AN EXPLORATION OF MATERNAL TRANSITION

FROM THE PERSPECTIVE OF EMPLOYED PREGNANT WOMEN

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AN EXPLORATION OF MATERNAL TRANSITION FROM THE PERSPECTIVE OF EMPLOYED PREGNANT WOMEN

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DECLARATION OF ORIGINALITY

I, Merve Kurç, certify that

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ABSTRACT

An Exploration of Maternal Transition

From the Perspective of Employed Pregnant Women

Transition to parenthood is one of the landmarks of adulthood. This period begins with pregnancy for women. This study aims to explore employed women's psychological experiences during pregnancy, to understand the level and kind of support they have and they need, and also to examine the kind of coping strategies they implement in order to cope with the negative situations experienced during this period. Schlossberg's transition theory provides the conceptual framework for this study. The participants of the study were purposively chosen 12 primigravid pregnant women in the third trimester of their pregnancy, all of whom were employed. For data collection, a semi-structured interview protocol was developed and implemented by the researcher. Qualitative approach was employed, and thematic analysis was conducted. Six themes (Physical complaints, mixed feelings, a new life, worry about the unknown, support, coping strategies), and 11 subthemes emerged. It is believed that this study will assist psychological counselors and health practitioners to provide programs and services that efficiently serve the needs of employed pregnant women. Moreover, it is expected that the study will guide partners, other family members, friends and employers of pregnant women to support them more effectively.

ÖZET

Çalışan Hamilelerin Gözüyle Anneliğe Geçiş Dönemi

Ebeveynliğe geçiş dönemi insan hayatının en önemli dönüm noktalarından biridir. Bu dönem kadınlarda hamilelik dönemi ile başlar. Bu çalışmanın amacı çalışan kadınların hamilelikleri boyunca yaşadıkları deneyimleri psikolojik boyutta araştırmak, çevrelerinden ne tür ve ne düzeyde bir destek gördüklerini ve ihtiyaç duyduklarını anlamak ve bu geçiş döneminde yaşadıkları olumsuz durumlarla başa çıkmak için ne tür stratejiler geliştirdiklerini incelemektir. Araştırmaya, Schlossberg'in Geçiş Teorisi teorik çerçeve sağlamıştır. Çalışmanın örneklemini uygunluk düzeyi gözetilerek amaçlı olarak seçilmiş, ilk defa anne olan, hamileliğinin üçüncü trimesterindeki (son üç aylık dönem) 12 çalışan hamile kadın oluşturmuştur. Araştırmada veri toplamak amacıyla araştırmacı tarafından geliştirilmiş yarı yapılandırılmış bir görüşme protokolü uygulanmıştır. Nitel araştırma yöntemleri kullanılmış ve tematik analiz uygulanmıştır. Bu kapsamda altı tema (Fiziksel şikayetler, karışık duygular, yeni bir hayat, bilinmeyene yönelik endişe, destek, başetme mekanizmaları) ve 11 alt tema ortaya çıkmıştır. Bu araştırmanın, psikolojik danışmanlara ve sağlık görevlilerine, çalışan hamile kadınların ihtiyaçlarına etkili şekilde hizmet eden program ve hizmetler sağlamaları yönünde rehberlik edeceğine inanılmaktadır. Ayrıca araştırmanın, eşleri, aileleri, arkadaşları ve işyerlerinin çalışan hamilelere daha etkili destek sağlamaları yönünde yol gösterici olacağı beklenmektedir.

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To my dearest mother,

who showed me what self-sacrifice is…

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CHAPTER 1

INTRODUCTION

1.1 Background of the problem

Transition to parenthood is one of the landmarks of adulthood (Deave, Johnson, & Ingram, 2008; Rossi, 1968; Saxbe, Rossin-Slater, & Goldenberg, 2018). Introduction of a new member to the family challenges both men and women and necessitates adjustments in their lives (Deave et al., 2008). The birth of a baby leads to a crucial change in the family life since there is a shift in emotional focus from each family member to the newborn (Bischoff, 2004).

Research shows that paternal transition experience is largely initiated at the birth of the infant and the prospective father's level of engagement and involvement in pregnancy is associated with their sociodemographic background (Habib, 2012; Redshaw & Henderson, 2013). Conversely, it is proposed that the maternal transition period begins with pregnancy for women (Darvill, Skirton, & Farrand, 2010; Stern & Bruschweiler-Stern, 1998). A woman's self-concept changes in concert with her desire to meet the needs of the fetus at the very early stages of the first trimester, indicating that women get involved in the transition period prior to men (Cronin, 2003; Darvill et al., 2010).

Pregnancy can be considered as a milestone especially for the primigravid women, since it is the first time they undergo this type of transition (Bibring, 1959; Darvill et al., 2010). During each trimester of pregnancy, women are faced with several social, psychological, and physical changes and adjustments (Deklava, Lubina, Circenis, Sudraba, & Millere, 2015; Mullin, 2002; Salmela-Aro et al., 2010; Saxbe et. al., 2018). Like all transition periods (Schlossberg, 1981), women vary in

their experiences, coping strategies and reactions to these changes as they proceed through maternal transition (Nelson, 2003; Rini, Dunkel-Schetter, Wadhwa, & Sandman, 1999).

People experiencing transition need social support (Jones, 2014; Paulsen & Berg, 2016; Sykes & Eden, 1985; Toth et al., 2018). If social support is not provided enough and the way they experience transition is disturbing their normal functioning, they need some professional help (Toth et al., 2018). Women in maternal transition are also in need of social support (Deave et al., 2008; Skurzak, Kicia, Wiktor, Iwanowicz-Palus, & Wiktor, 2015; Wilkins, 2006). In one study, women in their maternal transition period described the most important social support resources in five categories that are their partners, their own parents, their friends and colleagues, healthcare professionals and prenatal and/or postnatal groups in which they met other pregnant women or fresh mothers (Deave et al., 2008). Previous research also showed that there is a significant association between social support in pregnancy and prenatal and postnatal depressive state, pregnancy outcome, maternal and infant distress and even the birth weight of the infant (Elsenbruch et al., 2007; Lee et al., 2011; Morikawa et al., 2015; Moshki & Cheravi, 2016; Tanner Stapleton et al., 2012). Therefore, the researcher believes that experiences and needs of pregnant women need to be explored deeply since effective social support can only be provided if it addresses those needs.

Pregnancy and mothering have been highly respected and even seen as sacred by many communities in the world from the ancient times (Stuckey, 2005). However, profound investigation of psychological states of women during pregnancy have become the focus of attention in a relatively limited number of studies (Darvill et al., 2010; Modh, Lundren, & Bergbom, 2011; Pakdamar Tüzgen, 2016; Schildberger,

Zenzmaier, & König-Bachmann, 2017; Schneider, 2002; Shahoei, Riji, & Saeedi, 2011; Southby, Cooke, & Lavender, 2019). Although many studies on pregnant women's physical health are conducted (e.g., Benaim et al., 2018; Hayashi, Matsuda, Kawamichi, Shiozaki, & Saito, 2011; Schneider, Gonzalez, Yamamoto, Yangand, & Lo, 2019; Li et al., 2014; Seward et. al., 2018), topics of psychology of teenage pregnancy or specific symptoms such as symptoms of depression, worry, psychological distress, fear and anxiety dominated research on mental health of pregnant women (e.g., Arfaie, Nahidi, Simbar, & Bakhtiari, 2017; Carmona-Monge, Marín-Morales, Peñacoba-Puente, Carretero-Abellán, & Moreno-Moure, 2012; Cook & Cameron, 2017; Deklava et al., 2015; Gölbaşı, Kelleci, Kısacık, & Çetin, 2010).

Studies on mental health in pregnancy mostly focus on the impact of psychological state of the expectant mother on the physical health of both women and the infants, on pregnancy outcome or on the quality of mother-infant interaction (e.g., Glover, 2014; Leis, Heron, Stuart, & Mendelson, 2014; Satyanarayana, Lukose, & Srinivasan, 2011; Van den Bergh et al., 2017; Wolford et al., 2017).

Postnatal period and specifically postpartum depression have become another popular area of related research (e.g., Beck, 2002; Cook, Ayers, & Horsch, 2018; Hirokawa et al., 2019; Marín-Morales, Toro-Molina, Peñacoba-Puente, Losa-Iglesias & Carmona-Monge, 2018). Some of the studies attempting to explore women's psychological state in the prenatal period also collected data retrospectively during the postnatal period (Darvill et al., 2010; Pakdamar Tüzgen, 2016).

Maternal subjectivity is underestimated not only in practice but also in theory. Women's fundamental psychological changes in the maternal transition period have not been considered until the end of the 20th century (Stern & Bruschweiler-Stern, 1998). Freud and post-Freudian psychoanalytical theorists have dealt with the child

as a central point and have focused on the relationship between mother and the child rather than the mother herself as a separate identity. The interaction between the mother and the child was thought to be central to childhood development (Birns & Hay, 1988; Stern, 1995). The significance of mother-infant attachment was introduced and the impact of the quality of early attachment experiences on personality development was emphasized (Ainsworth, 1989; Bowlby, 1969). Failure in the emotional bonding was seen to be determinant of psychological problems in the child and the mother was kept responsible for being a perfect caregiver (Bueskens, 2014). Although Winnicott (1953) was the first theorist who introduced the notion of *good enough mothering* and challenged the idea of the 'perfect mother'; most research in the 1900s about motherhood has been directed to the influence of attachment problems on child's development rather than pregnant women's psychology (Bretherton, 1992).

In fact, just like attachment theory and psychoanalytic theories did in the twentieth century, the onset of capitalism and nineteenth century cultural ideology also promoted that the future of the society is determined by the mother-child interactions. Mothers were isolated from social life, obliged to do the housework, raise their children and blamed for any psychological weaknesses in their children. Based on a focus on maternal perfection, it was expected that the mother should do her best to rear a perfect child for the benefit of the society (Chodorow, 1978; Lamb, 2012; Thorne & Yalom, 1992).

These child-centered theories and cultural ideologies in the nineteenth and early twentieth centuries have become the starting point for feminist thinking (Chodorow, 1978). Feminist scholars have attempted to challenge predominant psychological theories and perspectives; and tried to explore the woman as a subject

with her own existence, feelings, experiences, and needs rather than reducing her to a caregiver. Imagination of the perfect mother was ignored, and motherhood was undertaken without an emphasis on the child or the relationship with the child. Women's subjective experiences were only then beginning to be addressed (Kaplan, 1992).

Transformations in society in the late twentieth century have also encouraged women to adopt new roles. The traditional roles of women as mothers and housewives, and men as breadwinners have changed. Women began to pursue their careers as well as dealing with their families, which brought new responsibilities and necessitated them to manage work-life balance effectively (Fodor & Franks, 1990, Medved, 2016; Meisenbach, 2010). Moreover, the average age at which women have their first child has risen significantly (Darvill et al., 2010; Medved, 2016).

Within these changes in the society, this century's pregnant women and prospective mothers have started to receive support from organizations and governments. International Labor Organization's report (Addati, Cassirer, & Gilchrist, 2014) is a useful guide for reviewing a country's national legislative provisions in terms of maternity protection at work worldwide. In this report, maternal leave policies, maternity cash benefits, employment protection policies during maternity leave, workplace accommodations such as breastfeeding arrangements, prenatal health protection and childcare facilities provided by 185 countries' governments have been reviewed and it was stated that there is a growing recognition of maternity protection especially in middle-income countries. It was reported that governments have been providing varying legal rights such as paid or unpaid time off work, 14 weeks or more of maternity leave, and prenatal healthcare facilities. Employers in some countries have also been reported to be encouraging

women to raise children while working by building nurseries in the workplaces or providing financial aid (Hein & Cassirer, 2010). The Turkish government has also made progress in increasing opportunities for working mothers, such as part-time work after birth, flexibility in maternal leave, and breastfeeding leave (Analık İzni veya Ücretsiz İzin Sonrası Yapılacak Kısmi Süreli Çalışmalar, 2016).

Although these regulations and applications are significant steps for enhancing lives of women in the workplace, the researcher believes that more action and legislation need to be conducted and these should be corroborated by the data that in-depth research provides. It is considered by the researcher that the qualitative perspective will provide a rich understanding of employed pregnant women's varying needs and experiences.

1.2 Purpose of the study

This study mainly attempts to explore employed pregnant women's subjective experiences and resources during the maternal transition period.

Yin (2003) and Creswell and Creswell (2018) suggest that linking the study to a theoretical framework enables the researcher to determine the research focus and limit the area of investigation to the critical issues the researcher wants to explore. Moreover, Yin (2003) proposes that adopting a conceptual framework is critical for eliciting generalizations. To that end, Schlossberg's transition theory (Schlossberg, Waters & Goodman, 1995) provides the conceptual framework for this study.

Rini et al. (1999) suggest that strengthening personal and social resources is critical in helping pregnant women adapt to changes in their transition period. Therefore, Schlossberg's transition theory (Schlossberg et al., 1995) is considered a guide the researcher can use to identify resources available to pregnant women. In

this theory, a set of resources are described as the "4S system" and it covers *Situation*, *Self*, *Support*, and *Strategies* of the individual. According to the 4S system, situation refers to the type of transition, the perception of the transition by the person and the context the transition takes place. Self refers to the personal characteristics and inner strengths or weaknesses of the person. Support refers to the kinds and degrees of support received during transition. Strategies refer to types of strategies that the person uses to cope with transition. It is stated that the 4S are the interacting variables that influence the reactions of individuals to transitions and easy adaptation to change is only possible by strengthening one's 4S. These four variables should be explored on an individual basis since every person is unique in terms of these variables and therefore unique in their experiences and coping styles during transitions (Schlossberg et al., 1995).

The researcher's attempt is the first and only effort adopting Schlossberg's transition theory to explain transition to motherhood. Schlossberg's theory was selected as the major conceptual framework rather than other transition theories. There are multiple reasons for this decision. Firstly, Schlossberg et al. (1995) focus on the individual rather than focusing on the event and it is proposed that the individual's resources determine the transition outcome which is in parallel with the goals of this research. Secondly, although Hopson and Adams (1977) and Bridges (2003) made valuable contributions to the concept of transition and presented universal stages to understand how people approach transitions, individuals' responses in most of those stages involve negative feelings rather than positive ones. Although that is reportedly accurate for some other transitions such as death of a family member or having a terminal illness, it can be asserted that pregnancy involves both negative and positive feelings as previous pregnancy-related research

suggested (Modh et al., 2011; Shahoei et al., 2011). Thus, Schlossberg et al. (1995) serve that need by addressing a variety of positive and negative feelings related to transitions. Lastly, Schlossberg's theory was developed in order to provide effective counseling for adults in transition. The researcher also expects that identifying a pregnant woman's 4S resources will not only help find out varying needs, experiences, and strategies but also some universal core issues associated with the pregnancy period. Just like Schlossberg aimed for transitions in general, the application of the theory to the experience of pregnancy is expected to inform and guide counselors and childbirth practitioners involved in maternal transition to support pregnant women effectively.

1.3 Research questions

Based on Schlossberg's transition theory (Schlossberg et al., 1995), this study tries to find answers to these main questions:

(1) What do employed women experience during pregnancy?

(2) How do they perceive their transition and their future lives?

(3) What kind of support do they expect and receive from others around them?

(4) What type of strategies do they implement to cope with the transition period?

As Yin (2003) suggests, data gathered without a research focus causes the researcher to be overwhelmed. Therefore, the research questions were developed in a manner that reflects the research focus. Moreover, as it is required in qualitative approach, the content and order of the questions have been reformulated after the data collection was initiated.

1.4 Significance of the study

In contemporary society, more women are entering full time employment. Numbers of double-career families, in which both the husband and wife are financially autonomous, are increasing. The age at which a woman gives birth to her first child has also been altered (Darvill et al., 2010; Fodor & Franks, 1990; Medved, 2016; Meisenbach, 2010). Regarding these changes, many national and international public policies are formed in order to improve the quality of life for employed women in maternal transition. However, most of the current regulations about maternal transition address the postpartum period rather than pregnancy. Additionally, employed pregnant women are exposed to discrimination in some workplaces both in Turkey and worldwide, although their rights are protected by the government, and discrimination based on pregnancy is prohibited (Doğan, 2012; Adams et al., 2016). Both the adverse work environments and work-related stress influence pregnant women negatively (Lee et al., 2011; Sanguanklin, 2014). Therefore, a qualitative investigation of the subjective experiences of employed women during pregnancy would be critical in that it would help an increased recognition of them at a policy level against workplaces' possible harm and guide policy makers to conduct need-based legislation.

As previous research suggests, the influence of the pregnancy period on the delivery process, the quality of mother-infant relationship, and child development is incontrovertible (Van den Bergh et al., 2017). Diminishing any negative effects of the prenatal period is only possible by enhancing and supporting the lives of women during pregnancy. To this aim, more in-depth research that addresses the lifeworld of pregnant women needs to be conducted in order to revise, modify, and improve current counseling services.

Applying Schlossberg's theory to pregnant women's transition and exploring their 4S system is the first attempt in the literature and could be useful in assisting psychological counselors and childbirth practitioners to provide programs and services that facilitate quick access to the needs and resources of pregnant women. Moreover, relying on the significance of social support during pregnancy, it is expected that it will help women's husbands, other family members, friends, and employers support pregnant women more effectively.

1.5 Organization of the thesis

The thesis consists of five chapters. Chapter 1: Introduction; includes background of the problem, the purpose of the study, the research questions, and significance of the study. In Chapter 2: Review of Literature; the concept of transition, the theoretical framework and empirical exploration of maternal transition are presented. Chapter 3: Methodology; covers a detailed explanation of the research design, participant selection and recruitment, data collection method, procedure of the study, and analysis of data. Chapter 4: Findings; gives information about the participants and presents the results of the data in the emerged themes and subthemes. Finally, Chapter 5: Discussion and Conclusion; contains the interpretation of the results, conclusion, limitations and implications of the study.

CHAPTER 2

REVIEW OF LITERATURE

This section includes the description of the concept of transition, the review of some existing transition and transition-related theories, and some empirical research that addresses the maternal transition period.

2.1 The concept of 'transition'

"Transitions are both a result of and result in change in lives, health, relationships and environments" (Meleis, Sawyer, Im, Schumacher, & Messias, 2000, p. 13). As Meleis et al. (2000) assert, change is the key term for describing transition. Although it is identified in different ways by different theorists, change in the daily life of an individual makes a life event a transition (Meleis et al., 2000; Parkes, 1971; Schlossberg et al., 1995). Everyone across the life span passes through transitions and each transition enables individuals to grow, change, and live a new life (Gonzales-Osler, 1989; Hall, 2012). However, it is proposed that change is not a synonym for describing transition, since transition is a broader concept (Bridges, 2003; Hopson, 1981) .

Transition theorists differ from developmental theorists in that although they are both concerned with change and adaptation to that change; cognitive and physical changes are also focused by developmental theorists, whereas only psychological adaptation is handled within the transitional perspective (Bleeser, 2004).

Transition does not have to stem from or lead to negative life events (Hopson, 1981). Moreover, while someone perceives a life event as a transition, the other one may not call it a transition if it does not alter the daily life of the individual

(Schlossberg et al., 1995). Appraisal of the individual is the determinant for identifying the transition (Lazarus & Folkman, 1984).

Transitions have certain characteristics which determine the meaning of them for the individuals. They may be any event or non-event (something that did not happen although it was planned), expected or unexpected, occur suddenly or gradually, be perceived as negative or positive, or have various effects on the life of the individual involving partial or total preoccupation (Brammer & Abrego, 1981; Schlossberg et al., 1995). There are also theorists who view transition as a 'crisis'. However, by 'crisis', they propose that it is the normal part of and prerequisite for developmental process (Caplan, 1964). Uncertainty according to Selder (1989) is one of the most noteworthy characteristics of transitions. As change begins in the individuals' lives and they become aware of this change, uncertainty occurs since individuals cannot experience, understand or relate to the world as they used to do. Moreover, they cannot forecast what the transition will bring in the future. Therefore, they progress in the transition period with the goal of resolving uncertainty (Selder, 1989).

There are different ways to categorize transitions (Gonzales-Osler, 1989). For example, Meleis et al. (2000) conclude that types of transitions are situational transitions such as death of a loved one, divorce; developmental and lifespan transitions such as pregnancy, childbirth, beginning of parenthood or adolescence; health-illness transitions such as having a cancer diagnosis or social/cultural transitions such as migration and retirement. Each type of transition should not be considered as discrete or mutually exclusive since a person can experience multiple transitions at the same time (Schlossberg et al., 1995; Meleis et al., 2000). As individuals try to move through transitions, they vary in their experiences, responses,

and coping abilities (Schlossberg et al., 1995). Several frameworks are proposed, and several studies were conducted to find out how and why individuals vary in their responses and coping styles as they experience transition (Brammer & Abrego, 1981; Schlossberg et al., 1995; Selder, 1989).

2.2 The transition framework

As previously stated, Schlossberg's transition theory (Schlossberg et al., 1995) will be central to the present study. A detailed description of the theory will be presented in the latter part of this section. Prior to the review of Schlossberg's theory, transition models of Hopson and Adams (1977) and Bridges (2003) will be explained in order to present a theoretical basis for this research. Moreover, Elisabeth Kübler-Ross' model - also known as the Five Stage Model (Kübler-Ross, 1969) will be presented since it was adopted by recent pregnancy-related studies that concentrate on psychological impacts of teenage pregnancy, stillbirths, and pregnancy loss. (Gopichandran, Subramaniam, & Kalsingh, 2018; Kint, 2015; Sodi, 2010).

2.2.1 Hopson and Adams' model of transition

Hopson and Adams (1977) compared the concept of transition to crisis which refers to a dramatic life event, whereas all transitions are not dramatic. Moreover, as Schlossberg (1981) also suggests, they believe transitions do not only imply change in an individual's life, but it also requires new behavioral responses to face with change and challenges. Therefore Hopson (1981) believes it is inappropriate to use change and transition synonymously since the term transition involves more.

Hopson and Adams (1977) developed a seven-phase model of transition. This model suggests that although individuals vary in their abilities to cope with

transitions, they move through seven universal stages: (a) *shock-immobilization*; (b) *minimization-denial*; (c) *self-doubt*; (d) *letting go*; (e) *testing out*; and (f) *search for meaning and internalization.* It is asserted that the experiences or intensity of feelings in these stages vary from one person to another and therefore the unique responses of individuals in each stage should be identified.

The "shock-immobilization" phase involves the initial responses of the individuals as they become aware of the transition. The kind of transition (whether desired or undesired) determines the experience of the individual in this stage. Undesired transitions evoke negative feelings and these feelings last longer. If the transition is kind of a desired or expected one, shock which refers to the absence of feeling is experienced. Shock is followed by positive feelings. However, as the awareness of the new situation increases, negative feelings are evoked, and good feelings are minimized. This is the second phase of the transition period. Hopson (1981, p. 37) illustrates this phase as, for instance, a person getting a job promotion, initially experiencing feelings of elation, but then beginning to minimize those feelings by asking questions such as "is this really worth all the years I invested?". Like "minimization", "denial" reaction can also be observed in the second phase since the individual tries to gain relief and avoid stress by ignoring the change. Both minimization and denial lead to feelings of intense pessimism, helplessness, or irritability. As the individuals reach full awareness of the changing conditions, they feel intensely sad and the depressive mood may cause cognitive dysfunctions such as difficulty at memorizing or remembering things. Impairments in cognition lower self-esteem and the person begins to criticize oneself harshly. Therefore, a vicious circle of negative thinking is experienced during the "self-doubt" phase (Brammer & Abrego, 1981).

The individuals enter the “letting go” phase when they begin to be motivated to face with change and accept new challenges rather than deny them. In this stage, the individual is ready to deal with the inappropriate levels of negative feelings. As the name of the fifth phase suggests, the “testing out” phase involves exploration of new situations, new behavioral responses, testing out alternative life and coping styles which requires the individual to become very active in this stage (Hopson, 1981).

In Phase six, individuals try to find out what they learned from the transition experience. Therefore, the individual is ready to reflectively think about the transition from the beginning and identify the gains (Brammer & Abrego, 1981). As the name of the phase also implies, individuals are in deep “search for meaning” the transition brings to their lives.

The last phase involves reframing assumptions about oneself and the world, changing values, and so changing lifestyles. Hopson (1981) finds the contribution of Brammer and Abrego (1981) important since they introduced the concept of *renewal* in this stage. Individuals are different in this stage than the pretransition period since all of their living conditions and even their original personalities have changed. However, it is the stage that the individual is fully aware of the changing conditions and accepts them. Recollections of the past may still evoke feelings of distress or sadness; yet the individual is ready to direct his/her future. Awareness of the change does not affect the individual negatively since the change is integrated into new life (Hopson, 1981).

2.2.2 Bridges' transition model

William Bridges (2003), one of the most influential transition theorists, builds his theory on the distinction between the concepts of 'change' and 'transition'. He proposes that there should be a focus on transition rather than change, since change is the event or circumstance that a person experiences; whereas transition is the emotional response of the individual involved with that change.

According to the model, individuals go through three phases during transition periods: (a) *endings*; (b) *neutral zone*; and (c) *new beginnings* (Bridges, 2003). "Endings" is the initial stage that the individual is confronted with the change. People in this stage are aware of their losses and have to deal with it. Fear, a sense of loss, grief, and anger are the emotions that people experience during the endings stage. Successful completion of the whole transition process depends on working through these feelings and accepting the ending of something that one feels comfortable with (Bridges, 2003).

People enter the "neutral zone" stage once they get ready to leave the old situation. This stage can be seen as chaotic and confusing since the old patterns are no longer present, yet the new path is not clear, and change is not adopted yet. People in this stage may feel lost and need direction. However, it can be an opportunity for creativity and renewal since one can try new ways of thinking, behaving, and feeling. "New beginnings" is the last transition stage that involves embracement of change. People begin to build new skills, develop a new identity, and find a new way of living.

The three stages together form the process for dealing with transition. Effective management of change depends on the resources, actions, and internal factors of the individual on each stage (Bridges, 2003).

2.2.3 Kübler-Ross' model

Elisabeth Kübler-Ross' model, commonly known as the five-stage model, was first introduced in 1969, in her book "On Death and Dying" (Kübler-Ross, 1969). As the name of the book also suggests, the model was originally applied to terminally ill patients and focused on individual grief and death. It can be counted as one of the most influential works on health-illness transition category as it facilitates the understanding of how people cope and react to experience of dying.

According to the model, terminally ill patients often tend to react to their forthcoming loss by proceeding through five different stages: (a) *denial*; (b) *anger;* (c) *bargaining*; (d) *depression*; and (e) *acceptance* (Kübler-Ross, 1969).

It is proposed that "denial" is the first stage of grieving. During this phase, shock and denial are dominant. Whether consciously or not, the individuals have difficulty in comprehending the reality of the situation and even refuse the fact that they are dying. Denial reaction is considered to be natural and help the individual cope with the feelings of grief more easily.

As the individual begins to grasp the situation and denial begins to fade, the second stage is entered and feelings of anger, resentment and envy are replaced. The most common belief in this phase is that life is unfair. This belief makes the individual question God and blame others. The individual shows irrational anger toward the family members, friends and medical staff. The individual even gets jealous if someone seems to be happy and full of life energy.

The subsequent stage is referred as the "bargaining" stage and involves total preoccupation with the past and an intense desire to postpone death. Feelings of regret and guilt about past life are the dominant emotions in this stage. The

individual attempts to negotiate with God for more lifetime usually with a promise of a better lifestyle.

As the individual understands that bargaining and regret about past do not change the situation and death is inevitable, the fourth stage which is called "depression" stage is entered and feelings of hopelessness, despair, extreme sadness and grief on a very deep level are experienced. This depressive state is considered to be different from the depressive mood of a psychological disorder. Even, it is considered as a normal, necessary, and an appropriate reaction. The more the individuals express their negative feelings, the more they can heal and enter the last stage that is "acceptance".

In the "acceptance" stage, the individual grasps the reality and learns how to live with this reality. Accepting the real facts do not mean to be in a positive mood, but the stage involves readjustment and reorganization for the new life. Preparation about death is made and unsolved problems or feelings are attempted to be fixed (Kübler-Ross, 1969).

The Kübler-Ross' model (1969) has been considered to be one of the most influential and pioneering works since it raises awareness to grief and the dying process, and it also helps healthcare practitioners and family members of the terminally-ill patients understand and be more aware of their needs and experiences.

The five-stages model was first introduced for the end-of-life, but the model's applicability was also expanded to other form of significant life events such as job loss, loss of a loved one, divorce, drug addiction, infertility diagnosis, and even organizational change (Kearney & Hyle, 2003).

The Kübler-Ross' model has been criticized sharply by the researchers in that individuals who have a loss in their life do not have to proceed through the stages in

a particular order. Moreover, it is argued that all individuals have diverse reactions to loss and do not experience grief in a typical manner (Holland & Neimeyer, 2010). Even, recent studies suggest that individuals who experience loss are found to show minimal symptoms of grief and depression (Maciejewski, Zhang, Block, & Prigerson, 2007). In her book, "On Grief and Grieving", Kübler-Ross responded to these criticisms as her theory is misunderstood. She proposes that grieving experiences of individuals may vary and reactions to loss are not typical for all individuals. She suggests that the stages are not rigid, might coexist at the same time, and the sequential order might change. She even proposes that all the stages are not necessarily experienced by an individual during grieving (Kübler-Ross & Kessler, 2005).

2.2.4 Schlossberg's life transitions theory

As it is proposed, Schlossberg's transition theory will provide the major framework for this study. This theory is based on the individual and how the individual perceives the transition (Schlossberg et al., 1995). It attempts to examine reasons for differences of experiences between individuals and within the same individual during a transition. This theory, presented in 1984 and revised twice, first in 1989, and again in 1995 with the contributions of Waters and Goodman, can be used as a framework for understanding individuals undergoing transition.

Although the theory's original context has been changed, Schlossberg proposes that all individuals inevitably experience transitions and new patterns of behavior are required to adapt to these transitions. Schlossberg et al. (1995, p.27) define transition as "any event or non-event that results in changed relationships, routines, assumptions, and roles."

Just like Hopson and Adams (1977) did, Schlossberg et al. (1995) prefer to use the term ‘transition’ rather than ‘crisis’, since it is proposed that crisis evokes negative feelings. It is stated that transition should not necessarily be considered as negative. Each transition involves change, yet the change can also provide opportunity for personal growth.

In order to detect an event or a non-event as a transition, it is required that the individual experiencing it should perceive and define it as a transition. Meanings and consequences of events vary from one person to another. Thus, the degree to which the event or non-event changes individual’s life determines his/her experience.

The transition framework of Schlossberg et al. (1995) is based on three premises. The first is that transitions are experienced continuously by the individuals. The second is that type of the transition, the context in which the transition takes place and the degree to which it alters the life of the individual determines the reactions of individuals to transitions. The third premise is that transition is a continuous process rather than a period with an end. Individuals *move in*, *move through*, and *move out* of a transition and each phase involves personal appraisal and assimilation.

There are three types of transitions according to Schlossberg et al. (1995): Anticipated transitions, unanticipated transitions, and non-event transitions. Anticipated transitions are the predictable and expected events in the life of an individual such as marriage, retirement, and graduation. Unanticipated transitions are the ones that occur unexpectedly and therefore lead to a crisis in an individual’s life. Divorce, illness or death of a loved-one can be described as unanticipated transitions. A non-event transition can be defined as an event that was scheduled and expected, yet that did not occur. For instance, if couples who are expecting to have a child

realize one day that it is impossible to have a child, they can be considered as experiencing a transition, since they have to alter their behaviors and lives accordingly.

According to this theory, there are four sets of factors that affect the coping ability of the individual during a transition and facilitate understanding of how individual experiences differ in the same transition. These factors are the potential resources or deficits of the individual and defined as the 4S System.

As previously mentioned, the 4S System includes:

(a) The situation variable

(b) The self variable

(c) The support variable

(d) The strategies variable

The situation variable involves the characteristics of the event or non-event, covering the time, context, duration and type of the transition. It also relates to the perception of the transition by the individual (negative or positive) about the timing, controllability, and role change; and whether it or a similar transition was experienced previously.

Self refers to the inner resources of the individual. Personality traits, individual's life perspective that is influenced by demographic characteristics (such as age, gender, and ethnicity), socioeconomic status, and psychological resources (such as issues of ego development, self-efficacy, and values) are covered by the issue of self and affect the transition experience of the individual.

Support is the third common variable that influences the way the individual experiences the transition and it involves support received from family, intimate relationships, friends, and institutions. Growth and adjustment of the individual as a

result of change depends on the degree of support they receive from important others.

Strategies, the last variable, include the ways individuals prefer in order to cope with the feelings and experiences transition brings. Effective management of the process is possible with implementation of effective coping strategies such as brainstorming, information seeking, meditation, exercise, and trying to see opportunities. According to Schlossberg (2011), there is not a single form of coping strategy to determine a positive outcome. Use of multiple strategies flexibly helps the individual cope with the transition more effectively.

Schlossberg et al. (1995) propose that the 4S resources should be handled together and it is the dynamic interplay and the balance of the individual's assets and liabilities in the 4S system that determine the transition outcome.

By identifying one's 4S, Schlossberg's transition theory can allow mental health practitioners to understand what is being experienced, who is experiencing, what help is available and what kind of coping strategies are used. They therefore can develop effective intervention techniques for people in the transition process (Schlossberg et al, 1995).

Schlossberg (2011) states that her interest in transition stems from her geographical moving experience. Her theory has then been adopted especially in work life and education-related studies (Goodman & Pappas, 2000; Neber, 2018). Schlossberg's theory as a conceptual framework for the pregnancy period can facilitate understanding of employed pregnant women's psychology effectively.

2.3 Empirical exploration of maternal transition

Research on maternal transition suggests that the transition period begins with pregnancy (Darvill et al., 2010; Modh et al., 2011; Nelson, 2003). During pregnancy, the pregnant woman is concerned with her physical appearance and her relationship with her husband and other family members. She worries about both her and the fetus' health and worries about the postpartum period (Robinson & Stewart, 1989). The change in her life brings not only excitement about new conditions but also negative feelings caused by separation from past roles (Buldur, 2009).

In this part, literature on maternal transition will be presented under two subheadings (a) studies on the experiences of pregnant women; and (b) investigation of pregnant women in work life.

2.3.1 Studies on the experiences of pregnant women

Many such studies focus on the relationship between emotional and cognitive changes during pregnancy and the pregnancy outcome or the psychological and cognitive development of the child. Changes in affect mostly cover symptoms of anxiety and fear, whereas changes in cognition involve worry. There are also studies that attempt to delve deeply into the psychology of pregnant women.

2.3.1.1 Studies about pregnancy-related psychological symptoms

Antenatal anxiety has been one popular area of pregnancy-related research. Many researchers have found that anxiety is one of the most common symptoms in the prenatal period (Madhavanprabhakaran, D'Souza, & Nairy, 2015; Rubertsson, Hellström, Cross, & Sydsjö, 2014) Several studies have been conducted in order to understand the reasons, effects, and associations of anxiety with other symptoms

such as fear and depression. Findings of these studies repeatedly report that anxiety experienced in the prenatal period has a negative impact on both the mother and the child, leads to adverse birth outcomes, and is closely related to worry and fear. (Arfaie et al., 2017; Bayrampour et al., 2016; Blair, Glynn, Sandman, & Davis, 2011; Deklava et al., 2015).

Some researchers empirically distinguish pregnancy-specific anxiety from other types of anxieties. Pregnancy-related anxiety was introduced as a unique type which is found to be strongly related with the deleterious results in fetal and maternal health (Anderson, Brunton, & Dryer, 2018; Bayrampour et al., 2016; Brunton, Dryer, Saliba, & Kohlhoff, 2019). In one of these studies, a concept analysis was conducted with 38 previous quantitative and qualitative studies in order to clarify pregnancy-related anxiety (Bayrampour et al., 2016). According to this study, pregnancy-related anxiety covers somatic symptoms such as fatigue, nausea; affective responses such as mood swings, uneasiness, panic, temper, resentfulness, fear of the unknown or specifically childbirth; and cognition that involves worry about health of the fetus, miscarriage, labor, motherhood, and childcare. Concerns for mother's own mental and physical health, body image, issues about antenatal services, finance, familial and social support have also been reported but less frequently. One of the most prominent dimensions of pregnancy-related anxiety was suggested as the state of being preoccupied with uncertainty and uncontrollability that the pregnancy brought. Lastly, some negative consequences of excessive pregnancy-related anxiety in women's daily lives were identified. These involved negative attitudes such as impatience, being unable to enjoy the arrival of the baby, obsessive behaviors such as counting the movements of the fetus and avoidance of sharing the pregnancy news (Bayrampour et al., 2016).

Worry is defined as an intense and continuous cognitive activity which involved negativity and uncontrollability (Carmona-Monge et al., 2012). As Bayrampour et al. (2016) suggest, it is strongly related to anxiety; however they are not exactly the same thing. Anxiety covers affective, cognitive, physical and behavioral aspects, whereas worry is both an element and an antecedent of anxiety.

In a study that aimed to examine the effects of different coping strategies on women's pregnancy-specific worries, 285 pregnant women in their first half of pregnancy participated. A questionnaire about coping strategies and a scale on worry were implemented. In addition, some sociodemographic data was obtained. The results of the study showed that worry was prevalent among pregnant women. They mostly worried about fetal health, a possible miscarriage and the health of a significant one. It was also analyzed that there is a significant relationship between worry and "negative auto-focused" (such as self-criticism), "overt emotional expression" (similar to catharsis) and "avoidance" (consciously disremembering) strategies of pregnant women (Carmona-Monge et al., 2012, p. 340). Further analysis showed that women who were primigravid and who have negative thoughts in terms of self-guilt, self-efficacy, and helplessness were found to be more worried. The most common strategies of women were problem-solving, positive thinking, and social support seeking. Moreover, seeking social support helped them manage the pregnancy experience more effectively. It was concluded that mental health practitioners could help pregnant women develop effective coping strategies in order to reduce pregnancy-related worries (Carmona-Monge et al., 2012).

Another study examining the association between psychological symptoms and coping strategies was conducted in Greece (Gourounti, Anagnostopoulos, & Lykeridou, 2013). Participants were 163 pregnant women in their 11 to 26 weeks of

gestation. Four tools measuring coping strategies and symptoms of worry, anxiety, and depression were utilized. Sociodemographic data (such as age, education, employment status, and income) and medical information (such as treatment history, week of gestation, previous pregnancy loss) were also obtained. Statistical analysis showed that, anxiety, depressive symptoms and worry were significantly related with being unemployed, having low income, having an IVF treatment, and having a previous pregnancy loss experience. However, no associations were reported between these symptoms and age, education, marital status, and previous pregnancy complications. Parallel to Carmona-Monge et al.'s (2012) findings, it was found that denial, avoidance and self-guilt strategies were significantly related with the measured psychological symptoms. Therefore, the researchers suggest that the psychological interventions should focus on goal-focused strategies rather than nonadaptive ones (Gourounti et al., 2013).

2.3.1.2 Studies on maternal transition within qualitative approach

In one qualitative study conducted by Shahoei et al., (2011), Kurdish women's feelings during the third trimester of pregnancy were explored. Participants were chosen among both employed and unemployed women. They differed in terms of their educational level and socioeconomic background. Only Kurdish women were selected since the researchers believed that pregnancy is a social phenomenon and therefore, they attempted to investigate the feelings of women living in the Kurdish culture. Three main feeling categories emerged in the study: 'satisfied and happy', 'unpleasant', and 'ambivalent'. They concluded that, midwives are the ones who should encourage pregnant women to express how they feel about their pregnancy, childbirth and motherhood. If negative or ambivalent feelings are stated, their

reasons should be identified. Therefore, it is suggested that midwives should necessarily be trained in order to meet the needs of pregnant women. Another important result of the study is that primigravid women and multiparous women with negative pregnancy experiences are found to be more prone to negative feelings during their pregnancy (Shahoei et al., 2011).

In another qualitative study conducted by Modh et al. (2011), 12 first time pregnant women's lives in the early pregnancy were attempted to be explored by using a phenomenological hermeneutic approach. Data collection involved two stages. In the first stage, participants drew pictures reflecting upon their experiences of pregnancy. In the second stage, interviews were conducted in which women were asked to talk about their drawings. Results include that women feel unsure telling people around them about their pregnancy although they have a strong desire to share this news. Colleagues of the women were found to be the last to hear about the pregnancy since women feel concerned about the impact of pregnancy on their career. However, they feel relieved after they tell their friends and families. The other important result is that women feel a stronger sense of security in their relationships with their husbands and husbands' families. Additionally, women reported more awareness about their own lives and family histories during pregnancy. Modh et al. (2011) also found that women were wondering about how their new life would be like. Happiness was found to be the most common emotion women experience. However, women who do not feel happy, report disappointment since they expected to be happy in this period (Modh et al., 2011).

Schneider (2002) conducted a study to investigate pregnancy experiences of women who have their first pregnancy. The data was collected at the end of each trimester. First trimester was described as "adaptation to pregnancy" (Schneider,

2002, p. 240). Need for control in the first trimester was found to be the most common experience since women felt that their body and emotions were out of control. It was also stated that during the first trimester, women need support from their close family, friends, colleagues and information from medical staff. The second trimester was perceived as more positive by the participants since they felt more energetic and happier with less physical complaints, less mood swings and more comfort in relations. However, information seeking activities about delivery and third trimester were still found common among the participants. Lastly, according to the participants, the third trimester involved negative physical symptoms, emotional stability, normal cognitive functioning, socializing more often, and participation to antenatal classes. It was concluded that there are key factors which affect women's pregnancy experience. These factors are personal needs and expectations of women, life perspectives, health status, socioeconomic status, need for social support, the attitude of life partner and other socially interacted people. As a result, it is recommended that pregnant women and their partners should participate in discussion sessions with their healthcare professionals from the beginning of pregnancy, which inform them about sudden physical and emotional changes and their needs for support. It should also explain the delivery process in detail which can help them get rid of sense of failure and disappointment if natural delivery is not achieved at birth (Schneider, 2002).

In one recent qualitative study, Southby et al. (2019) conducted a grounded theory research with primigravid women during their third trimester and whose ages were over 35. Worry appeared to be the most prominent emotion of these women and especially manifested itself in worrying about being judged by their social environment for delayed parenthood decisions. Worry about possible pregnancy

complications and loss were also experienced since the pregnancy was perceived as the last chance to become a parent due to age. Majority of the women talked about readiness that resulted from the need of justification of their pregnancy age. The second remarkable emotion was anxiety caused by lack of social support. It was found that because these women refrained from sharing their pregnancy news with their close relatives at the beginning, they experienced lack of social support. The most common coping strategies used by nulliparous women were found as denial and suspension of the pregnancy acceptance. These coping strategies were defined as a common way of being prepared for potential loss of baby in the pregnancy period (Southby et al., 2019).

Another recent study conducted by Schildberger et al. (2017) focused on the disability factor in pregnancy, during delivery, and in the postpartum period. Participants were 10 women with disabilities four of whom had physical impairments and six of whom had sensory impairments like blindness or deafness. In this qualitative study, it was observed that 'normality' taboo again affected the psychology of women with disability. No matter the disability types of these women, discriminative attitudes of society and absence of family support bring new challenges in terms of parenting practices and having a child. For this reason, researchers pointed out the importance of social support by social network and healthcare professionals for the well-being of the mother and development of the child. Effects of self-efficacy and self-awareness on women's pregnancy were the other critical findings of this study. Although it was found that most of the participants exhibited a confident stance for pregnancy and childbearing at the beginning; they needed more support because of the physical changes in their bodies at the later stages of pregnancy, Anxiety, fear, lack of experience about pregnancy or

motherhood, feeling less secure and uncertainty were the other aspects that women reported and it was recommended by the researchers that lives of pregnant women could be enhanced by providing more familial and social support and increasing interaction activities with healthcare practitioners by training them in order to increase their capacity to effectively communicate with people with disability (Schildberger et al., 2017).

In another study conducted by Darvill et al. (2010), women were interviewed six to 15 weeks after the birth of their first children and striking results were obtained. Through those interviews, participating women were asked to think retrospectively and describe their memories during pregnancy and birth and also talk about their experiences in the postnatal period. Analyses showed that the maternal transition period begins with the early stages of the first trimester and goes on by late pregnancy, birth, and postpartum period. Moreover, women reported one core category, change in the self-concept, which is composed of three main themes: 'control', 'support', and 'becoming a family'. Another finding of the study is that physical symptoms during the first trimester such as nausea led women to report lack of control over their bodies and over their fetus. Although feelings of losing control abate in the second and third trimesters of pregnancy due to diminishing physical symptoms, it was reported to reappear after the birth. Besides physical symptoms, researchers attribute the sense of being out of control to lack of information provided about early pregnancy and postnatal period. In this study, it was also indicated that social support was one of the key determinants of experiences during the transition. Women needed support of their spouses, their own mothers, and also other pregnant women or new mothers. The support of the partner was seen to be indispensable, yet majority of the participating women reported that they felt their spouses' support

intensely only during labor. They describe their mothers as helpers in housework or tasks such as shopping rather than childcare; whereas they need their peers to share their feelings and experiences not only during antenatal period but also after birth. Therefore, researchers suggest that since information given by health professionals focuses on physical health of the women rather than the psychological transition, strong and long-lasting social networks where expectant and new mothers can guide each other through the transition should be formed. Finally, the new mothers in the study stated that they and their partners felt obliged to act as parents rather than act like couples. They reported feelings of responsibility in the early stages of pregnancy when they first recognized the fetus' needs of the utmost importance (Darvill et al., 2010).

2.3.2 Investigation of pregnant women in work life

As the number of employed pregnant women increased worldwide, investigation of these women's experiences has gained prominence. Studies on employed pregnant women indicate that work life induces stress on pregnant women and leads to adverse pregnancy outcomes in terms of birthweight and delivery time (Lee et al., 2011).

In a Thai cross-sectional study about pregnant women in work life, the influences of job strain (which included workload, time constraints and conflicts between people in the workplace), perceived support from workplace, family and coping mechanisms on psychological distress (which involved symptoms of both anxiety and depression) were examined. Moreover, the moderating impact of the aforementioned support systems and strategies on the association between job strain and stress was also analyzed. Lazarus and Folkman's psychological stress and coping

theory provided the theoretical framework for the study. 300 pregnant women in full-time employment participated in the study and the data was collected by five instruments which were adapted to Thai language. The results of multiple linear regression analyses revealed that pregnant women in work-life reported to be highly stressful and job strain was found to be a critical predictor of psychological distress. However, the effect of job strain appeared to be dependent on the implementation of two kinds of coping strategies that are social support seeking and wishful thinking. The support of family and workplace were not found to influence the effect of job strain on stress, yet the study showed that the degree of psychological distress could be decreased by the increase in available support (Sanguanklin, 2014).

A Turkish study was conducted in order to detect the effects of demographic (such as age, education, income), and environmental factors (such as working conditions and flexibility in career goals), and maternal beliefs on first time mothers' return-to-work time and newborn care preferences. To this purpose, 200 primigravid women who were working full-time were interviewed two times: during the sixth month of gestation and six months after delivery. The results indicated that age, education and socioeconomic background of the mothers were significantly associated with maternal preferences about both working after maternity leave and maternal care choice, whereas environmental constraints were only associated with the time they returned to work. Time of the mothers' return-to-work was related with their plans in the prenatal period. Their antenatal and postnatal plans about maternal care choices differed from each other, but not at a significant level. Mothers who did not return to work in order to take care of their baby, were the ones who felt more flexible in their careers. Additionally, it was reported that mothers who were supported by their relatives for newborn care were the ones who were satisfied about

their status. As the need for income decreased, care options appeared to increase, and mothers were more likely to return to work (Sayil, Güre, Uçnok, & Pungello, 2009).

In one explorative qualitative study conducted in Norway, first-time pregnant women's experiences about work life and their anticipations of motherhood were investigated. 10 primigravid women employed in different companies (both private and public), who were about to start their maternity leave and planning to return to work after it is over, were purposively selected. In-depth, unstructured, face-to-face interviews were carried out and the collected data was analyzed by the method of content analysis. One main category emerged with the title of 'living on the edge of being overstretched' which covered two themes that are 'being exhausted by adapting to professional life' which is directly linked to the women's experiences of work and 'being prepared for becoming a mother' that is associated with their expectations. According to the findings of the study, women stated that working during pregnancy was very tiring both mentally and physically. They needed and sometimes received their colleagues' help in order to complete their tasks as they could not perform as they used to do. Majority of them also stated that their special conditions were ignored both by their colleagues and particularly their supervisors as they did not feel understood. No change in their work routine was implemented unless the women requested. Nevertheless, they stated that they felt responsible to perform well due to their supervisors' expectations and their own desire to feel valued which led them to try to complete their duties as good as they could before maternity leave. The findings also showed that women were delaying thinking about delivery and motherhood until their maternity leave started and these stages remained unknown for them. However, most of them stated that they trusted themselves to cope with the ambiguity despite difficulties. Although they did not want to feel

isolated from social life, they were preparing to change their priorities as they felt responsible for their children, The researchers concluded that women felt overstretched as their experiences and anticipations contradicted and they experienced uncertainty in terms of their current and future situation due to being first-time mothers. Therefore, it was suggested that healthcare practitioners should inform employed pregnant women about the possible changes in their lives. Moreover, they recommended that workplaces should support pregnant women effectively by providing them a caring environment and helping them as they complete their tasks before the maternity leave (Alstveit, Severinsson, & Karlsen, 2010).

Another descriptive and explorative study about employed pregnant women was also conducted in Norway to understand the factors that have an impact on women's abilities in full-time employment during pregnancy. The data was collected from 10 employed pregnant women by in-depth interviews in the third trimester of pregnancy and analyzed via systematic text condensation. Two main themes emerged: ‘supporting environment’ and ‘having a positive mindset’. Supporting environment theme revealed the positive effect of partner, midwife, family, friends, and workplace support in continuing to work life during pregnancy. This theme involved two subthemes by which women expressed that they felt good and were satisfied with the support they received from all of their support resources. Under the second theme, the participants stated that having a positive mindset by perceiving pregnancy as a natural experience rather than an illness and perceiving the current challenges of pregnancy as a means for facing future challenges helped them cope with this period. Moreover, they emphasized that their inner motivation to work led them to stay at work during pregnancy (Selboe & Skogas, 2017).

CHAPTER 3

METHODOLOGY

In this section, methodology of the study is presented in detail. First, the overall design of the study and rationale for choosing the qualitative approach are explained. Then participant selection and recruitment strategy, characteristics of the sample, data collection procedure, development and application of the interview protocol are outlined. Finally, the data analysis method is presented.

3.1 Research design

The aim of this study is to examine employed pregnant women's individual experiences and resources during the maternal transition period within the conceptual framework of Schlossberg's theory. To this aim, qualitative method of inquiry is employed. Consistent with the thoughts of Padgett (2017) in that experiences of a particular group can be explored within qualitative approach more effectively; the researcher also believes that the topic of the current study is perfectly suited for a qualitative approach. Unlike the quantitative approach, a particular location or a specific subgroup are attempted to be identified in detail within this type of research (Yin, 2003).

Like other studies on maternal transition outlined in Section 2.3 (Darvill et al., 2010; Modh et al., 2011; Schildberger et al., 2017; Schneider, 2002; Shahoei et al., 2011; Southby et al., 2019), the researcher also believes that qualitative methods provide a detailed description of the common and unique experiences of individuals from their own perspectives. As Miles and Huberman (1994) state, by using

qualitative methods, the data can be analyzed more effectively by revealing how the people being studied perceive the world and their current situation.

Strauss and Corbin (1998) suggest that qualitative inquiry is exploratory in its nature and studies adopting qualitative approach generate hypotheses rather than testing a hypothesis. To this purpose, the researcher did not test any hypothesis and developed the research questions in a flexible way.

3.2 Researcher identity

Identity of the researcher is a crucial element in qualitative studies due to the researcher's active and intense involvement in the process (Harvey, 2013). Researchers should be aware of the possible effects of their own demographic characteristics, background, experiences, beliefs, biases, worldviews and emotional reactions on all of the stages of the study and implement reflexivity. Reflexivity has been introduced as a key strategy in qualitative approach, in which the researchers are kept responsible to continually engage in self-monitoring about their impacts on the study (Berger, 2015). Besides ethical concerns, presenting the researcher's identity and implementing reflexivity in the study is critical in order to increase credibility (Berger, 2015; Harvey, 2013).

The professional and familial background of the researcher caused her to select the research topic. The pregnancy-related stories told, and the pregnancy experiences of the researcher's extended family motivated her in that she noticed excessive emotional and physical changes in pregnant women's lives. She observed all of these changes within the perspective of psychological counseling, as she had an undergraduate degree from the Guidance and Psychological Counseling Program in 2009. Moreover, she has witnessed the challenges employed pregnant women face

due to the fact that she has been working as a Human Resources Executive in a private company. In conjunction with her observations, being in a role which applies policy made her aware of the fact that women in maternal transition are not adequately recognized at a policy level. Moreover, the researcher's own pregnancy experience at the end of the data collection period also made the subject much more interesting for her. She believes that passing through the same stages of pregnancy helped her extensively during the stages of collecting, analyzing, presenting and discussing the data. Moreover, this fact made her believe more in the significance and necessity of her study. She also felt that having done this study has helped her feel more empathic and appreciative towards her own mother who had two pregnancies in the past, one of which was for giving birth to the researcher and her twin sister.

On the other hand, the researcher's subsequent situation also required the implementation of reflexivity since the researcher started to share similar experiences with the participants. The possible influences of the researcher's situation on the interpretation of the data were attempted to be controlled by the use of member-checking, prolonged engagement with data, and consultation of the thesis advisor. Moreover, the researcher also kept a personal diary and read it throughout the research period in order to keep track of her subjectivity. Her subjective experiences included feeling extremely joyful one day and nervous another day, feeling physically tired, worrying about the health of the fetus especially in the first trimester, feeling supported by her workplace, family, friends and partner, and feeling impatient for the arrival of her baby.

3.3 Participant selection and recruitment

The most important criterion for selecting participants was that participants should be primigravid (pregnant women who did not have miscarriage or did not have a voluntary abortion previously) since they were believed to be a better source for gaining a deeper understanding of the pregnancy period. Related previous research also shows that inexperienced first-time mothers can reflect on every single moment of their *first and only* experience (Darvill et al., 2010).

Secondly, women in full time employment were specifically chosen since it was proposed that analyzing employed pregnant women's experiences is crucial as more women are getting employed in conjunction with the profound shift in society. Yet, pregnant women in work life experience distress, sometimes led by negative discrimination which negatively affects maternal and fetal well-being (Doğan, 2012; Lee et al., 2011; Medved, 2016; Meisenbach, 2010).

Timing of the investigation was also critical for the researcher in that data from each trimester of pregnancy was required in order to provide a broader insight into pregnancy. To this aim, pregnant women in the third trimester of their pregnancy were intended to be selected. This helped the researcher collect data retrospectively as participants could recall their experiences from the first and second trimesters. Women in the postpartum period were not chosen, since it is believed that as women enter motherhood with the birth of their children, they form a new self-schema that involves both separation from the fetus and attachment with the newborn which brings different emotions and experiences compared to the pregnancy period (Bueskens, 2014). The researcher chose to focus on how pregnant women described their experiences before birth, at their last trimester. The purposive sampling method was mainly used for data collection to include women with diverse needs and

experiences. Patton (2001) suggests that purposive sampling is one of the most powerful sampling methods for collecting data since it enables the researcher to select information-rich cases and so collect a great deal of information. Researchers that aim to provide in-depth information about pregnancy have also taken advantage of the purposive sampling method (Modh et al., 2011; Shahohei et al., 2011; Southby et al., 2019).

The researcher intended to recruit different groups of women: those with and without a treatment history, those working in the public and private sector; and those with a planned and unplanned pregnancy.

Snowball sampling was used as another technique which can be described as recruitment of new participants by the referral of existing participants. The researcher chose the use of this technique since it is proposed as practically advantageous for exploratory studies (Sedgwick, 2013).

After the criteria for selecting participants were determined, they were explained to a gynecologist and the social network of the researcher to reach eligible participants to be recruited. The researcher sent an e-mail to each participant about the content and the ethical approval of the study (See Appendix A). Women interested in the study were then contacted in order to arrange timing and place of the interviews. Pregnant women who met the predetermined criteria and who were believed to give detailed information about their pregnancy participated in the study.

As Merriam (1998) stated, the number of participants in the study is determined according to the researcher's satisfaction level about finding appropriate answers to the research questions. Similarly, Strauss (1987) points out that if enough data are gathered and the researcher is no longer acquiring new information, then the

sample size is believed to be adequate. Therefore, the data collection process ended as the saturation level was reached after 12 interviews.

3.4 Data collection

The primary instrument for data collection was the in-depth, semi-structured, and one-to-one interviews. Reasons for choosing the interview as the major data collection tool is that it is the most typical way for studies adopting the qualitative approach and it allows the researcher to gain a deeper understanding of personal and social matters (Smith et al., 2009). An interview helps uncover the experiences and meaning the interviewees attach to those experiences (DiCicco-Bloom & Crabtree, 2006). Merriam (1998) also suggests that if the individual's social behavior, emotions or the perceptions about the world cannot be observed, interviewing should be used as a data collection tool.

The semi-structured interview does not restrict the participants' responses and it allows the researcher to pursue more information. Researcher can feel more flexible since the questions can be paraphrased if the responses are not understood well. Follow-up questions can be asked in order to allow the interviewee to share his/her own experience in detail (Kvale, 1996).

3.4.1 Development of the interview protocol

Interview questions were prepared initially based on the purpose of the study, and accordingly the research questions and Schlossberg's theory addressing the 4S variables (Schlossberg et al., 1995). Besides, the researcher also benefited from literature about pregnancy experiences (Darvill et al., 2010).

The semi-structured interview consisted of two main parts. The first part of the interview focused on the current situation of the participants. Eight open-ended and two follow-up questions were addressed to investigate the perceptions of the participants about their personal experiences, needs, support resources, coping strategies that they implemented and perceptions about their future life.

In the second part, demographic and some pregnancy-related information about participants were obtained by the researcher with seven questions that address age and birth place, educational background, career background, month of pregnancy, career background of spouse, type and background of pregnancy (planned or unplanned/by treatment or not). Each participant was encouraged to express anything that remained untold at the end of the interview. Turkish and English versions of the interview protocol are presented in Appendix B and C.

In order to ensure the credibility of the interview questions, one pilot interview was held with an employed, pregnant woman in her third trimester of pregnancy. After the pilot interview, the content, number, and order of the interview questions were revised. The third interview question ‘What are the changes in your life since the beginning of your pregnancy’ was added to the interview. Additionally, one more question (‘What thoughts came to your mind’) was added to the question of ‘How did you feel when you found out that you were pregnant?’. Afterwards, the interview protocol was revised one more time according to the recommendations of the thesis committee members. The order of four questions was changed. One main question (the fifth question in the final version) and two follow-up questions (questions 5a and 5b in the final version) were added. Two questions (‘What makes you happy the most’) and (‘How do you imagine the day of birth’) were omitted.

Lastly, section 1 and 2 were replaced. The final version of the interview protocol was applied to the participant group. The pilot interview was not included in the data.

3.4.2 Implementation of the interview protocol

After obtaining the ethical approval from Boğaziçi University Institutional Review Board for Research with Human Subjects (INAREK) (See Appendix A), interviews were executed by the researcher in a convenient location and at a convenient time for participants. The length of each interview was approximately 25- 45 minutes. Eleven of the interviews were conducted face-to-face in İstanbul and one interview was carried on by phone since practical barriers prevented the researcher to go out of town. All interviews were digitally recorded with each participant's permission which provided detailed analyses of verbatim transcriptions.

The researcher spoke to each participant one time and the interviews were carried out between January 2016 and February 2019. At the beginning of the interviews, a copy of the Informed Consent Form (See Appendix D for English version and Appendix E for Turkish version) was provided to each participant, in which the purpose, procedure, and potential benefits of the study were explained. Confidentiality was emphasized both verbally and through the form. After reading the form, each participant was encouraged to ask further questions and discuss if there were any issues that needed to be clarified. Moreover, all participants were told that they could withdraw from the study at any time. If they chose to quit the study, they were told that the information they provided would be destroyed. Participating women were also notified about the time needed for the interview. After this explanation, both the researcher and the participant signed the form and the original signed copy was given to the participant. One participant who was interviewed on

the phone mailed the form to the researcher. Following a short conversation to help each participant feel comfortable, the interview questions were asked. The interview was carried on flexibly, that is the order and content of the questions were revised during the interview if required.

3.5 Data analysis

For this study, thematic analysis was chosen as a data analysis method which is a widely used approach in qualitative inquiries and involves identification, analysis, organization, explanation and presentation of themes in a set of data (Braun & Clarke, 2006). As King (2004) also proposes, it is an effective technique for highlighting the most important parts of the collected data.

Nowell, Norris, White, & Moules (2017) recommend that employing a thematical approach requires the researcher to handle the data in a systematic fashion. To this aim, they disclosed the details of a step-by-step approach proposed by Braun and Clarke in 2006, in order to ensure trustworthiness of the findings. The researcher adopted the six phases that are outlined by Braun and Clarke (2006): Getting familiar with the data, generating initial codes, search of categories, reviewing themes, defining and naming themes, and reporting the findings.

In the first stage of data analysis, the researcher fully transcribed the interviews after collecting data. Each transcript was saved in a well-organized file on a computer, read through and listened several times in order to familiarize with the content. In the second stage, initial codes were elicited manually on the Microsoft Office 365 Word documents and noted in the related lines of the transcripts. The researcher's thesis advisor was consulted in order to comment on the codes. No other software program was used since the researcher wanted to immerse with the data. In

the third stage, research questions based on the adopted theoretical orientation led the researcher to eliminate and interpret data and search for and define themes as Braun and Clarke also (2006) propose. The fourth stage involved review of the emerged themes by moving back and forth along the data and the related quotations. The researcher's thesis advisor was again consulted and both the raw data and a unified format of each theme on an Microsoft Office 365 Excel sheet with related quotations were presented to her. In the fifth stage, after having a consensus with the thesis advisor, themes were categorized as main and sub themes and, the editing process was carried out on the Excel sheet. Lastly, member-checking was employed in the sixth stage. Member-checking is a technique used to support the credibility of the findings (Emerson & Pollner, 1988). It was done online through email after all the analyses were completed. During member-checking, the participants were sent a transcript of the interview and a short summary of the researcher's interpretation of the interview. All of the participants agreed on the summary report, and seven of them added that they found themselves successful in foreseeing their future lives at the time of the interviews. Three of them also responded positively to the transcript and the summary report but found themselves extremely negative and pessimistic. They added that if they had the chance to see their future lives while they were pregnant, they would have had a more positive mindset and have enjoyed their pregnancy more since they found the postnatal period much more difficult than pregnancy.

After a rigorous decision-making process, a final report was prepared in which final themes were categorized related to the purpose, research questions and theoretical orientation of the study, as Ryan and Bernard (2003) also suggests.

Quotations of each participant are included in the final report in order to increase the credibility of the data (Braun & Clarke, 2006).

CHAPTER 4

FINDINGS

In this chapter, findings of the study are presented under three main headings: (a) information about the participants; (b) themes emerging from the study; and (c) summary of the findings in terms of the research questions. In the first part, brief description of the cases will be described in order to produce more knowledge about the participants. In the second part, the researcher will go through the themes emerged from the interviews. Lastly, the research questions in relation to the emerged themes will be outlined.

4.1 Information about the participants

The participants were 12 primigravid pregnant women in full-time employment within their 31st to 37th weeks of gestation, aged between 25 to 41 ($\bar{x}$=32.7). All but one was born in Turkey, had singleton pregnancy (one of the participants expected twins) and had a planned pregnancy. Eight of them had an undergraduate degree, three had a graduate degree and one had an associate degree. Ten of them were working in private companies, two of them were working in the public sector and none of their jobs required physical work. All the husbands were also employed. Socioeconomic status of the participants varied from middle-to high levels. Four of them were on maternity leave, whereas eight of them were continuing to work during the time of interviews. Their demographic and some pregnancy-related information are demonstrated in Appendix F. Each participant is symbolized by a participant number to protect their identity and ensure confidentiality. Besides demographic

information, some specific information regarding the pregnancy and the researcher's observations about the participants will be presented.

Participant 1 is a 30-year-old woman who is in the 34th week of her singleton pregnancy. She is a university graduate. She attended her graduate lessons during the first two trimesters of her pregnancy and is now in her thesis stage. She works in the public sector and started her maternity leave in the 32nd week of gestation as her physical complaints increased. She stated that being a graduate student and working at the same time affected her physical health a great deal during pregnancy. She lives in a suburb of Istanbul, far from her workplace which also contributed to her pregnancy-related physical symptoms such as nausea and low back pain. Her husband also works for the public sector which allows more time to family life. She has singleton pregnancy and did not have any fetus' health-related problems. Although it was a planned pregnancy and she found out that she was pregnant as soon as they decided to become a parent, she felt confused at first. However, during her pregnancy, she feels supported particularly by her husband. She does not prefer to meet other pregnant women since she believes all pregnant women have a tendency to share their negative experiences rather than positive ones. The interview was conducted when terrorism in Turkey was a significant issue. It caused the participant to express her worries about losing her husband due to a possible terrorist attack.

Participant 2 is 33 years old. She and her husband are both university graduates. She works in the finance department of a private company and her husband works as a real estate expert in a private company. She is in the 36th week of her pregnancy and is expecting twins. She got pregnant by in vitro fertilization (IVF) treatment in the second trial. She did not announce her family and friends about the

second IVF treatment, so her husband was the only one to support her during the treatment period. She works in a private company and started her maternity leave. Although she had severe physical problems and felt dependent on others even to meet her daily needs, she said that she feels grateful every day for being pregnant. She stated that being pregnant by treatment is a very different kind of experience and should be investigated apart from regular pregnancies. She does not prefer to share her pregnancy experiences with other pregnant women since she believes her experience is unique due to her treatment history. She expressed anxiety as the most dominant feeling during her pregnancy which she described it as worry about miscarriage and health of the fetuses. Moreover, she stated that her work life made her feel extremely stressful and anxious. During those hard days, her husband and her mother gave her strength by supporting her both emotionally and physically.

Participant 3 is 29-year-old woman who is in the 32nd week of her singleton pregnancy. She is a university graduate and works as an accounting specialist. She would start her maternity leave in the following week of our interview and go to the USA to give birth. Giving birth in another country with a different doctor makes her feel nervous and it has recently been her dominant feeling. However, she feels lucky since her husband has a freelance job (web-designer) and will support her through their whole trip. She rarely experienced physical symptoms during her pregnancy and considers herself lucky. She described her work life as unsupportive and irritating, whereas she feels supported by her close family. She expressed that she felt highly sensitive, resentful and short-tempered especially in the first trimester. She consulted with other pregnant women in order to get information about birth in the USA, but she does not prefer to share her maternal transition experiences with anyone except her doctor.

Participant 4 is 28 years old. She is in the 35th week of her singleton pregnancy. She graduated from university and currently attends a special certificate program. She is a corporate communications specialist in the private sector. Her husband works for a private company as a civil engineer. She got pregnant by in vitro fertilization (IVF) treatment in her first trial. Except her mother-in-law, she did not inform her family and friends about the IVF treatment, since her husband did not want them to know. However, she regrets it since she felt alone and unsupported during the treatment process and accuses her partner about the discretion. She stated that she remembers those days as extremely dark, unhappy, and desperate. She feels thankful to God as her treatment ended in a positive result in the first trial. She said that she had no power to begin a new treatment. However, although she is almost at the end of her pregnancy, she stated that she is still anxious about the health of her baby and is afraid that something might go wrong. She plans to work as long as she can. She expressed that working made her feel better and helped her forget about her worries. However, she feels anxious about her work life while she is on maternity leave because her company is in a bad economic condition and plans to dismiss most of its employees. She is the only participant having a gestational diabetes diagnosis. She said that she hates being together with other pregnant women and she feels disturbed about current and ex-pregnant women's suggestions and competitive approach.

Participant 5 is 31-year-old clinical psychologist who is in the 35th week of her singleton pregnancy. Her husband is a computer engineer and works in the private sector. She has a graduate degree and works at a public hospital. She plans to start her maternity leave in the 37th week of gestation. She describes herself as uneasy and believes that her anxiety level has largely increased by the beginning of

her pregnancy as she was having an unplanned pregnancy. It was observed by the researcher that due to her profession; she was more preoccupied with her mood than the other women were and that led her to experience even more anxiety. Moreover, it was one of the most difficult interviews for the researcher since Participant 5 preferred to listen rather than talk, which can also be associated with being a psychologist. She expressed that since it was an unplanned pregnancy, she felt very surprised and anxious when she found out that she would have a baby. However, the support of her husband and her family helped her overcome negative feelings and pessimism. She described her workplace as also supportive, but she does not prefer to share her maternal transition experiences with anyone except her mother.

Participant 6 is 41 years old and is in the 36th week of her singleton pregnancy. She has an undergraduate degree and works in the human resources department of a private company. She quit her job temporarily for maternity leave. Her husband works as a sales manager in the private sector. She has a planned pregnancy. She did not have any kind of infertility treatment, yet had difficulties in getting pregnant due to her age. She stated that the amount of time that passed before getting pregnant caused her severe stress. When she found that she would have a baby, she still could not cheer up since her worries about miscarriage began at that moment. She stated that although she was normally an optimist, there was always something to worry about during pregnancy. The interview was conducted at the time of rising terrorism and child abuse news, all of which triggered her worries, as she expressed. Moreover, her workplace did not support her, and she overcompensated by volunteering to do extra work, in order to avoid discrimination. She feels supported by her husband and her family emotionally, but not physically. However, she sees it as a challenge and believes it will help her build self-efficacy

and feel more powerful after birth. Although she knows that reading web sites about pregnancy can provide wrong information, she said that she reads them. However, she does not prefer to meet other pregnant women since they trigger pessimistic thinking.

Participant 7 is 31 years old and is in the 36th week of her singleton pregnancy. She graduated from university with a civil engineering degree. She works as an engineer in a private company and plans to continue working until the 38th week of gestation. Her husband is a mechanical engineer and works for a private company. Although she has a planned pregnancy, she did not expect she would get pregnant so fast. At first, this caused her to worry about motherhood. However, when she felt her baby's first movements, it took her a short time to adjust to the idea of being a mother. The researcher also observed that the participant feels relieved and eager to see her baby. She had extreme nausea in the initial stages of her pregnancy, but she now says that she has almost forgotten about those problems, puts herself in the second place and totally focuses on her baby's health. She felt extremely sensitive and resentful throughout her pregnancy and attributes it to the hormonal changes. She feels supported by her husband and her family, yet describes her workplace as demanding, insensitive, and unsupportive. She felt especially aggrieved due to the company policy that prevent pregnant employees from receiving their salary on a monthly basis during maternity leave. She is the only participant who feels happy when she spends time with other pregnant women.

Participant 8 is 34 years old. She is in the 33rd week of her singleton pregnancy. She has a graduate degree and continues her second graduate education. She works as a specialist in a private company and plans to work until the 38th week of gestation. Her husband works for a bank. She got pregnant by in vitro fertilization

(IVF) treatment in the second trial. She says that although it was a desired pregnancy, she experienced worries about the health of the fetus and motherhood in the beginning of her pregnancy. However, she quit worrying in order to prevent possible harm to her baby due to stress. She believes pregnancy and the birth of a child are miraculous life events and she now tries to enjoy every moment of her pregnancy experience. She perceives her workplace as challenging and insincere and plans to find another job during her maternity leave. She preplanned her postnatal period and thinks of her mother as a major support in childcare. Moreover, she believes that living in a relatively less crowded and livable city compared to Istanbul will help her organize her daily life with her child more easily.

Participant 9 is 33 years old and is in the 34th week of her singleton pregnancy. She graduated with two majors. She works as a training specialist and her husband is an IT specialist in the private sector. She plans to quit her job in the 35th week of gestation. She had to deal with tough times during her pregnancy due to the detection of a heart defect in the fetus. This situation caused her to worry too much about her baby's health. She even wanted to end her pregnancy in the first trimester. She views her doctor as unsupportive during those difficult times because of his early diagnosis. She consulted with other doctors and they opposed her doctor in that it was so early to diagnose a fetal heart problem. They relieved her by saying that fetal cardiac development can even be completed during the last trimester and after birth. She did not experience other physical problems and she says that she feels very energetic by the help of the vitamins she takes. She feels much support from her mother although they live in different cities. On the other hand, she feels that her husband does not know how to support her; although he intends to. It was observed that she feels disappointed about it. She also expresses that her job as a training

supervisor is physically demanding and she needs physical arrangements such as a resting room in her workplace. Lastly, she stated that she believes her family life will change considerably after the birth of her child.

Participant 10 is 37 years old and is in the 37th week of her singleton pregnancy. She has an associate degree and works as a foreign trade specialist in a private company. She is on maternity leave. Her husband works as a personal trainer in a fitness club. During our interview, she had difficulty expressing herself. She stated that she felt cheerful when she understood she would have a baby and she even went to shopping for the baby on that day. However, as time went on, the initial feelings were replaced with worries about the health of the fetus, her maternal self-competence, and future life. She was the only participant that reported discomfort about her body image and her need for compliments. Parallel to her needs, she says that she felt supported by her close family. However, she sometimes feels jealous when her husband shows more interest to the baby. She anticipates changes in her daily life after birth because it will involve shift of the emotional focus from herself to the baby.

Participant 11 is 29 years old and is in the 33rd week of her pregnancy. She has a graduate degree and works as a human resources specialist in a private company. She feels unsupported by her workplace and thinks that there is a need for further legislation that protects women during and after the pregnancy. Although her close family tries to support her, she believes they ignore her subjective needs and they focus on her baby's health more than hers. Moreover, she perceives her husband as not necessarily supportive and questions both her own and partner's competencies about childcare. Moreover, life security problems in Turkey also worries her as the

interview was carried out when terrorism, child abuse, and other life security related issues were on the rise. She plans to work until the 37th week of gestation.

Participant 12 is the youngest of all participants and is 25 years old. She has a bachelor's degree in environmental engineering. She works as a health, safety and environment specialist in a private company. She is in the 31st week of her singleton pregnancy and plans to work as long as possible. Her husband works as a chemist in the private sector. Besides her physical complaints such as nausea and limitations in her physical activity, she says that she feels anxious about the process of delivery and about the quality of their life both economically and socially after birth. She describes pregnancy as a marathon in which all the stages in pregnancy require different tasks. This makes her feel restless rather than joyful. She perceives her workplace as unsupportive. The distance between her house and her workplace also makes her life harder. She does not need and does not want to ask for support from her close family during pregnancy, since she believes postnatal period will be more difficult and she will need their support in that period. Moreover, she believes that women have much more responsibility than men do during the pregnancy and expecting much from partners would be unrealistic.

4.2 Themes emerging from the study

The analysis of the data led to the emergence of six major themes and eleven sub-themes. As Nowell et al. (2017) suggest, the meaning of the themes should be clarified during data analysis. Definition of each theme should reflect the participants' responses accurately and rely on the relevant literature (DeSantis & Ugarriza, 2000). To this aim, the themes and sub-themes were named and defined

considering Schlossberg's 4S system, pregnancy related studies and participants' statements. They are demonstrated in Table 1 and presented in detail below.

In this study, the data was collected in Turkish and translated into English. Participants' original quotes in Turkish are presented in Appendix G. Selected quotes of the participants translated to English are provided following the description of each theme. At the end of each quote, the participant number, appendix number and the line number are provided in parantheses. For instance, (Participant 1, Appendix G, 13) at the end of the English quotation means that Participant 1's original Turkish statement can be found in the 13th line of Appendix G. Some excerpts are used twice since they belong to more than one theme.

Table 1. Themes Emerging from the Study

THEMES	SUBTHEMES
Physical complaints	
Mixed feelings	
'A new life'	
Worry about the unknown	Worry about the health of the fetus
	Worry about the future of the child
	Worry about the future of the self
Support	Spouse
	Family & Friends
	Workplace
	Other pregnant women/Pregnancy-related social media platforms
	medical staff
Coping strategies	Avoidance
	Building self-efficacy and resilience
	Trying to stop negative thoughts and focus on the 'here and now'

4.2.1 Theme 1: Physical complaints

The interviews started with asking the experiences of each participant during the prenatal period, and out of 12 participants, all but one immediately expressed their pregnancy-related physical health problems. Therefore, under this theme physical complaints, which can be defined as physical problems and limitations of pregnant

women due to physical changes or unexpected symptoms such as bleeding, nausea, and gestational diabetes are presented in order to understand physical issues during pregnancy.

Most of the participating women expressed that they had physical complaints especially during the first trimester.

> For example, in the first three months, I felt some negative effects of the pregnancy … That is, physical tiredness, nausea... You know, the effects that also make the work life harder, such as lack of concentration, uhh, continuous need for sleep. (Participant 1, Appendix G, 1)

Six participants complained specifically about nausea during the first trimester and two of them expressed that due to nausea, they had to consume unhealthy food.

> During the first three months, I, uhh, for instance, could only eat carbohydrates, macaroni, toast, crackers and something unhealthy like these. (Participant 3, Appendix G, 2)

Participant 4 was the only participant that had a gestational diabetes diagnosis. She mentioned that her condition affected her mood negatively.

> Currently, my biggest problem is that unfortunately I have the diagnosis of gestational diabetes. It is a very bad situation; I wish I didn't have such a problem. I'm trying to be very careful; I shouldn't eat anything containing sugar. This condition is like this. It is because insulin is not secreted enough for the baby or for me. And the sugar I consume directly affects the baby. Therefore, I have difficulty as my appetite has also increased. I really want to eat desserts and sweet things a lot. When one of my friends was eating ice cream the other day, I burst into tears and couldn't stop crying. It was an unintentional response, because I wanted to eat ice cream so much. (Participant 4, Appendix G, 3)

Three of the participants got pregnant by the help of fertilization treatment. And among these three participants, two of them talked about bleeding symptoms in their first trimester of pregnancy.

> Since I got pregnant through IVF, in the first three months of my pregnancy I had extensive bleeding. Above of all, you face the risk of losing the babies. I learned afterwards that this is a common situation when you are pregnant with twins. For all you know, the first 12 weeks of your pregnancy, you experience bleeding, one of the babies can be lost or both can be lost. (Participant 2, Appendix G, 4)

Participant 8 added that her complaints about bleeding were combined with the inability to receive any clear direction or information from the medical doctors.

> Because, at first, during pregnancy, some bleedings can happen. I have also experienced it. At that time, the doctors could not answer the whys. They just want you to rest. They can't explain, they don't know either. (Participant 8, Appendix G, 5)

Some participants talked about physical discomfort leading to difficulties in daily life.

> It bothers me that my belly is so big. I can't even bend over my shoes. (Participant 12, Appendix G, 6)

4.2.2 Theme 2: Mixed feelings

Mixed feelings theme appeared to be the combination of feelings caused by severe hormonal changes ranging from highs of feeling joyful, excited, curious and impatient to the lows of feeling resentful and extremely sensitive. Under this theme, participants' different types of emotions during pregnancy are presented in order to make the reader explore the affective experiences of women in maternal transition.

> I'm not sure whether it is joy or excitement. I could not describe it exactly, but, uhh, you cannot feel so happy. You cannot enjoy it at all. (Participant 12, Appendix G, 7)

> We are experiencing very distinct feelings of both happiness and joy. Besides, I have different emotions each week. I feel impatience in that I want the birth of my baby as soon as possible. That is, I want the time to pass quickly and my baby to get out of my womb quickly. It is such a great excitement. I'm so excited, my heart starts beating much faster. (Participant 10, Appendix G, 8)

> I'm very curious about my baby. We see my baby on ultrasound, but I wonder what it looks like in reality. Well, I feel the movements, but I wonder what it will be like to hug him. I have mixed feelings like that. (Participant 5, Appendix G, 9)

Participant 7 added that she experienced feelings that are completely new to her.

> Well, first of all, one becomes extremely sentimental. I didn't believe it; I wasn't a very sensitive person. But you cry over everything. I mean, during the first three months, there is a distinct balance of hormones. Only in the

> second trimester, there is a little bit of relief. During those periods and now, your hormones are continuously rising up and down. You're so sentimental, you become highly resentful and you are so sensitive. (Participant 7, Appendix G, 10)

Some participants talked about mood swings and being tense. One of them stated that she had experience with mood swings more intensely during the last trimester.

> I can sometimes be on edge. I experience mood swings, ups and downs. (Participant 11, Appendix G, 11)

> Yes, there are incredible mood swings. It is a period in which you experience excessive fluctuations in your emotions. It wasn't so intense during the first trimester, but it has become more intense recently. (Participant 3, Appendix G, 12)

4.2.3 Theme 3: 'A new life'

The statements of the participants indicate that 'A new life' is the perception of pregnancy and motherhood as a major life event leading to several changes in all aspects of women's lives. Participants shared their anticipations about their current and future lives all of which involve 'change' as a key element. They stated that they experience and expect change in their lives including social and financial issues. Some of them stated that they are ready for these changes.

> I know that my life will change, but I also feel like in a limbo right now. There are also some changes now, yet it has not completely changed. So, it's better for time to pass quickly as it would lead to a total change. Therefore, I'm happy about it. (Participant 4, Appendix G, 13)

> There will also be financial changes in our lives because we have started to allocate a certain part, a certain part of our earnings even before birth. (Participant 7, Appendix G, 14)

Some of the participants stated their expectations about their career lives. Some of them expressed their unwillingness for a career change, whereas others plan to change jobs during maternity leave.

> I don't want to give up my career because I believe that I will be working for the sake of my baby. After all, if I'm a happy individual, my baby would be

> happy, too. If I'm restless, it would be restless. But it seems to me that it would be an obstacle for me to work on the weekends. I feel like I will be compelled to change my job. (Participant 9, Appendix G, 15)

> At that time [during my maternity leave], I plan to change my job, of course, if I have a chance to look for and find a job. (Participant 8, Appendix G, 16)

Some figured their anticipations about their future lives by also expressing their worries about losing their old lives.

> Whether I will be cut off from my social environments or will I lose my old life, well, you develop some concerns like, how the relations with my friends will be. I mean, well, will I have to hang out only with my friends who have kids? Because your areas of interest will be different. Especially with single friends. Already thing become different after you get married, also after having a child, you grow apart much more. (Participant 1, Appendix G, 17)

Participant 1 also added that she anticipates some conflicts with her own family during the postnatal period as she plans to stay with her family.

> I will be staying with my family after birth. So, while raising my child, my family's beliefs and their behaviors, and my own decisions will conflict. I know this, since there is also a generation gap, our point of views will be different. (Participant 1, Appendix G, 18)

Some of them stated that they have become much more aware of themselves and began to feel more empathetic towards their families. They stated that they started to prioritize their children over everything.

> I have realized that life in fact makes you a little selfish, but when a child enters the stage, you start to understand how unimportant you are. If the purpose of life is to breed, to maintain the continuity of life, it appears that the child is more important than anything else. You understand your own parents better. After that, you're preoccupied with thinking about the child's future. Your perspective on life completely changes. (Participant 7, Appendix G, 19)

Some of the participants stated that the change of their lives manifested itself on daily life issues.

> Even the subjects of the conversations with your partner, your friends are changing, mostly talking about the child. When you go to a shopping mall, you're looking for something for the baby instead of buying for yourself. You unintentionally start observing your surroundings; for example, you plan to

> go to that café after birth since it looks child friendly. (Participant 12, Appendix G, 20)

Moreover, one of the participants talked about the increase in the amount of support she received and anticipated a further change after the birth of the baby.

> It happens as… You carry the baby in your womb for nine months, all affection is shown to you, then the baby is born, and you are alone. I really wonder how it would make you feel. Probably, it would be a disappointment. (Participant 10, Appendix G, 21)

4.2.4 Theme 4: Worry about the unknown

Worry carries a pivotal role in the experiences of the participants. It was not analyzed in combination with other feelings, because it was found to be a cognitive activity rather than a feeling that is determinant of other feelings or experiences. Participants' worries can be described as pregnancy-related worries experienced in each stage of pregnancy which is caused by the ambiguity of the situation in terms of three subthemes: (a) worry about the health of the fetus; (b) worry about the future of the child; and (c) worry about the future of the self. Therefore, this theme is categorized as 'worry about the unknown'.

4.2.4.1 Subtheme 4a: Worry about the health of the fetus

Under this theme, women not only expressed their worries regarding the present health status of the fetus, but also the future health of their babies.

> As time goes on, you have different emotions at every stage; you're thinking about different things. For instance, about the development of the child. That is, before listening to the heartbeats of the baby, I wonder if there would be a problem? Is everything gonna be OK? (Participant 6, Appendix G, 32)

> Well, despite the progress in the medical field and even though we trust our doctor, still some illnesses have no cure. Especially, well, take autism for example; stress, the things we eat, hormones, I think these also trigger such conditions. However, since we cannot live a completely sterile life, well, we eat those foods, we are affected by the air pollution, but whether my child is

> affected from this, at this stage, there is no method to detect that. What will happen afterwards, whether my child will develop healthy, I also have fears about that. (Participant 1, Appendix G, 33)

The worry about the health of the fetus also caused one of the participants to delay nursery preparations.

> For instance, I somehow could not make any preparations. If you ask me why,.. well the baby is about to be born but it still has three to five pieces, it does not even have a bed, we only bought a little crib. I did not organize a nursery room or something else either. Because since the beginning, I did not enjoy my experience. I have always been afraid that something bad would happen. (Participant 4, Appendix G, 34)

After the doctor's fetal cardiac development problem diagnosis in her baby, Participant 9 stated that she felt much worried until she began to feel the baby's movements in her womb.

> I was quite relieved when I felt its movements, but before that I was afraid if it had any problems with its heart. I worried about what if its heart stopped. I always waited for it by putting my hand on my belly. I even said the doctor that if only we have this machine so that I could listen to its heartbeat every night [smiling]. (Participant 9, Appendix G, 35)

4.2.4.2 Subtheme 4b: Worry about the future of the child

Within this subtheme, women expressed their worries about the future lives of their children including their children's life security and education after birth.

Half of the participants expressed their life security related worries due to rising terrorism attacks and increased prevalence of child sexual abuse.

> Well, when something negative happens, I mean you have more concerns about, politically, in terms of terror, well, etc. because you will bring your child into the world and well, your child will be born and how will be the world that the baby will be born in, well, if Turkey is a suitable place for this… In such an environment, will I be able to provide a good future for my child. I mean, there is a being which you will bring into the world, you cherish, and you love, and one day somewhere, God forbids, you can lose your baby because of terror or because of something else. (Participant 6, Appendix G, 22)

> My biggest concern, right now, is the trust problem in the conditions of Turkey. I don't think that I can take my baby out in a healthy environment at the moment. In terms of life safety. Because now unfortunately, we live in an uncertain environment. Well, of course, I have concerns like, will I be able to protect my child? (Participant 11, Appendix G, 23)

Some women expressed that this kind of worry even triggered their worries about their own and their husbands' lives. They worry that their child will be left alone in case they die due to a terror attack.

> But now a little individual is coming into the world, and I know that if something happened to us, uh, I wasn't too worried about what I was going to leave behind, but now I think I should protect myself. Because I have an individual to look after. (Participant 1, Appendix G, 24)

One of the participants expressed her worry in terms of her child's possible future demands about their education, since it requires extreme financial strength for families to send their child to a private school.

> The conditions of the country, particularly economic conditions inevitably lead you to a bit of pessimism. When my child is born and grows up healthy, hopefully, I am not ready to hear his/her complaints about not going to a private school (Participant 12, Appendix G, 25)

4.2.4.3 Subtheme 4c: Worry about the future of the self

This subtheme includes the statements of the participants in terms of worrying about childcare, motherhood and their future careers.

Worrying about childcare and motherhood involved worrying about women's own capability or self-efficacy for some participants. Moreover, uncertainty that the transition brought also caused worrying about motherhood. Some of the participants worried due to a lack of prior experience, while one also stated that she was more worried since she was expecting twins.

> I mean, I wonder whether I would succeed in this task. I'll be a mother for the first time; it would have been different if this were my second baby. So, I'm a little afraid whether I'll be a good mother or not. (Participant 10, Appendix G, 26)

> Now mostly I worry if I will be good enough for them? Ok, I am 33 years old, I have a very much planned pregnancy, I experienced a pregnancy that I wanted so much, but how will I look after them? They will cry, how will I be able to look after them? Also, I worry more because there will be two children. If it was just one child, I have more power, even if my mother is not with me, I can handle somehow, I can look after it, but now both will cry, both will make noise, they will be born very small, they will be born premature maybe, well, I don't know how I will do. At the end of the day, I have not looked after any baby, something that you don't have any experience with. (Participant 2, Appendix G, 27)

Almost all of the participants expressed worry despite having a planned pregnancy. For instance, participant 8 stated that she found herself worrying about her own physical and intellectual competency after getting a positive pregnancy test result despite having a planned pregnancy.

> I mean, it's so true that, motherhood begins right after the implantation of the fetus into the womb. At first, I was very glad of course, but I worried about whether I was ready. It is a bit about me, for being a perfectionist. Someone else in my situation might think that it is a very suitable environment for raising a child, but I worried about whether I would provide a good future for my child. For instance, I forgot what I have learned in the elementary school books. What was the order of the planets? [with laughs] How am I going to teach them to my child? I had such concerns. (Participant 8, Appendix G, 28)

Worry about the death of the partner was again present, which this time involved worry about self in remaining as an only caregiver.

> A new member will join the family, will I be able to take this responsibility, will my husband be with me during this period? Well, I started feeling the fear of losing my husband. For example, at night in my dreams I see that something happens to him and well, I think that I will have to raise my child alone. (Participant 1, Appendix G, 29)

Together with the previously stated findings of expecting an obligatory career change due to childcare reasons or willingness to find a new job during maternity leave, some women also stated that they worried about losing their job while they are on maternity leave.

> I sometimes think of it. That is, they do not tell me that they will fire me since I'm pregnant. But I worry whether I will be able to maintain my position at work after maternity leave or not, or about my possible dismissal during maternity leave. (Participant 4, Appendix G, 30)

Moreover, one of the participants expressed her worry in that she anticipated some changes in her family life.

> I am worried that there will be a change in our lifestyle. It will be like there will be practically two houses combined in one house. Our house will be crowded by visitors; my mother will stay with us. Our house will change from a quiet place to a crowded one. (Participant 4, Appendix G, 31)

4.2.5 Theme 5: Support

Support theme, which can be identified as the form and degree of physical and emotional support that women need and receive during their pregnancy, involves five subthemes identified as supportive or unsupportive: (a) spouse; (b) family and friends; (c) workplace; (d) other pregnant women/ pregnancy related social media platforms; and (e) medical staff. During the interviews, each participant exemplified the real and expected support from these resources.

4.2.5.1 Sub-theme 5a: Spouse

While raising the issue of support, all the participants without exception talked about the spousal support they received or did not receive, and that they desired. All participants expressed a need for support in house chores due to their physical limitations. Some of them expressed that their husbands helped with house chores and how they are happy about it. On the other hand, some of them expressed lack of support in terms of housework.

> My husband is working very hard and he cannot support me much, but he is actually doing his best. For example, today, after breakfast he cleared the table. My back hurts, so he helps me. (Participant 8, Appendix G, 36)

> You need a woman [as a helper in household chores], and if not available, you need people around you, the people who have the capability, foremost you need your husband or your own mother during this period. (Participant 2, Appendix G, 37)

Participant 1 stated that her husband has lower expectations from her about house chores which served as support for her.

> My partner did not have a lot of expectations in terms of the household chores, or cooking. We shared the tasks. (Participant 1, Appendix G, 38)

Besides physical support, emotional aspect was another area for describing support. Participants talked about the form of support they needed from their husbands emotionally.

> You always want to spend the emotionally sensitive period with your partner. You know, when he left me alone, I felt a little gloomy. I felt that I was alone. Because of my physical tiredness, I don't actually want the support of anyone other than the family. I just want to curl up next to him, hear his voice, and feel his warmth. You need someone like that. (Participant 1, Appendix G, 39)

Some of the participants mentioned that their partner began to support them emotionally as pregnancy proceeded.

> But then I felt his support, and I think he realized that when my belly started to get bigger. I feel like we're connected now. (Participant 4, Appendix G, 40)

Some of the participants figured the presence or absence of emotional support from their husbands in the form of tolerance to their angry reactions.

> It's better if he doesn't answer. I mean, he once said you're beating the air, and you're getting frustrated for no reason. When he reminded me that my hormones were the cause of all the things, I began to calm down. At first, he could not adapt to my situation either. For example, when I started shouting, he would say “What is happening? Why are you yelling?” Then I explained to him how I was feeling. I said "My behavior is due to the hormones. Please don't be offended. It is a temporary situation". After this dialogue, he is not getting offended anymore, so he doesn't care. Sometimes he doesn't even answer. (Participant 3, Appendix G, 41)

Two of them stated that their husbands did not support them either emotionally or physically during their pregnancy.

> Sometimes I feel tense, I have mood swings. And during these periods, I wish my husband was emotionally capable to deal with my feelings. Yet he is not. (Participant 11, Appendix G, 42)

> Men during pregnancy do not think that they should take the responsibility for anything. They don't think they should support their pregnant wife. (Participant 6, Appendix G, 43)

Some participants needed and saw the help of their husbands as a sign and assurance of paternal support after birth.

> I, of course, feel supported by my partner, but nevertheless, when the baby moves in my belly during the night, I wake up, whereas my husband does not. I want him to wake up although I know that maybe I'm asking for too much. Why would he wake up? What will he do if he wakes up? Will he say, "Oh my baby, do not move so fast?" Maybe, you want to feel his future support in childcare before birth (Participant 4, Appendix G, 44).

> I mean, I begin to feel confident that, when the baby is born, he will help me. (Participant 7, Appendix G, 45)

Some of the participants talked about the change of their marriage relationship. One of them perceived this change as positive, while other participants needed more attention from their husbands.

> My husband began to devote more attention to me. Because, I'm not only his wife but I am also carrying his baby. This makes me feel so good. (Participant 5, Appendix G, 46)

> My partner for instance pays close attention not only to me but also to the baby. In fact to the baby more. He fondles my belly. He asks me "How is our daughter" as he comes home in the evening. It is usually his first question. I'm not jealous, but I don't know, I also want to be cared maybe. (Participant 10, Appendix G, 47)

4.2.5.2 Sub-theme 5b: Family and friends

Within this sub-theme, participants talked about the available and needed forms of support from their extended families and friends. Some participants stated that they received support from their close family both financially and emotionally, while some felt less supported due to living in different cities.

> Regarding my family, uh, I usually talked to them on the phone because they live in a different city. That's how I felt their support. I couldn't visit them very often. That part was a bit missing in fact. Maybe we could share a moment more often. (Participant 1, Appendix G, 48)

> I was supported by my family, especially in the material sense. Because you need to prepare for the baby. I've really received financial support. (Participant 7, Appendix G, 49)

Some of the participants felt satisfied with the support styles of their families and friends since they received more attention than before- which is a fact in parallel with their needs for being pampered.

> My mother normally expects me to call her every day, and now she calls me every day. My friends as well, they try to make my life easier (Participant 5, Appendix G, 50)

> You need love, caring. You want to be pampered. (Participant 10, Appendix G, 51)

Most of the participants stated that they neither wanted nor needed to talk about pregnancy too much and hear suggestions. However, their extended families annoyed them by continuously giving their opinions and advising them in the name of support. Moreover, they stated that most of the advice was given for the health of the fetus rather than the well-being of the woman.

> For example, I need to calm down, I need silence. I need not to hear too much advice, especially for example, from my mother, mother-in-law, my aunts, my cousins, women who gave birth to a child before. As soon as they hear the news, they begin to say, I mean, “It will be difficult during the early stage, you’d better be prepared.” They begin to talk in such a depressing way for instance. I don't need this at all. I don’t need advice. (Participant 3, Appendix G, 52)

> But I don't think that they understand me right now because everyone gives me advice and that advice is not suitable for me. It's about the child's development, something to do after the child is born. It is about what I should do during the pregnancy, like what I should eat or drink. (Participant 11, Appendix G, 53)

Moreover, some of the participants figured that their families began enjoying their new role.

> My family is also very happy. You know, people say that grandchildren are loved much more. I really see the excitement in their eyes. (Participant 12, Appendix G, 54)

Some participants stated that they felt isolated from their social lives due to changes in their friends' approaches, although the expectant mothers did not perceive their current situation as an obstacle to maintain their old friendship.

> People's opinions about me also change. They make comments such as "[name of the participant] no longer comes to our meetings, she is pregnant, let's forget about her, she will never join us after birth." And this makes me unhappy. (Participant 4, Appendix G, 55)

Most of the participants stated that their own mothers were the main support source in household chores. Moreover, some of them stated that their mothers changed their lives by moving to their daughters' houses in order to take care of them during pregnancy and help with childcare after birth.

> I don't want some stranger to raise my kid. That's why mom's gonna be with us for a while. She won't have a separate house. (Participant 8, Appendix G, 56)

> As I had a health problem during the 35th week of gestation, my mom came, and she looks after me. (Participant 6, Appendix G, 57)

Participant 5 also stated that she consulted her mother during her pregnancy and felt relieved by listening to her early pregnancy experiences.

> It is very comforting to listen to my mother's experiences. For instance, I asked her "I experienced this, have you also experienced it?" I mean, I get a lot of support from my mom. (Participant 5, Appendix G, 58)

4.2.5.3 Sub-theme 5c: Workplace

Workplace was one of the most discussed topics during the interviews as all participants were employed full time during their pregnancy. Within this sub-theme, all participants emphasized the physically and emotionally demanding side of work life and handled the issue with the concept of support.

Ten of the participants were working for private companies and two of them were working in the public sector. Without exception ,women working in the private

sector described their workplace environment as unsupportive. On the other hand, women working for government felt relatively supported by their workplaces.

> We have to work on the weekends, and no one ever says: “You don’t have to come to the office this Saturday, take a rest.” The private sector has such difficulties unfortunately. (Participant 9, Appendix G, 59)
> I mean, especially in the workplace, my colleagues are trying to do their best. If it is a difficult week, they say “We will deal with it, you're pregnant, don’t deal with it”. (Participant 5, Appendix G, 60)

> Work life is a little more brutal of course. Probably, it is because I work in the private sector. (Participant 7, Appendix G, 61)

Half of the women talked about the lack of support from their workplaces due to their physically demanding and unsupportive environment. They stated that there were no accommodations such as a resting room. It allowed no room for more sleep in the mornings and/or flexibility in working hours. Demands for working overtime was also discouraging for some women, since they triggered their physical complaints and even affected their mental health.

> I don't think there's something that can't be solved during working hours. I think some tasks are completely arbitrary. Such as the meetings after work hours, especially. So, I had difficulty both physically and emotionally. When I expressed my discomfort to the supervisors, they said that I had to attend that meeting; it was completely mandatory, and that meeting had to be held at that time (Participant 3, Appendix G, 62)

> The biggest problem with the workplace as an employed woman is that there is no understanding. For instance, you go to work five minutes late because since you have nausea in the morning, you can't get out of home early. But even 5-minutes, 1-minute delays, create problems. They are never tolerated. (Participant 2, Appendix G, 63)

> You cannot sleep at night. You want to sleep a little more in the morning. You have oedema, you cannot extend your leg. Unfortunately, going to work makes all these problems worse. You know, I don't get to say, “I didn't get my sleep, I won’t go to work.”. (Participant 4, Appendix G, 64)

> I just couldn't physically find a resting room in the workplace. It was physically tiring. (Participant 1, Appendix G, 65)

Participant 11 mentioned that her supervisor even wanted her to work at home during her annual leave.

> I cannot say that I had a healthy pregnancy because, although I sometimes left work for annual leave, I still had to work from home on those days. (Participant 11, Appendix G, 66)

Although they described their supervisors as inconsiderate and attributed the unsupportive work environment to them, majority of the women felt supported by their colleagues.

> Yeah, I mean, I can say that I don't feel supported by my supervisors, but you can develop some special friendships at work. (Participant 6, Appendix G, 67)

Participant 7 told a policy change of her company which negatively affected the payment of women's monthly salaries during their maternity leave and influenced her attitude towards her company.

> While all salaries were to be paid during the maternity leave, we were now told to take our salaries from the Social Security Institution. For example, this was very disappointing. You know, it has also caused a change in my perception of the company a little bit. (Participant 7, Appendix G, 68)

Some participants expressed the possibility of being fired by their employers during the maternity leave due to the financial crisis. One of them expressed her need for a promise from her company not to be dismissed. On the other hand, one of the participants stated that her employers did not give a pay raise since they suspected that she would not return to work after maternity leave.

> Now I'm always on edge, for example, what if they dismiss me during the maternity leave. (Participant 4, Appendix G, 69)

> They believe that women who gave birth to a child do not return to work again. (Participant 6, Appendix G, 70)

4.2.5.4 Subtheme 5d: Other pregnant women/ Pregnancy-related social media platforms

All but one of the participants stated that the presence of other pregnant women and reading pregnancy-related online networks affect them negatively since they reflect negative thoughts and opinions. In addition, they are thought to be misguiding.

> Don't ever say 'online forum' to me. [smiling] During the first months, you both get angry and feel anxious. For instance, if you read a story of a woman whose child died or something, they make you think about it. So, I read in the first months, then I stopped. (Participant 4, Appendix G, 71)

Some participants expressed that blogs have an informative and supportive side, but they still cause worry in that each women is unique in her experience.

> Well, they [blogs] have of course useful sides, but when you read the comments aside from the information section, or the women who wrote that blog is or was a mother-to-be, first while you are reading, you say "Yes, I have a similar experience", or "Oh, this information is really useful". But a few hours later, they make you doubt yourself about a routine event that you experience. Because, you cannot behave like that mother who wrote that blog. While the information you read is supposed to make you feel better, it actually does not. You begin to criticize yourself for not behaving like that mother. (Participant 12, Appendix G, 72)

Besides the negative support of other pregnant friends, Participant 1, just like Participant 12, stated that she found blogs negative in that only people who had a negative experience share their stories. She added that people enjoying their experience usually keep their silence and do not share anything.

> When I share my views with my friends, when I chat with them, they tell things like there may be complications during the last weeks, they said that they also experienced them during their pregnancy. In fact, while trying to give you the right information or trying to ease your mind, they worry you more. For instance, one of them suggested to me to read blogs. But as each woman has a unique experience and generally, the ones with the negative experiences tell about them; ones with the positive experiences remain silent since they are happy, you always read negative stories in the blogs. After the suggestions, I looked at the blogs a little. I looked at people's suggestions. But they were generally negative. So, these also affected me a little. Later on, I stopped reading, because I don't think that they were useful at all. (Participant 1, Appendix G, 73)

Moreover, participants suggest that these sources provide a competitive environment in which pregnant women compare and contrast their symptoms or experiences with others.

> I don't usually meet with the other pregnant women because it seems like people are always comparing themselves, comparing each other's experiences. (Participant 5, Appendix G, 74)

Although Participant 8 did not trust in the information they presented, she believed the forums have a valuable informative side.

> I was reading them all, and I was really aware of what information pollution there was, so I wasn't 100% trusting, but I was reading them, in order to stay informed. (Participant 8, Appendix G, 75)

Participant 7 was the only person to feel supported by both other pregnant women, online sources, or antenatal courses.

> Well, I follow blogs and, moreover, I participated in an antenatal course with my partner, which was about pregnancy and childcare. Well, I've seen a lot of benefits. I think that everyone should do that, especially if it is their first pregnancy. (Participant 7, Appendix G, 76)

4.2.5.5 Subtheme 5e: Medical staff

Participants stated that they expect their doctors and other medical practitioners to be caring, warm, and intellectually competent. Most of them expressed that they felt supported.

> I shared my worries with my doctor, it was really useful. (Participant 1, Appendix G, 77)

> Because you are inexperienced. Although I try to learn something on the Internet and from my social environment, I still think it is very important to get support from the midwives and hospitals. (Participant 7, Appendix G, 78)

Most of the participants preferred to be informed by their doctor rather than someeone else. However they stated that they do not need unnecessary information.

> I like my doctor because he didn't fill me with unnecessary information. (Participant 8, Appendix G, 79)

Only one of the participants expressed that she had problems with her previous doctor because of the doctor's early and wrong diagnosis about fetal cardiac development.

> I had serious problems with my previous doctor. He has led me to unnecessarily panic for weeks. That was the issue of my baby's cardiac development. You know, maybe he was right as he tried to take precautions or something, but without certainty, he put me in so much panic without diagnosing a certain problem. (Participant 9, Appendix G, 80)

4.2.6 Theme 6: Coping strategies

Coping strategies theme appeared to be the mechanisms that pregnant women implemented in order to gain relief, eliminate the social environment's negative impacts and have a positive pregnancy experience. This theme included three subthemes: (a) avoidance; (b) building self-efficacy and resilience; and (c) trying to stop negative thoughts and focus on the 'here and now'.

4.2.6.1 Sub-theme 6a: Avoidance

Some participants mentioned their self-efforts to avoid negative or stress-evoking situations, people and even their own negative thoughts in order to relieve themselves.

> I directly get away from people who do not make me feel good. Well, I am not sure whether it is good or not, but I don't want to feel upset. (Participant 11, Appendix G, 81)

> I was very busy physically. In fact, this prevented me from preoccupying with thoughts, and it made me feel good. I didn't even think. Even I escaped from myself. (Participant 8, Appendix G, 82)

Some women expressed that they avoid watching TV because they want to protect themselves from the violence and negative events that are broadcasted through the media.

> I do not watch TV in order not to be affected by daily events. That's why I usually try to read the news rarely, because sad things happen. I'm trying not to listen to news about kids. (Participant 1, Appendix G, 83)

Participant 6 also stated that although she tries to minimize the negativity by consciously choosing not to read or watch, she cannot totally step away from negative news that are prevalent on TV or social media.

> I'm not reading, I certainly do not want to keep track of, I certainly do not want to watch. I don't intentionally watch, but sometimes I cannot avoid it. (Participant 6, Appendix G, 84)

In parallel to the participants' perceptions of other pregnant women and pregnancy-related online networks, avoidance of blogs, forums about pregnancy and antenatal classes were identified as another way of coping with the transition.

> For instance, I did not go to pregnancy-related courses. And I won't. I try to avoid other pregnant women as much as I can. (Participant 4, Appendix G, 85)

As Participant 5 exemplified below, some participants avoid pregnancy blogs since they are believed to be involving negative comments and experiences rather than positive ones.

> Is it possible not to read the blogs? You are always online. I read them and continue to read them. But nowadays I try to live my experience on my own. I have forbidden Internet for me. It is a unique experience. You read a lot of negative things such as a negative test result, the baby's heart stopped beating in the last week of gestation, etc. (Participant 5, Appendix G, 86)

4.2.6.2 Sub-theme 6b: Building self-efficacy and resilience

Participants' statements indicated that they had efforts to seem strong, self-sufficient, resilient and in control during their pregnancy in order to master the possible drawbacks pregnancy brings, maintain their career both in the prenatal and postnatal period and raise their baby more effectively.

> You're trying to make them not realize. You try to keep your tiredness from being reflected in your work, and since you are a woman, men usually think

> that the woman is a little weaker, and they need physical and psychological protection. You don't want to be perceived like this just because you're pregnant. You know I don't need any extra attention. So, you're a little more careful. (Participant 1, Appendix G, 87)
>
> Yes, I am pregnant, but it is neither a disease nor an obstacle. (Participant 5, Appendix G, 88)
>
> I think I should be a stronger, more resourceful and self-sufficient person so that I can raise that child. (Participant 8, Appendix G, 89)

As demonstrated by the above excerpts, participants try to prove to themselves and others that they are not weak just because they are pregnant. Some of the participants mentioned that they were attending graduate classes/certificate programs during their pregnancy despite feeling tired. Moreover, two of them felt compelled to overcompensate at work by volunteering to do extra work in order to not lose their jobs.

> Especially during this busy period, I know that I've worked three or four times than I did before. Fortunately, my health status could accommodate that, but it could have been worse. I know that no one could force me to work if my health status was not favorable. (Participant 7, Appendix G, 90)
>
> For example, let me tell you, that there is a right that is normally given to me by the workplace. You can use paid leave on Fridays, it is not a problem if you don’t go to work three days in a month. On Fridays, for instance, or on a day you want. They presented this right to me, but I did not want to take it. (Participant 6, Appendix G, 91)

Worries about what others think led some of them to make use of the strategies of gaining resilience and trying to stay strong.

> I am trying not to take paid leave much, because I don’t want them to gossip about me by saying “What will happen when the baby is born?”. I feel like I need to seem resilient. (Participant 10, Appendix G, 92)
>
> I don’t want to seem weak by using pregnancy as an excuse. There are a lot of pregnant women working and giving birth to a healthy baby. And I want them to say about me “Wow, she worked while she was pregnant.” (Participant 4, Appendix G, 93)

4.2.6.3 Sub-theme 6c: Trying to stop negative thoughts and focus on the 'here and now'

In this sub-theme, most of the participants' statements regarding their attempts to overcome negative thoughts by living and enjoying in the moment are presented.

This category was initially developed and labelled as "positive thinking and focusing on the here and now". However, it was subsequently changed since the attempts appeared focus on refraining from negative thinking rather than building a positive mindset.

> In my mind I've tried to make room for my baby, like mindfulness. I've dreamed a lot about what my baby will be like and I frequently imagine that I hug him when he is born. I'm trying to figure out what kind of experience it would be. As I said, I try to make room for him in my heart and in my mind. (Participant 5, Appendix G, 94)

> I feel stressed when I think about delivery. But then I take a deep breath and feel better. I say to myself, "Don't think about it, don't think. Everything is gonna be alright." (Participant 9, Appendix G, 95)

> But I think this is a bit of a thing, now when I look back and think about it, I think it is a miraculous event for a baby to complete its development and to be born in a healthy way. So, anything can happen. I mean everything goes OK for nine months, but something bad might happen during birth, after birth. It is impossible to prevent. So, I'm at a time of enjoying my experience. (Participant 8, Appendix G, 96)

Participant 6's attempt for positive thinking involves perceiving her partner's insufficient support as a means for getting stronger.

> Unfortunately, men do not feel responsible for doing all the tasks and support their wives mostly. But this does not discourage me. I try to think positively by saying that it makes me stronger, it would be an advantage for me after the birth of my baby. (Participant 6, Appendix G, 97)

Participant 7 stated that she was trying to console herself by thinking positively in order to prevent possible harm to the fetus.

> I mostly think one should try to be optimistic. It is harmful for the baby when the mom stresses out. (Participant 7, Appendix G, 98)

4.3 Summary of the findings in terms of the research questions

In this section, themes that emerged from the study will be summarized in accordance with the research questions. As demonstrated in Table 2, each theme that emerged provides insight for at least one of the research questions.

Table 2. Research Questions and Related Themes

Research Question	Themes That Were Related to the Research Question
What do employed women experience during pregnancy?	Physical complaints, mixed feelings, a new life, worry about the unknown
How do they perceive their transition and their future lives?	A new life
What kind of support do they expect and receive from others around them?	Support
What type of strategies do they implement to cope with the transition period?	Coping strategies

4.3.1 Research question 1: What do employed women experience during pregnancy?

The participants of the study were employed pregnant women in the third trimester of their pregnancy. Hereby, participants' experiences in each trimester could be provided by making them think retrospectively and getting information about each trimester. Although they stated that each trimester differed, some of their experiences remained the same since the beginning of their transition. Furthermore, the fact that they are employed helped the researcher hear their concerns about their workplaces.

The participants, without exception, described significant changes in their lives. They stated that they had physical and mood changes. Moreover, they stated

that they not only experienced change since the beginning of their pregnancy, but also expect that their social, work, and daily lives would change.

Worry was the most frequently expressed feeling of the participants. They stated that they started to worry just after they found out that they were pregnant, and continued to worry although they were about to give birth to their babies. They stated that they mostly experienced worry in three different forms: (a) worry about the health of the fetus including worries about present and future health status of the baby such as autism; (b) worry about the future of the child including the issues of children's life security and education; and (c) worry about the future of the self including the issues of childcare, motherhood and career.

Besides worry, the women reported extreme sensitivity, resentfulness, joy, anger, impatience, and excitement. Moreover, all but one mentioned their physical changes leading to physical complaints such as nausea, tiredness, lack of concentration, and the need to rest.

4.3.2 Research question 2: How do they perceive their transition and their future lives?

Change and uncertainty appeared to be the key perceptions of participants about their transition. They expressed that transition will cause their lives to change just like it did since the initial stages of their pregnancy. Moreover, they stated that they perceive their future as ambiguous and could not forecast what kind of changes the transition would bring to their lives in all aspects.

4.3.3 Research question 3: What kind of support do they expect and receive from others around them?

Participants expressed five kinds of support resources: (a) spouse; (b) family and friends; (c) workplace; (d) other pregnant women/ pregnancy-related social media platforms; and (e) medical staff.

Within these categories, they did not express that all of these were supportive. For instance, workplaces, specifically the supervisors of the participating women, tended to be both emotionally and physically demanding. Most of the other pregnant women are also stated as unsupportive since the participants believed that women who are pregnant at the same time with them form a competitive relationship with each other through comparisons. Pregnancy-related online networks are also seen as unsupportive in that they mostly provide negative information about pregnancy. Women expect their doctors to be supportive by giving detailed -not excessive- information about each stage of their pregnancy and by having a positive, calm, and relaxing approach. All participants except one stated that they received this kind of support.

Partners of the participants are perceived as the most critical support resource for participating women. Although the majority have stated that they somehow feel supported by their partners, they do not find it sufficient both emotionally and physically. Some of the participants stated that they expected support from their partners during pregnancy in order to prove their newborn care ability after birth. Furthermore, two of the participants stated that they did not receive any physical or emotional support from their partners. Ones who perceive their partner as supportive were the ones who expressed worry about their partners' lives during times of terror.

Family and friends were also stated as one of the main supportive and sometimes unsupportive resources. Participating women said that they expected from their extended families and friends not to give advice and not to talk about pregnancy so much. They also said that they preferred to be treated as if they were not pregnant. Some of them expressed their desire to maintain their old relationships with their friends.

4.3.4 Research question 4: What type of strategies do they implement to cope with the transition period?

The strategies that they implement can be classified in three categories: (a) avoidance involving avoiding negative people and blogs; (b) building self-efficacy and resilience through trying to seem stronger, overcompensation, and volunteering to do extra work; and (c) trying to stop negative thoughts and focusing on the 'here and now' which involve attempts for positive thinking and mindfulness. They talked about the positive outcomes of implementation of these strategies during their pregnancy.

CHAPTER 5

DISCUSSION AND CONCLUSION

The present study explored the maternal transition period from the perspective of employed pregnant women. Pregnancy is the initial stage of the maternal transition period (Darvill et al., 2010), yet most of the early and recent pregnancy-related studies (e.g., Glover, 2014; Leis et al., 2014; Wolford et al., 2017), and theoretical orientations (e.g., Birns & Hay, 1988; Stern, 1995), neglected the pregnant women as a 'self' by focusing on the health of the pregnant women for the sake of pregnancy outcome, health of the fetus, or cognitive and emotional development of the child after birth. The psychological vulnerability of pregnant women as a result of several changes in their body, feelings, or cognition has not been addressed at a sufficient level till the end of 1900s (Stern & Bruschweiler-Stern, 1998). It is still the case that the deep investigation of employed pregnant women was conducted in a limited number of studies despite the rise in the number of working women in the 21st century's changing society and the reported impact of work life's stress on women in maternal transition (Fodor & Franks, 1990, Lee et al., 2011; Medved, 2016; Meisenbach, 2010; Sanguanklin, 2014).

As Rini et al. (1999) proposed, the current study suggests that strengthening personal and social resources of pregnant women is critical in supporting them during their adaptation to changes in their transition period. In order to determine the resources of employed pregnant women, "4S system" of Schlossberg's transition theory was adopted. The 4S system includes situation, self, support, and strategies of the individual (Schlossberg et al., 1995). Semi-structured interviews questioning the 4S variables of 12 primigravid pregnant women were carried out and verbatim

transcriptions of each interview were analyzed by the method of thematic analysis in this study. Six themes (Physical complaints, mixed feelings, a new life, worry about the unknown, support, coping strategies), and 11 subthemes emerged and were presented in the findings section. As a result, the present study might provide a deeper understanding of employed pregnant women.

In this chapter, the findings are discussed in relation to the adopted theoretical approach and the relevant literature, and conclusions from these findings will be drawn. Then limitations of the study and implications for counselors, possible support systems of pregnant women, and policy makers are discussed. Lastly, recommendations for future research are presented.

5.1 Discussion of the findings

In this section, findings will be discussed in the light of Schlossberg's transition theory, literature on transition, and specifically pregnancy.

In parallel with the definitions of transition as "any event or non-event that results in changed relationships, routines, assumptions, and roles" (Schlossberg et al., 1995, p. 27) and "…a result of and result in change in lives, health, relationships and environments" (Meleis et al., 2000, p.13), participants used the word 'change' frequently. They talked about their altered and to-be-altered lives, state of mental and physical health, viewpoints, attitudes, and relationships. They experienced these changes soon after finding out that they were pregnant. One of the participants took an impressive approach to change and used the word 'limbo' (English translation of the word, 'araf') to describe pregnancy.

As Bridges (2003) and Kübler-Ross (1969) proposed in their theories, women in the study appear to confront the changes they experience. They embraced the

changes throughout pregnancy by building some coping strategies and finding a new way of living. The experiences of women also seem to be in parallel with Hopson and Adams' (1977) propositions in letting go, testing out, and search for meaning phases in that they were motivated to accept the change, managed to explore their new lives by adopting some coping styles and were able to identify the gains that challenges of pregnancy might bring.

As Selder (1989) proposed, change experienced throughout pregnancy brought uncertainty to the current and future lives of the women. They could not maintain their old routines and forecast the form of the change after birth, despite being aware that their lives would be different than before. For instance, they expressed their curiosity about their children's physical appearances and personalities. They also stated that they did not know whether their babies would be born without complications, whether they could maintain their old lives and relationships, whether they could pursue their careers, whether they and their husbands would be successful caregivers as Stern and Bruschweiler-Stern (1998) also suggested. Moreover, some of the changes they experienced led to some physical complaints like bleeding and gestational diabetes, and these symptoms' reasons or effects on the health of the fetus remained ambiguous.

The present study showed that change and uncertainty together led to excessive worry among the pregnant women, which is in-line with recent research (Bayrampour et al., 2016; Southby et al., 2019). Participants even worried about worrying itself in that it may cause harm to the health of the fetus. Even the times of bliss could easily be replaced with a sudden worry as figured by one of the participants. Women would begin to worry soon after they found out that they were pregnant. The intensity of worry can be attributed to the fact that all participants were

primigravid (Alstveit et al., 2010; Carmona-Monge et al., 2012; Shahoei et al., 2011 Schildberger et al., 2017).

The findings of the present study contradicted previous research in the sense that the worries that the pregnant women expressed were not about the delivery process. Issues of body image or gaining weight were not common areas for worrying, either (Bayrampour et al., 2016). They merely appeared to be issues that affected women's daily lives negatively and contributed to a need for support from others. Rather, the worry was found to have a more existential and transforming meaning in that it was caused by the inability to resolve uncertainty and appeared to be one of the key elements of the pregnancy. Women in the study acted as if worrying was a very normal and natural response and helped them cope with ambiguity and prepared them for the future. The participants' reports suggest that, in the changing society having a child has been transformed into an act of indulgence, a life crisis, a major life decision, or a source of frustration and disappointment. Motherhood can even be considered as a process of loss similar to the definition of grief by Kübler-Ross (1969).

Consistent with previous research (Bayrampour et al., 2016; Carmona-Monge et al., 2012), it could be asserted that worry of pregnant women is a cognitive activity rather than merely a feeling since it involved preoccupation in three dimensions: worry about health of the fetus, worry about the future of the child, and worry about the future of the self. In fact, by expressing these kinds of worries, women indicate not only concerns about the child, but also about their future identities, contrary to the discourses of child-centered theories (Ainsworth, 1989; Bowlby, 1969).

Women's worries prevented them not only from enjoying the moment, but also from preparing for the baby both physically and emotionally by imagining their

babies, which is a common cognitive activity according to Stern and Bruschweiler-Stern (1998). Moreover, as Modh et al. (2011) also suggested, due to their worries, they did not share their pregnancy news with the people other than close family during the first trimester, which in turn makes them feel less supported especially by their workplaces and social environments as Southby et al. (2019) also proposed.

The reported experiences and perceptions of change, uncertainty, and worry about the maternal transition suggest that women experienced pregnancy-related anxiety similar to the form that Bayrampour et al. (2016) conceptualized. Mood swings, uneasiness, temper, resentfulness, worry about the unknown aspects of the prenatal and postnatal period, being unable to enjoy the arrival of the baby, and avoidance of sharing the pregnancy news resemble the clarified dimensions of pregnancy-related anxiety (Bayrampour et al., 2016).

These findings indicate that pregnancy is a period in which the pregnancy-related anxiety and the effects or results of several physical and life changes in women's lives, are attempted to be reduced and resolved if possible, in order to achieve a more positive experience. According to Schlossberg's theory, that is only possible by strengthening women's 4S resources (Schlossberg et al., 1995). Therefore, identifying the 4S variables of maternal transition and discussing the experiences of women in concert with the theory are essential in order to present the implication of the theory for pregnancy.

Women in the study mentioned themselves, their current situations, perceptions, their available and needed support resources, and some of the coping strategies they used. Their reports support the likelihood of the four main resources (4S) as indicators of the quality of their transition experience.

The “self” factor of pregnant women can be discussed by considering their socioeconomic status, education level, age, occupation, and psychosocial resources such as being resilient or achieving a positive mindset despite challenges. In the present study, women were more or less homogenous in terms of their ages, education level, and socioeconomic status (See Appendix F). All of them were Turkish citizens, white-collar employees, and they came from relatively similar backgrounds. All of them had at least an associate degree. Some of them had a Master’s degree. However, their psychological resources differed. For instance, one of the participants described herself as being positive, whereas another one admitted that she had a restless personality.

The “situation” factor of the 4S system can be explained with the context the transition took place. Previous exposure to a similar transition, timing and duration of the transition, type of the transition, perception of the individual and control over the transition are taken into account. In this context, one situation factor of the participants denote the fact that all of them are primigravid - that is they did not get pregnant or give birth to a baby before. The age at which they got pregnant differed, but the time they expressed their experiences about their transition are almost the same, since only the women in their third trimester were selected. Whereas timing of the interviews was almost the same in the framework of trimesters, the data collection spread over a large time which covered both the time of rise and decline of terrorism in Turkey and financial crisis. Majority of the participants (n=11) stated that it was a planned pregnancy. Pregnancy as a result of (a) fertility treatment or natural conception, or (b) singleton and twin pregnancies can also be grouped under the situation heading. Lastly, the perceptions of women, by which the role of change was emphasized, can be categorized as a situational feature. For instance, some

participants emphasized that their new life is ahead of them, but they envisioned the future as a big cloud of uncertainty, rather than a polished dream to advance toward.

Support resource is parallel to the "support" theme by which each participant exemplified the available and expected support systems during their pregnancy.Lastly, participants explained in detail some of the strategies they used during their pregnancy and these strategies were parallel to the strategy resources of the 4S system. Table 3 summarizes the related characteristics and account of the participants in terms of Schlossberg's 4S proposition. (See Table 3).

Table 3. Findings in the Light of the 4S System

4S SYSTEM			
Self	Situation	Support	Strategy
- SES level - Education level - Age - State of health (Physical complaints) - Stage of pregnancy - Being employed - Working in public vs private sector - Resiliency - Positive/negative mindset	- Time - Perception (A new life) - Context (Rise of terrorism, child abuse, financial crisis, being on maternity leave) - Control (planned or unplanned pregnancy) - Previous pregnancy experience - With and w/out treatment - Singleton vs twin	- Spouse - Family& friends - Workplace - Other pregnant women / Pregnancy related social media platforms - Medical staff	- Avoidance - Building self-efficacy and resiliency - Trying to stop negative thoughts and focus on the 'here and now'

As Schlossberg et al. (1995) propose, the 4S variables of the participants were found in an interplay affecting and determining the transition experience of the women under particular circumstances. For instance, it was stated by the participants that situational factors such as rising terrorism or news on child sexual abuse triggered their worries about the future of their child. This led them thinking on the existential question of "why bring a child into this world?" It was also noticeable that participants who got pregnant by the help of IVF treatment were the ones who did not have time to rejoice their pregnancy, since worries about the health of the fetus started very soon after they received the news. as Gourounti et al. (2013) also suggested. This emotional reaction might be related to the situation that the pregnancy is hard-earned, and they believed it was their last chance to have a baby as suggested by researchers studying older pregnant women (Southby et al., 2019). Perhaps, they also had a fear of undergoing another treatment if pregnancy loss was experienced. Some participating women having a gestational diabetes diagnosis or cardiac development problem in their baby also expressed more worry as an experienced state of mood. Results also showed that women, who were pregnant during the economic depression, worried more about their future career and needed more support from their workplace. Additionally, the gestational week of pregnancy seemed to influence their experience in that women who recall feeling fetal movements at the beginning of their second trimester describe that they felt more relieved than they felt at the first trimester. It could also be asserted that the interaction of the 4S variables affected the pregnancy experience positively in a way that women with advantaged SES levels and who felt supported and informed by their doctors did not report any preferences for the delivery type. They were not focused on whether they would have C-section or give birth naturally, although this

is a frequently proposed concern by previous research (Stern & Bruschweiler-Stern, 1998, Schildberger et al., 2017). Being less concerned with delivery can also be explained in parallel with Alstveit et al.'s (2010) findings that women postpone thinking about labor until the start of their maternity leave. Only a small number of participants were on maternity leave in the present study.

Contrary to Schlossberg et al.'s (1995) ideas, most of the participating women expressed worry regardless of their varying ages, education, or type of the pregnancy (in terms of planned or unplanned). For instance, one participant who was attending classes for her second graduate education stated her future-oriented worry about her possible intellectual incompetency during her born-to-be child's primary education age. Moreover, each participant was employed so as their husbands, but this fact did not reduce their worries about their children's future private school expenses. Women who felt supported by their workplaces (although few in number) also did not share their pregnancy news with their employers at first. Women who were coming from high socioeconomical background expressed that they wanted to continue working, whether in the same workplace or not, which is also inconsistent with Sayil et al.'s (2009) findings. Additionally, women who needed the support of their families during pregnancy talked about their concerns for conflicting with their own families in newborn care. Even women, who said they were once known for their optimism and resiliency, described themselves as worried during pregnancy and tried to stop their negative thoughts and build resilience. This proposes a conflict in the self and strategies dimensions of the 4S system. Although the woman had a solid and positive sense of self before pregnancy, the effects of the transition appeared to be so strong that gaining power from the "self" was not preventive. Therefore, in order to avoid negative feelings, some strategies such as avoidance of other pregnant

women are employed. Additionally, overcompensation in the workplace helped them be less preoccupied with some obsessive thoughts. Building resiliency and trying to stop negative thoughts may somehow be a product of by possible job strain as Sanguanklin (2014) also suggested.

Another proposition of Schlossberg et al. (1995) is the uniqueness of the individual in experiencing transition. However, the findings indicate that there are some core issues all of the participants dealt with, especially in terms of uncertainty. Together with the findings of the previous pregnancy-related research, the results of the present study indicate that uncertainty (Alstveit et al., 2010; Bayrampour et al., 2016; Schieldberger et al., 2017) appeared to be a key determinant in predicting the pregnancy experience. It could be suggested that the unknown aspects of pregnancy within the self and situation factors of the 4S system lead to worry. Worry is tried to be resolved in concert with the resources of support and various strategies, which in turn contribute to a continuous and dynamic interaction between the 4S variables and affect the pregnancy experience as a whole.

The key role of social support on pregnancy came to light in the findings as other studies also suggested (Darvill et al., 2010; Carmona-Monge et al., 2012; Schildberger et al., 2017; Schneider, 2002). However, the content of support somehow differed from previous results (Schneider; 2002). Women expressed their need for care not because of the baby's health, but for the sake of themselves and a peaceful and noncompetitive environment in which the pregnancy or the baby is not the main topic. They needed an environment which allows no room for advice or comparison with others' pregnancies as they perceive their transition as unique as Schlossberg et al. (1995) also propose. Majority of the women in the study indicated that they needed a perspective that considers pregnancy as a natural experience, since

they did not wish to perceive it as an illness or an obstacle as Selboe and Skogas (2017) also suggested. Moreover, they did not think they themselves changed a bit. However, these expressed thoughts contradicted the fact that they experienced and reported changes in every aspect of their lives. In addition, their expectations from their workplaces, such as flexible working hours, accommodations, and a less task-oriented approach, also does not fit with the stated support need. It appears that, this kind of need for support reflects the struggle between maintaining the form of life versus letting change happen similar to Kübler-Ross model's denial stage (Kübler-Ross, 1969). There might be a conflict between trying to keep everything as it is versus adapting to a new way of living which lends some support to the Alstveit et al.'s (2010) reported feeling of being overstretched. As related to the above assertion, the reason of delayed paternal involvement could be attributed to the prospective fathers' efforts to behave as if their wives were not pregnant in order to meet women's expectations; which in turn could be preventing men from feeling the baby and having a shared pregnancy experience. Together with the finding about women's unwillingness for nursery preparation, it is likely that men might be feeling excluded from the pregnancy period (Habib, 2012; Redshaw & Henderson, 2013).

Nevertheless, the need for the stated form of support led most of the participating women to avoid pessimistic people, 'advice-givers', and particularly other pregnant women in both the cyber and the real world, which is unparalleled to the studies emphasizing the positive effect of peer support (Darvill et al., 2010; Deave et al., 2008; Schneider, 2002). However, the existence of an unlimited amount of information on social media and other similar sources sometimes does not let avoidance of the Internet be possible. It seemed that women who could not resist reading the pregnancy-related forums or blogs were the ones that were more resilient

and thus, could interpret the comments with their own psychological resources. Similar to Huberty, Dinkel, Beets, and Coleman's (2013) findings, those women who tend to use the Internet for information-seeking are focused on the positive and informative side rather than expecting emotional support. Nevertheless, most of the participants did not need advice and information except from their doctors and mothers in some circumstances, which can be attributed to the high educational level and frequent visits to their doctors for antenatal checks. They attach importance to critical information rather than unnecessary ones.

Furthermore, it appears that some of the participating women's isolation from people they depict as 'negative' lead to limitations in social life. That, in turn, negatively affects the way they perceive the available support of their social environment and contributes to a bigger desire to be pampered. It might also be asserted that some women, who feel less supported by their extended families and friends, might tend to form a deeper attachment to their partners. They also might be testing their partners' support abilities both during pregnancy and after birth and expecting more physical and emotional support from them as Stern and Bruschweiler-Stern (1998) also pointed out. This might even add to the worry they experienced about their husbands' lives, especially during the times of terrorism.

Another striking point about the interaction of support and strategies was that women who felt unsupported throughout their pregnancy built their own personal resources by building self-efficacy and resilience. Some of the women particularly exhibited this mechanism in the workplace, which might have ended up with their employers giving additional work and responsibilities rather than positively discriminating. Nonetheless, it seemed apparent that workplaces in Turkey do not have accommodations such as a resting room. Especially in the private sector, they

do not present rights such as flexible working hours to pregnant women, although some rights are legalized for women eight weeks before and eight weeks after birth (Analık İzni veya Ücretsiz İzin Sonrası Yapılacak Kısmi Süreli Çalışmalar, 2016). On the other hand, as one of the participants mentioned, some of the regulations of the workplaces regarding continuation of salary payments during the maternity leave might demotivate pregnant women both emotionally and financially which might cause them to plan a job change during maternity leave. As the number of women who change their jobs after birth increases, employers might lose trust and respect for pregnant employees and might not increase their salaries. That, in turn, may cause pregnant women to feel unsupported, worry about being dismissed, and to not publicly announce their pregnancy news. This concern may cause them to look for jobs during maternity leave.

5.2 Conclusion

The present study aimed to explore employed pregnant women's subjective experiences and resources during the maternal transition period by adopting Schlossberg's theory (Schlossberg et al., 1995).

To this aim, four main questions were asked throughout the study.

(1) What do employed women experience during pregnancy?

(2) How do they perceive their transition and their future lives?

(3) What kind of support do they expect and receive from others around them?

(4) What type of strategies do they implement to cope with the transition period?

The present study tried to answer these questions in order to provide a deeper understanding of the pregnancy experiences of employed pregnant women. In the light of all these findings, and in parallel with other pregnancy-related studies (Deklava et al., 2015; Mullin, 2002; Salmela-Aro et al., 2010; Saxbe et. al., 2018), it could be asserted that employed pregnant women do struggle with pregnancy. It brings physical and emotional challenges as well as changes in all aspects of their lives. This transition accompanies uncertainty as they could not forecast the form of change or handle the change because they, as primigravid women, did not have any prior experience (Alstveit et al., 2010; Bayrampour et al., 2016; Schieldberger et al., 2017). Therefore, they perceive their transition and future lives as ambiguous and this resulted in excessive worry - which is a key element of pregnancy-related anxiety. The worrying takes three forms: worry about the health of the fetus, worry about the future of the child, worry about the future of the self.

Employed women progressed throughout their pregnancy with the goal of reducing worry. Although some alleviating circumstances related to age, socioeconomic status, cultural factors, education level, and context somehow might affect the form and intensity of worry, they do not seem to be solely adequate to create a positive pregnancy experience. In fact, higher educational levels might even be stimulating them to excessively think and analyze. In order to stop worrying and adapt to their particular needs stemming from their particular situation, the participants needed active support from their partners, families, friends, workplaces, and doctors, which is a similar finding to that of Deave et al. (2008). When the support from the right person at the right time is received, the women do not need to turn to outside resources such as online forums that could be detrimental to their psychological wellbeing. Employed pregnant women expect emotionally caring,

nonjudgmental, and non-querying support that is without destructive criticism and that focuses on pregnant women's subjective experiences. However, when the received support does not totally meet their expectations, they, as a solution, turn to inner resources such as valuing the present moment and engaging in behavioral precautions such as avoiding negative people. Ironically, these strategies might lead to even more unsupportive approaches from their support systems and lead to an even more negative pregnancy experience as Carmona-Monge et al. (2012) and Gourounti et al. (2013) also proposed regarding some dysfunctional strategies. For example, overcompensation might lead workplaces to demand more work from the women, which may in turn create a negative working environment and even psychological distress as Sanguanklin et al. (2014) also proposed. However, the overcompensating women might be doing it to seem strong, out of pride, or out of the fear to lose their jobs. Overall, as Schlossberg et al. (1995) asserted, the interaction between these elements is likely to affect the quality of the whole transition experience.

Findings support that the present study is compatible with the 4S theory in many ways. However, it is likely that strengthening one's personal resources does not always result in a positive outcome as it is exemplified by the cases. Additionally, Schlossberg et al. (1995) exclude the issue of uncertainty in their model which appears to be one of the key determinants of the transition experience, as Selder (1989) also proposed. Lastly, although Schlossberg et al. (1995) propose that each individual has a unique transition experience due to a unique combination of resources and the individuals proceeding in the transition also feel in this way, it is vital to conclude that pregnancy involves some widespread issues that need to be addressed.

Social support of pregnant women would be much more effective if their supportive resources, counselors, workplaces, health practitioners, and policy makers address personal resources of pregnant women by not neglecting their struggle against the unknown and the core issues during pregnancy.

5.3 Limitations of the study

Inevitably the present study has some limitations, like most of the social science studies. As previously revealed, the researcher's pregnancy experience during the data analysis period may have influenced the interpretation of the findings although some precautions have been taken. In order to avoid bias in the research, the researcher adopted the stage approach that Braun and Clarke (2006) proposed. She made use of some reflexivity strategies such as consulting her thesis advisor and doing member checking in order to ensure trustworthiness. She also kept a personal diary in order to keep track of her own subjectivity. The researcher's own pregnancy experience might also have been an advantage as she was more eager to acquire the results and she could gain a deeper insight into the research subject.

The other constraint of the study is about sampling. Since this is a qualitative study and a limited number of participants were interviewed, the results cannot be generalized. However, they offer in-depth details. As a result of the purposive sampling strategy, most of the participants were coming from a similar socioeconomic and educational background, with similar lifestyles. For instance, all of them were living in a metropolis, all but one had at least an undergraduate degree, and all were coming from middle-to-high SES levels. However, this condition might again be useful in that working and getting pregnant in a challenging environment is different from working in a relatively peaceful environment.

Member checking did not happen immediately after the interviews and that could be a limitation. There were two reasons for this. First, it was not possible to find convenient time soon after the interview, since all the pregnant women were in their third trimester and some of them gave birth to their babies before the data analysis period started. Another reason was that Braun and Clarke (2006) suggest member checking to be implemented in the sixth phase of their proposed stage model. That stage took place after the themes were specified and it added to the amount of time that passed between the first interview and the short member check contact.

The last limitation of the study is that the situational factors such as terrorism events and financial crisis influenced the ideas and feelings of some participants during the data collection processes. Nevertheless, collecting data at different times might also helped serve to the diversity in the results.

5.4 Implications and recommendations

As stated by previous transition-related research (Jones, 2014; Paulsen & Berg, 2016; Sykes & Eden, 1985; Toth et al., 2018), social support is one of the determinants of the transition experience. Therefore, implications for counselors and the reported supportive resources of pregnant women such as partners, family and friends, workplaces, and childbirth practitioners will be presented in this section. Additionally, implications for policymakers will be discussed. Lastly, some recommendations regarding further research will be outlined.

5.4.1 Implications for counselors

People experience transition at every stage of their lives (Gonzales-Osler, 1989; Hall, 2012). During transitions, with absence of caring social environments, challenges that the transition brings might interfere with normal functioning. Thus, professional help should be provided before or during a transition (Toth et al., 2018). As pregnancy is also considered to be a transition (Darvill et al., 2010), counseling interventions addressing pregnant women's needs and experiences should be provided. These interventions could be effective if individual, cultural, and situational factors of the women in maternal transition are to be taken into account.

Pregnant women in the study expressed that they experienced worrying even though they said they received enough support from their environment. It suggests that they might need a particular type of help such as professional counseling services that could help them with organizing their inner resources and developing some favorable coping strategies as previous research also suggests (Carmona-Monge et al., 2012). Moreover, as Schlossberg et al. (1995) assert, with the goal of enhancing one's 4S resources, counselors should address the feelings, with a particular focus on the symptoms of worry and anxiety. Managing change and resolving the reactions to uncertainty could be another focus area during counseling sessions with pregnant women. These sessions could be planned for not only the women but also their partners and/or other family members. The form that counseling takes, as to whether it will be individual or group, should be decided wisely since participants expressed negative emotions about interacting with other pregnant women. Lastly, pregnant women need a calming, understanding, and nonjudgmental approach from people around them, which is inherent in the counseling practice.

5.4.2 Implications for partners, families and friends

As Deave et al. (2008) also suggest, women need support from their partners, families and friends. The results of the present study reveal that, although some support is received during pregnancy, women expect more support or different forms of support. The absence or presence of support somehow determines their coping strategies. Strategies in turn affect support systems and this vicious process results in a challenging transition experience.

Partners have a critical role in the women's transition experience (Salmela-Aro et al., 2010; Tanner Stapleton et al., 2012). Despite mood swings in women, partners should be emotionally present for the pregnant women and try to have an understanding approach as Stern and Bruschweiler-Stern (1998) also suggest. They should know that their wives need them more than ever before. They need to offer help with household chores unparalleled with traditional roles of men (Medved, 2016). Moreover, as women tend to need a less pregnancy-focused approach, partners could help them maintain some of their old practices, such as going to the same restaurant on the weekend or watching a film after work as they used to do. They could also encourage women to do nursery preparation which may also help them to feel their unborn child more.

Pregnant women need their families and friends to be understanding and also to avoid advising or commenting on the pregnancy. Consistent with Stern and Bruschweiler-Stern's (1998) observation about fresh mothers being curious about their own mothers, mothers of pregnant women could merely tell their own pregnancy stories if they want to advise their daughters indirectly. Friends should arrange frequent meetings and during these meetings, may talk about the good old days instead of focusing on worry and uncertainty about the future. However, while

deciding the form and place of these meetings, pregnant women also need their friends to consider the fact that they are pregnant.

5.4.3 Implications for workplaces

The findings of the present study indicate that workplaces' implications and attitudes towards pregnant employees influence the experiences of women both physically and emotionally. Negative attitudes, insufficient rights, and lack of accommodations increase psychological distress which has a reported impact on the pregnancy outcome (Lee et al., 2014; Sanguanklin et al., 2014). These factors may also contribute to lower employee retention among pregnant women since it results in them to permanently leave their jobs during maternity leave. Moreover, there is a vicious circle in that women's inclination to leave work after pregnancy might influence the attitude of the workplaces towards women. It may result in a more negative, demanding and unsupportive working environment for pregnant women as previous research also suggests (Houston & Marks, 2003) With legislative support, workplaces can present rights such as flexible working hours or some physical accommodations such as a resting room for pregnant women. Pregnant women need a caring, less-demanding, less task-oriented work environment. If they receive the support they need, women might share their pregnancy news with their supervisors soon after they know they are pregnant. Supervisors should be held more accountable for their attitudes towards pregnant women. There could be control mechanisms within organizations in order to evaluate supervisors' attitudes towards pregnant women and prevent discrimination. Lastly, free counseling services can be obtained by organizations with outsource services to answer women's possible counseling needs.

5.4.4 Implications for childbirth practitioners

In parallel with Nolan's (2009) findings, the present study suggests that employed pregnant women tend to seek information only from their doctors and midwives. However, this kind of need does not involve unnecessary information and should not be "intellectually complex" (Nolan, 2009, p.28). Besides their informative approach, it seems that the doctors are perceived as supportive if they adopt a relaxing, positive, and caring attitude towards women. Moreover, it is likely that women do not want to meet other pregnant women since they feel like they are in a competition and they get frustrated if their symptoms or pregnancy differ from the others' experiences. Thus, practitioners might avoid giving examples from other pregnant women's experiences. Furthermore, women tend to get worried if they experience symptoms about which their doctor did not mention before. Therefore, as Pakdamar Tüzgen (2016) also suggests, childbirth practitioners can support pregnant women by informing them on possible symptoms right after conception as well as emphasizing the uniqueness of each pregnancy. It could be more effective if they arrange these information sessions both individually and with the participation of the partner since it may help partners feel involved in the pregnancy period as previous research also suggests (Redshaw & Henderson, 2013). Prenatal follow-ups could be an opportunity to discuss those issues. Therefore, the duration of antenatal checks could be extended. During each session, medical staff should take a positive and emotionally supporting approach. It could also be asserted that primigravid women need more attention as previous research also suggests (Carmona-Monge et al., 2012).

5.4.5 Implications for policy makers

There is a growing recognition of maternity protection worldwide. Governments protect rights such as maternal leave policies, maternity cash benefits, employment protection policies during maternity leave, workplace accommodations such as breastfeeding arrangements, prenatal health protection and childcare facilities (Addati et al., 2014). However, particularly in Turkey, most of the regulations address women after birth rather than during pregnancy (Analık İzni veya Ücretsiz İzin Sonrası Yapılacak Kısmi Süreli Çalışmalar, 2016). Therefore, pregnant women's needs such as flexible working hours and conditions, overtime issues during maternity leave are not legally guaranteed. Policy makers could support pregnant women more by developing legislation addressing those needs. Additionally, although it is illegal, pregnancy discrimination in the workplaces does occur as Doğan (2012) and Adams et al. (2016) reported. Thus, a stricter control mechanism and penal sanctions could be provided in order to prohibit discriminative attitudes towards pregnant women in the workplace. Lastly, with respect to the social and psychological challenges of the pregnancy period, pregnant women should be supported by the government through free counseling sessions by state hospitals or guidance and research centers.

5.4.6 Recommendations for further research

The present study attempted to explore pregnant women's experiences by adopting Schlossberg's transition theory and it was found that this theory may be useful to some degree in that it helped the researcher identify experiences and resources of pregnant women. However, some propositions of the theory do not fit with the results in explaining the interaction of 4S variables and integrating uncertainty.

Together with the fact that this study is the first pregnancy-related study adopting Schlossberg's theory, more in-depth research that addresses the 4S system of the women in maternal transition period could be conducted. Moreover, longitudinal research could be performed in Turkey which will help explore pregnant women's experiences at different gestational weeks, follow up with the effectiveness of applied policies, and enable workplaces and social environments of pregnant women to be more aware of their particular experiences. Also, further research could be done with employed women living in locations other than metropolises, from different SES levels, and with varying educational backgrounds as some results of the present study related to fear of delivery and peer support contradicted previous research. Workplace attitudes towards pregnant women might also be examined in more depth in further studies.

APPENDIX A

ETHICS COMMITTEE APPROVAL

BOĞAZİÇİ ÜNİVERSİTESİ
İnsan Araştırmaları Kurumsal Değerlendirme Kurulu (İNAREK) Toplantı Tutanağı
2013/3

17.06.2013

Merve Şuşut,
Yüksek Lisans Öğrencisi, Sosyal Bilimler Enstitüsü-Eğitim Bilimleri Anabilim Dalı-Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans Programı,
Boğaziçi Üniversitesi,
Bebek 34342 İstanbul

Sayın Araştırmacı,

"Kadın Gözüyle Anneliğe Geçiş Dönemi" başlıklı projeniz ile yaptığınız Boğaziçi Üniversitesi İnsan Araştırmaları Kurumsal Değerlendirme Kurulu (İNAREK) 2013/52 kayıt numaralı başvuru 17.06.2013 tarihli ve 2013/3 sayılı kurul toplantısında incelenerek etik onay verilmesi uygun bulunmuştur.

Saygılarımızla,

Prof. Dr. Hande Çağlayan (Başkan)
Moleküler Biyoloji ve Genetik Bölümü,
Fen-Edebiyat Fakültesi, Boğaziçi Üniversitesi
İstanbul

Prof. Dr. Yeşim Atamer (üye)
Hukuk Fakültesi,
İstanbul Bilgi Üniversitesi
İstanbul

Prof. Dr. Betül Baykan-Baykal (üye)
Nöroloji Bölümü, İstanbul Tıp Fakültesi ,
İstanbul Üniversitesi,
İstanbul

Yrd. Doç. Dr. Özlem Hesapçı (üye)
İktisadi ve İdari Bilimler Fakültesi,
İşletme Bölümü, Boğaziçi Üniversitesi,
İstanbul

Yrd. Doç. Dr. Ekin Eremsoy (üye)
Psikoloji Bölümü, Doğuş Üniversitesi,
İstanbul

APPENDIX B

ENGLISH INTERVIEW PROTOCOL

The study of "An exploration of maternal transition from the perspective of employed pregnant women"

Interview Protocol

This interview protocol is assigned for providing data to the study conducted in the graduate program of Boğaziçi University Institute for Social Sciences Department of Educational Sciences Guidance and Psychological Counseling Programme. Your answers will be used without your names and will be kept confidentially by the reseracher. I appreciate your help

Merve Kurç

Boğaziçi University

Section I

1) As a woman in the ….month/week of pregnancy, what are your experiences, would you please tell me a bit?

2) How did you feel when you found out that you were pregnant? What thoughts came to your mind?

3) What are the changes in your life since the beginning of your pregnancy?

4) What do you need in this period?

5) What do you do to meet these needs?

5a) Do you follow a blog, or a forum page related to pregnancy?

5b) Do you find these websites effective?

6) What kind of support do you receive from people around you?

7) What kind of support do you need at most?

8) When you think about your life after birth, what do you think you will experience? What do you anticipate?

Section II

Interview number:

Interview date, time and place:

Place of birth, date of birth:

Your educational background:

Your job:

Your husband's job:

Which month of pregnancy is it?

Have you or your husband received any fertility treatment?

Was your pregnancy a planned one?

APPENDIX C

TURKISH INTERVIEW PROTOCOL

Çalışan Hamilelerin Gözüyle Anneliğe Geçiş Dönemi Araştırması

Görüşme Protokolü

Bu görüşme Boğaziçi Üniversitesi Sosyal Bilimler Enstitüsü Eğitim Bilimleri Ana Bilim Dalı Rehberlik ve Psikolojik Danışmanlık yüksek lisans programında yürütülmekte olan bir tez çalışmasına veri elde etmek amacıyla oluşturulmuştur. Cevaplarınız isminiz kullanılmayarak bu çalışmanın verileri olarak kullanılacak ve araştırmacıda gizli tutulacaktır. Katkılarınız için teşekkür ederim.

Merve Kurç

Boğaziçi Üniversitesi

Bölüm I

1) Hamileliğinin .. ayında/haftasında bir anne adayı olarak, bu dönemde neler yaşıyorsunuz? Biraz anlatır mısınız?

2) Hamile olduğunuzu ilk öğrendiğinizde neler hissettiniz? O an aklınızdan neler geçti?

3) Hamileliğinizin başından beri hayatınızda ne gibi değişiklikler oldu?

4) Bu dönemde ihtiyaç duyduğunuz şeyler neler?

5) Bunları sağlamak için neler yapıyorsunuz?

5a) Hamilelikle ilgili herhangi bir forum sitesini veya blogu takip ediyor musunuz?

5b) Bu siteleri yararlı buluyor musunuz?

7) Çevrenizden ne tür destek görüyorsunuz?

8) Nasıl bir desteğe ihtiyaç duyuyorsunuz?

9) Doğumdan sonraki hayatınızı düşündüğünüzde neler söyleyebilirsiniz? Neler yaşamayı bekliyorsunuz?

Bölüm II

Görüşme No:

Görüşme Tarihi, Saati ve Yeri:

Doğum Yeriniz, Doğum Tarihiniz:

Eğitim Durumunuz:

İşiniz:

Eşinizin işi:

Hamileliğinizin Kaçıncı Ayındasınız?

Eşiniz veya siz hamilelikle ilgili herhangi bir tedavi gördünüz mü?

Gebeliğiniz planlı mıydı?

APPENDIX D

INFORMED CONSENT FORM

Name of the institution: Boğaziçi University
Name of the study: An exploration of maternal transition from the perspective of employed pregnant women
The project lead/Researcher: Merve Kurç
Address: Cengiz Topel Cad. Uçaksavar Sitesi No: 27/4 Etiler/ İstanbul
E-mail: merve.susut@boun.edu.tr
Mobile: 0 536 888 62 94

Research Topic: Transition to parenthood is one of the landmarks of adulthood. This period begins with pregnancy for women. The current study aims to explore pregant women's psychological experiences, understand the kind of support they need and received from their social environment (husbands, families, colleagues, supervisors) and examine the types of coping strategies they developed. The participants of the study will be purposively chosen primigravid women in their 7^{th}, 8^{th} or 9^{th} month of gestation.

You are invited to a study that we would like to conduct, which tries to understand the pregnancy period from the women's own perspectives. The study aims to assist the families, friends of pregnant women and mental health practitioners to help and support them more effectively.

If you agree to participate in the research, a maximum of two interviews with a maximum of 40-50 minutes will be carried outand on a day and hour of your choice. In these interviews, open-ended questions about your experiences during pregnancy will be asked. Your name and the information you provide in these interviews will be kept confidential, and fake names will be used instead of your real names. Any information that may indicate your identity will be deleted or changed while research is being written down and your identity will be kept confidential.

Participation in the study is entirely optional. You are not obliged to pay any fees and we will not make any payment to you.

The information from you can be used for further studies in the future. You can opt out of the study at any point. In this case, the information we have received will be destroyed.

The research we want to do is not expected to bring you risk. The questions to be addressed are completely prepared to understand you during your pregnancy. As a result of the research, it is aimed to improve the services provided by mental health practitioners for pregnant women, and to raise awareness about the experiences during pregnancy in worklife or social environment. But it is not possible to say whether this will bring benefits to you and your environment, and we cannot promise you about that. The study is likely to benefit other pregnant women and their environment in the future.

Before you sign this form, please ask if you have any questions about the study. If you have any questions in the future, you can ask Merve Şuşut (Telephone: 0 536 888 62 94). You can also consult with local ethics committees for your research rights.

If your address and phone number change, please let us know.

I understood what was told and what was written above. I got a copy of this form. I agree to participate in the study.

Participant Name:……..

Signature: ……

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

If any, Name of the Participant's Parent……

Signature:.....

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

APPENDIX E

INFORMED CONSENT FORM (TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi
Araştırmanın adı: Kadın Gözüyle Anneliğe Geçiş Dönemi
Proje Yürütücüsü/Araştırmacının adı: Merve Kurç
Adresi: Cengiz Topel Cad. Uçaksavar Sitesi No: 27/4 Etiler/ İstanbul
E-mail adresi: merve.susut@boun.edu.tr
Telefonu: 0 536 888 62 94

Proje konusu: Ebeveynliğe geçiş dönemi insan hayatının en önemli dönüm noktalarından biridir. Bu dönem kadınlarda hamilelik dönemi ile başlar. Bu çalışmanın amacı çalışan hamile kadınların hamilelikleri boyunca yaşadıkları deneyimleri psikolojik boyutta araştırmak, çevrelerinden (eşleri, aileleri ve iş arkadaşları/yöneticileri) ne tür bir destek gördüklerini ve ne tür bir desteğe ihtiyaç duyduklarını anlamak ve bu geçiş döneminde yaşadıkları olumsuz durumlarla başa çıkmak için ne tür yöntemler geliştirdiklerini incelemektir. Araştırma grubunu ilk defa anne olan, hamileliğinin 7., 8. veya 9. ayındaki 12 çalışan hamile kadın oluşturacaktır.

Hamilelik dönemini kadının bakış açısıyla anlamaya yönelik olarak gerçekleştirmek istediğimiz araştırmaya katılmaya sizi davet ediyoruz. Bu çalışma kapsamında hamile kadınlara yakın çevreleri veya psikoloji uzmanları tarafından sağlanan desteğin daha etkili hale getirilmesini amaçlıyoruz.

Araştırmaya katılmayı kabul ettiğiniz takdirde sizlerle sizin istediğiniz gün ve saatte ve tercih ettiğiniz bir yerde yaklaşık 40-50 dakikalık en fazla iki görüşme yapılacaktır. Bu görüşmelerde hamilelik döneminizde yaşadıklarınıza ilişkin açık uçlu sorular yöneltilecektir. İsminiz ve bu görüşmelerde vereceğiniz bilgiler tamamen gizli tutulacak, araştırmada gerçek isimleriniz yerine takma isimler kullanılacaktır. Kimliğinizi belli edebilecek her türlü bilgi araştırma yazıya dökülürken silinecek veya değiştirilecek ve kimliğinizin saklı tutulması ön planda olacaktır.

Çalışmaya katılmanız tamamen isteğe bağlıdır. Sizden ücret talep etmiyoruz ve size herhangi bir ödeme yapmayacağız.

Sizden alınan bilgiler ileride başka çalışmalar için de kullanılabilir. İstediğiniz noktada çalışmaya katılmaktan vazgeçebilirsiniz. Bu durumda sizden almış olduğumuz bilgiler imha edilecektir.

Yapmak istediğimiz araştırmanın size risk getirmesi beklenmemektedir. Yöneltilecek sorular tamamıyla sizi hamilelik döneminizde anlamaya yönelik hazırlanmış sorulardır. Araştırma sonucunda aranan bilgi elde edildiği takdirde, hamile kadınlara yönelik psikoloji uzmanları tarafından verilen hizmetlerin iyileştirilmesi, hamilelerin yakın çevrelerinde ve iş çevrelerinde hamilelik döneminde yaşananlarla ilgili farkındalık yaratılması amaçlanmaktadır. Ama bunun size ve çevrenize bir yarar getirip getirmeyeceğini şimdiden söylemek mümkün değildir ve size bu konuda söz

veremeyiz. Araştırmanın ileride bu dönemdeki başka hamile kadınlara ve onların çevrelerine yarar sağlaması muhtemeldir.

Bu formu imzalamadan önce, çalışmayla ilgili sorularınız varsa lütfen sorun. Daha sonra sorunuz olursa, Merve Şuşut'a (Telefon: 0 536 888 62 94) sorabilirsiniz. Araştırmayla ilgili haklarınız konusunda yerel etik kurullarına da danışabilirsiniz.

Adres ve telefon numaranız değişirse, bize haber vermenizi rica ederiz.

Bana anlatılanları ve yukarıda yazılanları anladım. Bu formun bir kopyasını aldım. Çalışmaya katılmayı kabul ediyorum.

Katılımcı Adı-Soyadı:……..

İmzası:……

Tarih (gün/ay/yıl):...../...../.....

Varsa Katılımcının Velisinin veya Vasisinin Adı- Soyadı:

……

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

APPENDIX F

PERSONAL AND DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

	Participant #											
	1	2	3	4	5	6	7	8	9	10	11	12
Age	30	33	29	28	31	41	31	34	33	37	29	25
Education	Undergraduate Degree On thesis stage of graduate education	Undergraduate Degree	Undergraduate Degree	Undergraduate Degree Attending a certificate program	Graduate Degree	Undergraduate Degree	Undergraduate Degree	Graduate Degree Attending lessons of 2nd graduate education	Undergraduate Degree (Double Major program)	Associate Degree	Graduate Degree	Undergraduate Degree
Place of Birth	Karabük	Kastamonu	Istanbul	Izmir	Manisa	Istanbul	Istanbul	Balıkesir	Mardin	Izmir	Bulgaria	Rize
Occupation	Government Officer	Finance Specialist	Accountant	Corporate Communications Specialist	Psychologist	Human Resources Lead	Civil Engineer	Specialist	Training Specialist	Foreign Trade Specialist	Human Resources Specialist	HSE Specialist
Employer Type	Public	Private	Private	Private	Public	Private	Private	Private	Private	Private	Private	Private
Working/On Maternity Leave	On Maternity Leave	On Maternity Leave	Working	Working	Working	On Maternity Leave	Working	Working	Working	On Maternity Leave	Working	Working
Spouse's Occupation	Government Officer	Real Estate Expert	Web Designer	Civil Engineer	Computer Engineer	Sales Manager	Mechanical Engineer	Human Resources in a bank	IT Specialist	Personel Trainer in a fitness center	Doctor	Chemist
Week of Pregnancy	34	36	32	35	35	36	36	33	34	37	33	31
Pregnancy Type	Singleton	Twin	Singleton	Singleton	Singleton	Singleton	Singleton	Singleton	Singleton	Singleton	Singleton	Singleton
IVF/Natural Pregnancy	Natural	IVF	Natural	IVF	Natural	Natural	Natural	IVF	Natural	Natural	Natural	Natural

APPENDIX G

PARTICIPANTS' ORIGINAL TURKISH QUOTES

1. İlk üç ayda mesela olumsuz yönlerini ben biraz hissettim…Yani fiziksel olarak işte yorgunluk, mide bulantısı. Hani iş hayatında da zorlayan şeyler, konsantre olamamak, eeee hep uyuma isteği. (Participant 1)

2. İlk üç ay eee böyle mesela karbonhidrat, makarna, tost, kuru ondan sonra şey, galeta, ondan sonra hani onun gibi çok da sağlıklı olmayan ve kuru şeyler yemeye başladım o süreçte. (Participant 3)

3. Benim şu anki eee işte en büyük sıkıntım maalesef hamilelik şekeri çıktı. Hamilelik şekeri de gerçekten çok kötü birşeymiş keşke çıkmasaydı. Çok dikkat etmeye çalışıyorum, en ufak şeker içeren bir şey yememeniz lazım. Bu hastalık öyle bir şey. Çünkü insülin yeteri kadar salgılanmıyor bebek için ve benim için ve direkt şeker ona hani eee hemen gidiyor. Böyle olunca da çok zorlanıyorum çünkü bir yandan iştahım açıldı. Canım çok tatlı istiyor. Hatta geçen gün bir arkadaşım yanımda dondurma yiyordu. Dayanamadım ve gözyaşlarımı tutamadım, ağlamaya başladım. Hani istemsiz oldu o kadar canım istiyor. (Participant 4)

4. Hamileliğim tüp bebek tedavisiyle olduğu için sonrasında ciddi kanamalar geçirdim ilk üç ay. Ve kaybetme tehlikesiyle karşı karşıyasınız birincisi. Kanama oluyor. İkiz gebeliklerde çok fazla olan bir durummuş daha sonradan öğrendim bunu o an için ilk 12 haftası kanama geçiriyorsunuz. Bebeğin biri gidebilir, ikisi de gidebilir. Sürekli bir kanama hali. (Participant 2)

5. Çünkü ilk başta hamilelikte şey olabiliyor bazı kanamalar olabiliyor, benim de başıma geldi. O sırada doktorlar bunun cevabını veremiyorlar; sadece yatmanızı bekliyorlar. Onlar da bilemiyorlar, açıklayamıyorlar yani. (Participant 8)

6. Karnımın bu kadar büyük olması rahatsız ediyor işte eğilemiyorum, ayakkabımı bile zor bağlıyorum. (Participant 12)

7. Sevinçten çok bir heyecan mı desem ne desem tam tanımlayamadım ama çok sev… eee aşırı mutlu olamıyorsunuz yani. Tadını da çıkaramıyorsun. (Participant 12)

8. Çok farklı duygular yaşıyoruz hem mutluluk hem sevinç. Bir de her hafta farklı duygular yaşıyorum yani. Hemen de olsun istiyorum onu hissediyorum şu anda. Yani hemen de olsun işte çıksın içimden. Böyle bir heyecan çok duyuyorum; kalbim daha fazla atmaya başladı. (Participant 10)

9. Bir taraftan da artık bebeğimi çok merak ediyorum. Ultrasonda görüyoruz ama gerçekte nasıl bir bebek? İşte karnımda hareketlerini hissediyorum ama işte gerçekte kucağıma alınca nasıl olacak falan vesaire gibi öyle karışık duygular içerisindeyim. (Participant 5)

10. Vallahi öncelikle insan çok duygusallaşıyor. Ben buna hiç inanmıyordum, çok duygusal bir insan değildim. Herşeye ağlayabiliyorsunuz. Yani ilk üç ay ayrı bir hormon dengesi var, işte diğer sadece üç ayla altı ay arası biraz daha rahat geçiyor. O dönemlerde şimdi hani hormonlarınız sürekli inip çıkıyor gibi bir şey. Çok duygusalsınız, çok alıngan oluyorsunuz, çok hassassınız. (Participant 7)

11. Zaman zaman gergin olabiliyorum. Ruh değişikliklerim olabiliyor; inişli çıkışlı hallerim de olabiliyor. (Participant 11)

12. Duygu değişimi evet acaip yani çok hani çok acaip dalgalanmaların olduğu bir dönem oluyor. İlk başlarda o kadar yoğun değildi ama son zamanlara doğru evet daha da yoğunlaştı. (Participant 3)

13. Hayatım değişecek bunu biliyorum ama artık hani şimdi de arafta gibiyim. Şimdi de zaten bişeyler değişti tam da değişmedi yani bari çabucak gelsin tam anlamıyla değişsin istiyorum o yüzden mutluyum. (Participant 4)

14. Bütçe olarak da hayatımızda çok şey değişecek, çünkü belli bir kısmını, kazandığımızın belli bir kısmını ona ayırmaya başladık daha doğmadan. (Participant 7)

15. Kariyerimden çok vazgeçmek istemiyorum ama sonuçta çünkü ben şey düşünüyorum çalışmam da onun için. Sonuçta ben mutlu bir birey olursam o da mutlu olur. Huzursuz olursam o da huzursuz olur. Ama yine de işte mesela haftasonları çalışmam bir engel olacak gibi geliyor. İster istemez iş değiştireceğim gibi geliyor. (Participant 9)

16. İşte o sırada [doğum izninde] işte tabi iş değiştirme planları var, doğum izninde iş arayıp bulabilirsem. (Participant 8)

17. Ben sosyal ortamlarımdan kopacak mıyım, eski hayatımı kaybedecek miyim, işte arkadaşlarımla, dostlarımla ilişkim ne olacak gibi şeyleri endişelere kapılıyorsunuz. Yani hani çocuğu olan dostlarımla mı ben hep takılmak zorunda kalacağım. Çünkü ilgi alanlarınız biraz farklılaşmaya başlıyor. Özellikle bekar arkadaşlarla. Zaten evlendikten sonra farklı bir platforma giriyorsunuz bir de çocuğunuz olduktan sonra daha da farklılaşıyorsunuz. (Participant 1)

18. Doğumdan sonra eee ailemle bir müddet kalacağım eee dolayısıyla çocuk büyütürken ailenin doğruları, onların sizi büyütürkenki yaptığı davranışlar ve benim doğrularım çakışacak. Eee bunu biliyorum, nesil farkı da olduğu için bakış açılarımız farklı olacak. (Participant 1)

19. Ben böyle bir baktım ki aslında hayat böyle seni biraz bencilleştiriyor, ama işin içerisine çocuk girince sen artık senin ne kadar önemsiz olduğunu anlamaya başlıyorsun. Aslında hayatın amacı üremekse eğer, hani hayatı devam ettirmekse hani şey olmaya başlıyor, hani çocuk her şeyden daha önemli. Kendi anne babanı daha iyi anlıyorsun. Ondan sonra sadece onun geleceğini düşünüyorsun. Tamamen ben ee yani farklılaşıyor yani hayata bakış açın. (Participant 7)

20. Tabii insanın eşiyle, etrafıyla sohbet konuları bile değişiyor, çocukla ilgili konuşuluyor çoğunlukla. Bir AVM'ye [alışveriş merkezi] gittiğinizde kendinize birşey bakmak, almak yerine onun için birşey bakıyorsunuz. İster istemez gözünüz şeye takılıyor, işte doğumdan sonra buraya gelebiliriz, bu cafe çocuk dostu görünüyor falan gibi. (Participant 12)

21. Çünkü şey oluyor dokuz ay onu taşıyorsun ilgi sana yoğunlaşıyor sonra o karnından çıkıyor ilgi onda toplanıyor sen yalnız kalıyorsun. Nasıl olacak o his merak ediyorum yani. Herhalde bir hayal kırıklığı olur. (Participant 10)

22. Mesela şey oluyor bir olumsuz bir şey olduğu zaman ne bileyim. Hani ortamda işte yaşadığımız siyasi olarak politik olarak terör olarak işte vesaire onları onlar için çok daha fazla endişeli oluyorsun çünkü çocuğunu dünyaya getireceksin ve hani o nasıl bir dünyada doğacak işte Türkiye bunun için uygun bir yer mi hani ....Çocuğuma iyi bir gelecek sağlayabilecek miyim böyle bir ortamda? Yani şöyle düşünün. Gözün gibi sakınıp sevdiğin, dünyaya getireceğin bir varlık var ve onu bir gün bir yerde bir şey Allah korusun ama teröre kurban verebilirsin ya da başka birşeye kurban verebilirsin. (Participant 6)

23. En büyük kaygım tabii bir de Türkiye şartlarında şu anki zamanımızda olan en büyük problem güven problemi. Dışarı çok sağlıklı bir şekilde çıkartabileceğim düşüncesi şu an yok. Can güvenliği açısından. Çünkü bulunan ortamda bir saniye sonra ne olacağı belli olmayan bir ortamda şu an maalesef ki nefes alıp veriyoruz.

Ben çocuğumu yeteri kadar hani koruyabilecek miyim kollayabilecek miyim kısmında endişelerim var tabii ki de. (Participant 11)

24. Ama şimdi hani küçük bir birey dünyaya geliyor, hani hem bize bir şey olursa eee geride bıraktıklarım bırakacaklarım için çok büyük endişe duymuyordum ama şimdi hani kendimi de sakınmam gerektiğini düşünüyorum. Çünkü hani bakmam gereken bir birey var yani doğacak. (Participant 1)

25. Yani özellikle işte ülke şartları işin ekonomik boyutu sizi ister istemez biraz karamsarlığa sevk ediyor. Çocuğum yarın öbür gün inşallah sağlıkla doğunca büyüyünce bana anne madem durumunuz yoktu beni özel okula veremeyecektiniz neden beni yaptınız desin mesela yani demesini istemiyorum. (Participant 12)

26. Yani kıvırabilecek miyim bakalım bu işi daha önce deneyimleme imkanı yok insanın bunu. İkinci çocuk olsa tamam da ilk kez anne olacağım o yüzden biraz korkuyorum iyi bir anne olur muyum diye. (Participant 10)

27. Eee hani benim en çok şu anda yaşadığım onlara yetebilecek miyim? Tamam 33 yaşındayım çok planlı bir hamilelik çok isteyerek bi hamilelik geçirdim ama nasıl bakacağım onlara? Ağlayacaklar ben nasıl bakabileceğim? İki tane çocuk olması daha da çok etkiliyor. Tek olsa gücüm daha fazla annem de olmasa bir şekilde yaparım bakarım ama şimdi ikisi de ağlayacak ikisi de şey gürültü yapacak, çok küçük doğacaklar çok minyatür doğacaklar hani nasıl yapacağım bilmiyorum sonuçta hiç bebek bakmadım hiç deneyiminizin olmadığı birşey. O gücü göremiyorsunuz. (Participant 2)

28. Yani şey çok doğruymuş, hakikaten annelik rahme düştüğü an başlıyormuş. İlk başta tabi çok sevindim ama sonra bir hazır mıyım endişesi oldu o da birazcık benim kişiliğimden kaynaklı birazcık böyle herşey tam olsun düzgün olsun isteyen bir insanım o yüzden belki benim bulunduğum koşullarda başka birisi aslında çok uygun ortam olduğunu düşünebilir ama ben böyle ona iyi bir gelecek sağlayabilecek miyim. İlkokul kitaplarında yazan bilgileri unuttum ben gezegenlerin sırası neydi falan mesela [kahkaha]. Onları nasıl anlatacağım falan filan gibi korkularım oldu bi ara. (Participant 8)

29. Aileye yeni bir birey katılacağı için onun sorumluluğunu alabilecek miyim, eee işte eşim bu süreçte hep yanımda olacak mı, işte onu kaybetme korkusu olmaya başladı. Mesela gece rüyalarımda filan ona birşey olduğunu görüyorum ve hani çocuğumu tek başıma büyütmek zorunda kalacağımı düşünüyorum. (Participant 1)

30. Hani aklımdan geçirmiyor değilim, yani şimdi belki hani ben hamileyim bana söylemiyorlardır sonuçta çıkış planımı ama işte acaba doğum izninden sonra aynı işte tutunabilecek miyim ya da beni doğum iznindeyken çıkaracaklar mı diye o kaygıyı duymuyor değilim. (Participant 4)

31. Böyle bir düzen değişikliği olacak bundan kaygılanıyorum hani iki ev bir arada gibi bir düzen olacak. Çok gelen giden olacak, annem olacak falan biraz yoğun kalabalık eski sakinlikten eser kalmayacak. (Participant 4)

32. Zaman ilerledikçe hani ee her aşamasında farklı farklı şeyler hissediyorsun farklı farklı şeyler düşünüyorsun. İşte ne bileyim çocuğun gelişimi işte kalp atışlarını dinleyeceğim acaba bir sorun çıkacak mı? Her şey yolunda gidecek mi falan. (Participant 6)

33. Hani tıp ilerlese de, doktorumuza güvensek de bazı hastalıklarla ilgili hala çare bulunamamış durumda. Eeeee özellikle işte otizmle ilgili, eee hem hani stres, yediklerimiz, hormonlar bunların da bu hastalıkları tetiklediğini düşünüyorum. Fakat steril bir hayat yaşayamadığımız için biz de hani o gıdaları alıyoruz, hava kirliliğinden etkileniyoruz eee fakat çocuğum bundan etkileniyor mu bunu şu aşamada bir şeyi yok, tespit edilebilecek bir yöntemi yok. Eeee hani sonrasında ne olacak, çocuğumun gelişimi sağlıklı mı olacak bununla ilgili de korkular yaşıyorum. (Participant 1)

34. Mesela ben bir türlü hazırlık yapamadım. Niye derseniz hala şurda hani çocuk doğmak üzere hala daha üç beş parça birşeyi var, yatağı bile yok, bir küçük beşik aldık sadece. Oda falan da yapmadım çünkü hep şey başından beri maalesef ben bu işin çok tadını çıkaramadım hep birşey olacak korkusu olduğu için. (Participant 4)

35. Hareketlerini hissedince baya rahatladım ama eee ondan önce kalbiyle ilgili sorun eee kalbi durursa falan diye çok korktum, hep elim karnımda bekledim. Doktora şey dedim hatta şu makineden bizde de olsa her akşam kalbini dinlesem rahatlasam. [gülümseyerek]. (Participant 9)

36. Eşim çok yoğun çalışıyor, çok fazla destek olamıyor ama elinden geleni yapıyor aslında. Mesela bugün kahvaltı ettikten sonra o topladı masayı. Belim ağrıyor benim, o yardımcı oluyor. (Participant 8).

37. Bu dönemde hem bir kadına [ev işlerinde yardımcı] kadın yoksa işte etrafınızdaki insanlara, yapabilecek insanlara en başta eşinizden annenizden birilerine mutlaka ihtiyacınız var. (Participant 2).

38. Ev işleri anlamında da eee yemek konusunda çok fazla beklentiye girmedi eşim eeee çoğu işi de paylaştık birlikte. (Participant 1)

39. Duygusal dönemi de hep eşinle birlikte geçirmek istiyorsun aslında. Hani o yalnız bıraktığında beni açıkçası biraz mahzunlaşıyordum. Tek başıma hissediyordum. Eeee hani yorgun olduğum için de aslında aile dışından da birinin desteğini istemiyorsunuz. Sadece böyle yanında hani yanında kıvrılıp yatabileceğim, işte hani sesini duyayım, işte sıcaklığını hissedeyim, böyle birini arıyorsunuz. (Participant 1)

40. Ama sonra desteğini hissettim galiba karnım büyümeye başlayınca onda biraz jeton düştü. Şimdi bağlandığımızı hissediyorum. (Participant 4)

41. Cevap vermemesi daha iyi. Yani şöyle dedi, bak bunları şu an boşu boşuna yapıyorsun, boşu boşuna sinirleniyorsun dedi ve böyle hani beni sadece hormonların o an bana bunları yaptırdığını hatırlatınca bende de zaten sakinleşme başladı. Mesela ilk başlarda ilk etapta o da alışamadı ben mesela bağırmaya başlayınca o da böyle nooluyor, yani neden bağırıyosun diye o da bana çıkışıyordu. Ondan sonra ben ona anlattım sakin anlarımda. Dedim bak bunlar hormonel, geçecek alınma. Ondan sonra o da zaten alınmamaya başladı, yani umursamamaya başladı. Bazen cevap bile vermiyor yani. (Participant 3)

42. Zaman zaman gergin olabiliyorum, ruh değişikliklerim olabiliyor, inişli çıkışlı hallerim de olabiliyor. Bu aşamada da eşimin bunları kompanse edebilecek psikolojide olmasını isterdim. Tabii her zaman olamıyor maalesef ki. (Participant 11)

43. Hamilelik döneminde ben her şeyi üstleneyim de eşimi destekleyeyim gibi bir şeyde olmuyorlar yani çok fazla. (Participant 6)

44. Tabii eşimden destek görüyorum ama ne olursa olsun hani baktığınızda gece bir anda o tekmeler artınca uyanmaya başlıyorum. E eşim uyanmıyor mesela benimle birlikte. Onu bile istiyorsunuz ama abartı biraz biliyorum. Niye uyansın, uyansa ne yapacak, evladım tekmeleme anneni mi diyecek? Galiba biraz şey, çocuk doğduktan sonraki desteğini de önceden hissetmek istiyorsunuz. (Participant 4)

45. Hani bir de şey oluşmaya başlıyor bebek doğduktan sonra herhalde bana yardım eder güveni oluşmaya başlıyor. (Participant 7)

46. Eşim öyle hani yani böyle daha çok üstüme düşmeye başladı sonuçta artık sadece eşi değilim aynı zamanda çocuğunu da taşıyorum heralde o yüzden böyle çok iyi geliyor.

47. Eşim mesela çok ilgi gösteriyor sırf bana değil ona da. Hatta ona daha çok sanki. Yani karnımı okşuyor falan beni ilk görünce akşam, kızımız nasıl diyor, ilk sorusu bu oluyor genelde. Kıskançlık değil ama hani ne bileyim ben de ilgi istiyorum hani. (Participant 10)

48. Aileyle ilgili olarak da eee uzakta oldukları için genellikle telefonla görüştüm. Onların desteğini öyle hissettim. Çok fazla gidip gelemedim. O kısım biraz aslında eksik kaldı. Belki daha sık hani paylaşımda bulunabilirdik. (Participant 1)

49. Ailemden hani özellikle maddi anlamda da destek gördüm hani bu süreçte ihtiyaç olan sonuçta bebek için de hazırlık yapıyorsunuz. Maddi anlamda gerçekten destek gördüm. (Participant 7)

50. Annem normalde işte her gün arayıp sormamı bekler, şimdi o beni her gün arayıp soruyor. İşte arkadaşlarım keza hayatımı kolaylaştırmaya çalışıyorlar. (Participant 5)

51. Sevgiye ilgiye çok ihtiyaç duyuyorsun. Şımarıklık yapmak istiyorsun biraz daha. (Participant 10)

52. Mesela şey kafa dinlemeye sessizliğe, sakinliğe, çok böyle tavsiye almamaya ihtiyaç duyuyorum. Özellikle mesela böyle hani annem, işte eşimin annesi, teyzemler, işte kuzenlerim, her çocuk doğuran kadın ilk duyar duymaz işte şey demeye başlıyorlar, "Ay işte ilk zamanlar zor olacak, bak hani hazırlıklı ol." Böyle direkt negatif konuşmaya başlıyorlar mesela. Buna hiç ihtiyacım yok mesela tavsiye almaya hiç ihtiyacım yok. (Participant 3)

53. Ama hani şu anda çok anladıklarını düşünmüyorum çünkü herkes akıl veriyor ve o aklın bence bana uygun tarafı yok. Çocuğun gelişimiyle alakalı, çocuk doğduktan sonra yapılması gerekenlerle alakalı. Bu hamilelik süresi boyunca nasıl hareket etmem neler yemem neler içmem gerektiğiyle alakalı süreçler. (Participant 11)

54. Ailem de tabi çok şey yani seviniyorlar hani torun daha çok sevilir derler ya gerçekten hissediyorum o sevinci gözlerinde. (Participant 12)

55. Zaten insanların size bakış açısı da maalesef biraz değişiyor. “Artık [name of the participant] gelmez, hamile o, ohooo [name of the participant] unutalım artık hele çocuğu olunca hiç gelmez” gibi yorumlar yapıyorlar ve bu beni üzüyor. (Participant 4)

56. Çocuğumu yabancı birinin büyütmesini istemiyorum. O yüzden annem bizde kalacak bir süre. Ayrı bir evi olmayacak. (Participant 8)

57. 35. haftada biraz böyle bir rahatsızlığım olduğu için annem yanıma geldi ve bana annem bakıyor. (Participant 6)

58. Annemin tecrübelerini dinlemek çok rahatlatıyor bazen. Tüm bu değişimlerde öyle oldu, senin de öyle olmuş muydu gibi. Yani annemden çok destek alıyorum ben bu süreçte onun hamileliğinden bana ve kardeşime. (Participant 5)

59. Haftasonu falan da çalışmamız gerekiyor ama yani kimse de kalkıp demiyor ya sen bu Cumartesi gelme dinlen. Özel sektörün böyle handikapları ee malesef yani oluyor. (Participant 9)

60. Yani işyerinde de şöyle, aslında özellikle birkaç meslektaşım, onlar da çok hani elinden geleni yapmaya çalışıyor. İşte zor bir hafta oluyor diyelim ki biz onu alalım sen işte hamilesin uğraşma diyorlar. (Participant 5)

61. İş hayatı biraz daha acımasız tabii. Bir de özel sektörde çalıştığım için herhalde. (Participant 7)

62. Mesai saatleri içinde çözülemeyecek birşey olduğunu düşünmüyorum yani hiçbir zaman. Tamamen keyfi olduğunu düşünüyorum bazı şeylerin. Özellikle mesai saati sonrası konan toplantılar gibi. Dolayısıyla bunlar beni hem fiziksel açıdan çok zorladı, hem de psikolojik açıdan çok zorladı. Çünkü bunu dile getirdiğim zaman yöneticilere bunun tamamen zorunlu olduğunu, bu toplantıya katılmak zorunda olduğumu, bu toplantının da bu saatte yapılmak zorunda olduğunu söyledi. (Participant 3)

63. İşyeriyle en büyük sıkıntı çalışan kadın olarak asla anlayış yok. Atıyorum beş dakika geç geliyorsunuz, çünkü sabah mide bulantınız olabiliyor, çıkamayabiliyorsunuz o dönemlerde. … Beş dakika, bir dakika gecikmelerde bile problemler çıkmaya başlıyor. Asla tolere edilmiyor. (Participant 2)

64. Gece uyuyamıyorsunuz, sabah biraz daha uyumak istiyorsunuz, vücudunuz şişiyor, ayaklarınızı uzatamıyorsunuz. Bunların hepsine engel maalesef [işe gitmek]. Hani sabah "Dur uykumu alamadım, gitmeyeyim." deme şansım yok benim işimde özellikle. (Participant 4)

65. Sadece fiziksel olarak işyerinde bir dinlenme ortamı bulamadım. Bu beni çok yordu. (Participant 1)

66. Zaman zaman izin yapsam da izin yaptığım dönemlerde yine home office çalışma şekline döndüğümden dolayı da çok sağlıklı geçirdiğimi söyleyemem. (Participant 11)

67. Evet yani yönetim olarak destek görmediğimi söyleyebilirim ama hani bazı özel arkadaşlıklar geliştirebiliyorsun işyerinde. (Participant 6)

68. Bütün maaşlar hani ücretli izin süresince ödenmesi gerekirken şimdi SGK'dan [Sosyal Güvenlik Kurumu] almamız söylendi. Mesela bu olay beni çok yıpratmıştı. Hani şirkete olan bakış açımı da birazcık değiştirdi açıkçası. (Participant 7)

69. Şimdi ben hep tetikteyim mesela ya doğum izninde beni çıkarırlarsa diye. (Participant 4)

70. Anne olan birisinin tekrar işe dönmeyeceğini düşünüyorlar. (Participant 6)

71. Bana forum demeyin [gülerek]. İlk zamanlar o hamileleri okudukça hem sinirleniyorsunuz hem korkuyorsunuz. Orada şey okusanız işte ne derler çocuğuna birşey olan bir kadını görünce aklınıza sokuyorlar. İlk aylarda okudum eee ama sonra bıraktım ondan. (Participant 4)

72. Yani şöyle ki yararlı tarafları var ama hani verilen bilgilerin dışında aşağıdaki yorumları okuduğunuzda veyahut da bir anne eğer o bloglar bloğu yazan kişi daha önce anne ise veya şu an anne adayıysa ilk etapta siz okurken evet ben de bu şeyleri yaşıyorum, ya da aaa bunlar faydalıymış faydalı bilgiler diyorsunuz ama o bile kapattığınızda birkaç saat sonra başınıza gelen herhangi bir gündelik olayda daha farklı tepki vermenize sebebiyet veriyor çünkü o bloğu yazan anne adayı gibi davranamıyorsunuz. Birazcık hani o aşamada sizi rahatlatmaya çalışsa da o blogtaki okuduklarınız aslında rahatlatmıyor ya da neden ben böyle davranamıyorum diye kendinizi aslında yemeye başlıyorsunuz psikolojik olarak. (Participant 12)

73. Arkadaşlarımla da görüşlerimi paylaşınca sohbet edince hani komplikasyonların son haftada çıkabileceği bize de böyle olmuştu belli olmaz bu işler şeklinde. Aslında rahatlatmaya çalışırken ya da doğru bilgi vermeye çalışırken sizi biraz korkuya sevk ediyorlar. Mesela blog okumamı öneren oldu, ama her bayanın bu hamilelik süreci farklı olduğu için ve genelde kötü şeyler yaşayanlar bunları dillendirdikleri, iyi süreç geçirenler suskun kaldığı için, zaten mutlu oldukları için internette gördüğünüz okuduğunuz şeyler genelde olumsuz oluyor. Öneriler üstüne ben bloglara baktım biraz. İşte insanların önerilerine filan. Ama genelde olumsuz şeylerdi. Dolayısıyla bunlar da biraz etkiledi. Sonraki dönemde ben hiç okumamaya başladım eee yani çok da faydalı olduğunu düşünmüyorum. (Participant 1)

74. Yaa başka hamilelerle pek biraraya gelmiyorum çünkü yani biraz şey gibi olmuş galiba günümüzde. Böyle insanlar çok hep birbirlerini böyle yaşadıkları tecrübeleri karşılaştırma gibi bir şeye girmiş zannımca. (Participant 5)

75. Ama hepsini okuyordum ve hani gerçekten bilgi kirliliğinin ne olduğunun da farkına varıyordum yani hani %100 güvenmiyordum ama okuyordum yani yine de bilgi sahibi olmak için. (Participant 8)

76. Vallahi blogları zaten çok takip ederim artı bir de çocuk eğitimi ile ilgili de eşimle birşeye katıldık biz. Orada da oldukça fazla eee işte bir hafta gibi öyle bir kursa katıldık hani bebek eğitimi işte hamilelik süreci vesaire. Eeee çok faydasını gördüm. Bence her yani yetişkin bireyin de bunu yapması lazım hele ki ilk şeysi hamileliği ise. (Participant 7)

77. Doktorumla korkularımı paylaştım, o bana faydalı oldu. (Participant 1)

78. Çünkü gerçekten tecrübesizsiniz her ne kadar hani internetten vesaireden sosyal çevreden bir şeyler öğrenmeye çalışsanız da doğru yerlerden hani hastanelerden işte yenidoğan hemşirelerinden destek almak çok önemli bence. (Participant 7)

79. Benim doktorumu o açıdan eee ben çok beğeniyorum çünkü böyle gereksiz bir bilgiyle doldurmadı beni hiç bir zaman. (Participant 8)

80. İlk doktorumla ilgili ciddi sıkıntılar oldu. Beni haftalarca gereksiz yere paniğe sevketti. İşte o kalp gelişimi durumu işte bebeğimin onunla ilgili. Hani belki kendince haklıydı önlem almaya falan çalıştı ama kesin olmadan yani kesin bir problemi teşhis etmeden beni o kadar paniğe sevk etti ki. (Participant 9)

81. Ya ben bana iyi gelmeyen insanlardan direk kaçıyorum artık öyle bir kafadayım. Yani sağlıklı mı bilmiyorum ama üzülmek istemiyorum. (Participant 11)

82. Fiziksel olarak çok yoğundum. Gerçi bu ruhsal olarak düşünmemi engelledi o yüzden iyi oldu, düşünmedim bile, kaçtım biraz kendimden bile. (Participant 8)

83. Hani günlük diğer olaylardan da etkilenmemek adına TV izlemiyorum. İşte haberleri genelde hani az okumaya çalışıyorum çünkü etkileyici şeyler oluyor. Çocuklarla ilgili haberleri dinlememeye çalışıyorum. (Participant 1)

84. Ben de kesinlikle kaçınıyorum, asla izlemek istemiyorum, açmıyorum, okumuyorum. Özellikle izlemiyorum, kaçınıyorum, ama karşıma çıkıyor. (Participant 6)

85. Ben mesela öyle hamilelik kurslarına falan da asla gitmedim. Gitmem de yani Mümkün olduğunca diğer hamilelerden uzak durmaya çalışıyorum. (Participant 4)

86. Ya tabi blogları insan okumaz mı? İnternet elinin altında. Okudum okuyorum hala da ama şey yani bu son dönemlerimde daha böyle kendi içimde artık şey yapmaya çalıştım internet yasağı koydum kendime. Sonuçta bu herkesin kendi eşsiz deneyimi. Okuduğun şeyler olumsuz, çok şey okuyosun yok onun o tahlili böyler çıkmış, yok son haftasında bebeğin kalbi durmuş bilmem ne. (Participant 5)

87. Biraz farkettirmemeye çalışıyorsunuz. Yorgunluğunuzun işinize yansımamasını sağlamaya çalışıyorsunuz ve hani bir bayan olduğunuz için genelde zaten erkeklerin yaklaşımı hani kadın biraz daha zayıftır, hem fiziksel hem psikolojik olarak hani korunmaya muhtaçtır gibi bir bakış açısı var. Hani sırf hamilelik nedeniyle bu konuma girmek istemiyorsunuz. Hani ben güçlüyüm, gene işlerimi yürütüyorum, hani ekstra bir ilgiye ihtiyacım yok diye düşünüyorsunuz. Eee o yüzden de biraz daha dikkatli davranıyorsunuz. (Participant 1)

88. Sonuçta hamile olabilirim ama bu bir hastalık değil engel de değil. (Participant 5)

89. Böyle daha güçlü, daha becerikli, kendi kendine yeten bir insan olmam gerektiğini düşünüyorum o çocuğu büyütebilmem için. (Participant 8)

90. Özellikle böyle hani bu dönemde çok işler de çok yoğun olduğu için hani oldukça hani elimden geldiğinin üç katı dört katı kadar daha fazla çalışma azmi gösterdim. Bu da tabii sağlığım da elverdi buna. Çok şükür olmaya da bilirdi, yani sonuçta sağlığım elvermeseydi hiç kimse bana zorla çalış diyemezdi. Böyle bir zorunluluk olmazdı. (Participant 7)

91. Mesela şöyle söyleyeyim benim normalde işyerinin bana verdiği bir şey var. Hani Cuma günleri şey kullanabilirsin, izin kullanabilirsin. İşte haftada, ayda üç kere işe gitmesen de oluyor. Cuma günleri mesela veya istediğin bir gün. Böyle bir izin vermişlerdi, ama ben onu kullanmak istemedim. (Participant 6)

92. İşyerinde çok izin almamaya çalışıyorum. Arkamdan aman o da iyi ki bir hamile oldu, bebek doğunca ne olacak demelerini istemiyorum. Dayanıklı durmam lazım gerektiğini hissediyorum açıkçası. (Participant 10)

93. Zaten bunu bahane gösterip kendimi zayıf duruma da düşürmek istemem. Sonuçta bir sürü hamile hem çalışıp hem sağlıklı doğum yapıyorsa ben de yaparım. Hem arkamdan şey desinler işte vay bee … [name of the participant] de hamileyken bile çalıştı desinler istiyorum açıkçası. (Participant 4)

94. Zihnimde bebeğime yer açmaya çalıştım, oldukça hani böyle mindfullness gibi. Hani böyle işte bebeğimin olduğunu çokça hayal ettim, işte doğduktan sonra kucağıma verdikleri zamanı hayal ediyorum bol bol. İşte hani nasıl bir deneyim olacak onu anlamaya çalışıyorum. Dediğim gibi zihnimde kalbimde ona yer açmaya çalışıyorum psikolojik olarak. (Participant 5)

95. Doğumu falan düşünüp stres oluyorum, ama bir nefes alıyorum, bir kendime geliyorum. “Düşünme diyorum; herşey olacak, bitecek.” (Participant 9)

96. Ama bu birazcık bence şey, şimdi geriye bakıp düşündüğümde şey diye düşünebiliyorum, hakikaten bir bebeğin anne karnında sağlıklı bir şekilde gelişimini tamamlayıp dünyaya gelmesi hakkikaten mucizevi bir olay. O yüzden de herşey olabilir yani dokuz ay boyunca sağlıklı gider doğumda birşey olabilir doğumdan sonra başka birşey olabilir. Yani bunun önüne geçmek imkansız. O yüzden tadını çıkarmaya çalıştığım bir dönemdeyim şu an. (Participant 8)

97. Erkekler maalesef çok böyle hani hamilelik döneminde ben her şeyi üstleneyim de eşimi destekleyeyim gibi bir şeyde olmuyorlar yani çok fazla. Hani bu da beni, öyle olmaması da buna üzülüp karalar bağlamaktansa, evet öyle olmuyorsa ne

yapalım; ben hani bu beni güçlendirir ileride çocuğum doğduğunda. Bana avantaj olur diyerek iyi düşünmeye çalışıyorum yani. (Participant 6)

98. Ben şey yani rahat olmak gerektiğini çok düşünüyorum. Çok da karamsar düşünmek bebeğe zararlı sonuçta. (Participant 7)

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