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Lohusaların kişilik özellikleri ile travmatik doğum algısı ve doğum sonu yorgunluk arasındaki ilişki

The Relationship between personality traits of postpartum women and perception of traumatic birth and postpartum fatigue

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Özet

Amaç: Bu çalışma, doğum sonrası kadınların kişilik özellikleri ile travmatik doğum algısı ve doğum sonrası yorgunluk arasındaki ilişkiyi incelemeyi amaçlamıştır.

Yöntem: Tanımlayıcı ve ilişki arayıcı türdeki araştırma, Şanlıurfa Birecik Devlet Hastanesi'nde 400 lohusa kadın ile yürütülmüştür. Veriler; kişisel bilgi formu, On Maddeli Kişilik Ölçeği (OMKÖ), Travmatik Doğum Algısı Ölçeği (TDAÖ), Yorgunluğu Çok Boyutlu Değerlendirme Ölçeği (YÇBDÖ), ölçekleriyle toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, t-testi, ANOVA, Kruskal-Wallis ve Pearson korelasyon analizi kullanılmıştır.

Bulgular: Ortalama TDAÖ puanı 51.06±38.90, YÇBDÖ puanı 24.56±8.18, OMKÖ puanı ise 32.29±3.84 bulunmuştur. Dışa dönüklük, travmatik doğum algısıyla negatif; duygusal denge, sorumluluk ve uyumluluk ise hem travmatik doğum algısı hem de yorgunlukla pozitif ilişkili bulunmuştur.

Sonuç: Dışa dönük kadınlar doğumu daha az travmatik algılarken, daha fazla yorgunluk yaşamıştır. Diğer bazı kişilik özellikleri ise travma algısı ve yorgunluk düzeyinin artmasıyla ilişkili bulunmuştur. Sosyo-demografik ve obstetrik faktörler de bu durumu etkilemiştir.

Anahtar kelimeler: Doğum sonu yorgunluk, kişilik özellikleri, travmatik doğum algısı

Summary

Aim: This study investigated the relationship between postpartum women's personality traits, traumatic birth perception, and postpartum fatigue.

Method: A descriptive-correlational design was used with 400 postpartum women at Şanlıurfa Birecik State Hospital. Data were collected using a personal information form, Ten-Item Personality Inventory (TIPS), Scale of Traumatic Childbirth Perception (STCP), Multidimensional Assessment of Fatigue (MAF), and statistical analyses included descriptive methods, t-tests, ANOVA, Kruskal-Wallis, and Pearson correlation.

Results: The average STCP score was 51.06±38.90, MAF was 24.56±8.18, and TIPS was 32.29±3.84. Extraversion was negatively correlated with traumatic birth perception, while emotional stability, conscientiousness, and agreeableness were positively correlated with both STCP and MAF scores.

Conclusion: Extraverted women perceived birth as less traumatic but experienced more fatigue. Other traits such as emotional stability, conscientiousness, and agreeableness were linked to higher perceptions of trauma and fatigue. Socio-demographic and obstetric factors also influenced outcomes.

Keywords: Postpartum fatigue, personality characteristics, traumatic birth perception.

Introduction

Birth is a unique event that influences women's adjustment to motherhood and their emotional, biological, social, and physical health, representing the most significant experience in the lives of mothers and their families.[1,2] However, as birth constitutes a critical period for psychosocial adaptation, it has been shown to predispose individuals to mental health challenges.[3] Some studies report that women describe the birth experience with positive words like 'increasing self-confidence,' 'magical,' 'natural,' 'a life experience,' and 'an important and wonderful experience'.[4]

In contrast, others express it with negative terms such as 'disappointment,' 'traumatic,' 'guilt,' 'full of worry and anxiety,' and 'fear/painful'.[4-7] The term 'traumatic birth' is used to describe instances where a person perceives birth as a potential risk of harm, whether physical injury or death, to the infant or the mother.[7] A review of the literature on birth experiences shows a link to mental health issues like fear of childbirth, desire for a cesarean section or sterilization, and avoidance of future pregnancies.[8] Traumatic labor experiences, such as a prolonged second stage and perineal pain, can lead to fatigue during the postpartum period. The postpartum period begins after childbirth and is generally considered to last six to eight weeks.[9]

Furthermore, the experience of traumatic birth has been shown to result in the weakening of relationships between the mother and others.[10] Additionally, these women may exhibit symptoms of traumatic stress, such as re-experiencing the birth as if it were the first time and reliving this moment as a nightmare.[5-11] Moreover, the impact of traumatic experiences on individuals is not limited to the person themselves; it extends to their social environment and is perpetuated across subsequent generations.[12,13]

The postpartum period (PP) is a process of adaptation and self-renewal for the health of the baby, the mother, and those around them, as well as a crisis period where new challenges and psychosocial problems emerge while adapting to this phase.[14] Although the problems that arise during the PP are more frequently experienced in the first few weeks, issues lasting up to six weeks or even a year have also been observed.[15] Fatigue is frequently reported as a major concern among women during the postnatal period.[16]

Postpartum fatigue, which can develop for various psychological, physical, and situational reasons and is one of the five most common problems in the postpartum period, can negatively impact the health of both the baby and the mother, potentially leading to other complications.[9,17-19] The incidence of postpartum fatigue varies among societies; a study conducted in our country found that it occurs at a rate of one in four.[20]

Fatigue experienced in the postnatal period may stem from the physical and emotional demands involved in adjusting to new maternal roles and family responsibilities.[9] This can damage interpersonal relationships and make it difficult to continue with baby care activities. When women's fatigue is not diagnosed early and they don't receive the support they need, it can delay their transition to the role of motherhood[21], increase the likelihood of postpartum depression[22], and negatively affect the living standards of the mother and her family members.[20]

Differences in the perception of birth may arise from

the meaning attributed to it by the society in which the woman lives and her personal characteristics.[23]

Personality traits have been linked to a fear of childbirth, negative birth outcomes, and worse subjective birth experiences.[23] Personality is a dynamic structure that determines individuals' thoughts and behaviors and directs their lives. Regarding personality traits, it has been found that individuals with depressive, neurotic, anxious, and fragile characteristics are more likely to perceive their birth as a traumatic event.[24, 25]

Additionally, it has been suggested that individuals with chronic fatigue syndrome often have overly conscientious, perfectionist, neurotic, introverted, and hardworking personality traits.[26] A review of the literature found studies associating traumatic birth perception with postpartum depression, maternal attachment, and self-efficacy of pregnant women, as well as studies associating postpartum fatigue with postpartum depression and women's self-care ability.[27-31]

However, there is no study that simultaneously examines the relationship between the personality traits of new mothers and their perception of a traumatic birth and postpartum fatigue. Therefore, this study was conducted to determine the relationship between the personality characteristics of mothers in the puerperium and their traumatic birth perception and postpartum fatigue.

Research questions:

Question 1: Do personality traits affect the perception of a traumatic birth?

Question 2: Do personality traits affect postnatal fatigue?

Materials And Methods

Type of Research

This descriptive and correlational study was conducted in a public hospital in a rural area.

Population and Sample

The study population consisted of women who gave birth within the last year at the specified hospital. According to hospital records, 1,547 women gave birth in 2020. The sample size was calculated using Open-Epi, version 3, a free statistical software program. A power analysis determined that a minimum sample size of 362 postpartum women was needed, based on a two-tailed significance level, a 5% bias level, a 97% confidence interval, and 80% representation.[32] To account for potential dropouts, the sample size was increased by approximately 10%, and the study was completed with 400 participants. Puerperium who met the inclusion criteria were selected using a non-probability random sampling method.

Inclusion Criteria

- Ability to speak Turkish
- Aged 18 years or older
- Had a normal (vaginal) term birth (38 weeks and over)
- Had a healthy newborn
- Exclusion Criteria
- Incomplete forms
- Inability to speak Turkish
- The mother has a diagnosed psychological problem

Data Collection Tools

Data were collected using a Personal Information Form, the Perception of Traumatic Birth Scale (STCP), the Multidimensional Assessment of Fatigue Scale

(MAF), and the Ten Item Personality Inventory (TIPI).

- Personal Information Form: A personal data form was designed by the researcher, informed by previous studies[32, 33], to gather demographic and obstetric information relevant to the study.

- Perception of Traumatic Birth Scale (STCP): Developed by Yalnız et al., this scale is used to measure individuals' general perceptions of childbirth. The scale has no reverse-scored items. It consists of 13 items and has a single-factor structure. The scale is a Likert type, with scores ranging from 0 to 10, and the total score varies between 0 and 130. As the score decreases, the perception of traumatic birth also decreases. The scores are interpreted as follows: 0-26 is characterized as very low; 27-52 as low; 53-78 as medium; 79-104 as high; and 105-130 as very high traumatic birth perception[33] In the original validity and reliability study, the Cronbach's alpha coefficient was 0.89, and it was 0.99 in the current study.

- Multidimensional Assessment of Fatigue Scale (MAF): This scale was initially developed by Belza in 1995 to assess fatigue in patients with rheumatic diseases.[34] Fairbrother et al. conducted a validity and reliability study in 2008 to specifically assess fatigue during the postnatal period.[35] A Turkish validity and reliability study was conducted by Yıldırım and Ergin in 2013.[36] In the two-sample studies of the scale, the Cronbach's alpha value was found to be 0.92-0.96 in the first sample and 0.93-0.95 in the second sample. The MAF is a four-point Likert-type scale with 16 questions. Questions 1-2 address severity, question 3 addresses distress, questions 4-14 address the impact on daily living activities, and questions 15-16 address the dimensions of duration and past fatigue. It should be noted that the 16th item was not included in the calculation of the general fatigue index. The questions are scored from 1 to 10, with a minimum possible score of 1 and a maximum of 50. Consequently, higher scores on the scale indicate elevated levels of fatigue.[36] In this study, the Cronbach's alpha coefficient was determined to be 0.95.

- Ten Item Personality Inventory (TIPI): This scale, which analyzes five personality traits and consists of ten items, was adapted into Turkish by Atak in 2013. The personality traits measured by the scale are Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Emotional Stability. Each item contains statements that reflect a specific personality trait and describes a person's state. The scale is a seven-point Likert-type scale, with two items in each of the five sub-dimensions. The Cronbach's alpha internal consistency coefficients for the sub-dimensions are 0.83 for Openness to Experience, 0.81 for Agreeableness, 0.83 for Emotional Stability, 0.84 for Conscientiousness, and 0.86 for Extraversion.[37] In this study, the Cronbach's alpha coefficient for the total scale was 0.75.

Data Collection

Data were collected in the gynecology department of a state hospital in southern Turkey. The postpartum women who met the criteria were informed about the study's methodology. The informed consent form was read to those who wished to participate, and their verbal and written consent was obtained. The data were collected from the volunteer postpartum women between February 2022 and August 2022 by the researcher using face-to-face interviews. Data collection

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took an average of 15 minutes, and privacy was maintained throughout the process.

Study Variables

- Independent Variable: Mean scores obtained from the personality traits scale.

- Dependent Variables: Mean scores from the traumatic birth perception and postnatal fatigue scales.

Tablo 1: Distribution of some sociodemographic characteristics of postpartum women (n=400)

Variable	n	%
Employment Status		
Yes	30	7.5
No	370	92.5
Education Status		
Literate	110	27.5
Primary School	116	29.0
Secondary School	79	19.7
High School	52	13.0
≥ University	43	10.8
Family Type		
Nuclear	343	85.8
Extended	57	14.2
Perceived Income Level		
Low	92	23.0
Medium	297	74.2
High	11	2.8
Total	**400**	**100**
Age (Mean ± SD)	**27.17 ± 5.89**	
Duration of marriage (years)	**6.86 ± 5.02**	

Mean: Arithmetic mean. SS: Standard deviation

Statistical Analysis

The research data were analyzed using SPSS version 25.0. Statistical analysis included descriptive statistics (frequency, percentage, mean, standard deviation, and range), along with Cronbach's alpha for reliability and Pearson's correlation for relationships between variables. Since the data were normally distributed, parametric tests were applied. The threshold for statistical significance was set at $p < 0.05$.

Ethical Considerations

Before beginning the study, ethical approval (Decision No: 2022/3104) was granted by the Inonu University Health Sciences Non-Interventional Clinical Research and Publication Ethics Committee. Permission was also obtained from the State Hospital where the study was conducted. After informed consent was received, participants were clearly explained the study's title, purpose, design, duration, and what was expected of them, as well as how and where their data would be used.

They were also informed that they could withdraw from the study at any time and that their personal information would be protected according to the 'Principle of Confidentiality.' In line with the principle of voluntary informed consent, verbal and written consent was obtained from all participants. All researchers signed the Declaration of Helsinki, and the study was completed in accordance with its principles.

Results

The distribution of the sociodemographic characteristics of the postpartum women who participated in the study is presented in **Table 1.** The mean age of the women was 27.17±5.89 years, and the mean duration of marriage was 6.86±5.02 years. The majority of parti-

cipants were not employed (92.5%), had a primary school education (29.0%), lived in a nuclear family (85.8%), and reported a moderate income level (74.2%).

The distribution of selected obstetric characteristics is shown in **Table 2**. The data indicates that most of the women were multiparous (77.2%) and had two or more living children (71.8%). A slight majority received social support from their families (56.0%), and most pregnancies were desired (87.8%) and uncomplicated (84.0%). The perception of a traumatic birth was very low for 35.5% of the participants.

The minimum and maximum scores, along with the mean values for the total scales and their sub-dimensions, are provided in **Table 3**. For the Perception of Traumatic Birth Scale (STCP), the scores ranged from 0 to 120. For the Multidimensional Assessment of Fatigue Scale (MAF), the total scores ranged from 9 to 47. The sub-dimension scores were as follows: Degree (2-10), Severity (1-10), Distress (1-10), Impact on Activities of Daily Living (15-110), and Timing (2.5-10). For the Ten-Item Personality Inventory (TIPI), total scores ranged from 23 to 44. The sub-dimension score ranges were: Extraversion (2-13), Emotional Stability (2-10), Openness to Experience (3-9), Conscientiousness (2-11), and Agreeableness (2-10).

The mean total score for STCP was 51.06±38.90. For the MAF, the mean total score was 24.56±8.18. The mean scores for its sub-dimensions were: Degree (5.01±1.99), Severity (4.88±2.02), Distress (4.90±2.00), Impact on Activities of Daily Living (45.45±16.00), and Timing (6.51±2.01). For the TIPI, the mean total score was 32.29±3.84. The mean scores for its sub-dimensions were: Extraversion (7.26±1.92), Emotional Stability (6.12±1.64), Openness to Experi-

ence (6.16±0.92), Conscientiousness (6.63±1.86), and Agreeableness (6.11±1.47).

Table 4 illustrates the relationships between the personality traits of the puerperants and the average total scores of both the STCP and MAF scales. A statistically

Tablo 2: Distribution of some obstetric characteristics of the postpartum women (n=400)		
Variable	**n**	**%**
Number of Pregnancy		
Primipara	91	22.8
Multipara	309	77.2
Living Children		
1 child	113	28.2
≥Two children	287	71.8
Social Support		
Available	224	56.0
Not Available	176	44.0
Voluntary Conception		
Yes	351	87.8
No	49	12.2
Problems During Pregnancy		
Yes	64	16.0
No	336	84.0
Traumatic Birth Perception Levels		
Very low	142	35.5
Low	70	17.5
Medium	76	19.0
High	61	15.3
Very high	51	12.8
Total	**400**	**100**

significant negative correlation was observed between the STCP total mean scores and the extraversion sub-dimension. In contrast, positive correlations was found with emotional stability, conscientiousness, and agreeableness sub-dimensions. Moreover, the analysis revealed that the total MAF mean scores were positively correlated with extraversion, emotional stability, conscientiousness, and agreeableness sub-dimensions. Specifically, the degree sub-dimension of the MAF showed a significant positive association with agreeableness.

Further findings demonstrated a significant positive relationship between the violence sub-dimension of the MAF scale and the extraversion, emotional stability,

and agreeableness traits. Similarly, the distress sub-dimension of the MAF was positively linked with extraversion, emotional stability, conscientiousness, and agreeableness.

Additionally, positive correlations were found between extraversion, emotional stability, agreeableness, and the interference with daily activities sub-dimension of the MAF during the puerperium. Lastly, the timing sub-dimension of the MAF exhibited significant positive associations with emotional stability, openness to experience, conscientiousness, and agreeableness.

Table 5 presents the comparison of mean TPBS and MAF scores of puerperant women based on obstetric

Tablo 3: Lowest - highest scores and mean scores of the puerperas in the total and subscales of the scale (n=400)

Scales	Mean ± SD	Received Min-Max Min-Max:	Available Min-Max:
TBPS total	51.06 ± 38.90	0-130	0-120
MAF total	24.56± 8.18	1-50	9-47
Degree	5.01±1.99	1-10	2-10
Severity	4.88±2.02	1-10	1-10
Stress	4.90±2.00	1-10	1-10
Interference with activities of daily living	45.45±16.93	1-10	15-110
Timing	6.51±2.01	2.5-10	2.5-10
TIPI total	32.29±3.84	10-50	23-44
Extraversion	7.26±1.92	2-14	2-13
Emotional Stability	6.12± 1.64	2-14	2-10
Openness to Experience	6.16± 0.92	2-14	3-9
Responsibility	6.63± 1.86	2-14	2-11
Meekness	6.11±1.47	2-14	2-10

TBPS: Traumatic Perception of Childbirth Scale,   MAF: Multidimensional Assesment of Fatigue Scale,   TIPI: Ten-item Personality Scale,
Mean: Arithmetic mean, SD: Standard deviation,   Min: Lowest Score,   Max: Highest Score

and socio-demographic factors. No significant differences were observed in TPBS scores by employment, social support, voluntary pregnancy, or income level (p > 0.05). Similarly, MAF scores did not vary significantly by employment, social support, number of pregnancies, living children, follow-up visits, or education (p > 0.05).

However, primiparous women and those with one child had significantly higher TPBS scores compared to multiparous women and those with multiple children. Pregnancy complications and higher frequency of follow-up visits were also linked to elevated TPBS scores. Women living in provinces and those with higher education showed higher TPBS scores.

For MAF, voluntary pregnancy was associated with lower scores, while pregnancy complications increased scores. MAF scores were higher among women residing in provinces and those with higher perceived income levels, with significant differences noted between income groups (KW=9.064, p=0.011).

Discussion

The findings obtained from the study investigating the relationship between personality traits and perception of traumatic birth and postnatal fatigue were discussed in line with the relevant literature. Despite the fact that maternal mental health has been designated as a global health priority by the WHO, it remains a neglected area even within the health systems of developed countries. The lack of literature on the traumatic effects of the birth process, particularly with pregnancy monitoring protocols that primarily focus on the mother's physical health, is notable.[38,39]

Tablo 4: Correlation between the personality characteristics of the puerperium and the mean scores of the total scores of the DBAS and the NLSS (n=400)

Scales	Extraversion	Emotional Stability	Openness to Experience	Respon-sibility	Softness	R$^\beta$
TBPS	-.104* 0.38	.340** <.001	-.015 .770	.216* .001	.318** <001	r p
MAF	.120* .016	.223** <001	.002 .961	.100* .045	.181** <001	r p
Degree	.094 .060	.234 <001	.046 .356	.097 .052	.163* .001	r p
Severity	.134* .007	.219** <001	.031 .542	.091 .069	.150* .003	r p
Stress	.122* .014	.230** <001	.038 .447	.122* .014	.203** <001	r p
Interference with activities of daily living	.104* .037	.203** <001	.025 .621	.056 .264	.148* .003	r p
Timing	.077 .125	.128* .011	.119* .017	.100* .045	.131* .009	r p

*Tβ: Pearson Correlation / ** Correlation is significant at the 0.01 level (2-tailed). / *Correlation is significant at the 0.05 level (2-tailed). / **TBPS:** Traumatic Perception of Childbirth Scale. / **MAF:** Multidimensional Assesment of Fatigue Scale,*

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Tablo 5: Comparison of the mean scores of the puerperium according to some socio-demographic and obstetric characteristics of the puerperal scales (n=400)

Variable	n	Mean± SDTBPS	Statistical Analysis	Mean± SDMAF	Statistical Analysis
Employment status					
Yes	30	50.64±37.98	.565	25.71±7.05	p=.426
No	370	54.02±45.22	.576	24.47±8.26	t=.798
Presence of social support					
Yes	224	52.44±36.70	.423	24.507.67	p=.876
No	176	49.90±41.55	.802	24.638.81	t-.157
Number of pregnancies					
Primipara	91	70.71±36.9 2 [a]	**<001 5.695**	24.60±7.94	t=.961
Multipara	309	45.27±37.58 [b]	**a>b**	24.55±8.26	p=.049
Number of living children					
One	113	71.36±36.52 [a]	**<001 6.924**	25.63±8.18	t=.100
Two or more	287	43.06±336.89 [b]	**a>b**	24.14±8.15	p=1.650
Intentional pregnancy					
Yes	351	50.64±37.98	.565	24.01±18.03 [a]	**p=<001 t=-3.638**
No	49	54.02±45.22	.576	28.48±8.22 [b]	**b>a**
Having problems during pregnancy					
Yes	64	63.20±40.25 [a]	**.006 0.047**	28.80±9.52 [a]	**<001 4.639**
No	336	48.75±37.63 [b]	**a>b**	23.75±7.65 [b]	**a>b**
Number of check-up visits					
1-2 times	23	37.21±38.88[a]	**.014**	23.12±10.04	.758
3-4 times	113	43.12±35.33[b]	**3.162**	24.10±7.88	.470
5-6 times	125	56.01±41.37[c]	**d>b**	25.19±9.23	
7-8 times	64	59.00±34.79[d]		24.83±7.39	
≥9	75	52.24±4053[e]		24.42±6.75	
Place of residence					
Province	30	71.66±24.32 [a]	**.010**	27.37±6.08 [a]	**p=.013**
District	167	49.22±38.45 [b]	**4.636**	23.50±7.90 [b]	**F=3.535**
Town-village	203	49.53±40.25 [c]	**a>c.b**	25.02±8.56 [c]	**a>b**
Perceived income level					
Low	92	51.47±40.83	p=.813	26.55±8.423[a]	**P=.011**
Medium	297	50.76±$_{38.88}$	KW=.415	23.80±7.91[b]	KW=**9.064**
High	11	55.72±$_{20.38}$		28.40±10.20[c]	**a>b**
Education level					
Literate	110	44.59±35.33 [a]	**p=.005**	24.48±8.13	p=.298
Primary school	116	46.28±42.22 [b]	**3.811**	22.76±8.58	F=2.458
Secondary school	79	56.34±41.07 [c]	**d>a.b**	25.79±8.34	
High school	52	66.84±36.71[d]		25.73±7.96	
≥ University	43	51.72±30.77[e]		25.95±6.37	

The mean STCP score of the puerperas participating in the study was 51.06 ± 38.90 (**Table 3**). A closer look at the data shows that 53.3% of the women had a very low or low perception of a traumatic birth, while 19% had a medium, 15.3% a high, and 12.8% a very high perception. A study by Boorman et al. reported that 29.4% of mothers experienced a traumatic birth according to DSM-IV criteria.[40]

In a study conducted in Iran, 54.5% of women experienced traumatic birth [41], while in 2019, Bay found the mean STCP score to be 63.45 ± 28.11, with 36.1% of women reporting a 'moderate' level of traumatic birth perception. In 2019, the mean score of STCP was found to be 63.45±28.11 by Bay.[27] In Aktaş's 2018 study, the mean STCP score was 70.57 ± 21.89, and 23.6% of women were found to experience a 'high level' of traumatic birth perception.[31] While this finding is at a lower level compared to other studies, approximately half of the puerperas experience moderate, high and very high levels of traumatic birth perception.

Consequently, it is imperative to identify the risk factors associated with traumatic birth perception and negative individual birth experiences. In this context, it is anticipated that the present study will raise awareness about the early identification of women at risk of experiencing traumatic birth and contribute to the existing literature.

The postnatal period is defined as a six-week period in which psychological and physiological metamorphoses are experienced acutely. In addition to the sudden differentiation of all hormones and systems in the body, the physical health problems of the person and the inability to keep up with the new roles and responsibilities of the mother and her environment pave the way for psychological problems at various levels.[42-45]

A comprehensive review of the extant literature reveals that fatigue (63.8%) is among the most commonly reported physical symptom experienced by mothers in the postpartum period, with an average duration of effect of one year.[46,47] In this study, the mean MAF score was 24.56 ± 8.18 (**Table 3**), which indicates a moderate level of fatigue when evaluated against the highest possible score. This finding may be attributable to several factors, including the geographical location of the subjects, who were predominantly rural residents, and the potential for prolonged labour. The mother's inclination towards breastfeeding and baby care may also contribute to the observed fatigue levels.

A study conducted in Turkey reported that 22.5% of women experienced postpartum fatigue[48] while an another study conducted in the first 24 hours after delivery, the mean MAF score of women who gave birth vaginally was 18.82±4.41.[49] Abushaikha et al. similarly noted that postpartum women experienced moderate fatigue.[50] Studies indicate that postpartum fatigue is felt most intensely in the fourth and sixth week and that fatigue decreases after the fourth month.[49]

However, Gialloa et al. reported in their 2015 study examining the factors related to the presence of maternal fatigue in the early postpartum period that maternal fatigue progressed at medium and high levels on average three months after birth, and that there was minimal improvement or no change in fatigue level over time.[51] The results of this study are consistent with the literature, suggesting that postpartum fatigue can begin early in the postnatal period.

Personality is a dynamic structure that determines the thoughts and behaviours of individuals and directs their lives. In terms of personality characteristics, it has been found that individuals who exhibit depressive, neurotic, anxious and fragile characteristics are more likely to understand their birth as a traumatic event.[24, 25] In this study, the mean TIPS total score was 32.29±3.84. The mean scores of TIPS sub-dimensions were found as extraversion 7.26±1.92, emotional stability 6.12±1.64, openness to experience 6.16±0.92, responsibility 6.63±1.86, and mildness 6.11±1.47 (**Table 3**). In other Turkish studies, the mean scores of the TIPI sub-dimensions tend to be higher.[52, 53]

This difference may be due to the fact that the majority of the study sample lives in rural areas. There are studies that are compatible and different with the findings of the study. It was determined that the perception of traumatic birth decreased as the extraversion levels of the puerperas increased, and the perception of traumatic birth increased as the personality traits of emotional stability, responsibility and mildness increased (**Table 4**). As a potential explanation for this phenomenon, it can be hypothesised that mothers who exhibit extraverted personality traits may demonstrate a more rapid adjustment to the demands of pregnancy and may exhibit a more effective coping response to the fear of childbirth, as evidenced by their propensity to engage in sharing, a positive outlook on life, and the possession of effective coping mechanisms.[54]

Ryding et al. 2007, it was found that emotionally balanced people had a more consistent personality structure. In addition, it was found that women with high traumatic birth experience had more extraverted personality.[55] Spice et al. 2009, it was determined

that pregnant women with extraverted personality traits were less afraid of birth.[54] In our study, we found that fatigue levels increased as the personality traits of extraversion, emotional stability, conscientiousness, and mildness, which are TIPS sub-dimensions, increased (**Table 4**). All personality traits experience fatigue except openness to experience personality trait. In another study, when we look at the personality traits of people who constantly feel fatigue, it is observed that they are perfectionist, introverted, neurotic, hardworking, pushing the limits and overly attentive.[26]

The higher STCP scores among primiparous women and those with one child may be due to the uncertainty and stress associated with first-time motherhood (**Table 5**), which is consistent with other studies.[31,55] Pregnancy complications and frequent follow-up visits can increase perceived birth trauma by increasing anxiety and physical burden. In terms of fatigue, while voluntary pregnancy has a protective effect, complications increase fatigue levels (**Table 5**), indicating that both psychological preparation and physical health play a role.[31]

Conclusions And Recommendations

This study found a significant negative correlation between extraversion and traumatic birth perception scores. In contrast, emotional stability, conscientiousness, and agreeableness show ed significant positive correlations with these scores. Positive relationships were also seen between these personality traits and the MAF scores.

Differences in STCP scores were significant when grouped by number of pregnancies, pregnancy complications, number of children, follow-up visit frequency,

residence, and education. Likewise, MAF scores varied significantly according to pregnancy status, complications, place of residence, and perceived income.

In accordance with these results;

It is recommended that midwives should be cognisant of the effects of puerperal personality traits on traumatic birth perception and fatigue, and that they prepare midwifery interventions accordingly. In this context, it is recommended that social support be provided to reduce the fatigue of the puerperium in the early postpartum period, and that midwives create an education plan about the negative effects of fatigue and rest. A notable limitation of the study is its restriction to the early postpartum period, precluding the collection of data on subsequent weeks.

In order to mitigate the perception of traumatic birth, it is recommended that policy makers implement a care model led by midwives. In this context, it is recommended that studies be conducted in diverse residential areas and with large samples. Furthermore, conducting qualitative and quantitative research on the subject is advised.

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