

Developing a woman-centered, inclusive definition of positive childbirth experiences: A discussion paper

Julia Leinweber PhD, RM¹  | Yvonne Fontein-Kuipers PhD, RM^{2,3} |
Sigfridur Inga Karlsdottir PhD, RM, RN⁴ | Anette Ekström-Bergström PhD, RN, RM^{5,6} |
Christina Nilsson PhD, RM, RN⁷ | Claire Stramrood PhD, MD⁸ | Gill Thomson PhD⁹

¹Institute of Midwifery, Charité—
University Medicine Berlin, Berlin,
Germany

²School of Midwifery, Health and Social
Work, University College Antwerp,
Antwerp, Belgium

³Edinburgh Napier University, School
of Health and Social Care, Edinburgh,
UK

⁴School of Health Sciences, University
of Akureyri, Akureyri, Iceland

⁵Department of Health Sciences,
University West, Trollhättan, Sweden

⁶Department of Nursing and
Reproductive, Perinatal and Sexual
Health, School of Health Sciences,
University of Skövde, Skövde, Sweden

⁷Munkeböck Antenatal Clinic, Region
Västra Götaland, Gothenburg, Sweden

⁸Department of Obstetrics and
Gynaecology, OLVG Hospital,
Amsterdam, The Netherlands

⁹Maternal and Infant Nutrition &
Nurture Unit, School of Community
Health & Midwifery, University of
Central Lancashire, Preston, UK

Correspondence

Julia Leinweber, PhD, RM, Institute
of Midwifery, Charité - University
Medicine Berlin, Oudenarder Strasse
16, 13347 Berlin, Germany.
Email: julia.leinweber@charite.de

Abstract

Introduction: A positive childbirth experience promotes women's health, both during and beyond the perinatal period. Understanding what constitutes a positive childbirth experience is thus critical to providing high-quality maternity care. Currently, there is no clear, inclusive, woman-centered definition of a positive childbirth experience to guide practice, education, and research.

Aim: To formulate an inclusive woman-centered definition of a positive childbirth experience.

Methods: A six-step process was undertaken: (a) Key concepts associated with a positive childbirth were derived from a rapid literature review; (b) The key concepts were used by interdisciplinary experts in the author group to create a draft definition; (c) The draft definition was presented to clinicians and researchers during a European research meeting on perinatal mental health; (d) The authors integrated the expert feedback to refine the working definition; (e) A revised definition was shared with women from consumer groups in six countries to confirm its face validity; and (f) A final definition was formulated based on the women's feedback (n = 42).

Results: The following definition was formulated: "A positive childbirth experience refers to a woman's experience of interactions and events directly related to childbirth that made her feel supported, in control, safe, and respected; a positive childbirth can make women feel joy, confident, and/or accomplished and may have short and/or long-term positive impacts on a woman's psychosocial well-being."

Conclusions: This inclusive, woman-centered definition highlights the importance of provider interactions for facilitating a positive childbirth experience. Feeling supported and having a sense of control, safety, and respect are central tenets. This definition could help to identify and validate positive childbirth experience(s), and to inform practice, education, research, advocacy, and policy-making.

KEYWORDS

childbirth experience, definition, positive childbirth, postpartum, provider interactions, subjective, woman centered

1 | INTRODUCTION

Childbirth is a transitional life event that is experienced on a continuum with positive, healing, and empowering experiences at one end of the spectrum and negative or even traumatic experiences at the other.^{1–7} Women describe dynamic experiences of labor and childbirth that are multidimensional, complex, and unique⁸ and incorporate interrelated subjective psychological and physiological processes.⁹ Positive childbirth experiences have been found to contribute to women's psychosocial well-being.¹⁰

Studies suggest that between one- and two-thirds of women experience childbirth as positive,^{11–14} whereas up to 30% of women experience their childbirth as negative or even traumatic.^{15–17} A Dutch study showed that 3 years after childbirth, approximately one in three primiparous women had a positive recollection of the childbirth compared with one in two multiparous women.⁶ Women's appraisal of their childbirth experiences may also change over time; longitudinal studies comparing women's positive and negative childbirth experiences show that measures of contentment early after childbirth may be colored by relief and happiness, whereas more negative aspects may take longer to incorporate.^{18,19}

The World Health Organization (WHO) emphasizes that the woman's relationship with her maternity care providers is central to a positive childbirth experience.²⁰ Evidence from individual studies suggests that a supportive attitude from health professionals,^{6,13,21} as well as personal control,^{22,23} are associated with a positive childbirth experience. These factors were also confirmed in a recent systematic review on predictors of women's subjective perception of childbirth by Chabbert et al²⁴ Karlström et al² undertook a qualitative study with women who self-identified as having had a very positive childbirth experience. These women attributed their positive experiences to internal and external factors. Internal factors related to personal ability and strength and external factors concerned professional support from a trusting and respectful relationship with the midwife.

One longitudinal study following more than 900 women 5 years postpartum found that when medical intervention was avoided during childbirth, participants were more likely to report a positive childbirth experience in the long term.¹⁸ Similarly, Hildingsson et al²⁵ in a follow-up study including 226 women found that less

medicalized births were more likely to result in a positive childbirth experience.

A recent systematic review on predictors and outcomes of women's subjective perceptions of childbirth²⁶ identified that positive childbirth experiences have historically received substantially less attention than negative childbirth experiences. Currently, there is a wealth of primary and secondary research investigating childbirth trauma and post-traumatic stress disorder following childbirth.^{27–31} In comparison, there are very few studies exploring positive childbirth experiences, with only one review to date that is focused on women's positive childbirth experiences.³² Kurz et al³³ have argued that positive childbirth experiences are being undervalued even though they are a significant maternity care outcome.

McKelvin et al²⁶ suggest that an overemphasis on negative childbirth experiences echoes wider socio-cultural messages. These messages stem from negative portrayals of childbirth in visual media and social networks, including portrayals of the female body as one that is inferior and requires technology to childbirth and a focus on childbirth as risky, dramatic, and painful.

In many cases, the quality of women's childbirth experiences has been assessed using retrospective measures of "childbirth satisfaction" as an indication of a positive childbirth.^{27,34–38} This suggests that satisfaction alone is the pinnacle of what a woman can expect to achieve when giving childbirth and downplays the more overtly positive impacts that women may experience following childbirth. Furthermore, this approach may be vulnerable to reporting biases³⁹; women may employ an internal mechanism paraphrased by van Teijlingen et al,⁴⁰ as "what is, must be best"—that is, there may be a psychological advantage to retrospectively appraising negative experiences in a positive way.

Positive childbirth experiences have received more attention since the WHO⁴¹ issued guidelines recognizing a "positive childbirth experience" as a vital outcome indicator for all women giving childbirth. The WHO defines a positive childbirth as "one that fulfills or exceeds a woman's prior personal and sociocultural beliefs and expectations, including giving childbirth to a healthy baby in a clinically and psychologically safe environment with continuity of practical and emotional support from a childbirth companion(s) and kind, technically competent clinical staff".⁴¹ This definition is based on 56 recommendations for intrapartum care, derived from literature

focusing on beliefs and expectations of women about labor and childbirth.⁴² Importantly, this review was centered on “what women want.” and therefore, included literature about positive as well as negative beliefs and expectations; it did not focus on positive childbirth experiences per se. Furthermore, this definition emphasizes the importance of clinical staff, which is not necessarily relevant for all women’s experiences, such as those who choose to give childbirth outside a clinical environment.^{43,44} The WHO definition stresses several key aspects—fulfillment, safety, and support.⁴¹ However, although this definition highlights the interpersonal and contextual conditions (the “what”) of a positive childbirth, it does not detail the inter and intrapersonal components (the “how”) that enable women to achieve a positive childbirth.

The WHO definition suggests that a positive childbirth experience is only achievable when the baby is born healthy despite evidence that childbirth outcomes are not necessarily predictive of the childbirth experience. Many women who experience their childbirth as negative or traumatic have given childbirth to a healthy baby.^{5,16} For women to recognize a definition of positive childbirth experiences as reflecting their experience, the definition must be applicable to a variety of experiences, timeframes, and consequences. We, therefore, aimed to formulate a woman-centered, inclusive definition of a positive childbirth experience, which can be used to inform education, practice, research, policy-making, and advocacy in the field of respectful maternity care.

2 | METHOD

This study was undertaken as part of the COST Action “Perinatal mental health and childbirth-related trauma: Maximizing best practice and optimal outcomes” (www.cost.eu/actions/CA18211) project which consists of researchers and clinicians from the fields of midwifery, obstetrics, and psychology from across Europe and beyond. A six-step approach was designed to produce an inclusive definition of women’s positive childbirth experiences. The first step included a rapid literature review following the WHO’s “practical guide for rapid reviews”⁴⁵ (Appendix S1) and a content analysis⁴⁶ of the main results (detailed in Appendix A). In the second step, the identified themes and concepts were discussed among the authors who are academics from different fields of research, including midwifery, social science, and obstetrics. The central components of women’s descriptions of positive childbirth experiences were then integrated into a first draft consensus definition.

The third step involved presenting the draft definition to the participants of the “Working Group 1” meeting of

the COST Action (January 2021) and inviting them to take part in one of four groups to discuss the different components of the definition (n = 20). Each group was given a document containing the draft definition and open-text boxes for comments and feedback on the different elements of the definition. To guide the discussion and to elicit feedback on conceptual clarity, completeness, and potential usability of the definition, each group was asked to answer the following questions: (a) “Is this definition of a positive childbirth experience congruent with your knowledge and expertise of childbirth?”; (b) “Which elements in the proposed draft definition need changing?”; (c) “Are there elements missing in the proposed draft definition?”; and (d) “Do you think the definition would be useful for your practice and/or research?”

In step 4, the authors held three online meetings between February and June 2021 to integrate the expert feedback and refine the working definition. In step 5, the working definition was shared with women by means of online social media forums and service user groups in six countries (Belgium, Germany, Iceland, The Netherlands, Sweden, and the United Kingdom) to assess whether it resonated with their experiences. The country lead was asked to invite a minimum of 5-7 women who had had a positive childbirth experience to read the definition and to answer the following questions: (a) “Do you understand the different elements of the definition?”; and (b) “Does the definition reflect your experience of positive childbirth?” (Table 1). In step 6, the answers and comments from the 42 women who provided feedback were compared, contrasted, interpreted, and connected with the previous steps to produce a final definition.

3 | RESULTS AND DISCUSSION

Key concepts derived from a rapid review, expert opinion, and women’s feedback were incorporated in a six-step process to formulate the following definition of a positive childbirth experience:

A positive childbirth experience refers to a woman’s experience of interactions and events directly related to childbirth that made her feel supported, in control, safe, and respected; a positive childbirth can make women feel joy, confident, and/or accomplished and may have short- and/or long-term positive impacts on a woman’s psychosocial well-being.

This definition is based on the acknowledgment that: (a) a woman’s experience is primary; (b) the identified key concepts of “feeling supported, in control, safe and

TABLE 1 Details of women's feedback

Country	Name of consumer organization, website	How women were approached	No of responses	I understand different elements of the definition		The definition reflects my experience	
				Yes	No	Yes	No
Belgium	Samen voor Respectvolle Geboorte https://www.facebook.com/groups/218114899183480/	Post on Facebook group	10	10	0	10	0
Germany	Mother-hood https://www.mother-hood.de/	Email to representative of Mother-Hood Germany	6	5	1	5	1
The Netherlands	Geboortebeweging http://www.geboortebeweging.nl	Post on Facebook group Geboortebeweging Email to representative of the Geboortebeweging	9	9	0	9	0
Iceland	Marchmothers 2019 Facebook group https://www.facebook.com/groups/2040735095998617	Post on closed Facebook group	6	6	0	6	0
Sweden	Childbirth Rights Sweden https://www.birthrightssweden.se	E-mail to representative of Childbirth Rights Sweden	5	5	0	5	0
U.K.	Childbirth Trauma Association https://birthtraumaassociation.org.uk/	Post on Facebook group/ personal contacts	6	6	0	6	0

respected” are interrelated and closely connected to the quality of provider interactions or who is in attendance to support her; and (c) the definition is broad enough to be inclusive of the many possible interactions and events related to childbirth and to acknowledge that childbirth can have a wide range of positive impacts on a woman's psychosocial well-being.

3.1 | Woman-centered approach

We considered using the term person as not everyone who gives childbirth identifies as a woman, as was pointed out during the expert meeting in Amsterdam. However, ultimately, the consensus was to use the term woman.

In woman-centered care, there is a strong emphasis on and recognition of and respect for the woman's experiential or embodied knowledge as a source of knowing.⁴⁷ In line with the findings from the rapid review, and feedback collected during our stepwise process, it was important to include the phrase “a woman's experience” as a central goal of the definition was to emphasize that a positive childbirth experience is entirely subjective.

We chose the adjective “positive” (and not “satisfying” or “not negative/traumatic”) to highlight the importance of the quality of the childbirth experience and to explicitly reject the notion that the best outcome a woman can expect from her childbirth is for it to be satisfying or not traumatic.

Women's childbirth experiences and the practice of maternity care are influenced by social, environmental, organizational, and policy contexts,^{8,9} and it has been suggested that they reflect the broader position and status of women in a given society.⁴⁸ Concerning this, we debated, and subsequently avoided the terms “perception” and “appraisal”, but rather used “experience” and “feeling.” The former terms were read as suggesting that it is within the woman's power to alter her experience and that she is, therefore, to blame for what she “perceives” or “appraises.” Similarly, we avoided the terms “subjective” and “self-defined” as these may also imply victim blaming when a childbirth is not experienced as positive.

Recommendations from the World Health Organization⁴¹ consider good interactions between women and their maternity care providers to be a prerequisite for positive childbirth outcomes. Quality of provider interaction (QPI) refers to a woman's perception of her care provider's interpersonal verbal and nonverbal behaviors.⁴⁹ This concept was initially assessed on a scale from “disaffirmation” (woman treated as an object and denial of personhood) to “affirmation” (recognition and support of personhood).⁵⁰ Wider research reports that QPI is a key influence on how women feel during labor and childbirth.^{51–54} QPI is closely connected to the overall quality of women's relationship with their maternity caregiver^{54–56} and thus more likely to be promoted in the continuity of care models which emphasize relational

aspects of care.^{54,57} Kurz et al³³ highlight that for women to experience childbirth as positive, their maternity care providers need to know about and value the importance of positive childbirth experiences. To emphasize the centrality of high QPI, we used the term “interactions” in our definition.

The content analysis from the rapid literature review (Appendix A) identified four concepts as relevant to women’s positive experiences when giving childbirth: (a) feeling supported; (b) feeling in control; (c) feeling safe; and (d) feeling respected. The word “feeling” (as in feeling supported, in control, safe, respected, etc.) was included because subjective responses have been found particularly relevant for understanding women’s childbirth experiences.^{42,58} How these concepts are linked to QPI and women-centered care is discussed in the following section.

3.2 | Feeling supported

Support during childbirth has repeatedly been identified as the most pivotal factor for a positive childbirth experience^{55,59,60} and can be offered by the childbearing woman’s partner, friends, family members, and professionals.^{61,62} Maternity care providers can provide support in their role, creating a “safe haven” for the birthing person.^{5,58,63} Continuous support, or “being with” women⁶⁴ during labor and childbirth, has been found to increase the chance of spontaneous vaginal childbirth and positive childbirth experiences.^{25,61} Furthermore, Hildingsson et al²⁵ identified that birthing women who had a known midwife were more likely to have a positive experience of professional support during childbirth. This is congruent with research by O’ Brian et al,⁶⁵ which highlights the importance of trusting relationships with care providers for women’s experience of feeling supported during childbirth. Emotional support (to feel safe), confirmative support (to feel able), and informative support (to feel knowledgeable) aid women to navigate the intense challenges during labor and childbirth.^{33,55,66,67} When providers support women to believe in their ability to give childbirth, and when the physiology of childbirth is not disturbed, the childbirth experience can be empowering despite being intensely challenging.⁶⁸ Importantly, feeling supported and nurtured by care providers during childbirth can supersede the negative effects of a difficult or complicated childbirth.^{12,69}

3.3 | Feeling in control

Perceived control during childbirth is acknowledged as another key factor that influences how a woman feels

during labor and childbirth.^{70–75} Research suggests that feeling in control during childbirth is subjective and unique to each woman.⁶⁵ Meyer⁷³ identified four attributes of control in childbirth: decision-making, access to information, personal security, and physical functioning. In a longitudinal study of 330 first-time Israeli mothers, many perceived control over the childbirth process predicted more positive emotions, less fear, and less guilt.³⁶ Klomp et al⁷⁶ found that a woman’s sense of mastery during and after childbirth was related to being able to handle labor pains, which in turn was connected to the quality of support from the midwife. Overall, women’s sense of control over what was happening to them during the childbirth appears to be closely related to their connection with their maternity care provider(s) as well as to sensitive, open, and clear communication.^{77,78}

3.4 | Feeling safe

Research highlights feeling safe during childbirth as important for the quality of women’s childbirth experiences.⁷⁹ Feeling safe during childbirth is essential for endogenous oxytocin to coordinate the neuroendocrine, psychological, and physiological aspects of childbirth.⁹ Feeling safe can help women to handle intense labor pains.^{4,67,80} Feeling safe has been described as a prerequisite for feeling in control during labor and childbirth,⁷³ and for women with experiences of childhood sexual abuse, feeling in control is necessary to feel safe.⁸¹ Women’s perception of safety during childbirth appears to go beyond medical understandings of safety and is influenced by other cultural, emotional, and psychosocial aspects.⁸² The quality of the woman’s interactions with her care provider(s) affects how safe she can feel during labor and childbirth.^{58,63} These findings are echoed in a recent meta-synthesis of the midwives’ role in women’s childbirth experiences by Aannestad et al,⁸³ which identified confidence in the midwife as central to women’s feeling of safety during childbirth. A calm childbirth environment has also been linked to women’s perceptions of safety.^{84,85} This may be partly because of its calming effects on childbirth professionals which, in turn, increases their abilities to provide supportive care.⁸⁶ Women’s feelings of being safe, secure, and calm in the postnatal period are also believed to facilitate the parental transition, parent-infant interactions, interactions between parents, and breastfeeding.^{9,87}

3.5 | Feeling respected

The WHO highlights the importance of respectful maternity care as essential for a positive childbirth experience.²⁰

Respect for the childbearing woman's experiential or embodied knowledge is a central tenet of woman-centered care.⁴⁷ Feeling respected relates to childbearing women's needs being met and being involved in their care⁶⁹ and is thus key for childbearing women's sense of control during labor and childbirth.⁸⁸ Recent studies suggest that care providers' lack of respect for women's choices during labor and childbirth reduces feelings of control and negatively affects the overall experience of giving childbirth.^{71,89}

3.6 | Inclusiveness

Our definition is based on a woman having a positive childbirth experience irrespective of whether the childbirth did or did not involve clinical interventions. Although childbirth outcomes may be associated with the quality of the woman's childbirth experience, they do not predict it reliably⁹⁰; women have reported empowering childbirth experiences irrespective of how they gave childbirth.^{5,91}

Overall, research on women's experiences suggests that if women receive intrapartum care that enables them to feel supported, have a sense of control, and feel safe and respected, they can have a positive experience irrespective of the mode of childbirth.⁹² This also holds true when expecting a sick baby, or when experiencing a stillbirth.^{93,94} Thus, we did not include the terms "normal labor" or "physiological labor" in the definition. We also decided to not include the setting (eg, hospital, childbirth center, and home), as research suggests that a positive childbirth experience can occur in different childbirth settings and with different models of care.^{5,16,44}

We also acknowledge that events not only during childbirth but also during pregnancy and the postpartum period may contribute to a positive childbirth experience. Based on discussions with experts and mothers, we used the term "directly related to" childbirth, to include situations leading up to, or directly after, labor and delivery, such as feeling informed in pregnancy, feeling welcome at the labor ward when contractions are starting, and support with breastfeeding after the childbirth. Furthermore, the definition does not include a time limit for the woman coming to recognize her childbirth as a positive experience as some women process their childbirth experiences only years after they have given childbirth.¹⁹

In response to expert feedback, we used the term "impact" instead of "effect" to allow for a wider range of consequences, whereas acknowledging the findings of the rapid review (Appendix A) that the duration, magnitude, and extent of this impact vary widely among women, and across situations.

Childbirth has the potential to amplify psychosocial well-being postbirth.¹⁰ Current research highlights

several ways in which a positive childbirth experience may have a psychological, social, health, or cognitive impact on women's well-being and their functioning. These include feeling powerful,⁹⁵ transcended,³³ and amazing,⁹⁶ with increased confidence and self-esteem,^{2,69,97} as well as possessing new knowledge and understanding about childbirth and one's own capacities.⁶⁸ Women also report feelings of joy,⁹⁸ accomplishment, pride, euphoria, and feeling complete and whole.^{2,36,99}

Furthermore, research suggests that positive childbirth experiences can promote relational healing in parents who suffered previous abuse¹⁰⁰ and healing from previous negative childbirth experiences,⁵ as well as fostering personal growth.¹⁰¹⁻¹⁰³

Based on these insights, we included the terms "joy," "confidence," and "accomplished" as possible ways in which self-concept and self-esteem can be affected by a positive childbirth experience. Women from service user groups provided mixed feedback as to whether childbirth could be experienced as an achievement or an accomplishment and highlighted the importance of joy. In response to this, we used the caveat of "can" to recognize that not all women will experience these positive self-perceptions.

As the types of impacts that women experience in response to having a positive childbirth experience can vary and are subjectively determined, we referred to the WHO's definition of health and used the term "psychosocial well-being" to be more inclusive in how a positive childbirth experience may manifest postbirth.

3.7 | Implications

This co-created definition of a positive childbirth experience has important implications for women, and within clinical practice, education, and research. In clinical practice, the definition could be used to increase health professionals' awareness of what constitutes a positive childbirth experience, the value of it for women's psychosocial well-being, and support a focus on QPI when providing intrapartum care.

The definition could also be used as part of the mandatory curriculum for relevant maternity health professionals to raise awareness of the potential for positive childbirth experiences to amplify women's psychosocial well-being. By highlighting the importance of interactions with care providers during labor and childbirth, the definition may help to promote emotionally attuned, sensitive, and respectful perinatal care.

From a research perspective, this definition offers the benefit of being understandable and validated by service users; it offers a more meaningful way to assess a woman's experience of childbirth when compared with measuring

childbirth satisfaction. For women, the definition may offer support for recognizing, valuing, discussing, and normalizing positive childbirth experiences.

Our definition may stimulate a wider discourse about the value of positive childbirth experiences for women's psychosocial health and well-being. This is significant because if the value of a positive childbirth experience is not acknowledged by policy-makers and maternity care providers, women will be less likely to experience it. A definition of a positive childbirth experience will support service user groups to campaign for policy changes enabling the provision of respectful maternity care to foster positive childbirth experiences.

3.8 | Strength and limitations

A strength of this work is that it is based on contemporary research and was co-created by multidisciplinary professionals, academics with experience in researching and supporting birthing women, and with women from six different countries who had personal accounts of a positive childbirth. This approach acknowledges the importance of integrating women's views into maternity research.¹⁰⁴ Although we recognize that the definition may be subject to further development and adaptation, this is the first woman-centered, inclusive definition of a positive childbirth experience that has been developed using a systematic, iterative, and interactive approach that included validation by women, as well as experts. One limitation is that we cannot draw any conclusions with respect to the racial, ethnic, cultural, and religious background and gender orientation of the consumer respondents, researchers, and clinicians involved, as we did not gather demographic information on participants. We, therefore, do not know if these groups were adequately diverse and representative of the population.

Future research should assess whether this definition may apply to positive experiences in the wider context of the perinatal period, including pregnancy and the postpartum period and what constitutes a positive childbirth experience by a diverse, cross-cultural sample of individuals who give childbirth, partners, and health care providers.

3.9 | Conclusions

Our definition places subjective accounts of a positive childbirth experience at the center and acknowledges that the quality of care is key for birthing people to feel supported, in control, safe, and respected during labor and childbirth. It is inclusive of a variety of positive childbirth experiences because it encompasses underpinning issues that are important irrespective of how and where a woman

gives childbirth. It also emphasizes the significance of childbirth experiences for maternal health and well-being. This definition, co-created by researchers, women, and clinicians, has implications for practice, education, research, service users, policy-making, and social activism. It contributes to an enhanced understanding and promotes discourse about positive childbirth experiences—both of which are essential to support women's rights in achieving a positive childbirth. Although further research is needed to test the efficacy and usefulness of the definition, it offers an important starting point that emphasizes the value of positive childbirth experiences and the need to advocate for birthing environments that promote these.

ACKNOWLEDGMENTS

All authors are members of the management committee of COST Action CA18211- Perinatal Mental Health and Childbirth- Related Trauma: Maximising best practice and optimal outcomes supported by COST (European Cooperation in Science and Technology). We thank the members of COST Action 18211 who participated in the discussion groups during the online meeting on September 29, 2021. We also thank the members of the various service user organizations for their useful feedback. Open Access funding enabled and organized by Projekt DEAL.

DATA AVAILABILITY STATEMENT

Data available within the article or its supplementary materials.

ORCID

Julia Leinweber  <https://orcid.org/0000-0001-7287-1655>

REFERENCES

- Hall PJ, Foster JW, Yount KM, Jennings BM. Keeping it together and falling apart: women's dynamic experience of birth. *Midwifery*. 2018;58:130-136. doi:10.1016/j.midw.2017.12.006
- Karlström A, Nystedt A, Hildingsson I. The meaning of a very positive birth experience: focus groups discussions with women. *BMC Pregnancy Childbirth*. 2015;15(1):1-8. doi:10.1186/s12884-015-0683-0
- Lundgren I, Karlsdottir S, Bondas T. Long-term memories and experiences of childbirth in a Nordic context—a secondary analysis. *Int J Qual Stud Heal Well-Being*. 2009;4(2):115-128. doi:10.1080/17482620802423414
- Karlsdottir SI, Sveinsdottir H, Kristjansdottir H, Aspelund T, Olafsdottir OA. Predictors of women's positive childbirth pain experience: findings from an Icelandic national study. *Women Birth*. 2018;31(3):e178-e184. doi:10.1016/J.WOMBI.2017.09.007
- Thomson GM, Downe S. Changing the future to change the past: women's experiences of a positive birth following a traumatic birth experience. *J Reprod Infant Psychol*. 2010;28(1):102-112. doi:10.1080/02646830903295000
- Rijnders M, Baston H, Schönbeck Y, et al. Perinatal factors related to negative or positive recall of birth experience in women

- 3 years postpartum in The Netherlands. *Birth*. 2008;35(2):107-116. doi:10.1111/j.1523-536X.2008.00223.x
7. Elmir R, Schmied V, Wilkes L, Jackson D. Women's perceptions and experiences of a traumatic birth: a meta-ethnography. *J Adv Nurs*. 2010;66(10):2142-2153. doi:10.1111/j.1365-2648.2010.05391.x
 8. Larkin P, Begley CM, Devane D. Women's experiences of labour and birth: an evolutionary concept analysis. *Midwifery*. 2009;25(2):e49-e59. doi:10.1016/j.midw.2007.07.010
 9. Olza I, Uvnas-Moberg K, Ekström-Bergström A, et al. Birth as a neuro-psycho-social event: an integrative model of maternal experiences and their relation to neurohormonal events during childbirth. *PLoS One*. 2020;15:e0230992. doi:10.1371/journal.pone.0230992
 10. Kurz E, Davis D, Browne J. Parturescence: a theorisation of women's transformation through childbirth. *Women Birth*. 2022;35(2):135-143. doi:10.1016/j.wombi.2021.03.009
 11. Waldenström U. Experience of labor and birth in 1111 women. *J Psychosom Res*. 1999;47(5):471-482.
 12. Hildingsson I, Johansson M, Karlström A, Fenwick J. Factors associated with a positive birth experience: an exploration of Swedish Women's experiences. *Int J Childbirth*. 2013;3(3):153-164. doi:10.1891/2156-5287.3.3.153
 13. Westergren A, Edin K, Lindkvist M, Christianson M. Exploring the medicalisation of childbirth through women's preferences for and use of pain relief. *Women Birth*. 2021;34(2):e118-e127. doi:10.1016/j.wombi.2020.02.009
 14. Coo S, García MI, Mira A. Examining the association between subjective childbirth experience and maternal mental health at six months postpartum. *J Reprod Infant Psychol*. 2021;21:1-14. doi:10.1080/02646838.2021.1990233
 15. Soet J, Brack G, DiIorio C. Prevalence and predictors of Women's experience of psychological trauma during childbirth. *Birth*. 2003;30(1):36-46. doi:10.1046/j.1523-536x.2003.00215.x
 16. Smarandache A, Kim THM, Bohr Y, Tamim H. Predictors of a negative labour and birth experience based on a national survey of Canadian women. *BMC Pregnancy Childbirth*. 2016;16(1):114. doi:10.1186/s12884-016-0903-2
 17. Wijma K, Soderquist J, Wijma B. Posttraumatic stress disorder after childbirth: a cross sectional study. *J Anxiety Disord*. 1997;11(6):587-597. doi:10.1016/s0887-6185(97)00041-8
 18. Maimburg RD, Væth M, Dahlen H. Women's experience of childbirth – a five year follow-up of the randomised controlled trial “ready for child trial”. *Women Birth*. 2016;29(5):450-454. doi:10.1016/j.wombi.2016.02.003
 19. Waldenström U. Why do some women change their opinion about childbirth over time? *Birth*. 2004;31(2):102-107. doi:10.1111/j.0730-7659.2004.00287.x
 20. Oladapo OT, Tunçalp BM, et al. WHO model of intrapartum care for a positive childbirth experience: transforming care of women and babies for improved health and wellbeing. *BJOG*. 2018;125(8):918-922. doi:10.1111/1471-0528.15237
 21. Nilsson C. The delivery room: is it a safe place? A hermeneutic analysis of women's negative birth experiences. *Sex Reprod Healthc*. 2014;5(4):199-204. doi:10.1016/j.srhc.2014.09.010
 22. Cook K, Loomis C. The impact of choice and control on Women's childbirth experiences. *J Perinat Educ*. 2012;21(3):158-168. doi:10.1891/1058-1243.21.3.158
 23. Yuill C, McCourt C, Cheyne H, Leister N. Women's experiences of decision-making and informed choice about pregnancy and birth care: a systematic review and meta-synthesis of qualitative research. *BMC Pregnancy Childbirth*. 2020;20(1):343. doi:10.1186/s12884-020-03023-6
 24. Chabbert M, Panagiotou D, Wendland J. Predictive factors of women's subjective perception of childbirth experience: a systematic review of the literature. *J Reprod Infant Psychol*. 2021;39(1):43-66. doi:10.1080/02646838.2020.1748582
 25. Hildingsson I, Karlström A, Larsson B. Childbirth experience in women participating in a continuity of midwifery care project. *Women Birth*. 2021;34(3):e255-e261. doi:10.1016/j.wombi.2020.04.010
 26. McKelvin G, Thomson G, Downe S. The childbirth experience: a systematic review of predictors and outcomes. *Women Birth*. 2021;34(5):407-416. doi:10.1016/j.wombi.2020.09.021
 27. Webb R, Ayers S, Bogaerts A, et al. When birth is not as expected: a systematic review of the impact of a mismatch between expectations and experiences. *BMC Pregnancy Childbirth*. 2021;21(1):475. doi:10.1186/s12884-021-03898-z
 28. Yildiz PD, Ayers S, Phillips L. The prevalence of posttraumatic stress disorder in pregnancy and after birth: a systematic review and meta-analysis. *J Affect Disord*. 2017;208:634-645. doi:10.1016/j.jad.2016.10.009
 29. Priddis HS, Keedle H, Dahlen H. The perfect storm of trauma: the experiences of women who have experienced birth trauma and subsequently accessed residential parenting services in Australia. *Women Birth*. 2018;31(1):17-24. doi:10.1016/j.wombi.2017.06.007
 30. Simpson M, Catling C. Understanding psychological traumatic birth experiences: a literature review. *Women Birth*. 2016;29(3):203-207. doi:10.1016/j.wombi.2015.10.009
 31. Leinweber J, Fontein-Kuipers Y, Thomson G, et al. Developing a woman-centered, inclusive definition of traumatic childbirth experiences: a discussion paper. *Birth*. 2022. doi:10.1111/birt.12634. Epub ahead of print.
 32. Hill E, Firth A. Positive birth experiences: a systematic review of the lived experience from a birthing person's perspective. *MIDIRS Midwifery Dig*. 2018;28(1):71-78.
 33. Kurz E, Davis D, Browne J. 'I felt like I could do anything!' Writing the phenomenon of 'transcendent birth' through autoethnography. *Midwifery*. 2019;68:23-29. doi:10.1016/j.midw.2018.10.003
 34. Alfaro Blazquez R, Ferrer Ferrandiz E, Gea Caballero V, Corchon S, Juarez-Vela R. Women's satisfaction with maternity care during preterm birth. *Birth*. 2019;46(4):670-677. doi:10.1111/birt.12453
 35. Martin CR, Hollins Martin C, Redshaw M. The birth satisfaction scale-revised indicator (BSS-RI). *BMC Pregnancy Childbirth*. 2017;17(1):277. doi:10.1186/s12884-017-1459-5
 36. Preis H, Lobel M, Benyamini Y. Between expectancy and experience: testing a model of childbirth satisfaction. *Psychol Women Q*. 2018;43(1):105-117. doi:10.1177/0361684318779537
 37. National Health Service (NHS). *Better Births: Improving Outcomes of Maternity Services in England*. National Health Service (NHS); 2016.
 38. Michels A, Kruske S, Thompson R. Women's postnatal psychological functioning: the role of satisfaction with intrapartum care and the birth experience. *J Reprod Infant Psychol*. 2013;31(2):172-182. doi:10.1080/02646838.2013.791921
 39. Grigoryan R, Thompson ME, Crape B, Hekimian K. Explaining Women's high satisfaction with objectively poor

- quality childbirth services: Armenia as a case study. *Health Care Women Int.* 2015;36(1):121-134. doi:10.1080/07399332.2014.946507
40. van Teijlingen ER, Hundley V, Rennie A-M, Graham W, Fitzmaurice A. Maternity satisfaction studies and their limitations: "what is, must still be best.". *Birth.* 2003;30(2):75-82. doi:10.1046/j.1523-536X.2003.00224.x
 41. World Health Organization. *WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience.* World Health Organization; 2018.
 42. Downe S, Finlayson K, Oladapo O, Bonet M, Gulmezoglu AM. What matters to women during childbirth: a systematic qualitative review. *PLoS One.* 2018;13(4):e0194906. doi:10.1371/journal.pone.0194906
 43. Skrondal TF, Bache-Gabrielsen T, Aune I. All that I need exists within me: a qualitative study of nulliparous Norwegian women's experiences with planned home birth. *Midwifery.* 2020;86:102705. doi:10.1016/j.midw.2020.102705
 44. Feeley C, Thomson G. Why do some women choose to free-birth in the UK? An interpretative phenomenological study. *BMC Pregnancy Childbirth.* 2016;16(1):59. doi:10.1186/s12884-016-0847-6
 45. Tricco AC, Langlois E, Straus SE. *Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide.* World Health Organization; 2017.
 46. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today.* 2004;24(2):105-112. doi:10.1016/j.nedt.2003.10.001
 47. Fontein-Kuipers Y, de Groot R, Van Staa A. Woman-centered care 2.0: bringing the concept into focus. *Eur J Midwifery.* 2018;2(5):1-12.
 48. Wolf N. *Misconceptions: Truth, Lies, and the Unexpected on the Journey to Motherhood.* Anchor; 2003.
 49. Sorenson DS. Healing traumatizing provider interactions among women through short-term group therapy. *Arch Psychiatr Nurs.* 2003;17(6):259-269. doi:10.1053/j.apnu.2003.10.002
 50. Sorenson D, Tschetter L, Sorenson DSS, Tschetter L. Prevalence of negative birth perception, disaffirmation, perinatal trauma symptoms, and depression among postpartum women. *Perspect Psychiatr Care.* 2010;46:14-25. doi:10.1111/j.1744-6163.2009.00234.x
 51. Patterson J, Hollins Martin C, Karatzias T. PTSD post-childbirth: a systematic review of women's and midwives' subjective experiences of care provider interaction. *J Reprod Infant Psychol.* 2019;37(1):56-83. doi:10.1080/02646838.2018.1504285
 52. Reed R, Sharman R, Inglis C. Women's descriptions of childbirth trauma relating to care provider actions and interactions. *BMC Pregnancy Childbirth.* 2017;17(1):21. doi:10.1186/s12884-016-1197-0
 53. Harris R, Ayers S. What makes labour and birth traumatic? A survey of intrapartum 'hotspots'. *Psychol Health.* 2012;27(10):1166-1177. doi:10.1080/08870446.2011.649755
 54. Dahlberg U, Aune I. The woman's birth experience—the effect of interpersonal relationships and continuity of care. *Midwifery.* 2013;29(4):407-415. doi:10.1016/j.midw.2012.09.006
 55. Sigurdardottir VL, Gamble J, Gudmundsdottir B, Kristjansdottir H, Sveinsdottir H, Gottfredsdottir H. The predictive role of support in the birth experience: a longitudinal cohort study. *Women Birth.* 2017;30(6):450-459. doi:10.1016/j.wombi.2017.04.003
 56. Milan M. Childbirth as healing: three women's experience of independent midwife care. *Complement Ther Nurs Midwifery.* 2003;9(3):140-146. doi:10.1016/s1353-6117(03)00038-6
 57. Sandall J, Soltani H, Gates S, Shennan A, Devane D. *Midwife-Led Continuity Models Versus Other Models of Care for Childbearing Women.* Cochrane Libr.; 2016.
 58. Sjöblom I, Idvall E, Lindgren H. Creating a safe haven—Women's experiences of the Midwife's professional skills during planned home birth in four Nordic countries. *Birth.* 2014;41(1):100-107. doi:10.1111/birt.12092
 59. Bohren MA, Berger BO, Munthe-Kaas H, Tunçalp Ö. Perceptions and experiences of labour companionship: a qualitative evidence synthesis. *Cochrane Database Syst Rev.* 2019;2019(7):CD012449. doi:10.1002/14651858.CD012449.pub2
 60. Taheri M, Takian A, Taghizadeh Z, Jafari N, Sarafraz N. Creating a positive perception of childbirth experience: systematic review and meta-analysis of prenatal and intrapartum interventions. *Reprod Health.* 2018;15(1):73. doi:10.1186/s12978-018-0511-x
 61. Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. *Cochrane Database Syst Rev.* 2017;7(7):CD003766. doi:10.1002/14651858.CD003766.pub6
 62. WHO. *Companion of Choice during Labour and Childbirth for Improved Quality of Care Evidence-to-Action Brief.* WHO; 2020.
 63. Reisz S, Brennan J, Jacobvitz D, George C. Adult attachment and birth experience: importance of a secure base and safe haven during childbirth. *J Reprod Infant Psychol.* 2019;37(1):26-43. doi:10.1080/02646838.2018.1509303
 64. Bradfield Z, Duggan R, Hauck Y, Kelly M. Midwives being "with woman": an integrative review. *Women Birth.* 2018;31(2):143-152. doi:10.1016/j.wombi.2017.07.011
 65. O'Brien D, Butler MM, Casey M. The importance of nurturing trusting relationships to embed shared decision-making during pregnancy and childbirth. *Midwifery.* 2021;98:102987. doi:10.1016/j.midw.2021.102987
 66. Dahlberg U, Persen J, Skogås AK, Selboe ST, Torvik HM, Aune I. How can midwives promote a normal birth and a positive birth experience? The experience of first-time Norwegian mothers. *Sex Reprod Healthc.* 2016;7:2-7. doi:10.1016/J.SRHC.2015.08.001
 67. Ekström-Bergström A, Thorstensson S, Bäckström C. The concept, importance and values of support during childbearing and breastfeeding – a discourse paper. *Nurs Open.* 2022;9(1):156-167. doi:10.1002/nop2.1108
 68. Olza I, Leahy-Warren P, Benyamini Y, et al. Women's psychological experiences of physiological childbirth: a meta-synthesis. *BMJ Open.* 2018;8(10):e020347. doi:10.1136/bmjopen-2017-020347
 69. Nilsson L, Thorsell T, Hertfelt Wahn E, Ekström A. Factors influencing positive birth experiences of first-time mothers. *Nurs Res Pract.* 2013;2013:1-6. doi:10.1155/2013/349124
 70. Clesse C, Lighezzolo-Alnot J, de Lavergne S, Hamlin S, Scheffler M. The evolution of birth medicalisation: a systematic review. *Midwifery.* 2018;66:161-167. doi:10.1016/j.midw.2018.08.003
 71. Oelhafen S, Trachsel M, Monteverde S, Raio L, Cignacco E. Informal coercion during childbirth: risk factors and prevalence estimates from a nationwide survey of women in Switzerland.

- BMC Pregnancy Childbirth*. 2021;21(1):369. doi:10.1186/s12884-021-03826-1
72. Hollander MH, van Hastenberg E, van Dillen J, van Pampus MG, de Miranda E, Stramrood CAI. Preventing traumatic childbirth experiences: 2192 women's perceptions and views. *Arch Womens Ment Health*. 2017;20(4):515-523. doi:10.1007/s00737-017-0729-6
 73. Meyer S. Control in childbirth: a concept analysis and synthesis. *J Adv Nurs*. 2013;69(1):218-228. doi:10.1111/j.1365-2648.2012.06051.x
 74. Jafari E, Mohebbi P, Mazloomzadeh S. Factors related to Women's childbirth satisfaction in physiologic and routine childbirth groups. *Iran J Nurs Midwifery Res*. 2017;22(3):219-224. doi:10.4103/1735-9066.208161
 75. Namey EE, Lyerly AD. The meaning of "control" for child-bearing women in the US. *Soc Sci Med*. 2010;71(4):769-776. doi:10.1016/j.socsmed.2010.05.024
 76. Klomp T, Manniën J, de Jonge A, Hutton EK, Lagro-Janssen ALM. What do midwives need to know about approaches of women towards labour pain management? A qualitative interview study into expectations of management of labour pain for pregnant women receiving midwife-led care in The Netherlands. *Midwifery*. 2014;30(4):432-438. doi:10.1016/j.midw.2013.04.013
 77. Thomson G, Feeley C, Moran VH, Downe S, Oladapo OT. Women's experiences of pharmacological and non-pharmacological pain relief methods for labour and childbirth: a qualitative systematic review. *Reprod Health*. 2019;16(1):71. doi:10.1186/s12978-019-0735-4
 78. Hallam JL, Howard CD, Locke A, Thomas M. Communicating choice: an exploration of mothers' experiences of birth. *J Reprod Infant Psychol*. 2016;34(2):175-184. doi:10.1080/02646838.2015.1119260
 79. Gärtner FR, Freeman LM, Rijnders ME, et al. A comprehensive representation of the birth-experience: identification and prioritization of birth-specific domains based on a mixed-method design. *BMC Pregnancy Childbirth*. 2014;14(1):147. doi:10.1186/1471-2393-14-147
 80. Gibson E. Women's expectations and experiences with labour pain in medical and midwifery models of birth in the United States. *Women Birth*. 2014;27(3):185-189. doi:10.1016/j.wombi.2014.05.002
 81. Montgomery E. Feeling safe: a metasynthesis of the maternity care needs of women who were sexually abused in childhood. *Birth Issues Perinat Care*. 2013;40:88-95. doi:10.1111/birt.12043
 82. Werner-Bierwisch T, Pinkert C, Niessen K, Metzinger S, Hellmers C. Mothers' and fathers' sense of security in the context of pregnancy, childbirth and the postnatal period: an integrative literature review. *BMC Pregnancy Childbirth*. 2018;18(1):473. doi:10.1186/s12884-018-2096-3
 83. Aannestad M, Herstad M, Severinsson E. A meta-ethnographic synthesis of qualitative research on women's experience of midwifery care. *Nurs Health Sci*. 2020;22(2):171-183. doi:10.1111/nhs.12714
 84. Nilsson C, Wijk H, Höglund L, Sjöblom H, Hessman E, Berg M. Effects of birthing room design on maternal and neonate outcomes: a systematic review. *HERD Heal Environ Res des J*. 2020;13(3):198-214. doi:10.1177/1937586720903689
 85. Goldkuhl L, Dellenborg L, Berg M, Wijk H, Nilsson C. The influence and meaning of the birth environment for nulliparous women at a hospital-based labour ward in Sweden: an ethnographic study. *Women Birth*. 2021;35:e337-e347. doi:10.1016/j.wombi.2021.07.005
 86. Davis DL, Homer CSE. Birthplace as the midwife's work place: how does place of birth impact on midwives? *Women Birth*. 2016;29(5):407-415. doi:10.1016/j.wombi.2016.02.004
 87. Barimani M, Vikström A, Rosander M, Forslund Frykedal K, Berlin A. Facilitating and inhibiting factors in transition to parenthood – ways in which health professionals can support parents. *Scand J Caring Sci*. 2017;31(3):537-546. doi:10.1111/scs.12367
 88. Liddell J, Johnson KM. Dignity in childbirth: US Women's perceptions of respect and autonomy in hospital births. In: Kronenfeld JJ, ed. *Gender, Women's Health Care Concerns and Other Social Factors in Health and Health Care*. Emerald Group Publishing; 2018:87-108.
 89. Vedam S, Stoll K, McRae DN, et al. Patient-led decision making: measuring autonomy and respect in Canadian maternity care. *Patient Educ Couns*. 2019;102(3):586-594. doi:10.1016/j.pec.2018.10.023
 90. Dekel S, Ein-Dor T, Berman Z, Barsoumian IS, Agarwal S, Pitman RK. Delivery mode is associated with maternal mental health following childbirth. *Arch Womens Ment Health*. 2019;22(6):817-824. doi:10.1007/s00737-019-00968-2
 91. Berg M, Dahlberg K. A phenomenological study of women's experiences of complicated childbirth. *Midwifery*. 1998;14(1):23-29. doi:10.1016/S0266-6138(98)90111-5
 92. Lindblad Wollmann C, Liu C, Saltvedt S, Elvander C, Ahlberg M, Stephansson O. Risk of negative birth experience in trial of labor after cesarean delivery: a population-based cohort study. *PLoS One*. 2020;15(3):e0229304. doi:10.1371/journal.pone.0229304
 93. Downe S, Schmidt E, Kingdon C, Heazell AEP. Bereaved parents' experience of stillbirth in UK hospitals: a qualitative interview study. *BMJ Open*. 2013;3(2):e002237. doi:10.1136/bmjopen-2012-002237
 94. Crawley R, Lomax S, Ayers S. Recovering from stillbirth: the effects of making and sharing memories on maternal mental health. *J Reprod Infant Psychol*. 2013;31(2):195-207. doi:10.1080/02646838.2013.795216
 95. Cheyney M. Reinscribing the birthing body: homebirth as ritual performance. *Med Anthropol Q*. 2011;25(4):519-542. doi:10.1111/j.1548-1387.2011.01183.x
 96. Dahlen HG, Barclay LM, Homer CSE. The novice birthing: theorising first-time mothers' experiences of birth at home and in hospital in Australia. *Midwifery*. 2010;26(1):53-63. doi:10.1016/j.midw.2008.01.012
 97. Hosseini Tabaghdehi M, Keramat A, Kolahdozan S, Shahhosseini Z, Moosazadeh M, Motaghi Z. Positive childbirth experience: a qualitative study. *Nurs Open*. 2020;7(4):1233-1238. doi:10.1002/nop2.499
 98. Crowther S, Smythe E, Spence D. The joy at birth: an interpretive hermeneutic literature review. *Midwifery*. 2014;30(4):e157-e165. doi:10.1016/j.midw.2014.01.004
 99. Taghizadeh Z, Ebadi A, Dehghani M, Gharacheh M, Yadollahi P. A time for psycho-spiritual transcendence: the experiences of Iranian women of pain during childbirth. *Women Birth*. 2017;30(6):491-496. doi:10.1016/j.wombi.2017.04.010
 100. Chamberlain C, Gee G, Brown SJ, et al. Healing the past by nurturing the future—co-designing perinatal strategies for

aboriginal and Torres Strait islander parents experiencing complex trauma: framework and protocol for a community-based participatory action research study. *BMJ Open*. 2019;9(6):e028397. doi:10.1136/bmjopen-2018-028397

101. Taubman-Ben-Ari O, Navon M, Davidi O. Mothers' personal growth in the first year: the role of perceived childbirth experience and support. *J Reprod Infant Psychol*. 2021;15(1):1-11. doi:10.1080/02646838.2021.1932778. Epub ahead of print.
102. Thomson G, Downe S. Widening the trauma discourse: the link between childbirth and experiences of abuse. *J Psychosom Obstet Gynecol*. 2008;29(4):268-273. doi:10.1080/01674820802545453
103. Thomson G. Growth and renewal through traumatic birth. In: Crowther S, Hall J, eds. *Spirituality and Childbirth: Meaning and Care at the Start of Life*. Routledge; 2017:142-158.
104. Green JM. Integrating Women's views into maternity care research and practice. *Birth*. 2012;39(4):291-295. doi:10.1111/birt.12003

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Leinweber J, Fontein-Kuipers Y, Karlsdottir SI, et al.. Developing a woman-centered, inclusive definition of positive childbirth experiences: A discussion paper. *Birth*. 2022;00:1-22. doi: [10.1111/birt.12666](https://doi.org/10.1111/birt.12666)

APPENDIX A

Included studies subjective to positive childbirth experience retrospectively reported by women

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Dencker et al (2020)	Cross-sectional study	682 (46.9% primiparous/53.1% multiparous) women; mean age 31.4 years	Sweden	3-4 weeks postpartum	<ul style="list-style-type: none"> Perceived capacity Perceived safety Treated with warmth and respect, encouraged, calm atmosphere, privacy, and dignity Midwife being present Participation (decision-making, being listened to/ heard, receiving information) Prevention of development of negative memories 	Being in control, feeling strong, confident, happy, and secure, resulting in positive memories
Gaudernack et al (2020)	Survey	459 primiparous at term with induced (25%) or spontaneous onset of labor (75%); mean age 32 years; 64% SVD; 25% operative childbirth; 11% CS	Norway	1-2 months after childbirth	<ul style="list-style-type: none"> Perceived own capacity (strong, capable, happy, managing pain/labor, control) Perceived safety (feeling secure) Professional support (time, devoted midwife, being informed, being understood, being well cared for) Participation (choice, decision-making, having a voice) 	Feeling confident in managing the childbirth, for the childbirth to go as expected, and otherwise handling unexpected events through being professionally supported and having the choice in how to give childbirth resulting in positive and happy memories and wanting to have more children
Hosseini Tabaghdehi et al (2020)	Interviews	10 (4 primiparous/6 multiparous) women with positive childbirth experiences; (20-38 years)	Iran	72 hours 2 months postpartum	<ul style="list-style-type: none"> Feeling/being physically and mentally prepared Familiarity with childbirth environment Supported Sense of self-efficacy and self-esteem Being communicated with Being understood Needs are being met Being cared for Feeling secure 	A childbirth in which women feel prepared and experience internal and external control to cope with labor and feel safe, to welcome the baby. The childbirth is an empowering experience, enhancing inner strength, capacities, and ability to cope with challenges

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Nieuwenhuijze and Leahy- Warren (2019)	Concept analysis	97 studies	All continents	<i>Unclear</i>	<ul style="list-style-type: none"> • Belief in own abilities • Sense of self-esteem • Feeling confident • Sense of self-efficacy • Having meaningful interconnectedness with caregivers • Having a respectful relationship with caregivers • Sense of equality • Self-advocacy • Access and control over resources • Being facilitated in choice and decision-making • Sense of control over situation, self, and others • Tailored information 	An experience with a sense of accomplishment, free of domination in its broadest sense in an environment that recognizes autonomy and creates space for the woman's choices and decisions
Preis et al (2019)	Longitudinal study (survey)	330 primiparous women	Israel	6 months postpartum	<ul style="list-style-type: none"> • Perceived self-control (behavior, pain, childbirth process, interventions, childbirth environment) • Positive emotions • Being communicated with • Being respected • Sense of safety • Involvement in decision-making • Emotionally supported • Satisfaction with the childbirth process and actual childbirth 	Experiencing the childbirth that a woman anticipates and hopes for
Zhu et al (2019)	Multisite cross-sectional study	1747 (53% primiparous) women; mean age 27 years; 93% SVD, 41% augmentation labor, 37% pain relief, and 93% continuous EFM	China	2-3 days postpartum	<ul style="list-style-type: none"> • Supported by a professional • Sense of own capacity • Perceived safety • Participating in childbirth process • Perceived companionship • Time allowed for the childbirth process • Having a choice • Receiving information 	A childbirth where the woman's needs are understood and met and the woman is well-taken care of, whereby the woman feels strong and capable to cope with the childbirth, resulting in a happy event with (many) positive memories

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Betron et al (2018)	Mapping review	12 of 37 studies including 5721 women	Kenya, Ghana, Tunisia, Ethiopia, Bangladesh, Mexico, Nigeria, Dominican Republic, Tanzania, Madagascar, Rwanda, India	<i>Unclear</i>	<ul style="list-style-type: none"> • Not being judged • No violence • Being respected • Allowed to make mistakes • No power dynamics • Rights based (information, decision-making) • Women's rights respected • Consent obtained • Sensitive caregivers/environment • Nondiscriminant 	Childbirth within a strong feminist and a rights-based framework, ensuring advocacy for listening to women's voices, promoting quality, equity, and dignity
Bohren et al (2018)	Qualitative evidence synthesis (review)	51 studies	Malawi, Rwanda, Nepal, Tanzania, Syria, Ghana, Mexico, South Africa, Jordan, Kenya, China, Lebanon, Egypt, Sweden, Canada, U.S., U.K., Australia	<i>Unclear</i>	<ul style="list-style-type: none"> • Informational support • Compassionate and trustworthy childbirth companion • Companions acting as advocates • Practically and emotionally supported • Continuous physical presence of a companion • Receiving praise and reassurance 	Feeling in control and confident
Downe et al (2018)	Systematic qualitative review	35 studies/1800 women; 14-49 years of age	U.K., Sweden, Finland, Iceland, Norway, Turkey, (China, India, Nepal Bangladesh, Kazakhstan, Thailand, Brazil, Chile, Ecuador) Canada, U.S., Australasia, Ghana, Kenya	Pre/postnatal	<ul style="list-style-type: none"> • Exceeding personal and socio-cultural beliefs and expectations • Being able to "go with the flow" • Sense control through active decision-making • Recognition of and respect for embodied (physical and psychosocial) knowledge • Recognition/respecting familial and socio-cultural norms 	Giving childbirth to a healthy baby in a clinically and psychologically safe environment with practical and emotional support from childbirth companions, and competent, reassuring, kind clinical staff and during which individuality, safety, and psychosocial well-being are equally valued, resulting in a fulfilling experience

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Hallam et al (2018)	Interviews	6 women with at least one child with a range of childbirth experiences	United Kingdom	<i>Unclear</i>	<ul style="list-style-type: none"> • Receiving advice • Discussion of options • Personal choices executed • Supportive midwife 	Personally agency
Lewis et al (2018)	Exploratory design	136 primiparous/multiparous women	Australia	6 weeks postpartum	<ul style="list-style-type: none"> • Supported • Natural progression of labor • Effective pain relief • Sense of psychological determination 	A childbirth that is positive, amazing, magical, easy, perfect, fantastic, great, awe-some, surreal, wonderful, beautiful, and empowering
Namujju et al (2018)	Phenomenological qualitative research design: interviews and focus groups	25 women between 18 and 23 years of age; parity between 1 and 5 children	Uganda	<i>Unclear</i>	<ul style="list-style-type: none"> • Managing labor pain • Interpersonal communication • Support and involvement of others (partner, midwife) • Managing complications • Being listened to • Confidence and trust in caregivers • Rights based (information, decision-making) 	Childbirth regarded as a meaningful phenomenon associated with feelings of consolation, hope, and encouragement. Physically and emotionally supported in a welcoming and attentive manner
Olza et al (2018)	Meta-synthesis	8 studies/94 primiparous and multiparous women	<i>Unclear</i>	Within 1-20 years postpartum	<ul style="list-style-type: none"> • Maintaining self-confidence in keeping familiar routine and environment • Experience of calmness and sense of peace • Emotional strength and positivity • Feelings of confidence and trust • Sense of being in control or feeling safe to hand over control • Safe and known companions in a protected place • Working "with" pain • Being cared for/compassionate care(rs) • Gaining new knowledge and understanding about oneself 	Empowering, enriching, intense, and unique physical and psychological experience, overcome with own coping resources and the help of others, and a sense of internal and external control to ground in motherhood

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Taheri et al (2018)	Systematic review & meta-analysis	20 RCTS/22 800 women	Four studies were carried out in the United Kingdom, 3 in Australia, 3 in the United States, 2 in Denmark, 2 in Canada, and the remainder in 7 other countries	24 hours-5 years postpartum	<ul style="list-style-type: none"> • Childbirth preparedness • Trained companion's presence • Labor support from a close relationship • Relaxation (massage, music) • Continuity of care • Emotional care • Humanitarian behavior care provider 	A childbirth with minimal obstetric interventions
Ulfssdotir et al (2018)	Qualitative study with in- depth interviews	20 (12 primiparous and 8 multiparous) women; aged 27-39	Sweden	3-5 months postpartum	<ul style="list-style-type: none"> • Privacy • Discretion • Relaxation • Feeling safe and secure 	A strengthening, enabling, and authoritative process with a synergy between body and mind, coping and feeling confident, in control to focus on the body
Ratcliffe et al (2016)	Mixed-methods (interviews and observation, survey)	1068, mean age 29.7 years; 17.5% nulliparous	Tanzania	4-6 weeks postpartum	<ul style="list-style-type: none"> • Empathy of care provider • Interpersonal relationship woman-care provider • Rights based (information, timely care) • Consent obtained • Shared responsibility • Privacy • Abuse free • Feeling welcome 	Feeling empowered, comfortable, and confident during childbirth, resulting in a satisfactory and qualitative experience
Karlström et al (2015)	Focus groups	26 women who identified their childbirth as a positive experience	Sweden	6-7 years postpartum	<ul style="list-style-type: none"> • Sense of own ability • Sense of strength • Trustful and respectful relationship with a midwife • Trust and support from partner • Feeling safe • Being in control • Feeling physically and mentally prepared 	A childbirth grounded in an attitude of trust and confidence, being in a relaxed mode but also being in charge and involved in the childbirth process, letting go when necessary A childbirth happens in a welcoming, respectful, and calm atmosphere of trust and safety with people (partner, midwife) supporting the woman by seeing and hearing her

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Crowther et al (2014)	Interpretive hermeneutic literature review	Unclear	Unclear	Unclear	<ul style="list-style-type: none"> • Calmness, quiet presence, trust, sense of safety, and support for normalcy • Ultimate spiritual orgasm • Attunement • Uniqueness 	A moment of joy
Dodou et al (2014)	Semi-structured interviews	20 (9 primiparous/11 multiparous) women between 18-35 years of age	Brazil	24-48 hours postpartum	<ul style="list-style-type: none"> • Presence and involvement of companion/ significant other • Being physically and emotionally supported • Sense of safety • Being touched • Comforting use of language 	A meaningful and lived moment in an atmosphere of confidence, comfort, support, strength, welfare, calmness, and feeling secure
Dahlberg and Aune (2013)	Q-methodology	23 (13 primiparous/10 multiparous women); 23-44 years of age; receiving continuity of care	Norway	3-8 months postpartum	<ul style="list-style-type: none"> • Holistic care • Interdependency in the woman-midwife relation • Psychological trust • Reciprocity in relationship with midwife • Feeling confident • Calm atmosphere • Being known and feeling understood • Someone being there and paying thoughtful attention 	A childbirth happening in a context of relational continuity resulting in personal growth and an empowering experience
Hildingsson et al (2013)	Prospective longitudinal study	922 (417 primiparous/505 multiparous) women	Sweden	2 months to 1 year postpartum	<ul style="list-style-type: none"> • Feeling in control • No or only cognitive use of intrapartum pain management • Achieving a spontaneous vaginal childbirth 	Focus on the woman and keeping childbirth normal

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Dlugosz (2013)	Phenomenological study, interviews	8 primiparous/ multiparous women; 26-33 years of age	Australia	<i>Unclear</i>	<ul style="list-style-type: none"> • Essential presence of significant other • Psychologically supported • Sense of trust and security • Sense of control • Being prepared • Room for experiential learning • Feeling connected to the childbirth and others present • Being encouraged • Being advocated for • Feeling respected 	Stress-free childbirth
Hardin and Buckner (2013)	Qualitative descriptive study	17 women with spontaneous births; mean age 32 years	U.S.	48 hours-12 months postpartum	<ul style="list-style-type: none"> • Feelings of well-being and empowerment • Being able to move and change positions freely • Presence of a spouse /partner or trusted individual 	The ability to control the body during labor and the ability to influence the environment in which the woman labors and gives childbirth
Nilsson et al (2013)	Written narratives	14 primiparous women with a vaginal childbirth	Sweden	1-2 weeks postpartum	<ul style="list-style-type: none"> • Sense of being empowered • Trusting own body • Managing/coping with pain • Being satisfied with own efforts • Emotional support • Tolerant and peaceful atmosphere • Feelings of trust • Feeling safe • Presence of midwife and partner • Responsiveness (being seen and heard) • Individualized support 	To be confirmed and seen as a unique individual by the professionals and partner who respond to the individual needs of support. A feeling of indescribable happiness when the baby is born, even if the childbirth is protracted or medically complicated

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Meyer (2012)	Concept analysis	34 studies including women who planned home births, women who accessed inner-city childbirth centers, women who desired epidurals, and women who elected a primary cesarean childbirth	China, Taiwan, Australia, Sweden, Finland, Jordan, England, Canada, and U.S.	<i>Unclear</i>	<ul style="list-style-type: none"> • Sense of control • Sense of accomplishment • Satisfaction 	None given
Nilsson et al (2012)	Written narratives	14 primiparous women with a vaginal childbirth	Sweden	1-2 weeks postpartum	<ul style="list-style-type: none"> • Needs being respected • To feel involved in the care • Presence/support from the partner/midwife • Safe and calm environment • Basic needs (eating, drinking) • Being prepared for what happens • Being able to choose adequate pain relief • The right to refuse students 	A childbirth where a woman's unique needs are met with tailored individual support and being involved in the process
Thomson and Downe (2010)	Interpretive phenomenological study (hermeneutic inquiry)	12 women (27-40 years of age) of whom the first childbirth was traumatic and the second positive	United Kingdom	15 months-19 years postbirth	<ul style="list-style-type: none"> • Needs are being addressed • Preparation • Connection with caregiver (trust, mutuality, respect)—professional friend • Harmonious connectivity of psychological and physical responses • Euphoric feelings • Pride and accomplishment • Feeling "complete" and "whole" • Happy ending 	A childbirth during which being flexibly and safely supported in presenting needs by an empathic and genuine person. Feeling empowered and simultaneously being able to embrace uncertainty—achieving an optimal outcome and creating joyful memories of childbirth and motherhood

Author(s) (year of publication)	Design study	Participants/ numbers involved	Country/region	Timeline	Key elements	Definition/description given
Larkin et al (2009)	Concept analysis	180 papers	<i>Unclear</i>	24 hours-22 years	<ul style="list-style-type: none"> • Unique event • Trusting relationship caregiver • Taking command of oneself or voluntary "letting go" • Connection of pain-support-outcomes • Synergy between mind and body • Temporal process • Healthy baby • Life event • Powerful life experience • Feeling comfortable • Privacy • Dignity • Involved in decision-making • Sense of self-efficacy 	A childbirth approached with hope and happiness, feeling in control during the childbirth while being emotionally supported and compassionately and sensitively cared for in an individualized way, resulting in fulfillment and postpartum emotional well-being
Bryanton et al (2008)	Prospective cohort study	652 (56.4% primiparous/ 43.6 multiparous) women; mean age 28.4 years	Canada	12-48 hours postpartum	<ul style="list-style-type: none"> • Vaginal childbirth • Active participant in own childbirth process • Being together with the infant within 1 hour after childbirth • Relaxation • Supported by partner • Healthy baby • Enhanced awareness 	A childbirth constituting the woman's pleasant or satisfying feelings throughout the childbirth feeling in control with support of the partner and provision of immediate opportunities for the woman to be with her baby

SEARCHTERMS. PubMed, Scencedirect, Biomed, Web of Science, *PsychInfo*, *Scopus*

((definition[All Fields]) AND (childbirth[All Fields] OR (“parturition”[MeSH Terms]) OR (“parturition”[All Fields]) OR (“childbirth”[All Fields]) AND (positive[All Fields]) OR (respectful[All Fields]) AND experience[All Fields]))

Hodnett’s systematic review (2002) included studies between 1973 and 1991. Date for search 1992 and onwards.

Inclusion/exclusion: Studies were included if they (a) included women who had given childbirth (b) focused on women’s retrospective perspectives and emotions, and (c) examined women’s (positive) emotions such as happiness, satisfaction, joy, and not just its presence. Studies were excluded if they (a) included women who had never given childbirth, (b) did not focus on women’s childbirth-related emotions (eg, focused solely on pregnancy, breastfeeding, or motherhood), (c) were not published in the English language, (d) provided a description of a positive childbirth experience based on reversing negative/traumatic childbirth experiences, or (e) were not peer reviewed. If studies included partners or health care professionals, only the results from the women were included. Methodological quality was not assessed.

964 hits

Title + abstract → 335

Records extracted: 38 → handsearching reference lists +10

Full texts read: 48

Excluded: 19

Included in the rapid review: 29

1. Betron ML, McClair TL, Currie S, Banerjee J. Expanding the agenda for addressing mistreatment in maternity care: a mapping review and gender analysis. *Reproductive Health*. 2018;15:143.
2. Bohren MA, Berger BO, Munthe-Kaas H, Tunçalp Ö. Perceptions and experiences of labour companionship: a qualitative evidence synthesis (Review). *Cochrane Database of systematic Reviews*. 2019;3. Art. No.:CD012449.
3. Bryanton J, Gagnon AJ, Johnston C, Hatem M. Predictors of women’s perceptions of the childbirth experience. *JOGNN*. 2008;37:24-34.
4. Crowther S, Smythe E, Spence D. The joy at childbirth: An interpretive hermeneutic literature review. *Midwifery*. 2014;30:e157-e165.
5. Dahlberg U, Aune I. The woman’s childbirth experience – The effect of interpersonal relationships and continuity of care. *Midwifery*. 2013;29:407-415.
6. Dencker A, Bergqvist L, Berg M, Greenbrook J, Nilsson C, Lundgren, I. Measuring women’s experiences of decision-making and aspects of midwifery support: a confirmatory factor analysis of the revised Childbirth Experience Questionnaire. *BMC Pregnancy and Childbirth*. 2020;20:199.
7. Dlugosz S. Fathers at childbirth: women’s experiences of their partner’s presence during childbirth. Thesis. Perth: Edith Cowan University. 2013. https://ro.ecu.edu.au/theses_hons/106
8. Dodou HD, Paiva Rodrigues D, Guerreiro EM, Guedes MVC, do Lago PN, de Mesquita NS. The contribution of the companion to the humanization of delivery and childbirth: perceptions of puerperal women. *Esc Anna Nery*. 2014;18(2):262-269.
9. Downe S, Finlayson K, Oladapo O, Bonet M, Gülmezoglu M. What matters to women during childbirth: A systematic qualitative review. *PLoS ONE*. 2019;13(4):e194906.
10. Gaudernack LC, Michelsen TM, Egeland T, Voldner N, Lukasse M. Does prolonged labor affect the childbirth experience and subsequent wish for cesarean section among first-time mothers? A quantitative and qualitative analysis of a survey from Norway. *BMC Pregnancy and Childbirth*. 2020;20:605.
11. Hallam J, Howard C, Locke A, Thomas M. Empowering women through the positive childbirth movement. *Journal of Gender Studies*. 2018. DOI: [10.1080/09589236.2018.1469972](https://doi.org/10.1080/09589236.2018.1469972)
12. Hardin AM, Buckner EB. Characteristics of a positive experience for women who have unmedicated childbirth. *Journal of Perinatal Education*. 2013;13(4):10-16.
13. Hildingsson I, Johannsson M, Karlström A, Fenwick J. Factors associated with a positive childbirth experience: An exploration of Swedish women’s experiences. *International Journal of Childbirth*. 2013;3(3). DOI: [10.1891/2156-5287.3.3.153](https://doi.org/10.1891/2156-5287.3.3.153)
14. Hosseini Tabaghdehi M, Keramat A, Kolahdozan S, Shahhosseini Z, Moosazadeh M, Motaghi Z. Positive childbirth experience: A qualitative study. *Nursing Open*. 2020;7:1233-1238.
15. Karlström A, Nystedt A, Hildingsson I. The meaning of a very positive childbirth experience: focus groups discussions with women. *BMC Pregnancy and Childbirth*. 2015;15:251.
16. Larkin P, Begley C, Devane D. Women’s experiences of labour and childbirth: an evolutionary concept analysis. *Midwifery*. 2009;25:e49-e59.
17. Lewis L, Hauck YL, Crichton C, et al. The perceptions and experiences of women who achieved and did not achieve a waterbirth. *BMC Pregnancy and Childbirth*. 2018;18:23.
18. Meyer S. Control in childbirth: a concept analysis and synthesis. *Journal of Advanced Nursing*. 2012;69(1):218-28.

19. Namujju J, Muhindo R, Mselle LT, Waiswa P, Nankumbi J, Muwanguzi P. Childbirth experiences and their derived meaning: a qualitative study among postnatal mothers in Mbale regional referral hospital, Uganda. *Reproductive Health*. 2018;15:183.
20. Nieuwenhuijze M, Leahy-Warren P. Women's empowerment in pregnancy and childbirth: A concept analysis. *Midwifery*. 2019;78:1-7.
21. Nilsson L, Thorsell T, Hertfelt Wahn E, Ekström A. Factors influencing positive childbirth experiences of first-time mothers. *Nursing Research and Practice*. 2013;349124.
22. Nilsson L, Thorsell T, Hammar P, Pethrus K, Ekström A. Most important for first time mothers during labor is to be respected for their needs, to feel involved in the care and support from their partners. *Nursing Research and Practice*. 2012;1:4.
23. Olza I, Leahy-Warren P, Benyamini Y, et al. Women's psychological experiences of physiological childbirth: a meta-synthesis. *BMJ Open*. 2018;8:e020347.
24. Preis H, Mobel M, Benyamini Y. Between expectancy and experience: Testing a model for childbirth satisfaction. *Psychology of Women quarterly*. 2019;43(1):105-117.
25. Ratliffe HL, Sando D, Lyatuu GW, et al. Mitigating disrespect and abuse during childbirth in Tanzania: an exploratory study of the effects of two facility-based interventions in a large public hospital. *Reproductive Health*. 2016;13:79.
26. Taheri M, Takian A, Taghizadeh Z, Jafari N, Sarafraz N. Creating a positive perception of childbirth experience: a systematic review and meta-analysis of prenatal and intrapartum interventions. *Reproductive Health*. 2018;15:73.
27. Thomson S, Downe S. Changing the future to change the past: women's experiences of a positive childbirth following a traumatic childbirth. *Journal of Reproductive and Infant Psychology*. 2010;28(1):102-112.
28. Ulfsdottir H, Salltvedt S, Ekborn M, Georgsson S. Like an empowering micro-home: A qualitative study of women's experience of giving childbirth in water. *Midwifery*. 2018;67:26-31.
29. Zhu X, Wang Y, Zhou H, Qiu L, Pang R. Adaptation of the Childbirth Experience Questionnaire (CEQ) in China: A multisite cross-sectional study. *PLoS ONE*. 2019;14(4):e0215373.