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Research article

Couples' experiences of natural childbirth: An interpretative phenomenological analysis

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ABSTRACT

Background: Few women have chosen natural childbirth. Husbands' views on this mode of delivery are of great value; however, there is a lack of studies on couples' experiences during delivery.
Objective: This study explored the significance of couples' experiences with natural childbirth.
Methods: Data were collected from July 2021 to May 2022 through face-to-face interviews with eight couples who had experienced natural childbirth. The interviews for each partner were conducted separately, with the dyad as the unit of analysis. Dyadic and interpretative phenomenological analyses were used.
Results: Three essential themes were derived: 'women as the main actors in childbirth', 'unforgettable conjugal love', and 'development of family love from accomplishing something difficult together'. During childbirth, husbands supported their wives by saying 'You can do it', breathing with their wives, continuously massaging them, changing their positions, and helping them lean on them. Additionally, husbands perceived themselves as a part of the process.
Conclusions: Natural childbirth is a transformative process in which a woman assumes the main role and experiences an unforgettable bond of conjugal love. She forms a familial bond with the child and with her husband. The husband's constant support is important in helping her endure childbirth. Thus, midwives can play a supportive role in the process so that couples understand the true meaning of natural childbirth.

1. Introduction

Natural childbirth refers to giving natural vaginal birth without any medical interventions, such as anesthesia, sedation, and surgery, and instincts between the mother and baby are the main driver [1]. The biological needs of the mother and baby lead to natural childbirth as normal biorhythms and hormones positively affect labour pain [2], reduce stress responses, and regulate healthy breastfeeding [3]. Compared to natural childbirth, birth at a hospital refers to vaginal or caesarean delivery with the involvement of medical treatments [4].

In South Korea, most women chose childbirth at hospitals where vaginal and caesarean deliveries requiring medical procedures accounted for the majority, and particularly the prevalence of caesarean section birth increased [5]. The numbers of normal

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spontaneous vaginal delivery and caesarean delivery in South Korea were 263,831 (62.0 %) and 160,157 (37.6 %) out of 425,664 total childbirth in 2013 compared to 112,712 (43.1 %) and 148,328 (56.6 %) out of 261,641 total childbirth in 2021; however, a very few natural childbirth in midwifery clinics occurred as 1,676 (0.4 %) in 2013 and 601 (0.2 %) in 2021 [6]. Previous findings reported that the prevalence of natural childbirth at midwife-led birth centres varied across different countries, ranging from 0.1 % to 14.7 %. In the United States, the majority (98 %) of women give birth at hospitals, while others give birth at home (0.1 %) or independent birthing centres (0.5 %) [7]; a greater proportion of midwifery centre (14.7 %) is used in the United Kingdom [8], similarly, the rate of births in midwife-led birth centres was estimated over 10 % in New Zealand and the Netherlands [9].

Emotional support and encouragement from healthcare providers helped women have positive experiences and gain control and confidence during natural childbirth [10,11], whereas healthcare providers' ignorance or decision-making without considering the woman's opinions led to negative experiences [12].

Reasons for natural childbirth included previous positive childbirth experience, the woman's emotional and psychological status, and cultural factors [13–15]. Particularly, some women from cultural backgrounds in which childbirth is considered a private event refused to stay with third persons other than their family members [16]. Husbands' practical and emotional support during natural childbirth, and family members' active participation, influenced women's positive experiences [17,18].

Sharing childbirth experiences can provide opportunities to share important life experiences [19]. The main motivations for husbands to join in the birth process among husbands included curiosity, requests from their wives, and previous childbirth experiences [20], whereas unclear perceptions of roles as husbands, lack of supportive resources, and feeling left out in decision-making hindered husbands from participating in childbirth [21,22].

Prior qualitative research on natural childbirth among women from different countries reported positive experiences of that delivery mode, such as feeling more powerful in women who experienced natural childbirth and being "worth it in the end" even among primigravidas in Brazil [23,24], being woman-centred and empowered during the birthing process in Sweden [25], and satisfaction with midwife-led birth centres along with autonomous decision-making and perceived support in Jordan [26]. However, most research on natural childbirth has focused on the motivation to select the delivery mode. Further, even a few studies on natural childbirth experiences were conducted mainly from women's perspectives, with a lack of consideration of their partners' viewpoints.

Thus, this study aimed to explore experiences of natural childbirth from the perspectives of both a woman and her partner as a dyad, the basic unit of analysis, and to discover the contextual meaning of the delivery surrounding the dynamics within the couple. Accordingly, the current study aimed to broadly understand the meaning of natural childbirth from couples' perspectives by conducting an interpretive phenomenological analysis (IPA) and dyadic analysis. The research questions were as follows:

- How do couples view natural childbirth?
- What factors do couples consider important in natural childbirth?
- What does the experience of natural childbirth mean to couples?

2. Methods

2.1. Design

This study applied Smith et al.'s [27] IPA method to understand the perceived meaning of natural childbirth for couples. The IPA is a research method for identifying the meanings of certain events or subjective experiences of life and understanding how these meanings are perceived by a small number of participants with common characteristics. It is based on the principles of phenomenology, hermeneutics, and idiography. In this study, the IPA method was used to explore how women and their partners perceived the experience of natural childbirth (phenomenology) and to analyse and interpret the meaning of their experiences within social and cultural contexts through language and texts (hermeneutics). Specifically, couples in a particular contextual background were invited

Table 1
Characteristics of participants.

Female participant[a]	Age	Highest education	Obstetrical history	Number of labor at midwifery centre(s)	Number of labor at hospital (s)	Male participant[a]	Age	Highest education
1	27	High school	Primipara	1	0	1	26	High school
2	30	Bachelor degree	Primipara	1	0	2	35	Bachelor degree
3	36	Master degree	Multipara	2	0	3	40	Master degree
4	36	Bachelor degree	Primipara	1	0	4	36	Bachelor degree
5	39	Bachelor degree	Primipara	1	0	5	40	Bachelor degree
6	32	Master degree	Multipara	1	1	6	31	Master degree
7	34	Bachelor degree	Primipara	1	0	7	34	Bachelor degree
8	32	Bachelor degree	Multipara	2	0	8	45	Bachelor degree

[a] The participants with identical numbers refer to couples (wives and husbands).

to participate in in-depth personal interviews; first, the women, and then their partners, were interviewed at different times, and their responses were compared (idiography). Also, this study used dyadic analysis of women and their partners together, focusing on the dynamics within couples who had shared experiences of natural childbirth [28].

2.2. Study setting and recruitment

Couples who had experienced natural childbirth were recruited through convenience and purposeful sampling. The first author recruited couples who had experienced natural childbirth at a midwifery centre in one of South Korea's medium-sized cities. Specifically, as a licensed midwife and doctoral student, the first author contacted couples whom she had previously guided in natural childbirth, explained the purpose of the study, and invited them to participate. Through purposeful sampling, the participants were selected from mothers who 1) gave birth to healthy babies at 37 weeks or later; 2) did not have anamnesis before childbirth; 3) were of South Korean nationality (both partners), due to the possibility of different views on natural childbirth according to nationality; and 4) experienced natural childbirth two weeks to 24 months earlier [29]; to increase the homogeneity of the samples. The scope of the childbirth period in this study was based on the research of Simkin et al. [30], which reported that women who experienced natural childbirth vividly remembered the moment of their birth even 15–20 years later.

Eight married couples (16 persons) participated in the study (Table 1). The average ages of the women and their husbands were 33.3 and 35.9 years, respectively. Regarding obstetric history, more than half of the women were primiparous. All participants were married and had participated in prenatal education. Participants were selected until saturation was reached, that is, when no new concepts could be derived. One couple was excluded from the study because the husband was not South Korean. Mothers of all female participants delivered their children at hospitals (vaginal or caesarean deliveries). Among the male participants, 50 % had mothers who had a natural childbirth.

2.3. Data collection

Data were collected through individual face-to-face interviews and from parenting diaries between July 2021 and May 2022. Interviews were conducted by the first author, who had experience in qualitative research. In consideration of participants' preferences, interviews were conducted at the midwifery centre where natural births were carried out. The purpose of the study and the need to record were explained to the participants before data collection. The interview questions were semi-structured and based on previous literature [31] and the researchers' experiences (Table 2). The couples were interviewed simultaneously; separate interviews were conducted for each, with a short time gap in between to avoid losing the transparency of their responses if they were aware of others' perspectives. The women were interviewed first, with open-ended questions such as ‘What do you think about natural childbirth?’ Subsequently, their husbands were asked the same questions. Although the interviewer was a woman, husbands agreed to participate because she served as a licensed midwife for their wives. Each interview lasted 40–50 min on average. The second phase of the interviews was conducted with five women and one man to obtain a more in-depth understanding of the themes emerging from the initial interviews and to clarify any ambiguous meanings. In this phase, interviews were conducted over the phone and via Social Media messages, and questions were: ‘Can you explain more concretely?’ and ‘Looking back, what meaning did you derive from this experience?’ Two women responded with books and blogs containing personal essays on childbirth and childcare. The man responded via Social Media messages.

The recorded data were assigned individual identification numbers to ensure anonymity and transcribed verbatim by the researcher who conducted the interviews. During the interviews, the participants’ behaviours, facial expressions, and tones were carefully observed, and field notes were taken using keywords.

2.4. Ethical considerations

This study was approved by the Institutional Review Board at Ewha Womans University with ethical approval. Participants were informed about the study purpose, the interview method, and that the interviews would be recorded. Written informed consent was obtained from those who voluntarily intended to participate. The participants were informed that they could request a review of their

Table 2
Questions for the initial and second interviews.

Initial interview questions	
1	What do you think about natural childbirth?
2	What factors do you think are important in natural childbirth?
3	Has anyone influenced you in choosing or deciding where and how to give birth?
4	What was the most memorable help when you gave birth?
5	What more help did you need when you gave birth?
6	What does the experience of natural childbirth mean to you?
Second interview questions	
1	Can you explain more concretely?
2	Looking back, what meaning did you derive from this experience?

interview transcripts, and three did so. After the interviews, participants received gift vouchers as a token of appreciation for their time.

2.5. Data analysis

Data were analysed using the IPA method [27]. Data collection and analyses were performed simultaneously. Interview transcripts, parenting diaries, and the researcher's memos were analysed. First, researchers repeatedly read the transcripts, focusing on the explicit meanings of participants' narratives, and carefully examined the semantic content and language to create units of important meanings (initial themes). Second, they reached consensus through discussion until emergent themes were developed from the initial records of participants' statements and researchers' memos. Third, after identifying the meaning of the new themes by connecting them to the overall context, the relationships between the created units were explored and compared. At this stage, the researchers treated each couple as a unit and compared the themes revealed for each dyad (Table 3). For example, among couples, differences were mainly observed in the levels of active participation and leading natural childbirth, whereas many similarities were noted in the pursuit of childbirth. The 'conjugal love' between couples was strengthened through mutual interactions: mothers relied on their husbands as they continuously provided massages and encouragement during labour, and husbands were simultaneously more encouraged while their wives endured labour pains. Also, each couple explained how they shared their thoughts and feelings during childbirth through mutual dialogue and relevant behaviours. After excluding ideas generated through dyadic analysis for the first couple, the analysis was moved to the next couple to develop themes during semantic analysis (Fig. 1). Finally, the themes were reconstructed and reclassified, with repetitive patterns in the dyads identified to derive the final three essential themes. The couples showed a common pattern of leading childbirth and forming solid bonds as a team, which was linked to the essential characteristics of family love (Fig. 2).

2.6. Rigour

The quality of the study was ensured in accordance with the criteria suggested by Yardley [32]. First, regarding sensitivity to context, the researchers focused on participants' life experiences, selected those who did not undergo a caesarean delivery or

Table 3
The example of dyadic analysis.

Participant 8	Interview question	Raw data	Emergent theme	Sub-theme	Keywords through the sub-theme
Woman	What was the most memorable experience when you (woman) gave birth?	'The baby was coming down while our older child was eating a tangerine next to me, running around me, and stroking me, saying "Cheer up!"'	It was nice to see my eldest child cheering for my childbirth.	Being proud to have a family through natural childbirth	Family love
The partner		'Childbirth is a change in the sense of responsibility … We felt great pride as the whole family greeted a life during childbirth.'	The joy of welcoming a newborn baby to the whole family		

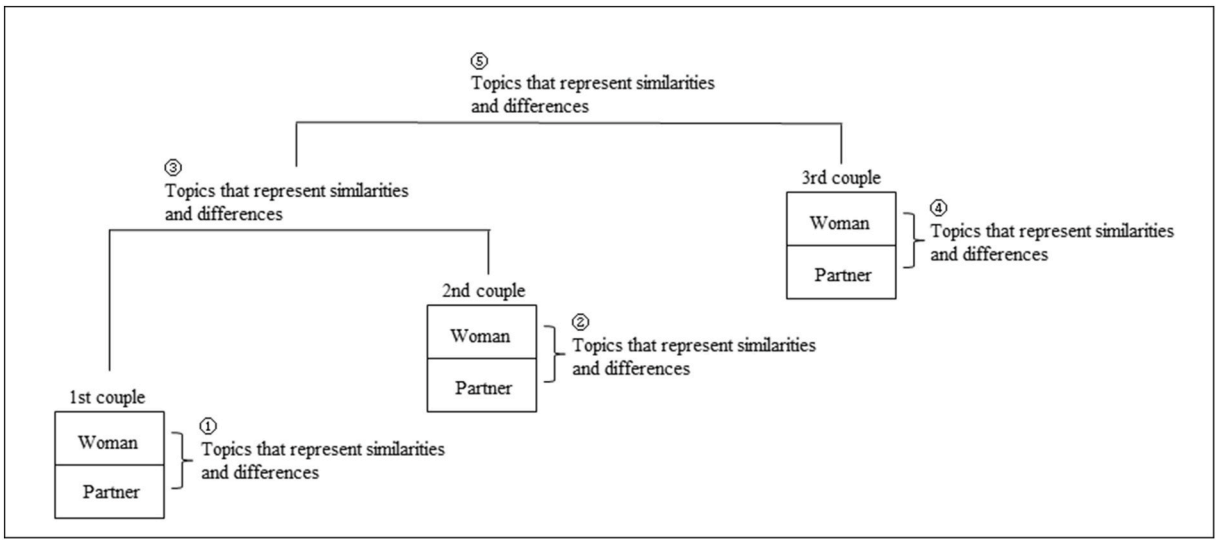


Fig. 1. Example of procedure in dyadic analysis.

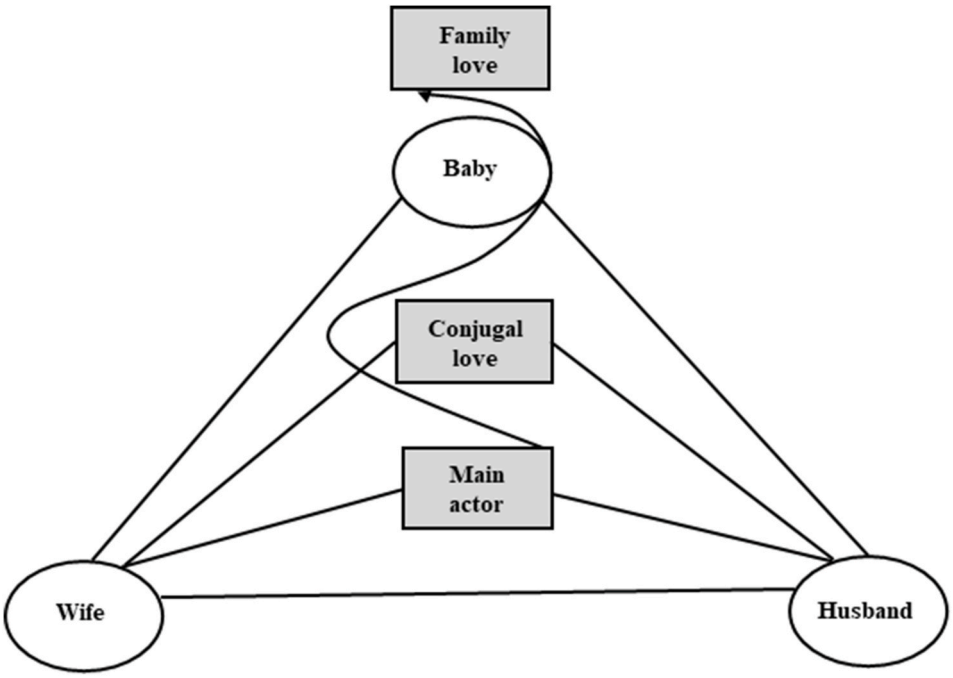


Fig. 2. Couple's experiences of natural childbirth.

experience high-risk complications during pregnancy, and confined the couples' nationality to South Korea, to account for potentially different views on childbirth arising from different sociocultural backgrounds. The interviews were conducted in participants' preferred places to ensure they were comfortable and immersed. Second, to foster commitment and rigour, the researchers established trust by consulting on childcare and attending the participants' children's first birthday parties while repeating the data collection and analysis. Through continuous discussions with qualitative research experts, rigour was secured by conducting interviews with minimal researcher intervention and by reviewing the data analysis. Efforts were made to minimize bias by reviewing the recorded content multiple times and ensuring there was no interruption by the interviewer during the interviews. Third, for transparency and coherence, researchers thoroughly followed the IPA method and analysed the data, moving back and forth to determine whether consistent themes emerged at each stage. Three female participants also reviewed the data analysis, and their feedback was reflected. In addition, writings were repeated to proofread ambiguities or contradictions. The analysis process was found to be sufficiently consistent through discussions with the second and third authors. Fourth, in terms of impact and importance, the study highlighted the significance of positive views on childbirth, conjugal love, and family love, as reflected in each couple's experience of natural childbirth, at a time when the declining birth rate has become a major issue in South Korean society.

Table 4
Themes of couple's experience of natural childbirth.

Sub-themes	Themes	Essential themes
- Everything revolved around me - Wanting to be respected as a woman	Being the main character in the birthing process	Women as main actors of childbirth
- Husband's constant motivation was helpful - Removing unnecessary medical interventions one by one	Childbirth as a special and unique experience	
- Entirely relying on my husband who struggled for me - Cared for by the midwife so that I could give birth as naturally as possible	Enduring the labour pain through the constant support of husband and the midwife	Unforgettable conjugal love
- Uunderstanding natural childbirth and leading it together with wife - Knowing and doing what he could do for me during labour pains	The husband as a part of the birthing process	
- Feeling an infinite sense of responsibility for the child, along with the 'fresh feeling from the wide opening' - Regarding our child as 'his bloodline' while cutting the umbilical cord	Being greatly moved at the moment the child came out	Family love from accomplishing something difficult together
- Being comrades (comrades-in-arms) in protecting our children - Playing a role together that can be played by no one else - Being proud to have a family through natural childbirth	Feeling a sense of accomplishment that we 'did it' as a team	

3. Results

Following data analysis, 13 subthemes, 6 themes, and 3 essential themes were derived regarding couples' experiences of natural childbirth (Table 4).

3.1. Essential theme 1: Women as main actors in childbirth

3.1.1. Being the main character in the birthing process

Everything revolved around me. Some women felt relieved that the midwives catered to their needs and focused on them during natural childbirth. Women could concentrate on themselves even during the most difficult stage of childbirth. Midwives' personalized attention placed women at the centre of the birth process, helping them feel more autonomous and comfortable.

> They catered to my pace and my baby's. I was relieved as I thought, "I am the main character, they completely cater to me." (Female participant 1)

> I wanted … to drink water in the way I wanted, apply Chapstick (lip balm) when my mouth was dry, or give birth to my baby without wearing a hospital gown. (Female participant 3)

Wanting to be respected as a woman. Women pointed out that childbirth at hospitals damaged sensitive body parts (e.g., perineal incision and hair removal) and involved unnecessary medical procedures, so they did not want to experience it again. Women refused childbirth, causing discomfort and being inhumane, and expressed their earnest desire to be respected as women, even at the moment of giving birth.

> The mother is in pain when giving birth. (Omitted) acts such as binding the legs tightly and immobilising the mother when she is giving birth to a baby on the bed … I read the mothers' writings and shed a lot of tears, thinking that it would have been really hard if I had been in that position. (Female participant 3)

> The first birthing in the hospital made me experience that animal instinct of 'now becoming a mother'. What was even more shocking was the cold air seeping through the thin hospital gown and the bright light in the delivery room, which made me squint. This was the worst room for giving birth to a baby. The labour pain was so severe that I did not even know that my perineum was being cut with a knife. Consequently, I endured discomfort for 18 months after giving birth to my first child. (Omitted) When I gave birth to my second child, I chose a midwifery clinic instead of a hospital, and it was more "humane" and "natural". (Female participant 6's parenting diary)

3.1.2. Childbirth as a special and unique experience

Husband's constant motivation was helpful. All husbands who grew up in a natural childbirth environment had positive thoughts about and justifications for natural childbirth. Even some husbands who did not grow up in such an environment actively encouraged their wives to have a natural childbirth through various information, because they were willing to participate in the birth process until the end. Husbands' continuous motivation gave their wives the strong will to take on the challenge of natural childbirth.

> Because I saw my youngest brother born, the memory is still vivid … I thought, "Natural childbirth, of course, my wife should carry it out." (Male participant 1)

> Personally, I came to desire a natural childbirth while studying. In particular, instead of having my wife bear the birthing process alone or going into the delivery room to see the moment once the delivery was completed, I wanted to be with my wife until the end. (Male participant 4)

Removing unnecessary medical interventions one by one. Women considered medical interventions unnecessary 'accessories' compared to the preparation needed for natural childbirth. However, the experience gained while preparing for natural childbirth was expressed as a process of removal of unnecessary accessories rather than a process of accumulation of knowledge about childbirth and unnatural behaviours. This process meant a natural, pleasant birth.

> Naturalist childbirth? A theory? It feels like that, but isn't natural childbirth the way that women had given birth to babies originally? (Female participant 5)

> Although we prepared a lot for childbirth, they were rather accessories. After removing them, I thought, "Well, childbirth was just a natural thing that can be carried out at home, without perineal incision or being tied." The last stop after going through many adversities was the feeling that "it can be simply done." (Female participant 3)

3.2. Essential theme 2: Unforgettable conjugal love

3.2.1. Enduring the labour pain through the constant support of the husband and the midwife

Entirely relying on my husband, who struggled for me. For some wives, their husbands' presence during childbirth was significant, and they were completely dependent on their husbands to the extent that even if their husbands were away for a moment, it felt like an eternity of loneliness. In particular, husbands continued to massage their wives' discomfort areas, breathe together, and provide

continuous support. Women emphasised that they could endure labour pains without giving up on natural childbirth because they felt sorry and grateful for their husbands, who worked hard for them.

> When I was feeling pain and had labour pains, my husband allowed me to lean on him so that I could relax or support my waist. Although such things were trivial, he did them as much as I liked. (Female participant 3)

> When I could not breathe and kept saying, "I can't", my husband breathed "Su-up …" with me, saying, "Let us give the baby oxygen just once." (Female participant 7)

Cared for by the midwife so that I could give birth as naturally as possible. Midwives helped couples rely on each other and share comfort during childbirth, while allowing only the women's husbands to be involved. Midwives also explained to husbands what to do and supported and encouraged their husbands' roles. Midwives gave massages only when necessary and cheered women to be brave, so they felt cared for and relieved.

> At the midwifery clinic, only my wife and I were in the room. At the hospital, we were extra … it was an uncomfortable place, but at the midwifery clinic, I felt that I was an important axis. The midwife said, "Remove the cover, prepare to wrap the baby when the baby is born." I felt as if I were a part of the staff. (Male participant 6)

> My midwife continued to encourage conversation … I think I could relieve a lot of tension by naturally talking about my family and things that come easily to me. (Female participant 8)

3.2.2. The husband as a part of the birthing process

Understanding natural childbirth and leading it together with my wife. During the birthing process, women thought it was physically hard and became anxious, but they were able to immerse themselves in the process as they prepared for it. Both husband and wife used self-hypnosis, saying, 'I can do it', which enabled the couple to cheer up and build a strong will. The husband, aware of his wife's suffering, directed his attention solely towards her, offering unwavering support and compassion.

> I said, when she breathed, self-hypnosis was important, but I think I was self-hypnotised because my wife was feeling so much pain. If I collapse, my wife will also collapse. I should demonstrate endurance without collapsing. (Male participant 2)

> Ah, I could not help but think that it was really great for a mother to be able to endure pain and give birth to her child. I was in awe of her as she endured the pain for hours. (Male participant 4)

Knowing and doing what he could do for me during labour pains. Some husbands helped their wives overcome labour pain as much as possible because they considered childbirth as their task. As midwives provided minimal intervention during the birth, husbands could actively help their wives by giving massages and changing positions without concern about what their wives wanted.

> I had labour pains, but as my husband continued to massage me and touch me on my side, I felt the pain ease up a bit. (Female participant 1)

> My pelvis hurt so much. As I lifted my back and twisted too much, my husband said, "Let's try standing just once. He kept telling me, "Next time, let's try the posture of coming down that way." (Female participant 7)

3.3. Essential theme 3: Family love from accomplishing something difficult together

3.3.1. Being greatly moved at the moment the child came out

Feeling an infinite sense of responsibility for the child, along with the 'fresh feeling from the wide opening.' Immediately before childbirth, women were not particularly worried that their bottom would burst because they had not undergone a perineal incision. Therefore, while giving birth, they were totally immersed in it and felt happiness, extreme pleasure, and fullness. The moment the child came out, there was a feeling of wonder, and at the same time, they felt infinite love and responsibility for their baby.

> At the moment when the baby was being delivered, I felt very refreshed. For me, it was different from orgasm, and it was really the freshness of the wide opening. (Female participant 8)

> There was no fear of the incision, and I felt that it was good and pleasant. When the baby was coming out, I did not feel that it was being discharged, but I felt wonderful, and I said, 'Oh, a real baby, I gave birth to a real person.' (Female participant 7)

Regarding our child as 'his bloodline' while cutting the umbilical cord. Most husbands recognised cutting the baby's umbilical cord as a symbolic act of recognising the baby as 'their bloodline' and becoming attached to it. It also became an opportunity for husbands to truly experience joy of becoming a 'father' with reverence for life.

> When the baby came out, I cut the umbilical cord, and I thought, "It was great. Now I am a father." (Male participant 7)

> The formation of a strong enough attachment to think, 'This baby is my child and is my bloodline delivered by my wife,' was the best for me. Therefore, I think it was a good experience to take a more serious look at life. (Male participant 3)

3.3.2. Feeling a sense of accomplishment that we 'did it' as a team

Being comrades (comrades-in-arms) in protecting our children. The participants suggested that women did not give birth alone, as they went through the process with their husbands, and that the children were their 'comrades' and 'team members'. Female participant 1 felt the true power of family through the camaraderie of giving birth with her husband, and her husband likened the baby born through natural birth to a 'lock' that truly connects the couple. In other words, the Participant 1 couple explained the context in which natural childbirth united them, and in this process, they experienced establishing mutual dependence and strengthening camaraderie.

> In fact, I love my husband and will be with him for my whole life, but I think the feeling of 'we are a family' was not strong. However, now that I think about it, 'He is indeed my family.' (Female participant 1)

> I thought that our baby was the lock that connected my wife and me. We said we would fight and then divorce, too. (omitted) I thought the bond between us had become stronger. (Male participant 1)

Playing a role together that can be played by no one else. Couples said that natural childbirth was the starting point of a family and an opportunity to give the baby a gift of love. In particular, the husband did not think of themselves as one of the main actors of childbirth, but he took pride in being equal to his wife by sharing in the birth. In addition, through natural childbirth, the couple came to recognise that they played roles together that no one could replace.

> A seed grows in my arms.
>
> The seed is very small but large
>
> and weak but great.
>
> Just as stone steps that wear down to level each other
>
> My seed was born with patience and waiting
>
> Will become someone else's forgiveness and love.
>
> (Poem dedicated by male participant 2 to his wife)

Being proud to have a family through natural childbirth. Couples felt confident and proud that they chose natural childbirth, regarded it as their best decision, and believed that they could do anything after this experience. Until the newborn child was eventually positioned as a member of the family, Female participant 8 recalled watching her first child cheer for her mother's birth, and her husband shared the couple's experience of truly forming their family by emphasizing the pride of welcoming a living being into the entire family.

> The baby was coming down while our older child was eating a tangerine next to me, running around me, and stroking me, saying "Cheer up!" (Female participant 8)

> Childbirth is a change in the sense of responsibility … I thought of only my wife in the past, but now we must take care of our two babies. We felt great pride as the whole family greeted a life during childbirth. (Male participant 8)

4. Discussion

This study explored the experience of natural childbirth through a dyadic analysis of couples. Overall, the study findings implied that the experience of natural childbirth was initiated by mothers' perception of themselves as the main actors in childbirth and eventually developed into 'family love' with support from their husbands and midwives. Family love in natural childbirth was a transformative process, progressing from the woman's perception of herself as the main actor in childbirth and in conjugal love.

The first essential theme was 'women as main actors in childbirth'. The motivation behind women's preference for natural childbirth was the environment of the family-in-law that favoured natural childbirth, as well as the encouragement from their husbands. Unlike the studies [33] indicating that the presence of a family and doula is generally effective in reducing mothers' pain, anxiety, and postpartum haemorrhage, and increasing childbirth satisfaction, this study found that support from the husband is of greater value. In addition, the natural birth environment chosen by women made them feel relieved that they had received personalized care centred on themselves, supporting the contrast with an environment in hospitals where women's basic dignity and privacy were difficult to maintain due to physical and pharmacological interventions and many unnecessary medical treatments [34]. In the current study, the women felt respected and were able to actively participate and fully immerse themselves in the labour pain. This finding is supported by that of Lee and Park [35], who suggested that the birthing process revolved around women and that women fully accepted all processes of childbirth and were the main actors in experiencing the labour pain. Women indicated that childbirth is a natural process similar to daily activities and compared the preparation and gathering of knowledge and information about childbirth with unnecessary accessories. This result emphasises the satisfaction felt when removing something attached to the body, and the naturalness of the situation when nothing was originally attached. Therefore, the first essential theme represented women's perceptions that they were the main actors in natural childbirth and that it was a unique experience of removing unnecessary accessories.

The second essential theme was 'unforgettable conjugal love'. The women gathered strength by relying entirely on their husbands, who holistically supported them, and the midwives' psychological care. However, a study in South Korea reported that women who

gave birth naturally gained the strength needed in the birthing process through interactions with their mothers or foetuses [36]. Women did not involve their husbands in childbirth previously because they were concerned that their husbands would no longer be sexually attracted to them, especially after observing the childbirth process [37]. In areas where Islamic traditions and customs are prevalent, cultural factors prevent husbands from being present during childbirth [16]. In this study, husbands' active participation during delivery was important in encouraging their wives. Saxbe [38] emphasised husbands' participation because both women and their husbands were the main actors in childbirth. However, studies have mentioned that although husbands participating in natural childbirth were deeply involved, they were excluded from the decision-making regarding childbirth [39] and were unclear and unaware of their roles during the process [21]. In the present study, husbands perceived that they were not outsiders and played concrete roles, such as encouraging their wives and saying, 'You can do it!' breathing together, continuously massaging their wives and changing their positions, and helping their wives lean on them. This finding indicated that women's satisfaction stemmed from midwives' encouraging husbands to participate in childbirth, informing and supporting husbands' roles, and providing care so that couples could give birth together as naturally as possible. This suggests that it is important to encourage husbands' participation and highlight their roles during childbirth in prenatal childbirth programs for couples. The second essential theme focuses on factors that couples consider important during natural childbirth, including midwives' support and attention, husbands' active participation, and solidarity within conjugal love, all of which help mothers endure labour pain.

The third essential theme is 'family love from accomplishing something difficult together.' As the main actors in childbirth, couples did their best to welcome their new family members, so they felt an infinite responsibility for the child and naturally accepted the child into the family. In particular, through the act of cutting the umbilical cord, the husbands recognised their children as 'their bloodline' and felt the pride of becoming 'fathers'. A previous study has suggested that cutting the umbilical cord is a rite of passage for husbands in the natural childbirth process, transforming them into active members of society [40]. The umbilical cord clearly has a great symbolic meaning. The feeling of accomplishment the couple shared as a team in giving birth together implied that the child's birth further strengthened the couple's relationship and naturally led them to accept the child as a family member. This result is consistent with the findings of Olza et al. [19], indicating that couples' sense of accomplishment after childbirth enables women to become stronger and more empowered, and to be ready to meet their babies' needs. Consistently, Xue et al. [41] indicated that husbands are positively affected by their participation in childbirth. Additionally, the women in the current study emphasised that they were properly supported and cared for by midwives, with attention to their physical, emotional, and psychological needs. This result is supported by a previous study [42], which found that women who had satisfactory experiences with midwives during childbirth formed positive relationships with their children and gained greater confidence as mothers. Therefore, the third essential theme implies that natural childbirth helped couples establish closer relationships by strengthening family love after childbirth together.

5. Strengths and limitations

The results should be interpreted with caution as convenience sampling was applied to recruit couples with experience(s) of natural childbirth at a midwifery centre in one region. During data collection, no participant had a hospital birth because the time period overlapped with the COVID-19 pandemic. Thus, the study was confined to the experiences of couples who gave birth naturally at a midwifery centre.

However, given that a few women choose natural childbirth, this study described shared experiences of childbirth within couples using dyadic analysis and could help couples' decision-making on natural childbirth. Dyadic analysis of couples' interviews elicited the similar traits of experiences of natural childbirth: the comfortable, natural birth environment was provided with minimal levels of unnecessary medical treatment interventions, even likened to 'accessory'; women experienced feelings of freedom with greater levels of autonomy; couples became interdependent as a team during childbirth and their teamwork helped endure labour pain; conjugal love were intensified as their newborn child strengthened couples' kinship as a 'lock'; and midwives played an important role in encouraging husbands to participate in the childbirth and supporting couples to lead the birthing process together.

6. Conclusion

This study explored the in-depth meaning of couples' experiences of natural childbirth and its significance. Using dyadic analysis, this is the first study exploring couples' experiences of their conjugal love being intensified and establishing family love with their newborn child through natural childbirth. Also, the findings emphasised husbands' supportive role as carers for their wives and midwives' roles in encouraging husbands' participation during childbirth. Further research needs to be conducted to explore experiences of natural childbirth in settings other than midwife-led birth centres, including hospitals and houses, among couples from various socioeconomic backgrounds.

CRediT authorship contribution statement

HyeYeong Yoo: Writing – original draft, Validation, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Miyoung Kim:** Writing – review & editing, Writing – original draft, Visualization, Validation, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Jung Min Yoon:** Writing – review & editing, Validation, Supervision, Investigation.

Data availability statement

Data will be made available on request.

Ethics statement

This study was approved by the Institutional Review Board at Ewha Womans University with ethical approval (IRB No: 202107-0002-01), effective from July 7, 2021, to July 6, 2022. All participants provided written informed consent.

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Declaration of competing interest

None declared.

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