

Virtual Learning Communication Behaviors In Natural Birth Support Communities

Alifiah Ghaniyyu Widyaningrum¹, Aida Vitayala Sjafrri Hubeis², Sarwititi Sarwoprasodjo³, Krishnarini Matindas⁴

¹Lecturer of Mercu Buana University, Awardee LPDP, Department of Science, Communication and Community Development, Faculty of Human Ecology IPB University, Indonesia. ORCID: 0000-0001-7384-1298

²Department of Science, Communication and Community Development, Faculty of Human Ecology IPB University Indonesia. ORCID: 0000-0002-6132-264X

³Department of Science, Communication and Community Development, Faculty of Human Ecology IPB University, Indonesia. ORCID : 0000-0003-3371-677X

⁴Department of Science, Communication and Community Development, Faculty of Human Ecology IPB University, Indonesia

Correspondence: Alifiah Ghaniyyu Widyaningrum, Lecturer of Mercu Buana University, Awardee LPDP, Department of Science, Communication and Community Development, Faculty of Human Ecology IPB University, Indonesia. ORCID: 0000-0001-7384-1298

Received: December 16, 2023

Accepted: January 23, 2024

Online Published: January 30, 2024

doi:10.11114/smc.v12i2.6627

URL: <https://doi.org/10.11114/smc.v12i2.6627>

Abstract

Cesarean delivery rates are rising globally, presenting a growing concern, particularly in countries like Indonesia. Amidst this trend, the Cerita VBAC (Vaginal Birth After Caesar) on Telegram emerges as a crucial platform for pregnant women seeking insights and preparations for expected deliveries following Cesarean sections. This study, grounded in the constructivism paradigm, delves into the experiences of active speakers within the Cerita VBAC Community, aiming to understand the dynamics and impact of this virtual support network. Employing narrative ethnography methods, this research focuses on four prominent contributors within the Cerita VBAC Community. The constructivist paradigm guides the exploration of their experiences, emphasizing the role of narrative ethnography in unravelling the intricacies of this unique social context. Data analysis involves a manual modification process complemented by NVIVO 12 Plus, a comprehensive data processing application. The findings highlight that the learning delivery mechanism through Telegram aligns with Kolb's Experiential Learning model. Community members actively share concrete experiences, engage in reflective processes, formulate abstract concepts, and participate in experiential learning. Telegram serves as an information exchange medium and creates a positive and supportive environment, empowering pregnant women to navigate labor challenges.

Keywords: cesarean delivery, experiential learning model, narrative ethnography, VBAC support community, telegram

1. Introduction

Cesarean delivery rates continue to rise globally, with more than 1 to 5 (21%) of all births. This increase is predicted to continue to increase in the coming decade. Especially in Indonesia, the cesarean delivery rate has increased up to 2 times in 5 years. The number of cesarean deliveries on a national scale from 8.2% to 17.6%(Kemenkes RI, 2022). Many factors contribute to increased cesarean delivery, including clinical and non-clinical indications. Cesarean delivery has both short and long-term health consequences for both mother and child; therefore, the existence of Vaginal Birth After Caesarean (VBAC) delivery technique is a reasonably safe process for birth for some women. Women planning a VBAC delivery for their subsequent pregnancy are a good option for those who want to avoid a C-section. Independent pregnant women will seek birth information and prepare themselves physically and mentally (Potnis et al., 2022). This research explicitly supports the achievement of SDGs' goal 3, which is related to health and well-being.

Maternal health communication supports development by providing information, facilitating empowerment through maternity knowledge, and increasing motivation for healthy and sustainable pregnancies. Health communication, one of which aims to create social change by changing one's attitude, is closely related to development communication, which

is defined as a broad term that refers to all types of communication that need to be carried out in society and within different levels of society if democratic development and sustainable social and behavioural change are to occur. Add data that supports Specific (Schiavo, 2007).

In the digital age, pregnant women are increasingly accessing support through online communities (Lyons, 2020; Roch et al., 2018) which can be explained through several scientific aspects. First, online communities provide a platform for sharing information and education about pregnancy (Progga et al., 2023). Discussions about signs of pregnancy, fetal development, and physical changes become more in-depth through exchanging personal experiences, making online communities a trusted source of information. Second, the emotional support provided by online partners plays a crucial role in overcoming feelings of anxiety and uncertainty that often arise during pregnancy (Sanders, 2019). Connectedness with fellow pregnant women creates a sense of relentless support and understanding (van Stenus et al., 2017). Third, the importance of privacy and security in online communities allows pregnant women to speak more openly without fear of stigmatization. Round-the-clock accessibility provides comfort, especially when facing health considerations outside traditional support hours. Fourth, shared experiences in online communities help build solidarity (McCarthy et al., 2020), allowing pregnant women to share experiences and support each other. Fifth, online platforms provide a space for women to advocate (Tsakmakis et al., 2023). Not only for themselves but also to involve partners, families, and friends in the pregnancy journey. By leveraging the support of online communities, pregnant women can gain better information, emotional support, and understanding, creating an informed, connected, and supportive pregnancy experience (Prabhakar et al., 2017).

Learning childbirth through experience becomes a learning process carried out by pregnant women. The delivery learning process using experience is very much by the *Experiential learning model*, which has three aspects, namely knowledge (concepts, facts, information), Activities (application in activities) and Reflection (Analysis of the impact of activities on individual development) (Slade et al., 2020). This research contributes to the improvement of the health of pregnant women. The emergence of several social media used in the learning process makes communication no longer limited to distance and time, including the Telegram conversation application (Lyons, 2020). Communities that use social media as a medium of interaction in exchanging information about the VBAC delivery process are the Cerita VBAC Community. Learning about childbirth through *Telegram* can reduce the stress and fear of pregnant women. Online communication, mainly through platforms such as *Telegram*, has proven effective as a safe space to share experiences and knowledge; this can be studied in development communication (Cohen & Raymond, 2012).

Online learning helps reduce stress, anxiety, and fear levels in pregnant women, creating a more positive environment during labor (McCarthy et al., 2020; Roch et al., 2018). Thus, this study supports efforts to achieve SDGs 3 targets for improving reproductive health and reducing maternal health risks. This learning behaviour is a labor learning process that can reduce levels of stress, anxiety, fear, and pain when compared to mothers who do not learn in the process of preparing for childbirth. During the learning process, it can increase information about preparation for childbirth, as well as reduce postpartum trauma and postpartum stress. Pregnant women who do not prepare for pregnancy tend to be more susceptible to postnatal anxiety and the possibility of cesarean section. The criteria for pregnant women eligible for VBAC delivery must learn the process and stages of prevaginal delivery by empowering themselves to seek information related to health education in childbirth. Currently, the learning process of pregnant women can be done anywhere, especially in many media that provide a forum for pregnant women to learn health science during childbirth.

Information and narration from the personal experiences of group members who experienced VBAC childbirth is learning using experiential learning (Basile Ibrahim et al., 2023; West, 2020). The research also shows that personal experiences and narratives increase knowledge and confidence in VBAC childbirth. The experience of the story of the childbirth learning process conveyed in this community illustrates how Virtual Learning communication behaviour in the Community About Natural Childbirth. The process of speakers in mastering VBAC learning material is because of the background of sources who have mastered information and experience and have knowledge in it so that observers believe what is being discussed. The learning process delivered by the speaker is displayed in the form of a story about how the pregnancy process is displayed emotionally and invites observers to feel what the speaker is experiencing. The VBAC support community is part of the learning environment. The environment determines or causes most behaviours, so an individual uses his cognitive processes to represent the environment and the behaviour he runs and reacts to by changing the environment and receiving better behavioural results. The formulation of this study is how the learning behaviour of speakers becomes part of the learning process of community members in interactions in Telegram Support VBAC regarding vaginal birth after Caesar? The purpose of the study is to 1) Tell the process of learning childbirth speakers in the VBAC community. 2) Express members' responses to the speaker's story. 3) Construct the member's meaning regarding VBAC childbirth.

2. Methods

Study design and procedure

The method used in this study is a narrative, ethnographic method of stories about childbirth experiences from 4 (four)

speakers who have a high level of engagement by having roles as experts, admins, and speakers. The constructivism paradigm was used in the research to explore the use of virtual communities to provide satisfaction to their members—each member of the community constructs meaning subjectively from his or her experiences when interacting with the environment. As a typical form of qualitative research, narrative research typically focuses on the study of a single person or individuals and how that individual gives meaning to his or her experiences through the stories told, data collection by collecting stories, reporting individual experiences, and discussing what those experiences mean to individuals. The researchers collected text data uploaded from September 2022 to January 2023 containing information on experiences and routines so that they could provide information about the childbirth learning process in a virtual community.

Study participants and sampling

The entire study was conducted on *the Cerita VBAC Community* (Community After Cesarean). The sources of data in this research plan are stories constructed by members of the VBAC community as well as text conversations information about the VBAC childbirth learning process on the Cerita VBAC Community Telegram group from September 2022 to January 2024. The timing is adjusted to the research planned for September 2022 and the time that suits the members of the trimester II and III delivery periods. The informants of this study consisted of key informants, namely KSV community speakers and observers of pregnant women who were in labor. The source of data in this study is critical informants, namely pregnant women who have successfully run the VBAC program and are active in interacting in Instagram and Telegram groups, VBAC Community and speakers in *the Cerita VBAC Community*, namely doctors, midwives, midwives. Members in this community consist of 3752 member. The speakers consist of 3 doctors, four midwives and admin staff, the person responsible for the group's interaction rules.

Data analysis

Data analysis using a manual modification process supported by the NVIVO 12 Plus data processing application used in this study refers to the interactive speaker data analysis component consisting of (1) data condensation, (2) data presentation (display data), and (3) conclusion drawing.

3. Results

Previous studies of childbirth and communities online use have been the focus of increasing attention in studies of reproductive health and maternal behaviour. With the rise of digital engagement in daily life, primarily through social media platforms, researchers have begun to delve into its impact on mothers' experiences and decisions during pregnancy and childbirth. The contributions of previous studies in identifying patterns, challenges, and benefits associated with pregnant women's interactions in cyberspace form the foundation for further understanding of how these dynamics affect modern pregnancy care (see Figure 1).

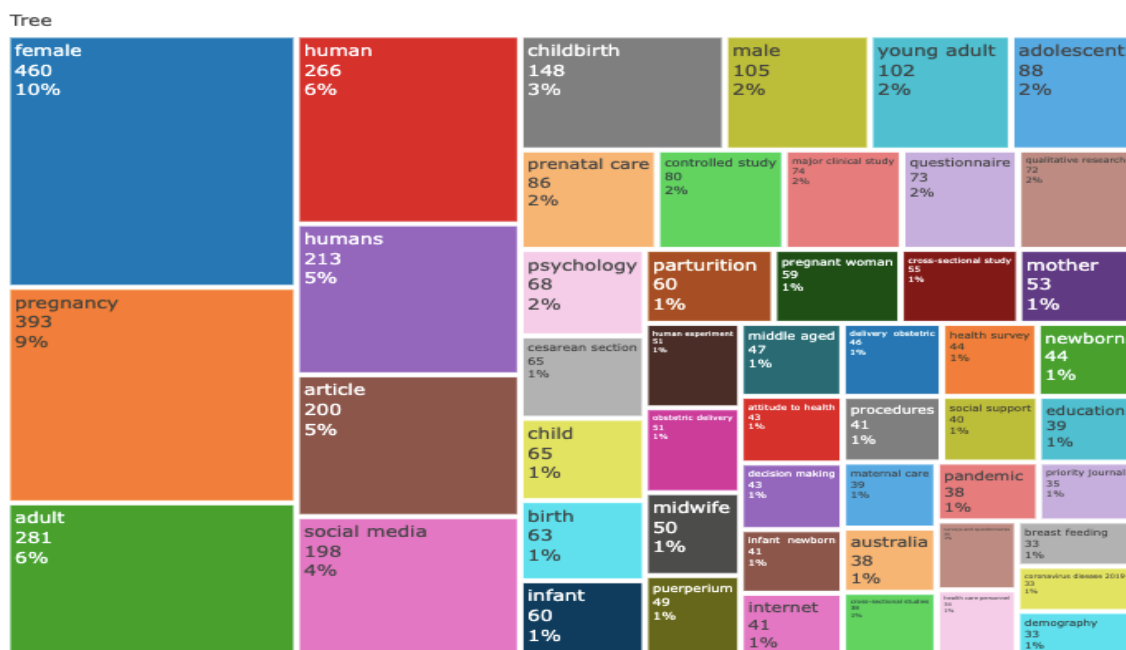


Figure 1. Research articles from 2013-2023, Bibliometric R-Studio analysis

Several previous studies have specifically highlighted various aspects of using online groups and social media in pregnancy education using the keywords childbirth and online communities. In the context of online social support, this study discusses how online communities and social media groups are essential in providing social support to pregnant women (Bustam & Garmini, 2022; Kucukkaya & Basgol, 2023). The analysis included how participation in online forums can reduce isolation rates and positively affect the psychological well-being of pregnant women. On the other hand, the research focuses on online health education and considers how social media platforms can effectively disseminate pregnancy-related health and education information (Bustam & Garmini, 2022). The study also evaluated how multimedia content such as videos, images, or interactive resources can improve pregnant women's understanding of health aspects during pregnancy (van der Pijl et al., 2020). In addition, health and pregnancy monitoring apps are an exciting research topic, focusing on how pregnancy-based apps and websites help pregnant women monitor pregnancy progress and obtain accurate medical information (Hussain et al., 2023; Wulifan et al., 2022). The study also included users' satisfaction levels with apps and online resources used during pregnancy. Finally, in detailing user perceptions and experiences, the study explores the views of pregnant women and healthcare providers on the use of online groups and social media in providing pregnancy education (Graseck & Leitner, 2021). In addition, the study identified barriers or concerns that may arise related to the use of online platforms for pregnancy learning (Howard, 2019; Pilt, 2021).

Learning through narrative is a complex and multi-dimensional process that includes accepting, telling, and recognizing stories. According to David Kolb (Kolb, 2016) Experiential Learning steps are 1) concrete experience, 2) observation and reflections, 3) formations of abstract concepts and generalizations, and 4) testing implementations. There are two forms of experiential understanding models: concrete experience and abstract conceptualization. In addition, there are also two forms of experience transformation models, namely observation reflection and active experience. The first aspect of concrete experience indicates learning from specific experiences that provide sensitivity to situations. A learning phase that emphasizes intuition through personal experience involving direct experience and feelings. The second aspect of reflective observation, which involves observing before making a decision, is done by observing the environment from different points of view. Looking at all aspects to achieve a specific meaning, this stage is a learning process through perception. The focus is on understanding ideas and situations through careful observation. The third aspect of abstract concepts is learning, which is carried out carefully, using a systematic approach to compile and organize the framework of phenomena. The fourth aspect of active experience of learning through action focuses on practical application in everyday life situations.

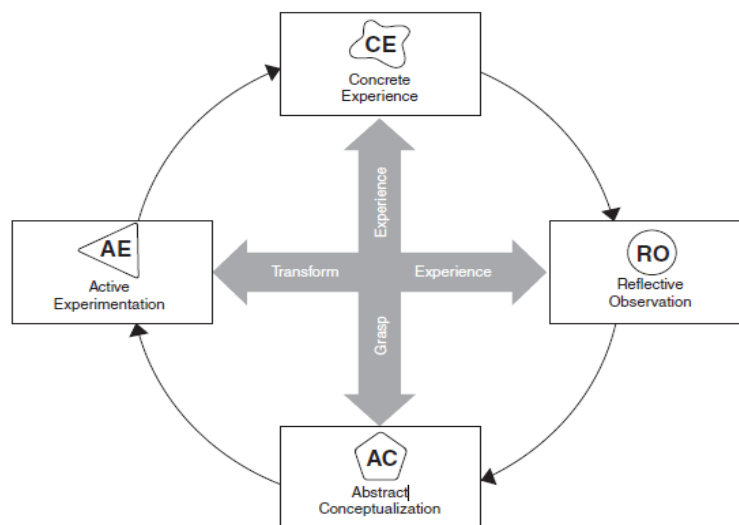


Figure 2. Experiential Learning Model cycle chart [16]

Story K

Speaker K tells the experience of a mother who, on her 2nd VBAC (Vaginal Birth After Cesarean), experienced an accidental and unassisted home birth (Accidental et al.). Even though they had previously planned a home birth with the help of a midwife, in the middle of the birthing process, the instinct and desire to give birth without assistance emerged. In the end, she gave birth successfully at home with the help of her husband and without a midwife present from the start of labour. The delivery process was accompanied by various spiritual experiences, support from her husband, and the involvement of her children, who were involved in observing the birth process. Although several areas were involved, including the placenta, which delivered spontaneously after waiting several hours, the birth was safe and without problems. This mother also shared the preparations and efforts made during pregnancy until delivery and

included a preparation formula that included intention, knowledge, charity, and trust. In addition, it provides information about the risks of VBAC and emergency signs to look out for. Overall, this story shows the strength and courage of a mother in undergoing a natural birth process and trying to empower herself with in-depth knowledge.

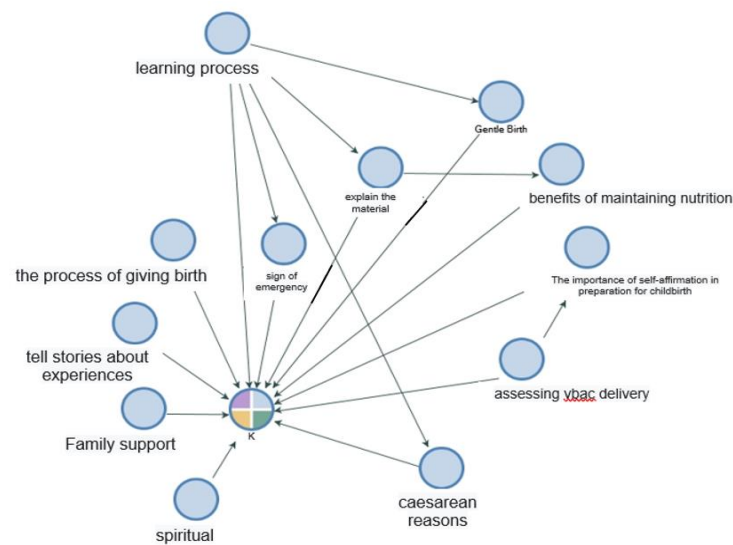


Figure 3. Nvivo analysis of Speaker K

Story DSA

This story tells of the birth of the second daughter, DSA, via normal delivery (VBAC) on April 27 2023. Previous birth history includes the first child with a history of premature rupture of membranes and failed induction. DSA's birth involved a journey full of miracles, starting from the journey back home, which experienced problems with a broken down car, to the first signs of labour appearing while in her hometown. Despite experiencing false contractions and exhaustion because the first child was sick, the mother remained calm and faced each stage with confidence. The labour process began on the evening of April 27 after several days of tortuous journey, and DSA was born safely, assisted by a pro-VBAC midwife. Mothers share their efforts during pregnancy, including maintaining diet, exercise and prayer, and involving midwives who support VBAC. This story inspires readers to fight for nature and rely on Allah in every endeavour of pregnancy and childbirth.

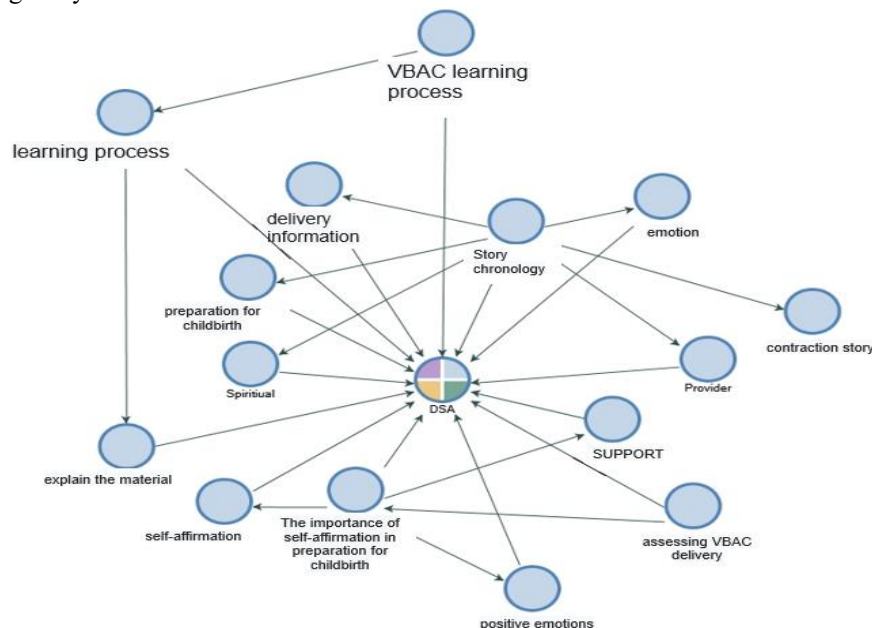


Figure 4. Nvivo analysis of Speaker DSA

Story S

Speaker Mrs S's story at 12 weeks' gestation shows a journey full of struggle towards a normal birth (VBAC). After consulting a fetomaternal doctor at 30 weeks, she was given hope that a normal delivery was still possible. At 36 weeks, the placenta had calcified, and the midwife stated that this condition was normal because of the advanced age of the pregnancy. Mrs. S underwent various efforts, including oxytocin massage, induction massage, and exercises such as power walking, gymball, squats. Even though it involves a pro-VBAC doctor, normal delivery remains the main goal. On November 19 2023, after various efforts for 13 days, Mrs S successfully gave birth by VBAC to the midwife with the baby weighing 3.5 kg and 47 cm long. She shared her efforts, such as reading prayers, seeking information from other mothers, and undergoing natural supplements and induction. This story inspires enthusiasm and determination to achieve a normal birth while relying on God's will at every step.

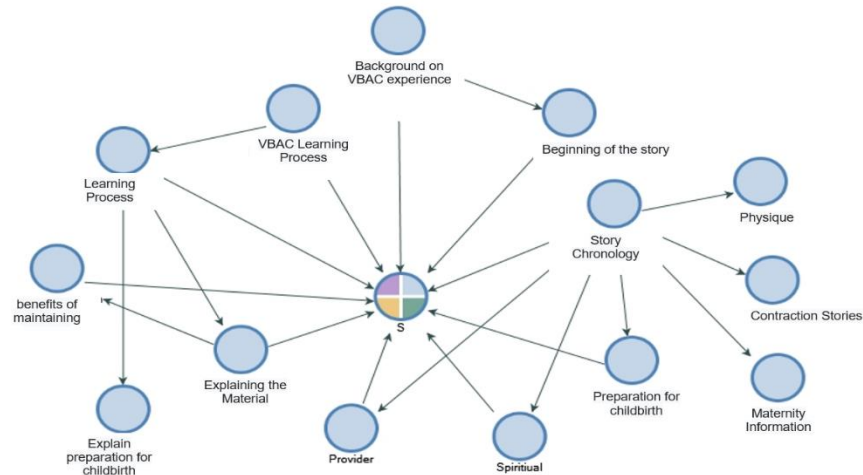


Figure 5. Nvivo analysis of Speaker S

Story I

Speaker I's story tells of the birth of her second son normally (VBAC) with full effort and belief in God's will. At 38 weeks of gestation, Speaker I experienced signs of wanting to give birth and discharge. After the trip to the community health centre, it is recommended to go to ST Hospital with the possibility of a cesarean section. Speaker I chooses the hospital and waits for an urgent medical situation to make a decision. Even though he was faced with interventions such as vaginal touch and infusion, Speaker I still hoped for a normal birth and decided to move to ST Hospital so he could use BPJS. At the hospital, after several interventions, Speaker I finally felt strong contractions. I gave birth with the help of a midwife, going through a rapid opening process on the way to the delivery room. Her son was born healthy, and speaker I attributes the success of his VBAC to effort, positive affirmations, and faith in God's destiny. Positive affirmations, pregnancy exercises, pelvic entry movements, consumption of dates, and spiritual support are part of Speaker I's efforts to achieve a normal birth. This story reflects a mother's struggle facing the birth process with effort and trust in God's will

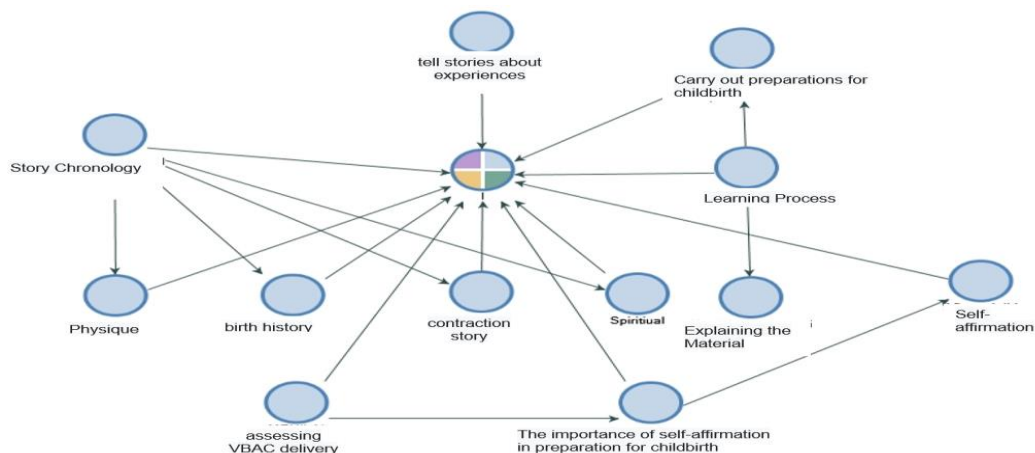


Figure 6. Nvivo analysis of Speaker I

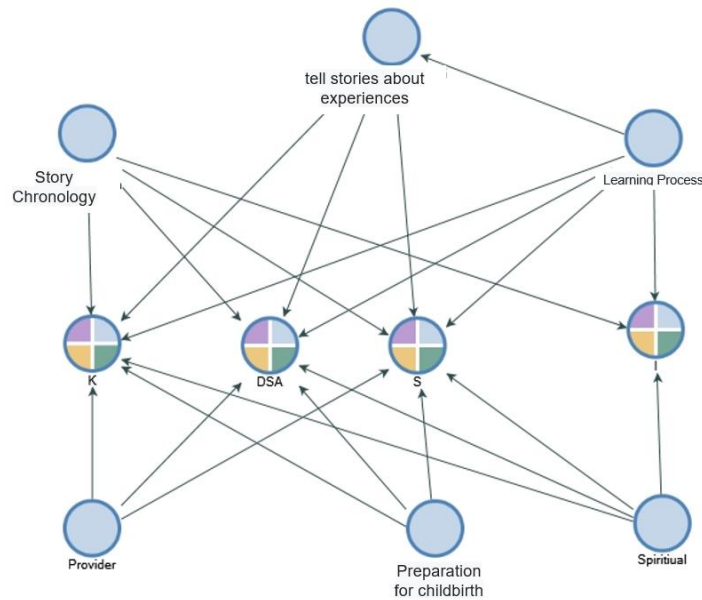


Figure 7. Nvivo analysis Activities of community members in the learning process

In conducting Nvivo analysis on the activities of community members in the learning process, it is crucial to delve into the multifaceted interactions and engagements that shape the collective educational experience. Nvivo provides a comprehensive framework to explore and categorize the diverse activities undertaken by community members, such as collaborative discussions, knowledge sharing, and participatory learning. Through qualitative data coding and thematic analysis, researchers can uncover patterns in the ways individuals contribute to the community's learning dynamics. This includes identifying key themes related to information exchange, peer support, and the emergence of informal learning networks. By utilizing Nvivo's powerful analytical tools, researchers can gain valuable insights into the nuanced ways in which community members actively shape and enhance the learning environment, thereby informing strategies for fostering a more collaborative and effective educational community.

Table 1. Activities of community members in the learning process

		K	DSA	S	I
Speaker Learning Activities					
Concrete experience	Narrating previous pregnancy experiences	✓	✓	✓	✓
	Explaining childbirth preparation	✓	✓	✓	✓
	Answer questions by providing experiential tips	✓	✓	✓	✓
Reflective Observation	Answer questions by providing VBAC labor information	✓	✓	✓	✓
Abstract Concept	Provide tasks in accordance with the dressing process	✓	✓	✓	✓
Community Member Response					
1.	Equate the experience experienced with the speaker's experience	✓	x	✓	x
2.	The observer tells about the problems experienced to the speaker	✓	✓	x	✓
3.	Ask questions about the speaker's story	✓	x	✓	✓
4.	Accept the challenge of the task given by the speaker	✓	x	✓	✓
5.	Giving prayers to speakers	✓	✓	✓	✓
6.	Conduct a self-evaluation	✓	✓	x	x
Member's imposition on VBAC dressing					
1.	Members recognize the importance of self-affirmation in preparation for childbirth	✓	✓	✓	✓
2.	Members understand the benefits of induction	✓	x	✓	x
3.	Members understand the reasons for the VBAC	✓	✓	✓	✓
4.	Members understand that the maternity process must be faced	✓	x	x	✓

(Source: processed researcher, 2023)

The storytelling process delivered by speakers through Experiential Learning received an active response from the members. It resulted in the meaning of childbirth by the members—the importance of affirmations, induction, VBAC reasons and the maternity process that must be faced. Pregnant women must struggle to make an effort to understand the reasons why VBAC must be fought. Four speakers, K, DSA, S, and I, shared their childbirth experiences with community observers. Speakers create narratives that mirror David Kolb's experimental learning model. Through real-life experience, they gain a deeper understanding of childbirth preparation and closely observe, reflect, and form abstract concepts regarding the reasons for VBAC and the importance of self-affirmation. Speakers share stories, engage in active experiences, assign assignments, provide feedback, and face challenges. Overall, these narratives create a holistic picture of the learning process through personal experience in the context of childbirth, reflect the steps of Kolb's learning model and illustrate a rich and profound learning journey.

Concrete Experience

According to Table 1, Speaker K's experience in the birthing process reflects the concept of Concrete Experience in Experiential Learning Theory (ELT) by David Kolb. Mothers learn directly through concrete experiences involving specific feelings and situations. She felt the contractions and struggles of giving birth, which became the basis for her concrete experience. This process is very sensitive to the situation and allows the mother to learn intuitively, absorbing every moment of the birth experience. To support this Concrete Experience stage, families and midwives provide activities such as small group discussions, examples, and emotional support through chats and stories of other experiences. All of this contributes to deep and personal learning in an ELT context.

The story about the birth of the second daughter, DSA, who was born via normal delivery (VBAC) on April 27 2023, is a real implementation of the concept of Experiential Learning Theory (ELT) by David Kolb. The mother's experience during pregnancy and childbirth becomes a magical journey that fulfils all the steps of ELT. Starting from the problem of the car breaking down on the way home to the first signs of labour appearing at home, the mother remained calm and faced every stage with confidence. Labour began after several days of difficult travel, and D was born safely with the help of a pro-VBAC midwife. Mothers share efforts during pregnancy, including maintaining a diet, exercising, praying, and involving a midwife who supports VBAC. This story inspires readers to fight for nature and depend on Allah in every attempt at pregnancy and childbirth. This story reflects the steps of ELT, from concrete experience, observation and reflection, forming abstract concepts, to implementation testing, involving the body, thoughts, feelings and actions, in line with Kolb's experiential learning principles.

Through the journey of Mrs. S In achieving normal delivery (VBAC), the concept of Concrete Experience (feeling) is manifested in specific experiences and sensitivity to situations. Mrs S felt his challenges and efforts, from consulting with a fetomaternal doctor to doing various techniques such as oxytocin massage, power walking exercises, gym ball, and squats. Small group discussions with pro-VBAC doctors, simulations through these exercises, and the stories and experiences of other mothers became an integral part of the learning process. Through this personal experience, Mrs. S relies on his intuition and feelings and feels the real impact of every action and decision he takes. Activities such as role-playing, drama techniques, and videos or stories support this concrete experience, creating a deep understanding through direct experience.

At the time of his second son's birth, Speaker I seriously applied the concept of Concrete Experience (feelings). At 38 weeks of pregnancy, Speaker I felt signs of wanting to give birth and experienced vaginal discharge. Despite being advised to undergo a caesarean section after visiting the health centre with possible complications, Speaker I chose ST Hospital. I waited for the urgent medical situation to make a decision. Even though he was faced with interventions such as internal examinations and infusions, Speaker I still hoped to have a normal birth and decided to move to ST Hospital so he could use BPJS. At the hospital, after several interventions, Speaker I finally felt strong contractions. She gave birth with the help of a midwife through a quick process of opening the delivery room. Her son was born healthy, and Irma attributed the success of his VBAC to effort, positive affirmations, and faith in God's providence. Positive affirmations, pregnancy exercises, pelvic entry movements, consumption of dates, and spiritual support are Speaker I's efforts to achieve normal childbirth. This story reflects a mother's struggle to face the birth process with effort and belief in God's destiny.

Reflective Observation

Speakers of K, DSA, S, and I in their labor journey with a focus on the concept of Reflective Observation. This concept emphasizes learning through direct and personal experience. Here is a summary of the material for each woman:

In the story of Speaker K's experience, reflective observation (watching) is implemented when a mother, during her second VBAC, experiences delivery at home accidentally and without help (Accidental et al.). Even though he had previously planned to give birth at home with the help of a midwife, in the middle of the birthing process, suddenly, the desire to give birth without assistance emerged. Finally, she succeeded in giving birth at home with the help of her

husband and without the presence of a midwife from the start of labour. This delivery process was accompanied by various spiritual experiences, support from her husband, and the involvement of her children, who also observed the birth process. Even though it involved several components, including the placenta, which was born spontaneously after waiting several hours, the birth process went safely without any problems. This mother also shared the preparations and efforts made during pregnancy until delivery, including formula preparation, which includes intention, knowledge, charity and belief. Additionally, this story provides information about the risks of VBAC and emergency signs to look out for. Overall, this story shows the strength and courage of a mother in undergoing a natural birth process and her efforts to empower herself with deep knowledge.

In the story of the birth of the second daughter, DSA, through normal delivery after a previous Caesarean section (VBAC) on April 27 2023, there is an implementation of the concept of Reflective Observation (watching). The mother had a history of previous births involving premature rupture of membranes and failed induction. DSA's birth process involved a journey full of miracles, starting from the journey home, where the car broke down until signs of labour appeared while in her hometown. Despite experiencing false contractions and exhaustion because the first child was sick, the mother remained calm and faced each stage with confidence. Labour began on the evening of April 27 after several days of exhausting travel, and D was born safely, assisted by a pro-VBAC midwife. The mother shares her efforts during pregnancy, including maintaining her diet, exercising, praying, and involving a midwife who supports VBAC. This story inspires readers to struggle according to nature and depend on Allah in every attempt at pregnancy and childbirth.

Mrs S's consideration of a normal birth after a previous Caesarean section (VBAC), the concept of reflective observation (watching), is visible. At 12 weeks pregnant, Mrs S faced various challenges towards a normal birth. Consultation with a fetomaternal doctor at 30 weeks gives hope that a normal birth is still possible. At 36 weeks, the placenta calcified, and the midwife stated that this condition was normal due to the advanced gestational age. Mrs. S made various efforts, including oxytocin massage, induction massage, and exercises such as morning walks, gymballs, and squats. Despite the involvement of pro-VBAC doctors, vaginal birth remains the primary goal. On November 19, 2023, after various efforts over 13 days, Mrs S successfully gave birth via VBAC with the help of a midwife, with the baby weighing 3.5 kg and 47 cm long. She shared her efforts, such as reading prayers, seeking information from other mothers, consuming natural supplements and undergoing induction. In this spontaneous reflection at the basic level, Mrs. S consciously observes and processes his immediate experiences, connecting them to memories, images, and emotions in the integrative temporal cortex of his brain.

In the story, Speaker I tells of the birth of his second child normally (VBAC) with full effort and belief in God's will. At 38 weeks of pregnancy, Speaker I felt signs of wanting to give birth and discharge. After going to the community health centre, it was recommended to go to ST Hospital with the possibility of a caesarean section. Speaker: I chose the hospital and waited for an urgent medical situation to make a decision. Even though he was faced with interventions such as vaginal examinations and IV drips, Speaker I still hoped for a normal birth and decided to move to ST Hospital so he could use BPJS. At the hospital, after several interventions, Speaker I finally felt strong contractions. She gave birth with the help of a midwife, going through a quick opening process to the delivery room. Her son was born healthy, and Irma attributes the success of his VBAC to effort, positive affirmations, and faith in God's providence. Positive affirmations, pregnancy exercises, pelvic entry movements, consumption of dates, and spiritual support are part of Speaker I's efforts to achieve a normal birth. This story reflects a mother's struggle to face the birth process with effort and trust in God's will. In the concept of Reflection at this basic level, Speaker I spontaneously reflects on his direct experience. In Zull's view of experimental learning and the brain, sensory experiences are directly connected to memories, images, and emotions in the integrative temporal cortex. Reflective observation (watching) is implemented by observing the environment from different perspectives before deciding. Speaker I looks at things for meaning, learns through perception, and focuses on understanding ideas and situations through careful observation. It relates how things happen to looking from different perspectives, relying on thinking, feeling, and judgment to make decisions.

Abstract Concept

Speakers of K, DSA, S, and I reflect abstract concepts during childbirth. Stories about the birth experiences faced by Speaker K, Mrs. S, and Speaker I reflect the concept of Abstract Conceptualization (thinking) in the context of learning from experience and applying it logically. Speaker K, who experienced an unplanned and assisted birth during her second VBAC, demonstrated an instinctive desire to have an unassisted birth, bringing spiritual experiences, family support, and an understanding of risks and signs of emergency. Likewise, Speaker I, with his efforts to achieve VBAC at ST Hospital, demonstrated logical thinking in dealing with medical interventions, relying on BPJS, and using spiritual support and pregnancy training. Meanwhile, the story of Mrs. S involving a long journey to a VBAC shows logical thinking with medical consultations, various physical efforts, and belief in prayer and natural supplements.

In each story, these mothers apply the concept of Abstract Conceptualization by logically analyzing their situations, facing medical challenges, and finding appropriate solutions. They use a systematic approach, building a model in their thinking to achieve a normal birth (VBAC) with trust in God and full effort. All of these stories inspire and show the strength and courage of a mother in facing the birth process with deep understanding and serious effort.

Active Experience

The stories of Speakers of K, DSA, S, and I reflect the concept of Active Experience in the context of the labor journey. These stories reflect the concept of Active Experimentation (doing) in the context of pregnancy and birth. Speaker K, who experienced an unplanned and unassisted birth during her second VBAC, is a clear example of active action and risk-taking. Although initial planning involves the support of a midwife for a home birth, in the middle of the labour process, the instinct and desire to give birth without assistance arise. Finally, with the help of her husband and without the presence of a midwife from the start of labour, Speaker K managed to give birth safely at home.

The same can be applied to the story about the birth of DSA and Speaker I is second child. In challenging situations, including a broken car problem and signs of labour appearing in their hometown, these mothers faced active action with determination and confidence. They undertake a long and tiring journey to achieve the goal of a normal birth (VBAC) using various methods, such as midwife support, maintaining diet and exercise, as well as involving a midwife who supports VBAC.

In each story, active action and risk-taking to achieve a vaginal birth (VBAC) is evident. This reflects the concept of Active Experimentation by involving concrete actions and taking action in real-life situations. Through this journey full of struggle, mothers demonstrate courage and perseverance and the ability to learn through practical actions and risk-taking to achieve their desired birth goals.

4. Discussion

Childbirth is a profound and transformative life event encompassing a spectrum of experiences, challenges, and emotions. Within the context of childbirth, the learning process extends beyond conventional educational frameworks to embrace experiential learning—an intricate and multidimensional approach rooted in personal encounters, reflection, and active engagement. This discussion navigates through childbirth narratives, exploring the dynamic interplay of concrete experiences, reflective observations, abstract conceptualizations, and active engagements within the framework of David Kolb's Experiential Learning model. Four individuals Speakers of K, DSA, S, and I serve as protagonists in their childbirth journeys, offering a rich tapestry of stories that reflect the nuances of their personal experiences and illuminate the broader dynamics of experiential learning in the realm of childbirth. In this exploration, we unravel the significance of personal narratives as foundational elements in the learning process, the role of reflection and abstraction in shaping understanding, and the active engagement that transforms childbirth into a multifaceted educational journey.

Experiential Learning in Childbirth Narratives

A Multidimensional Exploration The study delves into the intricate process of experiential learning within childbirth narratives, emphasizing the multifaceted dimensions encompassing acceptance, storytelling, and acknowledgement of stories. Rooted in David Kolb's Experiential Learning model, the study unveils four distinctive steps: concrete experience, observation and reflections, formation of abstract concepts and generalizations, and testing implementations. Two forms of experiential understanding, concrete experience and abstract conceptualization, and two transformational experience models, reflective observation and active experience, are identified.

Concrete Experience

The concept of concrete experience is illuminated through the vivid narratives of individuals Speakers of K, DSA, S, and I where personal and direct experiences play a central role in learning. In this study, the experiences of three different speakers, K, S, and I, are explored in the context of Experiential Learning Theory (ELT) by David Kolb. Speaker K's birthing process aligns with the concept of Concrete Experience, wherein the mother learns directly through specific feelings and situations during childbirth. The implementation of ELT is evident in the story of the birth of DSA, Speaker K's second daughter, where each stage, from problem-solving to the actual delivery, reflects Kolb's experiential learning principles. Similarly, Mrs. S's journey toward achieving a normal delivery (VBAC) showcases the manifestation of Concrete Experience through specific experiences, sensitivity to situations, and personal efforts. Speaker I is experience during the birth of her second son also emphasizes the application of Concrete Experience, where her feelings and intuition played a crucial role in making decisions for a successful VBAC. These narratives collectively highlight the significance of experiential learning principles in the childbirth process, involving concrete experiences, reflection, abstract conceptualization, and practical testing.

Reflective Observation

In the narratives of Speaker K's birthing experience, Reflective Observation (watching) is evident as she unexpectedly opts for home delivery during her second VBAC, involving her husband and children in the process. The account highlights spiritual experiences, family support, and successful outcomes, emphasizing the mother's preparation and efforts from pregnancy to delivery, offering insights into VBAC risks and emergency signs. Similarly, the birth story of DSA reflects Reflective Observation, showcasing the mother's confidence and resilience throughout the miraculous journey, inspiring readers to trust nature and depend on Allah in childbirth attempts. Mrs. S's VBAC journey involves Reflective Observation, with her facing challenges and actively seeking a normal birth, employing various techniques and efforts supported by pro-VBAC doctors. Finally, Speaker I's story underscores Reflective Observation as she navigates the decision-making process, opting for VBAC despite interventions and ultimately giving birth with faith in God's providence. These narratives collectively portray mothers' strength, courage, and varied efforts in their pursuit of natural childbirth, emphasizing the importance of Reflective Observation in experiential learning during the birthing process.

Abstract Conceptualization

The narratives of Speakers K, DSA, S, and I exemplify the application of Abstract Conceptualization (thinking) during childbirth experiences. Speaker K's unplanned home delivery during her second VBAC showcases her instinctive desire for an unassisted birth, blending spiritual experiences, family support, and an understanding of potential risks and emergency signs. Similarly, Speaker I strategically navigates medical interventions and BPJS utilization and incorporates spiritual support and pregnancy training in his efforts to achieve VBAC at ST Hospital. During a challenging journey, S's VBAC journey involves logical thinking demonstrated through medical consultations, physical efforts, and reliance on prayer and natural supplements. In each account, these mothers systematically analyze their situations, confront medical challenges, and devise appropriate solutions, embodying a model of logical thinking to attain a normal birth (VBAC) while placing trust in God and exerting full effort. These stories are inspirational examples of maternal strength, courage, and profound understanding in navigating childbirth.

Active Experience

The narratives of Speakers K, DSA, S, and I illustrate the concept of Active Experimentation (doing) in the context of the childbirth journey. Speaker K's unplanned and unassisted home birth during her second VBAC exemplifies active action and risk-taking, deviating from the initial plan of midwife-assisted home birth. Facing challenging situations, such as a broken car and signs of labour in their hometown, both DSA's and Speaker I's stories showcase determined and confident active actions during a long and arduous journey to achieve the goal of a normal birth (VBAC). Throughout each story, the mothers exhibit active efforts and risk-taking in their pursuit of a vaginal birth, reflecting the concept of Active Experimentation through concrete actions and real-life decision-making. These narratives highlight the courage, perseverance, and learning capacity of mothers who engage in practical actions and take risks to attain their desired birthing goals.

5. Conclusion

Learning through narrative in the context of the birthing journey involves four main dimensions: concrete experience, reflective observation, abstract concepts, and active experience. David Kolb's experiential learning model is reflected in the stories of four speakers: The exploration of childbirth narratives through the lens of David Kolb's Experiential Learning model reveals a profound and transformative educational journey. The four protagonists, Speakers K, DSA, S, and I, embody the multidimensional aspects of experiential learning, with concrete experiences, reflective observations, abstract conceptualizations, and active engagements playing pivotal roles in their childbirth stories. Concrete experiences are vividly portrayed in the direct and personal encounters during childbirth, showcasing the application of experiential learning principles. Reflective observation emerges as a crucial element as mothers navigate unexpected challenges, seek support, and actively observe their journeys, emphasizing the importance of self-reflection in the learning process. Abstract conceptualization is demonstrated through logical thinking and systematic analysis of situations as mothers strategically approach medical interventions and challenges to pursue their birthing goals. Active experimentation unfolds through courageous and determined actions, portraying the mothers as proactive learners who take risks to achieve their desired outcomes. These narratives underscore the significance of personal narratives, reflection, and active engagement in transforming childbirth into a multidimensional and educational experience.

In the context of hands-on experience, simulations and small group discussions can provide hands-on experience in labor situations. Encouraging participants to share personal experiences facilitates the exchange of hands-on experiences. Audiovisual materials, such as video or film, provide a dimension of reflective observation by engaging participants in reflective discussions to deepen their understanding of ideas and situations. Lecture sessions can enhance conceptual thinking, providing an in-depth understanding of VBAC, childbirth preparation, and cesarean awareness. Active experimental activities can be carried out through field activities, games, or practical simulations that involve

participants actively in labor situations. Through this holistic approach, learning through the narrative of the childbirth journey can become more diverse and profound, allowing participants to feel, reflect, conceptually understand, and actively engage in the learning process.

While exploring childbirth narratives within the framework of David Kolb's Experiential Learning model provides valuable insights, certain limitations should be acknowledged:

1. The study's scope is confined to small sample size, focusing on the experiences of only four active speakers within the VBAC Support Community on Telegram. This limited sample may not fully represent the diversity of childbirth experiences, cultural backgrounds, and perspectives within the broader population.
2. The study's reliance on narrative ethnography and manual data analysis, supported by NVIVO 12 Plus, may introduce subjectivity in interpretation. The qualitative nature of the research allows for in-depth understanding but may need more generalizability to a broader population.
3. The study's findings are context-specific to the experiences shared within the VBAC Support Community and may not universally apply to all childbirth scenarios or cultural contexts.
4. The study does not explore the perspectives of healthcare providers, partners, or family members involved in childbirth. Including these perspectives could provide a more comprehensive understanding of the dynamics influencing decision-making and experiential learning during childbirth.
5. The study's temporal scope is limited to the data available up to its completion.

The findings may not reflect changes in the VBAC Support Community or advancements in healthcare practices beyond this period. Recognizing these limitations is essential for a nuanced interpretation of the study's outcomes and guiding future research endeavours in childbirth experiences and experiential learning.

Acknowledgments

With sincere gratitude, we extend our appreciation to the Doctor Program in Development Communication at IPB University, Universitas Mercu Buana, and the LPDP (Indonesia Endowment Fund for Education) for their tremendous support throughout our academic journey. The contributions and assistance provided by these institutions have been instrumental in facilitating and enriching our study processes. We express our thanks for the dedication and valuable collaboration that have significantly enhanced our academic experience.

Authors contributions

The author contributions for this study were distributed among the team members as follows. The conceptualization of the research was jointly undertaken by A.W., A.V., S.S., and K.M. The methodology was devised by A.W. and S.S., and its validation was carried out by A.W. and S.S. The analysis of the data was conducted by A.W. and K.M., while A.W. took the lead in the investigation. The resources for the study were managed collectively by A.W. and S.S. Data curation was a collaborative effort between A.W. and S.S. A.W. and S.S. were primarily responsible for the original draft preparation, and subsequent writing, review, and editing were performed by all authors. Supervision of the overall research process was overseen by S.S., A.V., and K.M.

Funding

Not applicable.

Competing interests

Not applicable.

Informed consent

Obtained.

Ethics approval

The Publication Ethics Committee of the Redfame Publishing.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review

Not commissioned; externally double-blind peer reviewed.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

Open access

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

References

- Basile Ibrahim, B., Cheyney, M., Vedam, S., & Kennedy, H. P. (2023). "I was able to take it back": Seeking VBAC after experiencing dehumanizing maternity care in a primary cesarean. *SSM - Qualitative Research in Health*, 4. <https://doi.org/10.1016/j.ssmqr.2023.100339>
- Bustam, I. G., & Garmini, R. (2022). Effect of Health Education Through Social Media at the Level of Anxiety Pregnant Women in the Time of Covid-19. *Malaysian Journal of Medicine and Health Sciences*, 18, 88-91. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85124610865&partnerID=40&md5=4cf20489ce789878f6fba5dbc2f36516>
- Cohen, J. H., & Raymond, J. M. (2012). How the Internet is giving birth (to) a new social order. In *Social Media and Democracy: Innovations in Participatory Politics* (pp. 224-240). Taylor and Francis. <https://doi.org/10.4324/9780203126974-21>
- Graseck, A., & Leitner, K. (2021). Prenatal Education in the Digital Age. *Clinical Obstetrics and Gynecology*, 64(2), 345-351. <https://doi.org/10.1097/GRF.0000000000000608>
- Howard, S. (2019). Learning from birthing stories on Twitter. *BMJ (Online)*, 364. <https://doi.org/10.1136/bmj.l1090>
- Hussain, I. M., Hartney, N., & Sweet, L. (2023). A survey of Australian women's digital media usage in pregnancy and labour and birth. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-023-06003-8>
- Kemenkes, R. I. (2022). Profil Kesehatan Indonesia 2021. In *Pusdatin.Kemenkes.Go.Id*.
- Kolb, D. A. (2016). *Experiential Learning* (second edi).
- Kucukkaya, B., & Basgol, S. (2023). The effect of perceived spousal support on childbirth self-efficacy on pregnant women in turkey. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-023-05508-6>
- Lyons, A. (2020). Negotiating the expertise paradox in new mothers' Telegram group interactions. *Discourse, Context and Media*, 37. <https://doi.org/10.1016/j.dcm.2020.100427>
- McCarthy, R., Byrne, G., Brett, A., Choucri, L., Ormandy, P., & Chatwin, J. (2020). Midwife-moderated social media groups as a validated information source for women during pregnancy. *Midwifery*, 88. <https://doi.org/10.1016/j.midw.2020.102710>
- Pilt, M. (2021). "you Have No Story, Yet!" the Role of the Online Community in Shaping Women's 'My Stories' about the Journey to Motherhood. *Journal of Ethnology and Folkloristics*, 15(2), 135-158. <https://doi.org/10.2478/jef-2021-0021>
- Potnis, D., Halladay, M., & Jones, S. E. (2022). Consequences of information exchanges of vulnerable women on Facebook: An "information grounds" study informing value co-creation and ICT4D research. *Journal of the Association for Information Science and Technology*. <https://doi.org/10.1002/asi.24708>
- Prabhakar, A. S., Guerra-Reyes, L., Effron, A., Kleinschmidt, V. M., Driscoll, M., Peters, C., ... & Siek, K. A. (2017). "let me know if you need anything": Support realities of new mothers. *ACM International Conference Proceeding Series*, 31-40. <https://doi.org/10.1145/3154862.3154863>
- Progga, F. T., Senthil Kumar, A., & Rubya, S. (2023). Understanding the Online Social Support Dynamics for Postpartum Depression. *Conference on Human Factors in Computing Systems - Proceedings*. <https://doi.org/10.1145/3544548.3581311>
- Roch, G., Borgès Da Silva, R., De Montigny, F., Witteman, H. O., Pierce, T., Semenic, S., ... & Gagnon, M. P. (2018). Impacts of online and group perinatal education: A mixed methods study protocol for the optimization of perinatal health services. *BMC Health Services Research*, 18(1). <https://doi.org/10.1186/s12913-018-3204-9>
- Sanders, J. (2019). Sharing special birth stories. An explorative study of online childbirth narratives. *Women and Birth*, 32(6), e560-e566. <https://doi.org/10.1016/j.wombi.2018.12.009>

- Schiavo, R. (2007). Health Communication: From Theory to Practice. In *Journal of the Medical Library Association: JMLA*.
- Slade, P., West, H., Thomson, G., Lane, S., Spiby, H., Edwards, R. T., ... & Weeks, A. (2020). STRAWB2 (Stress and Wellbeing After Childbirth): a randomised controlled trial of targeted self-help materials to prevent post-traumatic stress disorder following childbirth. *BJOG: An International Journal of Obstetrics and Gynaecology*, 127(7), 886-896. <https://doi.org/10.1111/1471-0528.16163>
- Tsakmakis, P. L., Akter, S., & Bohren, M. A. (2023). A qualitative exploration of women's and their partners' experiences of birth trauma in Australia, utilising critical feminist theory. *Women and Birth*, 36(4), 367-376. <https://doi.org/10.1016/j.wombi.2022.12.004>
- van der Pijl, M. S. G., Hollander, M. H., van der Linden, T., Verweij, R., Holten, L., Kingma, E., de Jonge, A., & Verhoeven, C. J. M. (2020). Left powerless: A qualitative social media content analysis of the Dutch #breakthesilence campaign on negative and traumatic experiences of labour and birth. *PLoS ONE*, 15(5). <https://doi.org/10.1371/journal.pone.0233114>
- van Stenus, C. M. V., Gotink, M., Boere-Boonekamp, M. M., Sools, A., & Need, A. (2017). Through the client's eyes: Using narratives to explore experiences of care transfers during pregnancy, childbirth, and the neonatal period. *BMC Pregnancy and Childbirth*, 17(1). <https://doi.org/10.1186/s12884-017-1369-6>
- West, J. E. (2020). "Just Birth": Childbirth Advocacy and the Rhetoric of Feminist Health Justice. *Women's Studies in Communication*, 43(2), 131-156. <https://doi.org/10.1080/07491409.2020.1737289>
- Wulifan, J. K., Dordah, A. D., & Sumankuuro, J. (2022). Nomadic pastoralists' experience accessing reproductive and maternal healthcare services in low and middle-income countries: A contextual scoping review. *Pastoralism*, 12(1). <https://doi.org/10.1186/s13570-022-00261-5>