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Pregnant Women Diagnosed with Threatened Preterm Labor and What They Experience in the Hospital? A Qualitative Study

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Abstract

Background: Preterm labor is an important problem in terms of neonatal mortality and morbidity risk adversely affecting women who experience the threat of preterm labor.

Aim: This study aimed to determine the experience, feelings, and thoughts of the women who are diagnosed with threatened preterm labor in the hospital.

Methods: A phenomenological approach was used. The data were collected through semi-structured interviews in perinatology clinic of a research hospital. The sample consisted of 12 women diagnosed with threatened preterm labor. Content analysis was used to evaluate the data.

Results: As a result of the interviews, 5 main themes were formed, namely "meaning of threatened preterm labor," "causes of threatened preterm labor," "problems related with threatened preterm labor," "coping," and "expectations and recommendations.". Thirteen themes such as psychological burden, lifestyle change, experiencing health problems, problems related to the hospital environment, and the hospital environment were created.

Conclusion: This study showed that threatened preterm labor influences women physically and psychologically. In the threatened preterm labor process, women expect support from both healthcare professionals and their families and friends. For this reason, it may be important for healthcare professionals to care for how women cope with threatened preterm labor. Inclusion of the family and social environment of women in the threatened preterm labor process and the support of healthcare professionals in providing information and comfort to women may contribute to the coping of women with the threatened preterm labor.

Keywords: Threatened preterm labor, experience, emotion, thought

Introduction

Threatened preterm labor (TPL) occurs in 7%-12% of all babies.[1] Today, prematurity is reported to be the most common cause of deaths under the age of 5 worldwide.[2] Approximately 1 million newborn deaths occur annually in approximately 15 million live preterm births.[3] It leads to chronic lung disease, problems with gastrointestinal, immunological, and central nervous systems, hearing and eyesight problems, motor and cardiovascular disorders lasting for a long time, and cognitive, visual, and behavioral disorders.[4] Threatened preterm labor causes physical and psychological problems in late childhood and psychological and financial problems in families and communities due to the sudden loss of their babies, their long stay in intensive care, and learning.[5] Therefore, addressing TPL is essential for accelerating progress toward millennium development.[6]

Although it has been reported that TPL does not have a well-known and effective treatment,[7] bed rest is routinely recommended.[8] Women experience many physical, psychological, familial, social, and financial problems due to prolonged hospital stay for the treatment of TPL.[5,9] Hospitalization for TPL separates women from their families and is an important stressor for them.[8-11] The problem women experience while in hospital is being separated from their babies, partners, and other family members. Uncomfortable beds and having to share a room with another patient can cause insomnia.[9] In addition, women face problems related to changes in their life like feeling of insufficiency, worrying about becoming a mother, and being dependent on others.[12]

Women during bed rest experience boredom, imprisonment, loneliness, and depression.[13,14] Less knowledge about test results, the health of their babies, and labor and length of

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stay in hospital lead to coping problems.[9,13] Determination of experiences, feelings, and thoughts of women diagnosed as TPL and hospitalized can reveal which aspects of their lives are affected by TPL and how they can cope with them. It will also contribute to appropriate nursing care. The aim of this study was to determine experiences, feelings, and thoughts of women hospitalized due to TPL.

Materials and Methods

Design and Setting

This is a qualitative study with a phenomenological design. This method enables individuals to reveal their experiences, perceptions and meanings about a phenomenon.[15] The study was conducted in a 34-bed, perinatology clinic in a research hospital in Turkey where the follow-up and deliveries of women with TPL were done. The hospital is a tertiary healthcare provider that follow-up and treats risky pregnancies such as TLP.

Participants and Recruitment

Participants were purposively sampled to cover a range of personal experiences of TPL. Inclusion criteria were being diagnosed as TPL and older than 18 years, knowing Turkish, not being diagnosed with a psychiatric disorder, having a gestation of minimum of 20 weeks, and participating voluntarily. One exclusion criterion was that participants wanted to give up the study at any stage. Data collection continued until obtaining satisfactory data as required in qualitative studies.[15,16] Pilot interviews were conducted with 3 participants before the research data were collected. During the study period, a total of 14 women fulfilling the study criteria were contacted. One woman declined to participate and 1 woman dropped out of the study. As a result, the study was completed on 12 participants. For the sample size in this study, a sampling approach is used that requires researchers to continue collecting data until sizes adequate for answering the research question via repeating processes are met (i.e., the saturation point is reached).[15,16]

Measurements

Data were collected in face-to-face interviews with a socio-demographic feature form, a semi-structured interview form, and a voice recorder. The socio-demographic feature form consisted of questions about demographic features including age, marital status, education, and obstetrics features. The semi-structured interview form is composed of the following questions: “What do you think of threatened preterm labor?” “What do you think causes labor to start earlier?” “What has changed in your life after you have been diagnosed as threatened preterm labor?” “What do you think of your hospital stay due to this condition?” Expert opinion was requested about the questions above.

Data Collection

Data were collected through face-to-face interviews between March and August 2016. Face-to-face interviews were performed in interview rooms in the clinics that were silent, illuminated, and comfortable enough for the individuals to express themselves without interruption. The interviews lasted for 20-30 minutes (standard deviation: 5.05 minutes). During the face-to-face interview, there were only participants and the first researcher in the room. Interviews were conducted at the appropriate times of the participants. Each participant was interviewed in separate rooms and on different days. Repeated interviews were not conducted with the same participant.

Data Analysis

Sociodemographic and obstetric characteristics of participants were analyzed using descriptive statistics (means and frequencies). Firstly, the researchers performed the analysis independently. All recorded interview data were transcribed without any changes. After transcription, interview texts were sent to all researchers, and feedback from them was received on the interview process. The interviews were conducted by the first researcher and data analysis was conducted independently by 2 researchers with qualitative research experience (the first and second authors). In the content analysis, inductive category creation technique suggested by Corbin and Strauss was used to create codes and categories.[15] As Corbin and Strauss[15] stated, open, axial, and selective coding was applied to the data. In open coding, the data were read repeatedly and divided into codes. The codes were created by axial coding are separated from each other according to the connections between them, forming themes, and sub-themes. With selective coding, relevant themes that define the research question were created.[15] Later, they came together and discussed the themes and subthemes. The researchers critically evaluated and discussed the data with respect to the research aims. Consensus was achieved on the thematic statements that best described the findings. The interviews were conducted in Turkish, and they were translated into English in the reporting stage.

Rigor

The research team consisted of 2 female researchers (Ph.D.). These researchers were trained in qualitative research and had qualitative work experience. They also conduct studies on the risky pregnancies and are interested in studies within this field. In the present study, interviews with women were conducted by the first researcher. At the beginning of the interviews, the researcher stated that the participant would be able to explain her views freely and that every view was valuable. The researcher was permitted to know some of the participants but was disallowed from having a personal relationship with any participant. To achieve validity and reliability, the principles of qualitative studies, that is, credibility, transferability, dependability, and confirmability, were adopted.[15,17,18] Credibility: to achieve credibility, expert evaluation and long-term interaction were utilized. Transferability: results were presented without making any generalizations. Consistency: data were gathered by the same researcher with the same data collection tool and the same voice recorder. Confirmability: all data collection tools, voice recordings, crude analyses, and codes and themes created during data analysis were examined by an expert. They were also kept in case a need for their reexamination arises. No prior relationships existed between the interviewees and the interviewers. COREQ (COnsolidated criteria for REporting Qualitative research) Checklist was used to ensure comprehensive reporting of this study.

Ethical Consideration

Ethics committee approval was received for this study from Dokuz Eylül University Non-Interventional Research Ethics Committee (date and number: 24.03.2016, 2016/08-35). Written permission was obtained from the institution where the research was conducted. All participants were informed about the purpose of the study by the interviewer. Both written and verbal consent was obtained from the participants.

Results

The mean age and the mean gestational week of the participants were 28.25 ± 5.26 years and 30.33 ± 4.71 weeks, respectively. Of 12 participants, 5 were primipara and 7 were multipara. The minimum and maximum pregnancy numbers were 1 and 4 respectively. Six women were university graduates and 6 women were primary school graduates (Table 1).

Five themes and 13 subthemes emerged from obtained data. They are presented in Table 2.

Theme 1: Meaning of TPL

In the present study, the women reported that TPL refers to psychological burden and changes in lifestyle.

Subtheme 1: Psychological burden

The women defined psychological burden as a situation causing stress, fear, and anxiety and an unexpected, distressful, difficult, and unknown situation.

"It (TPL) is a situation causing great anxiety... It can occur suddenly. It is not a situation known very well... a situation both upsetting and causing fear." (D.G.)

Subtheme 2: Changes in lifestyle

The women categorized changes in lifestyle into changes in work life, social life, and family life and changes due to the hospital environment.

"I'd been working before threatened preterm labor appeared ..." (N.K.)

"I cried until morning because I have a son at home ..." (F.Y.)

Theme 2: Causes of TPL

The women commented that TPL is caused by individual factors and experiences of health problems.

Subtheme 1: Individual factors

Individual factors incriminated for TPL by the women were strenuous physical activity, stress, insufficient nutrition, and relationship problems with their spouses.

"...I've made many mistakes. I cannot have sufficient nutrition. I got very tired due to shopping for the baby and cleaning the house... I thought nothing bad would happen to me..." (N.B.E.)

"...I had a problem with my husband. I'm not sure, but it might have been the cause." (Y.T.)

"...I might have created stress myself" (A.Ö.)

Subtheme 2: Experiencing health problems

Concerning health problems, the women mentioned prior TPL, amniocentesis, diseases of the fetus, and their own diseases.

"Stressful environment may also cause it. I've worked in a stressful environment. It might have been responsible for it." (Ş.K.)

"People used to say twins are born at the seven and half month of pregnancy ... It was always in my mind." (F.Y.)

"My thyroid hormone levels were high. It might cause preterm labor although it is not very likely, people say." (N.B.E.)

Theme 3: Problems related with TPL

Problems related with TPL mentioned by the women can be classified into problems with fetus, delivery, family and social circle, hospital environment, treatment, and health staff.

Subtheme 1: Fetus-related problems

The women's problems related to their fetuses were fear of death of their babies, anxiety about separation from their babies, and fear of incompetency about caring for their babies.

"Nothing is worse than loss of something one wants very much." (A.Ö.)

Table 1. Socio-Demographic and Obstetric Characteristics of the Participants

Participant No.	Age	Education Level	Working Status	Pregnancy Week (Week and Day)	Number of Pregnancies	Pregnancy Type
1.	32	Bachelor's degree	Working	31+1	4	Singleton
2.	23	Primary school	Nonworking	33+5	2	Singleton
3.	23	Bachelor's degree	Nonworking	21+3	1	Multiple
4.	19	Secondary school	Nonworking	32+4	1	Singleton
5.	27	Secondary school	Working	32+2	2	Singleton
6.	27	Primary school	Nonworking	34+3	3	Multiple
7.	27	Secondary school	Nonworking	29+6	1	Multiple
8.	39	Primary school	Nonworking	34+3	2	Singleton
9.	29	Bachelor's degree	Nonworking	34+2	2	Singleton
10.	32	Bachelor's degree	Working	27+5	1	Multiple
11.	29	Bachelor's degree	Nonworking	22+5	1	Singleton
12.	32	Bachelor's degree	Working	35+3	3	Singleton

Table 2. Subthemes, Themes, and Main Themes

Subthemes	Themes	Main Themes
A situation causing stress, fear, and anxiety An immediate, unexpected situation A process causing distress and difficulty An unknown situation	Psychological burden	Meaning of TPL
Changes in work life Changes in social life Changes in family life Changes due to hospital environment	Changes in lifestyle	
Strenuous physical activity Stress Insufficient nutrition Relationship problems with spouses	Individual factors	Causes of TPL
A prior experience of TPL Amniocentesis Fetal diseases Diseases of pregnant women	Experiencing health problems	
Fear of loss of baby Anxiety about separation from baby Fear of incompetency about care for baby	Fetus-related problems	
Uncertainty about time and type of delivery Fear of experiencing problems during delivery	Delivery-related problems	
Spouses' and families' anxiety about health of pregnant women and their fetuses Being away from spouses and families Being away from friends	Problems related to families and social circles	TPL related problems
Lack of regular and sufficient sleep and nutrition Inability to perform self-care Not ventilating the room Crowded room Atmosphere of delivery room	Problems related to hospital environment	
Disorders related to continuous bed rest Boredom due to routine procedures and having to wait	Treatment-related problems	
Pessimistic attitudes toward TPL Utilization of medical terms Receiving insufficient information	Health staff-related problems	
Compliance with bed rest Using the Internet and watching TV Reading books and magazines Communicating with other patients Praying Inculcating to increase self-confidence Seeking support from health staff Seeking social support	Cognitive, behavioral coping	Coping
Increasing the number of health staff Decreasing the number of patients in each room Not staying in the same room with women giving birth Television Presence of a shower in patient room	Hospital environment	Expectations and recommendations
Referring to a hospital with an incubator Information about signs of TPL Possibility of continuation of pregnancy in case of TPL Health status of baby Support for coping	Health staff's offering information	

TPL, threatened preterm labor.

"When they stay in an incubator, isn't it possible to see my babies and I'll feel that one part of me stays in the hospital. It will be difficult to take care of them. Babies may die due to infections in the incubator. I'm worried about it." (H.Y.)

Subtheme 2: Delivery-related problems

The women's delivery-related problems were uncertainty about time and type of delivery and fear of experiencing problems during delivery.

"Time of birth is unclear in the presence of threatened preterm labor. I couldn't go out in case something bad happened, my water broke and something unexpected happened." (N.K.)

"...I'm shocked to hear that I'll have a cesarean section because I've been expecting to give a normal birth ... It's scary." (D.G.)

Subtheme 3: Problems related to families and social circles

The women had problems with their families and social circles. They commented that their spouses and families were anxious about their health and their fetuses' health and that they were away from their spouses, families, and friends.

"I miss my husband. He's been staying in his car for about a week. He hasn't gone home. He's always thinking about me. He comes here when visitors are allowed or when I need something." (N.K.)

"...I'm always thinking about home. I wonder what my child has done and eaten." (A.G.)

Subtheme 4: Problems related to hospital

The women had such hospital environment-related problems as inability to sleep, lack of regular and sufficient nutrition, inability to perform self-care, and crowded hospital rooms (being alone, witnessing deliveries, continuous electronic fetal monitoring (EFM), dim light, sounds of stretchers, babies' cries).

"There was dim light, sounds of stretchers and babies' cries from the delivery room. When I saw a stretcher passing the door of my room, I thought my delivery would start. I was having non-stress test, which showed severe pain." (N.B.E.)

"...Under no circumstances a woman with threatened preterm labor and a woman just having delivery should stay in the same room ... While one experiences anxiety and sadness, the other feels happy..." (N.K.)

"...Hospitals should be very well-ventilated and clean so that mothers and their babies are not affected." (D.G.)

Subtheme 5: Treatment-related problems

The women said that they had treatment-related problems. They had discomfort due to constant bed rest, routine procedures, and boredom due to waiting.

"Will threatened preterm labor continue like this? Won't this threat disappear? I want this to end. Will I have a baby or not?" (Ş.K.)

"I spend nearly 22 hours resting in bed. When I lie, I have foot pain. I am always given serum. That's why I can't move." (D.G.)

Subtheme 6: Health staff-related problems

The women experienced some health staff-related problems. They commented that the staff had a pessimistic attitude to TPL, utilized medical terms, and offered insufficient information.

"I think they should give information about what signs and symptoms we should report to them, how contractions start and end and how long those contractions take." (N.K.)

"They habitually use medical terms, but we, patients, don't know those terms and want to ask and understand them better." (E.K.)

Theme 4: Coping

The women mentioned cognitive and behavioral strategies to cope with TPL.

Subtheme 1: Cognitive and behavioral coping

The cognitive and behavioral coping strategies mentioned by the women were compliance with bed rest, using the Internet and watching TV, reading books and magazines, communicating with other patients, praying, inculcating to increase self-confidence, seeking support from health staff, and seeking social support.

"...After some time, I realized that my pain increased just because I continued to think the way I did. Then I talked to my baby. I felt better and had less pain." (N.B.E.)

"I had been extremely worried. They told me that my baby and I were more important than anything else." (N.B.E.)

"I'm playing games on my phone. My visitors and my friends are coming to see me. Talking to other patients comforts me." (E.K.)

Theme 5: Expectations and recommendations

The women had expectations about the hospital environment and wanted health staff to give information to them.

Subtheme 1: Hospital environment

The women expected the number of health staff to increase and the number of patients per room to decrease. They did not want to stay in the same room with the women giving birth. Also, they expected to have a menu specifically prepared for pregnant women, a TV, and a shower in their room.

"The nurses cannot concentrate on our needs. They have a busy schedule. I think their workload should be reduced." (N.B.E.)

"I think there should be maximum two people in one room .... If there were only two patients in a room, our husbands could visit us more comfortably." (Ş.K.)

"...We wish we had a TV." (S.Ç.)

"...The rooms should be cleaner. There could be a shower in the room." (Y.T.)

Subtheme 2: Health staff's offering information

The women expected the health staff to send them to a hospital with an incubator and offer them information about signs of TPL, possibility of continuation of pregnancy in case of TPL and health status of their babies and to provide support for coping.

"...During this process, we need to attract our attention to things except our problem. Therefore, the staff could make suggestions about books." (Ç.B.)

"We have come to the hospital without knowing anything about our condition. We already feel stressed out. We want to get information." (Y.T.)

Discussion

Discussion deals with the themes, meaning of TPL, causes of TPL, problems related with TPL, coping, and expectations and recommendations.

Meaning of Threatened Preterm Labor

In a study conducted in Turkey, it was found that 32.3% of women were hospitalized for TPL.[19] The average duration of stay in the hospital due to TPL women in Turkey was determined to be 2.7 days in 2007.[20] Women experience a wide variety of emotions, from boredom to anger, from sadness to hope, as their hospital stay extends.[13,14] In this study, the women defined TPL as "a psychological burden" and "changes in lifestyle." Women have described TPL as a sudden, unexpected process that causes psychological burden, stress, fear, and anxiety. Therefore, it can be regarded as a crisis. A crisis is an acute, short disorder originating from various emotional difficulties.[21] Therefore, nurses should be aware of the fact that women with TPL suffer from a crisis and should design their care plans accordingly.

In this study, the women described TPL as a lifestyle change. It has been noted in the literature that women experience separation from their children and families and problems with their spouses due to their hospitalization. Women experience stress due to being in the hospital and transferring the care of their children to their spouses. For this reason, women experience stress due to their loss of control.[9] One of the preventable and reducible causes of TPL is stress.[22-25] For this reason, nurses should be aware that women hospitalized with a diagnosis of TPL may experience stress due to being away from the family and transferring the responsibility of taking care of their children to their spouses. The nurse should identify the stress source of women and determine the priority of care. Nurses can contribute to reducing the frequency and strength of uterine contractions by reducing women's stress. Thus, nurses support TPL treatment.

Causes of Threatened Preterm Labor

The theme causes of TPL consisted of 2 themes, namely individual factors and experiences of health problems.

In this research, some women thought that they may have experienced TPL due to factors related to themselves. This situation might have caused them to experience guilt and stress. Stress in TPL is both a risk factor and a very important problem seen after diagnosis.[26] In various studies, it has been determined that maternal stress causes TPL by increasing the cortisol level.[21,23,27-30] For this reason, understanding the stress of the woman during the TPL process, sharing her experiences, and spending time for her are important nursing initiatives.[31,32] Nurses should help women not to feel guilty about TPL. She should explain that the causes of TPL are not fully known. It should make the woman focus on the present. She should support her in coping with stress. Thus, nurses can be effective in the treatment of TPL with nursing interventions aimed at reducing stress.

Problems Related with Threatened Preterm Labor

Six themes emerged under the theme problems originating from TPL, that is, problems related to fetus, delivery, family and social circle, hospital environment, treatment and health staff.

In the present study, all the women were concerned about the loss of the fetus or the possibility of giving birth to an unhealthy fetus. In fact, when a problem arises in pregnancy, women are most frequently worried about fetal health.[10,33] In a research on women whose babies stayed in intensive care units due to TPL, the women were found to have anxiety about health of their babies and feel stressed out due to their separation from their babies.[33] Providing women having TPL with information about health status of their babies and intensive care unit conditions can reduce their stress.

In this study, women had fears about uncertainty about the type and time of birth and the problems that might occur during labor. Fear of birth[34] and uncertainty of the time of birth, which are among the other important factors in TPL, increase the anxiety.[22] In a study, it was reported that fear of women with TPL increased the rates of assisted vaginal delivery and unplanned cesarean delivery.[35] It can be suggested that determination of factors causing stress and implementation of stress-relieving interventions can reduce stress and lengthen duration of pregnancy.[36,37] The nurse should use this information in her care.

In this study, the women were shown to experience stress as they were separated from their families and lack a social support network. The women commented that they felt lonely and scared when they could not receive sufficient social support. A research reported that insufficient social support during pregnancy posed risk of TPL. Therefore, studies about incorporation of social support groups in treatment of TPL are needed.[32] Nurses should determine whether women with TPL need social support and encourage them to receive support from people likely to offer it.

In this study, the women complained about inability to sleep, have regular and sufficient nutrition and personal hygiene, and crowded rooms in the hospital. A research also showed that women with a risky pregnancy had hospital environment problems including sleeping alone, boredom, and inability to eat meals offered in hospital.[38] Nurses should detect problems with staying in the hospital and provide solutions in cooperation with the women.

In the present study, the women admitted that they had problems due to bed rest during treatment of TPL. They explained that they felt restricted and were dependent on their caregivers, bored, fed up, anxious, stressed, and sad. Duration of bed rest is uncertain[9,22] and there is no agreement that it should be used as a routine treatment.[39] It has psychological effects such as being dependent on others and fed up with lying, feeling of imprisonment and capture, boredom, stress, depression, loneliness, sadness, and distress.[4,9] In the present study, the women also complained about bed rest-related physical problems like back pain, low back pain, edema, and constipation. Bed rest appears to cause significant problems in women hospitalized for the diagnosis of TPL. Nurses should make plans to detect bed rest problems earlier. Thus, problems can be prevented without increasing. Thus, women may be less affected by the problems.

Coping

The theme of coping included 2 themes: cognitive and behavioral coping. The cognitive and behavioral strategies utilized by the women were adhering to bed rest, using the internet, watching TV, reading books and magazines, talking to other patients, praying, inculcating to increase self-confidence, asking for support from health

professionals, and seeking social support. Consistent with this finding, a research reported that the women coped with TPL by using positive thinking and power of imagining, religious beliefs, and support from their families, health professionals, and social circles.[12]

The fact that nurses provide information to women improves the sense of trust and positively affects the coping process,[11] because nurses have a very important place in the treatment and care given to pregnant women and their families in TPL. The World Health Organization, in its recommendations on interventions to improve preterm birth outcomes published in 2015, states that nurses are among the target health professionals in care provided to protect and improve maternal and neonatal health.[40] Among the nursing care that should take place in TPL during the hospital process, focusing on reducing stress and anxiety, protecting, and improving the health of the pregnant and fetus is recommended.[22,41] Therefore, nurses should evaluate the strategies used by women in terms of harm and benefit and encourage them to use them without harm. For example, prayer and positive thinking are supportable practices. Women should be supported by teaching other strategies such as relaxation methods. They can guide women who are unable to cope with stress due to TPL.

In this study, the women said that they received support from their mothers, spouses, and friends, which helped them to relax. Culturally, it is expected that patients should be visited in the hospital and that their care should be supported.[41] Therefore, nurses should observe whether women with TPL have visitors and show more interest in those without visitors.

Expectations and Recommendations

In this study, the women hoped to stay in an appropriate hospital environment and receive information from health staff. They wanted health staff to offer them more information about time of delivery, indications of TPL, incubators, and health of their fetuses. A research also stated that women with TPL would like to be informed about how they deliver their babies and what happens to them when their babies are born.[42] The literature suggests that there is a need for informing women with TPL.[13,43-45] According to the Healthy People 2020 strategy, it states that increasing women's knowledge of pregnancy risk factors will have long-term health benefits for women and children by reducing adverse events in pregnancy and childbirth.[46] Therefore, it is understood that there is a need to determine what information women diagnosed with TPL need and to meet these needs. Giving information is one of the most important responsibilities of nurses. Meeting women's information needs helps women to relax and cope with TPL.

In light of the results of this study, women with TPL should be made to adapt to bed rest, their self-care needs should be met, and their needs for familial and social support and information should be determined and satisfied. Well-structured nursing interventions are necessary to satisfy these needs. We believe that these interventions will make an important contribution to nursing science when tested through experimental studies.

Conclusion

Most women were not aware of risk factors and signs of TPL during the antenatal period. The risk of fetal loss due to TPL is one of the most important factors affecting women. Women face many problems caused by bed rest due to TPL. Hospital conditions are effective in coping with TPL. Although women receive support from their spouses, families, and social circles, they have difficulty in coping with TPL. They expect health professionals to offer support during this process. Women expect their comfort in the hospital and communication with health staff to be improved and health professionals to inform them when necessary. Because of all these reasons, evaluation of experiences, feelings, and thoughts in women with TPL is necessary to plan appropriate nursing care.

Ethics Committee Approval: Ethics committee approval was received for this study from Dokuz Eylül University Non-Interventional Research Ethics Committee (date and number: 24.03.2016, 2016/08-35).

Informed Consent: Written and verbal consent were obtained from the women who participated in the study.

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