



CHILDBIRTH EXPERIENCES OF WOMEN WHO ATTENDED MIDWIFE-LED ANTENATAL TRAINING OR ANTENATAL SCHOOL CARE FROM MIDWIVES' POINT OF VIEW: A QUALITATIVE STUDY

EBELERİN BAKIŞ AÇISINDAN, EBE LİDERLİĞİNDE YÜRÜTÜLEN ANTENATAL EĞİTİM/ANTENATAL OKULA KATILAN KADINLARIN DOĞUM DENEYİMLERİ: NİTEL BİR ÇALIŞMA

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ABSTRACT

Objective: To explore midwives' perspectives on the childbirth experiences of women who attended midwife-led antenatal training or antenatal school.

Methods: A qualitative study employing a phenomenological approach. Eighteen midwives who had experienced midwifery practices on facilitating normal childbirth of pregnant women who attended the midwife-led antenatal training or antenatal class were recruited. All participants had experience in facilitating normal births for women who had attended midwife-led antenatal training or antenatal school. Data were collected through individual, in-depth semi-structured interviews. Thematic analysis was conducted using a conventional content approach and MAXQDA Analytics Pro 2020 software.

Results: Four themes emerged from the data: (1) the impact of women's childbirth experiences, (2) the quality of support in woman-centred care, (3) reliable and supportive relationships, and (4) antenatal education during the COVID-19 pandemic.

Conclusions: Antenatal training or antenatal school positively changed the childbirth perception of pregnant women, increased their self-confidence, and led strengthened their belief in giving childbirth. Women who have received positive childbirth experiences increased childbirth satisfaction. Furthermore, it can be more likely to build effective communication based on respect and trust between pregnant women who have received antenatal training and midwives. Antenatal training led by midwives enhances women's confidence, strengthens mother-midwife bonds, and supports woman-centred care by fostering positive childbirth experiences. The findings of this study highlighted that antenatal training contributed positively to women's pregnancy experience, childbirth, and postpartum processes and their relationships with midwives and their babies. Facilitating antenatal education widespread and inclusive seems to be an essential tool that contributes to woman-centred care and positive childbirth experience.

Keywords: Health Educations, Midwifery, Qualitative Approaches, Women's Health.

ÖZET

Amaç: Bu çalışmanın amacı, ebe liderliğinde yürütülen antenatal eğitim ya da antenatal okula katılan kadınların doğum deneyimlerine ilişkin ebelerin bakış açılarını incelemektir.

Yöntem: Bu çalışma, fenomenolojik yaklaşımla yürütülmüş nitel bir araştırmadır. Ebe liderliğinde antenatal eğitim ya da antenatal sınıfa katılmış gebelerin normal doğumlarını destekleme deneyimine sahip 18 ebe çalışmaya dahil edilmiştir. Tüm katılımcılar, ebe liderliğinde antenatal eğitim ya da antenatal okula katılmış kadınların normal doğumlarını destekleme deneyimine sahiptir. Veriler, bireysel, derinlemesine yarı yapılandırılmış görüşmeler yoluyla toplanmıştır. Tematik analiz, geleneksel içerik analizi yaklaşımı kullanılarak ve MAXQDA Analytics Pro 2020 yazılımı aracılığıyla gerçekleştirilmiştir.

Bulgular: Verilerden dört tema ortaya çıkmıştır: (1) Kadınların doğum deneyimlerinin etkisi, (2) Kadın merkezli bakımda sunulan desteğin kalitesi, (3) Güvenilir ve destekleyici ilişkiler, (4) COVID-19 pandemisi sürecinde antenatal eğitim.

Sonuç: Antenatal eğitim ya da antenatal okul, gebelerin doğuma ilişkin algılarını olumlu yönde değiştirmiş, özgüvenlerini artırmış ve doğum yapabileceklerine olan inançlarını güçlendirmiştir. Olumlu doğum deneyimi yaşayan kadınlarda doğum memnuniyetinin arttığı belirlenmiştir. Ayrıca, antenatal eğitim almış gebeler ile ebeler arasında saygı ve güven temelli etkili iletişim kurulmasının daha olası olduğu görülmüştür. Ebe liderliğinde yürütülen antenatal eğitim, kadınların özgüvenini artırmakta, anne-ebe bağına güçlendirmekte ve olumlu doğum deneyimlerini destekleyerek kadın merkezli bakımı geliştirmektedir. Bu çalışmanın bulguları, antenatal eğitimin kadınların gebelik deneyimine, doğum ve doğum sonu süreçlerine, ayrıca ebeler ve bebekleriyle olan ilişkilerine olumlu katkı sağladığını göstermektedir. Antenatal eğitimin yaygın ve kapsayıcı hâle getirilmesinin, kadın merkezli bakım ve olumlu doğum deneyimini destekleyen temel bir araç olduğu düşünülmektedir.

Anahtar Kelimeler: Ebelik, Kadın Sağlığı, Nitel Yaklaşımlar, Sağlık Eğitimi.

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Bu makaleye atıf yapmak için / Cite this article: Ulucan, M., & Yücel, U. (2026). Childbirth Experiences of Women Who Attended Midwife-Led Antenatal Training or Antenatal School Care from Midwives' Point of View: A Qualitative Study. *Gevher Nesibe Journal of Medical & Health Sciences*, 11(1), 1-12. <http://doi.org/10.5281/zenodo.19744788>

INTRODUCTION

Pregnancy is a transformative period in a woman's life, characterized by physical, psychological, and social changes that require significant adaptation (Pinar et al., 2018). Antenatal care services (ACSs) play a critical role in ensuring the well-being of both the mother and the fetus during this time. Recognized as a core component of the World Health Organization's (WHO) Safe Motherhood Initiative since 1987, ACSs aim to support healthy pregnancy outcomes (WHO, 2002; WHO, 2016). Among these services, childbirth preparation programmes are designed to promote respectful maternity care and facilitate non-traumatic labour. These programmes are also associated with more positive childbirth experiences and have been identified as a potential strategy for reducing unnecessary caesarean births (Pinar et al., 2018; Barimani et al., 2018; D-zomeku et al., 2020).

Childbirth preparation education began in the 1930s globally, and since the 1970s, its significance within antenatal care services has steadily increased. In developed countries such as the United States and Germany, childbirth preparation is offered through both private and publicly supported healthcare systems. In these settings, training is typically delivered by midwives working independently in private health institutions. In countries with comprehensive national health systems, such as the United Kingdom and Sweden, antenatal education is integrated into routine maternity care and is likewise provided by midwives.

In Turkey, childbirth education was previously incorporated into routine antenatal follow-ups conducted in healthcare institutions. Structured antenatal education programmes began to be implemented in the 1980s and became increasingly widespread in the 2000s (Serçekuş & Yenal, 2015). In 2014, the Republic of Turkey Ministry of Health issued its first legal regulation on "Antenatal Classes," officially outlining the purpose, structure, and scope of antenatal education (Ministry of Health of the Republic of Turkey, 2014). The primary aim of these programmes was to educate pregnant women about the prenatal, childbirth, and postpartum periods, inform them about pain management, and support both mothers and fathers in adapting to their evolving roles and responsibilities. The physical and structural standards of antenatal education were detailed in the "Antenatal Class Training Book" appended to the official circular. In a subsequent regulation, education units initiated within primary healthcare institutions were referred to as "antenatal classes," while those established in secondary and tertiary public or private health facilities (i.e., hospitals) were also labelled as such. These trainings are offered free of charge by midwives who have undergone childbirth education trainer certification (Ministry of Health of the Republic of Turkey, 2014; Ministry of Health of the Republic of Turkey, 2018).

However, due to the global COVID-19 pandemic beginning in 2019, in-person childbirth education programmes were suspended in many countries, including England, the United States, and Turkey (Pasadino et al., 2020). In response, the Republic of Turkey Ministry of Health launched the "Distance Antenatal School" programme, providing 27 pre-recorded 40-minute videos to ensure access to antenatal education for all pregnant women. Additionally, hospital-based midwives were tasked with coordinating online childbirth education sessions (Republic of Turkey Ministry of Health, 2020).

Numerous international studies have demonstrated that antenatal education promotes the physiological process of normal childbirth, enhances childbirth satisfaction by fostering maternal self-efficacy, and contributes positively to motivation and the overall childbirth experience (Serçekuş & Başkale, 2016; İşbir et al., 2016; El-Kurdy et al., 2017; Ricchi et al., 2020). Antenatal education has also been shown to reduce pregnancy and childbirth-related anxiety, alleviate fear of childbirth, and facilitate a more positive perception of labour pain (Serçekuş & Başkale, 2016; İşbir et al., 2016; El-Kurdy et al., 2017; Gluck et al., 2020; Ricchi et al., 2020).

Despite the growing implementation of antenatal training in Turkey over the past decade, the majority of research in this area has employed quantitative approaches. These studies have primarily investigated the impact of antenatal education on childbirth satisfaction, delivery mode decision-making, fear of childbirth and maternal self-esteem (Pinar et al., 2018; İşbir et al., 2016). Although antenatal education is widely implemented in Turkey, there is a lack of qualitative research examining midwives' perspectives on these programmes and their impact on women's childbirth experiences. This study aimed to explore midwives' evaluations of antenatal training and their perspectives on the childbirth experiences of women who attended midwife-led antenatal classes or schools.

MATERIALS AND METHODS

Study Design

Phenomenology is a qualitative approach that seeks to understand how individuals interpret and give meaning to experiences as they are perceived through consciousness. In this view, a phenomenon is defined as any object, event, or experience that becomes consciously accessible. Phenomenological research aims to uncover the essence of such experiences by exploring the perspectives of individuals who have directly encountered the phenomenon (Moran, 2000). Accordingly, this study employed a descriptive phenomenological design to explore midwives' evaluations of childbirth experiences in women who attended midwife-led antenatal training or antenatal school. The approach was selected as a truth-seeking framework to describe participants' conscious experiences as broadly and authentically as possible. The reporting of the study adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong et al., 2007). In this study, the terms "antenatal training" and "antenatal school" are used interchangeably, as both are commonly applied to pregnancy education programmes in Turkey.

Sampling

A purposive sampling strategy was employed to recruit 18 midwives working in delivery rooms of hospitals across different provinces in Turkey. All participants had experience in facilitating normal births for women who had attended midwife-led antenatal training or antenatal school. There were no exclusion criteria. During selection, characteristics of the health institutions—such as their classification as "mother-friendly hospitals"—were taken into account to ensure diversity. Invitations were sent via email to maternity staff in various institutions, explaining the purpose and methods of the study. Volunteer participants were identified through referrals by delivery room supervisors. The first author, who conducted all interviews, aimed to obtain rich and detailed descriptions to explore the essential structure of the phenomenon. Data collection concluded after interviews with 18 midwives, at which point data saturation was achieved.

Data Collection Procedures

Data were collected between November and December 2020 through in-depth semi-structured interviews. The interview guide was developed by the research team based on the relevant literature (Table 1) (Onchonga et al., 2020). Interviews were conducted online via Google Meet and Zoom. Each interview was held in a quiet, private environment and was digitally recorded with participants' verbal consent obtained prior to the session. The average duration of the interviews was 32.18 minutes (ranging from 20 to 50 minutes). All audio recordings were transcribed verbatim into written text for analysis.

Table 1. Interview Questions

Main Questions

- What do you think about birth preparation training?
 - How do you think these trainings affect the prenatal and delivery process of pregnant women?
 - Could you talk about your birth experiences with women who received training?
 - If you compare the birth process of women who are educated and those who cannot, what are the differences?
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Data Analysis

Data were analysed using Braun and Clarke's (2006) six-phase thematic analysis approach, which provides a flexible yet rigorous framework for identifying and interpreting patterns of meaning within qualitative data. The analysis began with familiarisation, where transcripts were read repeatedly to immerse the researcher in the data. Initial codes were then generated systematically across the entire dataset, capturing significant features relevant to the research questions. These codes were subsequently organised into potential themes, which were reviewed and refined to ensure they accurately reflected the data (Table 2). Each theme was clearly defined and named, capturing the essence of the participants' experiences. Throughout the process, a reflexive approach was maintained, acknowledging the researcher's active role in theme development. The analysis was supported by MAXODA Pro 2020 software, facilitating efficient data management and coding.

Table 2. An Examples of The Analysis Process

Themes	Sub-themes	Code	Data
Reliable and supportive relationships	Motivation and satisfaction for midwives	Reduced workload	<i>"The woman learned the birth process. She practices (walking, squatting) to facilitate labor. These also lighten my workload."</i>
	Relationship between mother and baby	Breast-feeding	<i>"They are aware of the importance of breastfeeding, they know it. The mother wants to breastfeed her baby, and she breastfeeds her baby right after birth."</i>

Trustworthiness

To ensure trustworthiness, the study adhered to the four established criteria outlined by Lincoln and Guba (1985) —credibility, dependability, confirmability, and transferability—and operationalised through practices recommended by Nowell et al. (2017). Dependability was maintained by keeping a detailed research notebook (audit trail) throughout the study, documenting methodological decisions, reflections, and coding processes. Credibility was enhanced through investigator triangulation; two researchers independently coded the transcripts, and themes were developed collaboratively through iterative discussion. When disagreement occurred, consensus was achieved with the input of three external experts: a midwife with qualitative research experience, a nurse academic, and a midwifery researcher. Confirmability was addressed through reflexive note-taking and transparency in data interpretation. Transferability was supported by providing rich, thick descriptions of participants and settings, enabling readers to assess relevance in other contexts.

Ethical Considerations

The study was approved by the Medical Research Ethics Committee of Ege University, Faculty of medicine in İzmir, Turkey (Approval No: E.336051, N: 99166796-050.06.04). Written informed consent was obtained from all participants prior to data collection. Participants were informed that the interviews would be audio-recorded, that the data would be used solely for research purposes, and that their identities would remain confidential. They were also assured of their right to withdraw from the study or discontinue the interview at any time without any consequence.

RESULTS

The age of midwives through individual in-depth interviews was between 24 and 45 years. Three of them received master's level, fifteen of them received under graduated with Midwifery education. One midwife worked at a university hospital, two at a city hospital, four at a training and research hospital, and eleven at a state hospital (Table 3). 394 codes were extracted from the data obtained through individuals' in-depth interviews. Four main themes and 13 sub-themes emerged from those codes. The four main themes emerged in the study: the impact of women's childbirth experience, quality of support for women-centred care, reliable and supportive relationships, antenatal training during COVID-19 (Figure 1).

Table 3. Demographic Variables of Study Participants

Participant Number	Age	Education	City	Hospital Type	Antenatal School Presence	Interview Environment	Interview Time
P 1	32	Master Degree	İzmir	University	Yes	Zoom	33. 25
P 2	45	Degree	İzmir	State	Yes	Zoom	33. 07
P 3	27	Degree	Eskişehir	City	Yes	Google Meet	29. 17
P 4	41	Degree	İzmir	State	Yes	Google Meet	25. 19
P 5	31	Degree	İzmir	State	Yes	Google Meet	27. 16
P 6	43	Degree	İzmir	State	Yes	Google Meet	23. 12
P 7	44	Degree	Elazığ	Şehir	Yes	Google Meet	38. 16
P 8	31	Degree	İzmir	State	Yes	Google Meet	20. 22
P 9	41	Master Degree	İzmir	Training and Research Hospital	Yes	Google Meet	45. 32
P 10	27	Degree	Urfa	State	Yes	Google Meet	30. 47
P 11	35	Master Degree	İzmir	Training and Research Hospital	Yes	Zoom	51. 59
P 12	39	Degree	İzmir	State	Yes	Google Meet	24. 57
P 13	34	Degree	İstanbul	State	Yes	Google Meet	46. 33
P 14	25	Degree	Muş	State	Yes	Zoom	34. 49
P 15	35	Degree	İstanbul	State	Yes	Google Meet	27. 23
P 16	24	Degree	İstanbul	Training and Research Hospital	Yes	Google Meet	36. 41
P 17	28	Degree	Urfa	State	Yes	Google Meet	20. 27
P 18	26	Degree	İstanbul	Training and Research Hospital	Yes	Zoom	33. 30

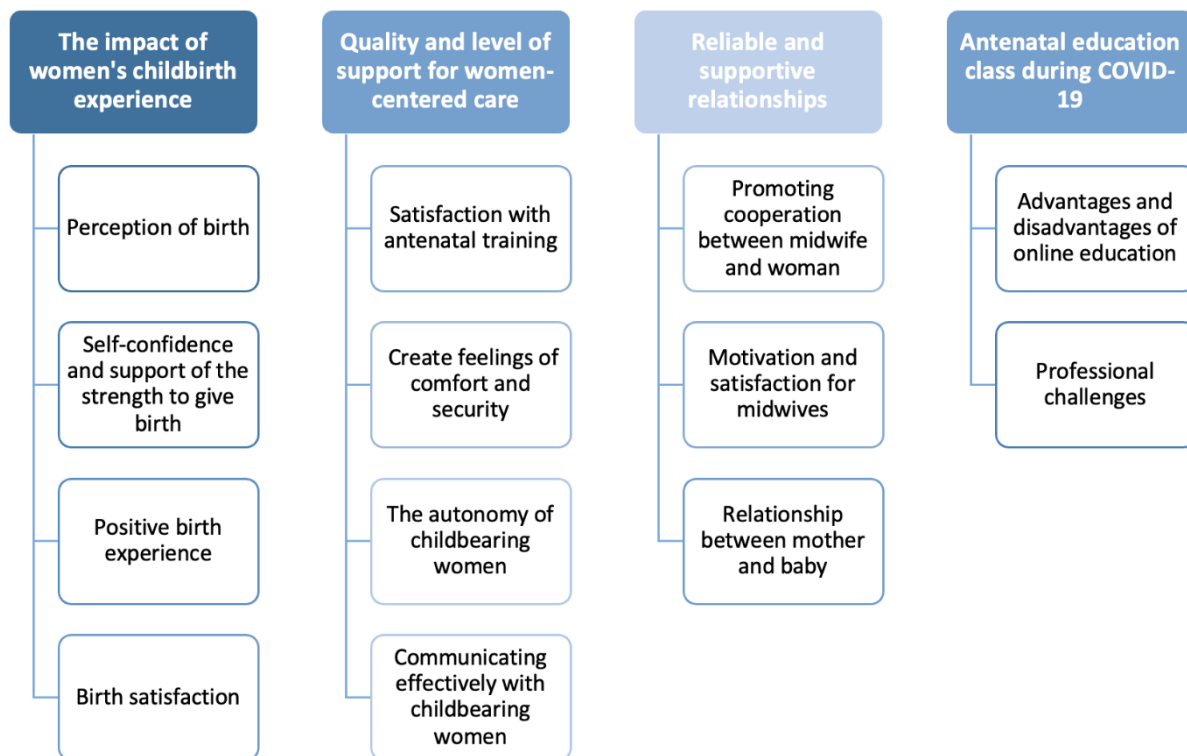


Figure 1. Themes- Subthemes

Themes 1: The Impact of Women's Childbirth Experience

This theme consisted of four sub-themes: perception of childbirth, self-confidence and strength to give birth, positive childbirth experience, and childbirth satisfaction.

Perception of Childbirth

Midwives observed that women who attended antenatal classes developed a more positive perception of childbirth. Gaining knowledge about labour physiology helped reduce negative beliefs and allowed childbirth to be viewed as a natural process. Some midwives noted that this shift contributed to increased preference for vaginal birth: "Women who have received antenatal class gain more control over childbirth. They understand that childbirth is natural and a temporary process... unlike women who did not attend such classes." (P1)

"After the training, because women accept that childbirth is a natural process, their attitudes are more positive towards both their perceptions of normal childbirth and us. Thus, they prefer vaginal delivery." (P16)

However, some participants highlighted that the classes focused heavily on vaginal delivery, offering insufficient information about caesarean birth. As a result, women felt unprepared or disappointed when a caesarean section became necessary: "More realistic training is needed... Mothers come to the delivery room focusing only on normal childbirth and reject the idea of a caesarean, even in emergencies. When it happens, they feel like they have failed." (P18)

Self-Confidence and Strength to Give Birth

Midwives reported that women who attended antenatal training practiced physical exercises and breathing techniques, which increased their bodily awareness and confidence in their natural ability to give birth: "A pregnant woman who attended antenatal training said she applied the exercises she learned... Her belief in childbirth and her ability to give birth improved." (P1)

"The biggest advantage is that women become more aware of their bodies. They better understand the role of their body and baby in the birthing process." (P11)

Breathing techniques were especially helpful in coping with labour pain: "They practice breathing exercises at home when labour starts. Their confidence increases and they manage their pain more effectively." (P10)

Positive Childbirth Experience

Participants stated that antenatal training reduced women's fear of childbirth by fostering a better understanding of labour physiology. As their confidence increased, women were more likely to perceive childbirth positively: "Pregnant women who attend antenatal classes learn everything about pregnancy and labour... Their fears are replaced by better experiences." (P9)

Most midwives agreed that these positive experiences reduced the need for interventions and contributed to spontaneous, satisfying births: "Women who received training were better prepared. They feared childbirth less, felt less pain, and were more satisfied. This led to fewer medical interventions." (P15)

Childbirth Satisfaction

Participants stated that when women attended antenatal training with their spouses, it increased both maternal and paternal satisfaction with the birth experience: "Antenatal training helps couples feel more satisfied. Fathers play a more active role and this enhances overall satisfaction." (P11)

Even primiparous women were more active and confident during labour, leading to more fulfilling experiences: "Although it was her first birth, she progressed quickly. She was aware of her body and what to do. She left feeling happy and satisfied." (P1)

Theme 2: Quality of Support for Women-Centred Care

This theme included four sub-themes: satisfaction with antenatal training, creating feelings of comfort and security, the autonomy of childbearing women, and effective communication with midwives.

Satisfaction with Antenatal Training

Introducing the delivery room environment and the midwifery staff to pregnant women attending antenatal classes was considered a key factor in increasing satisfaction: "With the increase of satisfaction to these training, pregnant women come to us (midwives) before the childbirth, and they can have the chance to observe the childbirth environment." (P14)

Midwives reported that informed women managed labour better, which enhanced their satisfaction and created conditions conducive to woman-centred care: "Women's satisfaction of antenatal training can help reduce their fear of childbirth and have positive experiences... When the fear of women decreased... they participated in the childbirth without being intervened... This helps midwives provide woman-centred care more easily." (P16)

Creating Feelings of Comfort and Security

Midwives noted that women who attended antenatal classes came to the delivery room well-prepared, bringing personal items that enhanced their comfort. These women were also more proactive about their care and their babies' needs: "All the preparation has been made... Baby clothes, mother's clothes, slippers... snacks, and care materials... She came to you. She has learnt everything to comfort herself and was well prepared. You can provide woman-centred care with high quality." (P2)

Autonomy of Childbearing Women

Antenatal training enhanced women's autonomy by increasing their knowledge and decision-making capacity, especially regarding when to come to the hospital. This reduced early hospital admissions and unnecessary interventions: "They know how to cope with labour pains... they avoid early hospital admissions by using their autonomy... This prevents medicalisation and offers us the opportunity to provide woman-centred care." (P3)

Midwives also observed that women who had received training were more self-controlled, more likely to practice pain-relief exercises, and retained their autonomy throughout labour: "I think a pregnant woman who has had antenatal training gives childbirth easily. She becomes more understanding and self-controlled... A woman who had not received training might lose her autonomy, despite our recommendations." (P6)

Communicating Effectively with Childbearing Women

Midwives stated that antenatal training improved communication by increasing trust and awareness. Women who had received training were more respectful and collaborative in decision-making during labour: "Mothers who have received antenatal training feel close to us... Pregnant women who have not attended antenatal training experience communication problems and their autonomy does not improve." (P10)

"A pregnant woman who has not received antenatal training can say whatever comes to her mind... You can develop a more professional and respectful communication with women who received antenatal training." (P4)

Theme 3: Reliable and Supportive Relationships

This theme included three sub-themes: promoting cooperation between midwife and woman, motivation and satisfaction for midwives, and the relationship between mother and baby.

Promoting Cooperation Between Midwife and Woman

Midwives reported that trust-based cooperation was easier to establish with women who had attended antenatal training. These women actively participated in the birth process and better aligned with midwifery practices:

"Since they who received antenatal training are more conscious, they take an active role in the childbirth themselves... This leads to positive cooperation between women and midwives." (P3)

In contrast, women who had not received antenatal training were more fearful, distrustful, and reluctant to cooperate, making woman-centred care more difficult: "We have communication and cooperation problems with women who have never attended antenatal training... They are always distrustful of us... we have challenges to provide woman-centred care." (P10)

Midwives also noted that delivering antenatal training themselves and introducing the delivery environment built trust and encouraged women to actively seek midwifery care:

“Women who have attended antenatal training trust us because they take this training from us... They demand midwifery care and manage childbirth in cooperation with us.” (P14)

Motivation and Satisfaction for Midwives

Participants shared that working with trained women increased their professional satisfaction and motivation. This not only made woman-centred care easier but also reduced the workload: “Moments that make us very happy are professional satisfaction. You as a midwife have to make more effort... with pregnant women who do not receive training, and your workload increases.” (P1)

Relationship Between Mother and Baby

Midwives observed that antenatal training enhanced mother–baby bonding. Educated mothers were more likely to initiate skin-to-skin contact and breastfeeding:

“There is a more strong/reliable relationship between women who attended antenatal training and their babies... A mother who has had antenatal training wants to have skin-to-skin contact with her baby immediately.” (P14)

Theme 4: Antenatal Training During COVID-19

This theme emerged as all participants reflected on the shift from face-to-face to online antenatal training during the early stages of the COVID-19 pandemic. It includes two sub-themes: advantages and disadvantages of online training and professional challenges.

Advantages and Disadvantages of Online Training

After face-to-face classes were cancelled, online antenatal training began. Midwives noted several benefits, including comfort, increased partner participation, and accessibility from remote areas: “Pregnant women can attend this training from anywhere... even in a remote village.” (P18)

“Pregnant women can attend antenatal training in their own homes... This led to increasing the participation of their partners.” (P9)

However, midwives also reported serious limitations, such as digital inequality and the inability to provide physical demonstrations or observe participants' learning: “The accessibility of online training is low... This led to inequality.” (P11)

“In face-to-face training, you can touch, teach, and observe. Online, there is a screen between you and the participants.” (P11)

Professional Challenges

Midwives reported that discontinuing face-to-face training negatively impacted both themselves and pregnant women. Women arriving in labour post-pandemic were less prepared, and midwives could clearly see the difference:

“We realised the inadequacies... While antenatal schools had advantages before COVID-19, now there is no such thing.” (P8)

DISCUSSION

This study aimed to explore childbirth experiences of women who attended midwife-led antenatal training or antenatal school, from the perspective of midwives, and to examine the perceived contributions of such training to labour. Findings indicated that women who received antenatal education demonstrated a more positive perception of childbirth, increased self-confidence and autonomy, and the ability to establish safer and more supportive relationships. Attending antenatal training enhanced women's belief in their ability to give birth and empowered them to make informed decisions about their care and comfort. Furthermore, the training fostered more positive and effective communication between women and midwives.

Several previous studies have reported similar outcomes. For example, Citak Bilgin et al. (2020) and Cankaya and Simsek (2020) found that antenatal education positively changed women's childbirth perceptions. Cankaya and Simsek's (2020) randomised controlled trial with 112 participants showed that antenatal training encouraged greater preference for vaginal birth. However, conflicting evidence

exists in the literature. Mueller et al. (2020) found no significant effects of antenatal training on childbirth perception or satisfaction. These inconsistencies may result from differences in programme content, population characteristics, or measurement tools used across countries.

Midwives in the current study noted that antenatal education increased women's confidence in their ability to give birth, supported pain coping through breathing exercises, and enhanced bodily awareness. Heim et al. (2019) similarly found that antenatal classes promoted physical activity, introduced non-pharmacological pain relief techniques, and boosted self-confidence. Studies by Hosseini et al. (2018) and Cankaya and Simsek (2020) also concluded that training reduced fear of childbirth. A systematic review by Shorey et al. (2018) confirmed that such fear is a barrier to positive birth experiences. Hassanzadeh et al. (2021) further highlighted that antenatal education reduced childbirth-related fear, strengthened maternal capacity, and contributed to positive experiences. These findings align with the current study and support the view that antenatal training is a vital strategy to promote positive childbirth outcomes.

However, Citak Bilgin et al. (2020) reported no significant reduction in childbirth interventions among trained women. In contrast, Gluck et al. (2020) and Mueller et al. (2020) found that antenatal training reduced intervention rates, likely due to reduced fear and increased preparedness. Variability in intervention rates may be influenced by institutional, cultural, and systemic healthcare differences (Kronborg et al., 2012).

Midwives in this study expressed concern about training content that overemphasised vaginal birth without adequately preparing women for the possibility of caesarean section. This sometimes led to emotional distress and resistance when a medically indicated caesarean was necessary. In Turkey, the caesarean section rate is approximately 52% (TDHS, 2019). While antenatal training promotes normal birth as part of national strategies to reduce caesarean rates, it is equally essential to ensure that women receive balanced information and understand the potential necessity of caesarean delivery (Dietz & Campbell, 2016).

Another finding from this study is that antenatal education facilitated women's active participation in decisions regarding their care and comfort, which supported midwives in delivering woman-centred care. These findings are consistent with Moridi et al. (2020), who emphasised that autonomy and shared decision-making are core elements of woman-centred maternity care. Hassanzadeh et al. (2021) similarly noted that informed, autonomous women are more likely to experience respectful and humanised childbirth.

The study also highlighted the development of positive, trust-based relationships between midwives and women who attended antenatal training. According to the International Confederation of Midwives such relationships are essential for respectful maternity care. They also enhance women's ability to cope with pain, use their autonomy effectively, and reduce the risk of postpartum depression (ICM, 2014).

Moreover, women who received antenatal training demonstrated stronger early bonding with their babies. They were more likely to initiate breastfeeding and skin-to-skin contact, and to maintain them (Citak Bilgin et al., 2020).

The study was conducted at the onset of the COVID-19 pandemic, during which face-to-face antenatal education was suspended and replaced with online training. While online education offered flexibility and increased partner involvement, participants noted that digital inequality limited access. Similar findings were reported by Ade-Oje et al. (2021), who cited internet access as a major barrier. Nolan (2021) also emphasised the importance of in-person training for demonstrating labour techniques and massage.

In conclusion, antenatal education was found to offer numerous physical and psychological benefits for women and their babies. Women who attended training were more prepared, more confident, and had more positive perceptions of childbirth. Additionally, antenatal training enhanced communication between women and midwives and supported the provision of woman-centred care.

Strengths and Limitations of the Work

A key strength of this study is that it is the first qualitative research to explore childbirth experiences of women who attended midwife-led antenatal education or antenatal school, from the perspective of midwives, and to evaluate the contributions of such training to the labour process. Another strength is

the inclusion of midwives working in hospitals across different regions of Turkey, providing diverse contextual insights.

However, one important limitation of this qualitative study is the limited generalisability of its findings due to the relatively small sample size. Additionally, the study did not distinguish between primiparous and multiparous women, and the data focused solely on the experiences of midwives related to vaginal births.

CONCLUSION

Antenatal training and antenatal schools positively influenced women's perceptions of childbirth, promoted normal birth, enhanced self-confidence and childbirth competence, and contributed to more positive birth experiences. The training encouraged women to seek comfort and security, exercise autonomy, and actively participate in decision-making during labour. Moreover, antenatal education provided favourable conditions for midwives to deliver respectful and woman-centred maternity care. It played a significant role in promoting satisfying childbirth experiences for both women and midwives. Women who were involved in their birth processes with reduced stress and increased self-control also demonstrated more positive engagement with their newborns during the early postpartum period.

Although this study did not focus on the evaluation of online antenatal training, participants shared their views on the shift from face-to-face to online education during the COVID-19 pandemic. Given the rapid expansion of online antenatal programmes in Turkey, further qualitative and quantitative research is recommended to explore their effectiveness. Future studies should include various participant groups, such as pregnant women, partners, educators, and healthcare professionals, to comprehensively assess the impact and quality of online antenatal education. Midwife-led antenatal education strengthens women's self-confidence, autonomy, and positive engagement in the childbirth process. Integrating structured antenatal training into national maternal care programmes can enhance woman-centred care and reduce unnecessary medical interventions. Policymakers should support the standardisation, accessibility, and continuity of both face-to-face and online antenatal training to ensure equitable maternal health outcomes.

Acknowledgements

The authors appreciate all midwives who participated in this research and provided important and valuable information. The authors would like to thank the Scientific Research Projects Coordination Unit of Ege University for their support. This study was derived from the author's master's thesis. The authors also thank postgraduate researchers Guldane Damla Kaya, Aytul Hadimli, and Seval Cambaz Ulas for their expert opinions on data analysis.

Conflict of Interest

The authors declared no potential conflicts of interest concerning the research, authorship, and/or publication of this article.

Author Contributions

Plan, design: MU,UY; **Material, methods, and data collection:** MU; **Data analysis and comments:** MU,UY; **Writing and corrections:** MU,UY.

Funding

This research was supported by the Scientific Research Projects Coordination of Ege University (Grant Number: 22917).

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