiences. Transferability was achieved by providing a rich and thorough description of participants' experiences (using their quotes) and the study circumstances (e.g. time, place, and context of the study).

Results

A total of 10 women participated in the study. Women's ages ranged between 23 and 35 years (mean: 28.4), while their ages at marriage ranged from 16 to 25 years (mean: 20.2). All women were multipara, and the gestational age ranged from 39 to 40 weeks. Table 1 presents the participants' socio-demographic and clinical characteristics.

The thematic analysis revealed two main themes: "The journey of empowerment" and "being prepared for natural childbirth". The first theme consisted of two sub-themes: Making an informed decision and being supported. The second theme consisted of three sub-themes: The power of the place, being satisfied with natural-childbirth practices, and feeling relieved. Table 2 presents the study themes and sub-themes.

Theme 1: The Journey of Empowerment

The findings revealed that all the women expressed their concerns about being empowered and supported from the onset of labor until birth. A common theme that emerged from the data was related to women's empowerment during natural childbirth. This perception was reflected by two key issues: making an informed decision and being supported. Both are presented in the following two sub-themes.

Sub-theme 1: Making an Informed Decision

The participants' narratives showed that having choices to have individual experiences of childbirth has played a significant role in empowering women. This gave laboring women a sense to control their bodies physically and psychologically, and therefore to tolerate the natural-childbirth process. Nearly a half of the participants (n = 4) asserted that before entering the labor room, the midwife provided them with choices and enhanced their abilities to decide. One participant stated:

"I had never seen this room before, but the midwife asked to show me the natural-childbirth room. She advised me to watch it and then determine whether or not I wanted to give birth naturally. The room was fantastic; it was a tidy space that offered me psychological support" (p. 1).

The participants reflected on the impact of informed choice and decision-making on providing a feeling of happiness, comfort for the women, gratitude for God, as well as appreciation for the role of the midwife. One participant stated:

"The midwife is lovely, and there's plenty of privacy in this room. She also said, "If you'd like, I can assist you in giving birth naturally in this room." Thank God, it was a pleasant feeling to be able to choose how to give birth" (p. 4).

Another participant added that:

"I felt happy, it was a very nice idea, there is

nothing better than normal birth, I mean, I was relaxed and decided that I would go through the experience with them" (p. 5).

The findings of this study also indicated that informed choice and enhanced decision-making abilities created a sense of humanity between the women and midwives. More clarification was presented by one of the participants; she stated that:

"The midwife repeatedly told me whether I want any specific care, and she asked me whether I prefer to have an episiotomy, I told her: no, and she considered my request, I felt that I am a real human" (p. 6).

The above evidence would imply that decision-making taken by the women facing choices related to having natural childbirth in a private and well-prepared room is effective in enhancing the feeling of empowerment, comfort, and humanity. Additionally, it creates a sense of respect and appreciation for the significant role that the midwife has played.

Sub-theme 2: Being Supported

All the participants (n=10) expressed their appreciation, satisfaction, and deep gratitude towards the support that they received from the midwife before, during, and after natural childbirth. Women's narratives implied that they received different types of midwives' support. The physical support was the first type reported by the participants. The following narrative is an example:

"At the point when she took me to the room, she walked with me, she put my hands on her shoulder, and she let me lay on her, I felt the benevolence and compassion of her care, I understood that she believes that I can deliver normally, and she was extremely great" (p. 8).

The narratives of this study also revealed that women considered spirituality another type of support facilitated by the midwife; one participant expressed that:

"She gave me her phone to read Quran and helped me take a break when I was feeling tired" (p. 8).

Other women stated that the midwife's physical and psychological support created a sense of safety and empathy:

"I felt that the midwife in the room was like my sister, God willing. She made me feel safe and secured when she holds my hand" (p. 1).

The findings of this study revealed that the midwife's role during childbirth is to promote and apply a patient-centered care approach. This was reflected by the continuous care, assessment, and always being around. One of the participants said that:

"There was a lot of privacy in this room, and the midwife was very kind, she said: in this room, I will help you have a natural birth if you like. It was a good feeling to know that you had chosen the birth method by yourself" (p. 6).

Notably, the feeling of support provided by the midwives in the natural-childbirth room has two aspects. First, the support provided involves physical, psychological, and spiritual support. These kinds of support were reflected by continuous assessment, care, and patience. Second, the impact of support was on women's feelings of comfort, calmness, happiness, and having the chance to give birth naturally.

Theme 2: Being Prepared for Natural Childbirth

The participants in this study expressed their feelings toward the natural-childbirth room. This room is prepared with not only sufficient, but also new and advanced, equipment, in addition to specific practices that support women to give birth naturally. They reported that childbirth in this room gave them a sense of security and comfort, and maintained their dignity.

Sub-theme 1: The Power of the Place.

In this study, all the participants (n=10) expressed that the place made a difference in their experience of childbirth. The participants described the structure of the natural-childbirth room, and its impact on their psychological status. One of them stated:

"We have a five-star room with a bed and a bathroom, just like your master bedroom (the midwife informed me). I used to pray that I could give birth in a room like this, but until recently, I couldn't believe it. I had never imagined owning a room like this, and I felt like I was in a neat, wonderful space with psychological comfort" (p. 1).

The same participant added that the environment of the room encouraged her to deliver naturally, and this allowed her to have a sense of relief and comfort. She stated that:

"I would give birth naturally if we were in the same room because I felt relieved like I was

dreaming, and I was very comfortable" (p. 1).

Another participant pointed to the issues of privacy and midwife care. She believed that both are essential in promoting natural childbirth:

"Of course, this room's best feature was its privacy. Nobody was allowed to enter the room. The midwife did her best to induce a natural delivery and dealt with us extremely well" (p. 7).

Sub-theme 2: Being Satisfied with Natural-childbirth Practices

Findings revealed that the women frequently mentioned that they were satisfied with the childbirth practices, and they asserted that these practices were effective in the success of their natural-childbirth experiences. All the participants described in detail the type of practices that they had, including using music, hot showers, birth balls, and giving birth with no need for induction or episiotomy. One of them stated that:

"It was the final day of the ninth month of my pregnancy. I visited the hospital after experiencing labor pain. They assured me that they would support me in giving birth in this room, that there would be no artificial labor or sewing involved, and that everything would happen naturally. The midwife also assisted me in using the childbirth ball, taking a hot shower, and playing music while I gave birth" (p. 5).

The same participant continued describing the effect of the practices on both physical and psychological well-being:

"As I previously mentioned, the hot water and ball movements dilated my cervix, which allowed me to give birth naturally, it's the fourth time I've given birth, but it was the first time that they placed the baby on my chest. She helped me and cared for me when the baby was on my chest, this was a very pleasant feeling" (p. 5).

Another participant pointed out that natural childbirth promotes a sense of relief, more than any other type of childbirth, such as induction, episiotomy, and cesarean section:

"As for natural childbirth, I felt more relieved than with artificial labor, and I'm sure that it's more comfortable than the operation; the fatigue may last a little while, but after the birth, it will go away; so, it's easier than the operation—and the stitches" (p. 2).

Sub-theme 3: Feeling Relieved

Participants' statements revealed that they had feelings of fear, scaring, worried, uncertainty, and unbelief before giving birth, which all were replaced by happiness and joy after giving birth. Before the current childbirth, women had negative feelings because of their past experiences of childbirth at governmental hospitals. However, after the birth in the midwife-led unit, all women reported positive feelings and beliefs toward the natural-childbirth experience. One participant stated:

"Look, after this natural birth, I felt happiness that could not be described, thank God. I was afraid to deliver in a government hospital because they were not cooperative, and were screaming at me" (p. 1).

Another participant said:

"When I gave birth, thank God, things got easier. I was happy that it was easy and relieved to give birth naturally. I started telling the midwife that I was very surprised by the natural birth, it was easy. Before the natural birth, I was so scared and worried, and I wondered when I would finish this day" (p. 5).

Uncertainty related to natural childbirth was also expressed through the narratives of the participants, especially since some of them were used to having induction of labor in their previous pregnancies. In this experience, the participants asserted that the feeling of uncertainty was replaced by the feelings of success and relief.

"At first, I was nervous, because I had given birth three times before, all of which involved artificial labor. Thank God, it went well; it was just an hour that was forgotten" (p. 5).

However, at the beginning of the experience of natural childbirth, around one-third of participants (n=3) expressed a feeling of fear being in the new room as they were exposed to new practices and worried about complications. After giving birth, they became interested and relieved:

"I told my husband about the new room and its new system, and I told him that I'm afraid there will be complications after birth. It was the first time I'd given birth in my life, but after that, I felt relieved that someone was taking care of me, I was scared, because it was the first time and I was not used to having birth in such a room" (p. 7).

The finding of this study revealed that the room had played a major role in the success of natural-childbirth experiences. This success was reflected by the women's feelings of comfort, happiness, relief, attachment with the newborn, and being satisfied with the midwife's practices.

Discussion

This study aimed to explore the women's experiences regarding natural childbirth led by a midwife unit in Jordan. The finding of this study showed that empowerment is achieved through maintaining women's autonomy, providing choices, enhancing decision-making abilities, and providing all types of support. Likewise, Huschke (2022) recommended that it is essential to help women regain their autonomy and criticize the medical system's approach that left women feeling deeply disempowered, unsupported, disrespected, anxious, angry, or traumatized.

Making an informed decision is the other aspect of this journey. The findings of the study showed that the women valued the significant role that the midwife played in enhancing women's autonomy in decision-making. This role is parallel to the World Health Organization (WHO) guideline that is recommended for offering clear information, responding to women's preferences, and helping women understand their choices (WHO, 2018). Similar findings were reported by several researchers (Afulani et al., 2020; Hunter et al., 2017; Iida et al., 2021).

In Jordan, the women's experiences of childbirth varied across settings and generations (Hussein et al., 2020). The findings of our study help alter the outdated perception of the practices carried out in the labor room. Previously Hussein et al. (2020) reported that in governmental hospitals in Jordan, women had no support, and were treated disrespectfully. In our study, the women expressed that in their dreaming room- as they described it-, they received and appreciated different types of support provided by the midwife, including physical, psychological, and spiritual support, all of which contributed to the success of the natural-childbirth experience. Similarly, Summerton et al. (2022) reported that labor support creates a positive birth experience by encouraging women to get around, offering massages, and holding hands, as well as providing emotional support, helping women feel in control, self-confident, and ensuring continuous care.

Considering the structure of a midwife-led unit, designing a birthing room increases the probability of natural childbirth, promotes women-centered care, produces positive physical and psychological outcomes, and decreases medical interventions during childbirth (Ayerle et al., 2018; Bodner-Adler et al., 2017). Consistently, our study presented the natural childbirth experience as a new journey for the mother. The women realized the impact of room structure, equipment, and practices on enhancing the natural childbirth process, through enhancing the progress of labor, pain relief, intact perineum, feeling happy about having a natural birth, and attaching the newborn. Another positive point is that from a woman's perspective, they finally gave birth in a room that promotes psychological comfort, a sense of relief, and privacy.

The women in this study were looking for privacy, which is considered a missing aspect in some governmental hospitals in Jordan as described by Hussein et al. (2020). The author of the last study claims that in public hospitals in Jordan, the women had to share a room during their labor with other women; also, public hospitals are teaching hospitals, and thus labor rooms are generally crowded; consequently, women are looking for a private hospital seeking for privacy (Hussein et al., 2020). This study highlights that a midwife-led unit will be the preferred option for women to obtain privacy and safety, in public hospitals, particularly for those with low income or with no health insurance in private hospitals.

Bonding and attachment are other important practices that should be taken into consideration during the childbirth experience, as they lead to emerging love and affection between the mother and her newborn (Wada et al., 2020). The present study demonstrated that it was the first time that the women had experienced newborn attachment. Women reported that this new experience enhanced their senses of happiness and love, and consequently, they forgot their previous suffering during childbirth. This was contradictory to the result of the study conducted by Hussein et al. (2020) who found that in giving birth within the medicalized context, by which the woman should be sedated and get tired after birth, the baby will be taken away to avoid any possible harm. The difference in the findings between the two studies highlights the essential role that the midwife-led care unit might play in supporting and enhancing bonding and attachment practices during natural childbirth.

One other important issue that has to be addressed is that, while natural childbirth can be associated with positive outcomes including lower medical costs (Happel-Parkins & Azim, 2016), our study did not address this aspect given that we focused on the experiences of women who were covered by health insurance, as they gave birth in a governmental hospital. Hence, future research is necessary to explore the cost-effectiveness aspect of using a midwife-led unit, and therefore better understand different aspects of this model of care.

Lastly, although this study gave valuable information about women's experiences related to natural childbirth through the midwife-led unit, unfortunately, evidence regarding the crucial role that midwives could play in enhancing positive childbirth experiences was not applicable at all hospitals in Jordan, as the health system in Jordan was medically dominated, which creates confusion about the identity and image of midwifery's role in promoting natural childbirth. Therefore, it has not yet been seen as a primary health strategy (Shaban et al., 2012).

In this context, our study provides evidence that the availability of the midwife-led unit in a governmental hospital in Jordan (Abuidhail et al., 2021) represents a change in the practice and health policy about childbirth. In this regard, it's necessary to understand the perspectives of midwives and hospital managers regarding the activation of a midwife-led care model, to establish and expand this care unit within hospital facilities. Thus, the adoption of such a unit can make a difference in laboring women's experiences during natural childbirth starting their empowerment and beyond. All the previous actions are considered fundamental to achieve core global health initiatives, such as Universal Health Coverage 2030 that aims to build stronger health systems, and enable leaders to act quickly and seriously to promote health for all (Edmonds et al., 2020).

Implications for Nursing

This paper will add to the existing knowledge about the natural-childbirth experiences from the women's perspectives, aiding in informing healthcare providers about the reality of natural childbirth, and providing more evidence to call for the integration of midwife-led units as a model of care for childbirth. New data will be significant in enhancing nurses' and midwives' roles

who are always on the front line (Alolayyan et al., 2023) to take responsibility for promoting natural birth within their communities through increasing public awareness and informing for policy changes. The findings of this study could be a resource for other researchers who intend to study similar topics in the future.

Strengths and Limitations

This qualitative descriptive study begins to fill an identified gap in the evidence of the experience of natural childbirth using a midwife-led care unit from the women’s perspective. This study has two limitations. Firstly, all the participants in the study were from the same geographic area; therefore, influences from regional practice, setting, policy, and sociocultural context may affect the study findings. Secondly, the study was conducted using telephone interviews related to the lockdown strategies applied during the COVID-19 pandemic. Consequently, the field notes and non-verbal communication were hard to obtain. Finally, this study focused on women’s experiences, and thus to better understand all aspects of adopting a midwife-led care unit for natural childbirth, it is important to explore the experiences of midwives and program staff to reflect on policy initiatives.

Conclusion

This study aimed to explore the women's experiences regarding natural childbirth in Jordan. This study showed that women’s experiences of natural childbirth were enhanced through being empowered and having informed choices. Moreover, their autonomy in decision-making was enhanced when they were able to choose the midwife-led care unit. Jordanian women were satisfied to participate in this experience and appreciated the significant role that the midwife can play in providing natural-childbirth services.

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Conflict of Interests

No conflict of interests is to be declared by the authors.

Appendix I

The interview questions

- Q1. Describe your experience of giving birth to your baby using a natural birth.
- Q2. How was your experience of natural birth compared with your expectations of natural birth?
- Q3. How was your experience of natural birth compared with your previous experience of childbirth?
- Q4. What were your immediate feelings about yourself and/or your birth experience after the birth?
- Q5. Describe in detail the midwife's role before, during, and after your childbirth.
- Q6. If you could recommend a certain type of childbirth experience, based on your own experiences, what would you recommend to other women, and why?
- Q7. Is there anything else you'd like to share about your natural-birth experience?

Table 1. Sociodemographic characteristics of the Participants

| Sociodemographic variables | Number % (n=10) |
|----------------------------|-----------------|
| Age | |
| 20–24 | 3 (30) |
| 25–29 | 4 (40) |
| 30–34 | 1 (10) |
| 35–39 | 2 (20) |
| Marriage age | |
| < 20 | 4 (40) |
| 20–24 | 5 (50) |
| 25–29 | 1 (10) |

| | |
|------------------------------------|---------------|
| Gestational age | |
| 38 ≤ | 6 (60) |
| 42 ≤ | 4 (40) |
| Parity | |
| 2 | 4 (40) |
| 3-5 | 5 (50) |
| > 5 | 1 (10) |
| Age of the baby | |
| | 15 -18 months |
| Type of pregnancy | |
| Planned | 9 (90) |
| Unplanned | 1 (10) |
| Level of education for the woman | |
| Elementary school | 3 (30) |
| High school | 3 (30) |
| Diploma | 2 (20) |
| University degree | 2 (20) |
| Employment (woman) | |
| Currently employed | 1 (10) |
| Not employed | 9 (90) |
| Husband Age | |
| 25–29 | 1 (10) |
| 30–34 | 4 (40) |
| 35–39 | 4 (40) |
| > 39 | 1 (10) |
| Level of education for the husband | |
| Elementary school | 3 (30) |
| High school | 4 (40) |
| Diploma | 1 (10) |
| University degree | 2 (20) |
| Employment (husband) | |
| Currently employed | 10 (100) |
| Not employed | 0 |
| Economic status | |
| Low | 4 (40) |
| Middle | 5 (50) |
| High | 1 (10) |
| Type of family | |
| Nuclear | 10 (100) |
| Extended | 0 |

Table 2. The studied themes and sub-themes

| Themes | Sub-themes |
|----------------------------------|---|
| The journey of empowerment | <ul style="list-style-type: none"> • Making an informed decision • Being supported |
| Being prepared for natural birth | <ul style="list-style-type: none"> • The power of the place • Being satisfied with natural-childbirth practices • Feeling relieved |

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