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

Julia Leinweber PhD, RM1 | Yvonne Fontein-Kuijpers PhD, RM2,3 | Sigfridur Inga Karlsdottir PhD, RM, RN4 | Anette Ekström-Bergström PhD, RN, RM5,6 | Christina Nilsson PhD, RM, RN7 | Claire Stamrood 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
7Munkbäck 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

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.
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. Women describe dynamic experiences of labor and childbirth that are multidimensional, complex, and unique and incorporate interrelated subjective psychological and physiological processes. Positive childbirth experiences have been found to contribute to women’s psychosocial well-being.

Studies suggest that between one- and two-thirds of women experience childbirth as positive, whereas up to 30% of women experience their childbirth as negative or even traumatic. 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. 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.

The World Health Organization (WHO) emphasizes that the woman’s relationship with her maternity care providers is central to a positive childbirth experience. Evidence from individual studies suggests that a supportive attitude from health professionals, as well as personal control, 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 al. Karlström et al. 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. Similarly, Hildingsson et al. 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 childbirth 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. 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. Kurz et al. have argued that positive childbirth experiences are being undervalued even though they may be a significant maternity care outcome.

McKelvin et al. 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. 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 biases; women may employ an internal mechanism paraphrased by van Teijlingen et al. 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 WHO 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 birth 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.” This definition is based on 56 recommendations for intrapartum care, derived from literature.
focusing on beliefs and expectations of women about labor and childbirth.\textsuperscript{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.\textsuperscript{43,44} The WHO definition stresses several key aspects—fulfillment, safety, and support.\textsuperscript{45} 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.\textsuperscript{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”\textsuperscript{45} (Appendix S1) and a content analysis\textsuperscript{46} 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
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. 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, and it has been suggested that they reflect the broader position and status of women in a given society. 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 Organization 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. 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). Wider research reports that QPI is a key influence on how women feel during labor and childbirth.

### Table 1: Details of women’s feedback

<table>
<thead>
<tr>
<th>Country</th>
<th>Name of consumer organization, website</th>
<th>How women were approached</th>
<th>No of responses</th>
<th>I understand different elements of the definition</th>
<th>The definition reflects my experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>Samen voor Respectvolle Geboorte <a href="https://www.facebook.com/groups/218114899183480/">https://www.facebook.com/groups/218114899183480/</a></td>
<td>Post on Facebook group</td>
<td>10</td>
<td>Yes No Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Germany</td>
<td>Mother-Hood <a href="https://www.motherhood.de/">https://www.motherhood.de/</a></td>
<td>Email to representative of Mother-Hood Germany</td>
<td>6</td>
<td>5 1 5 1</td>
<td>9 0</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>Geboortebeweging <a href="http://www.geboortebeweging.nl">http://www.geboortebeweging.nl</a></td>
<td>Post on Facebook group Geboortebeweging Email to representative of the Geboortebeweging</td>
<td>9</td>
<td>9 0 9 0</td>
<td>9 0</td>
</tr>
<tr>
<td>Iceland</td>
<td>Marchmothers 2019 Facebook group <a href="https://www.facebook.com/groups/204073509598617">https://www.facebook.com/groups/204073509598617</a></td>
<td>Post on closed Facebook group</td>
<td>6</td>
<td>6 0 6 0</td>
<td>6 0</td>
</tr>
<tr>
<td>Sweden</td>
<td>Childbirth Rights Sweden <a href="https://www.birthrightssweden.se">https://www.birthrightssweden.se</a></td>
<td>E-mail to representative of Childbirth Rights Sweden</td>
<td>5</td>
<td>5 0 5 0</td>
<td>5 0</td>
</tr>
<tr>
<td>U.K.</td>
<td>Childbirth Trauma Association <a href="https://birthtraumaassociation.org.uk/">https://birthtraumaassociation.org.uk/</a></td>
<td>Post on Facebook group personal contacts</td>
<td>6</td>
<td>6 0 6 0</td>
<td>6 0</td>
</tr>
</tbody>
</table>
aspects of care.42,58 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 experience55,59,60 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. Feeling respected relates to childbearing women’s needs being met and being involved in their care and is thus key for childbearing women’s sense of control during labor and childbirth. 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 birth.

### 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 reliably; women have reported empowering childbirth experiences irrespective of the mode of childbirth. This also holds true when expecting a sick baby, or when experiencing a stillbirth. 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.

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 birth.

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. 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, transcended, and amazing, with increased confidence and self-esteem, as well as possessing new knowledge and understanding about childbirth and one’s own capacities. Women also report feelings of joy, accomplishment, pride, euphoria, and feeling complete and whole.

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


---

152354x, 2021, 2. Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/birt.12666 by University West, Wiley Online Library on 03/11/2021. See the Terms and Conditions of use on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License.


SUPPORTING INFORMATION

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

# APPENDIX A

## Included studies subjective to positive childbirth experience retrospectively reported by women

<table>
<thead>
<tr>
<th>Author(s) (year of publication)</th>
<th>Design study</th>
<th>Participants/numbers involved</th>
<th>Country/region</th>
<th>Timeline</th>
<th>Key elements</th>
<th>Definition/description given</th>
</tr>
</thead>
</table>
| 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 | • 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 | • 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 Tabagdehi et al (2020) | Interviews | 10 (4 primiparous/6 multiparous) women with positive childbirth experiences; (20-38 years) | Iran | 72 hours 2 months postpartum | • Feeling/be having 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 experienced 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 |
<table>
<thead>
<tr>
<th>Author(s) (year of publication)</th>
<th>Design study</th>
<th>Participants/numbers involved</th>
<th>Country/region</th>
<th>Timeline</th>
<th>Key elements</th>
<th>Definition/description given</th>
</tr>
</thead>
</table>
| Nieuwenhuijze and Leahy-Warren (2019) | Concept analysis | 97 studies | All continents | Unclear | • 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 | • 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 | • 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 |
<table>
<thead>
<tr>
<th>Author(s) (year of publication)</th>
<th>Design study</th>
<th>Participants/numbers involved</th>
<th>Country/region</th>
<th>Timeline</th>
<th>Key elements</th>
<th>Definition/description given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betron et al (2018)</td>
<td>Mapping review</td>
<td>12 of 37 studies including 5721 women</td>
<td>Kenya, Ghana, Tunisia, Ethiopia, Bangladesh, Mexico, Nigeria, Dominican Republic, Tanzania, Madagascar, Rwanda, India</td>
<td>Unclear</td>
<td>• Not being judged&lt;br&gt;• No violence&lt;br&gt;• Being respected&lt;br&gt;• Allowed to make mistakes&lt;br&gt;• No power dynamics&lt;br&gt;• Rights based (information, decision-making)&lt;br&gt;• Women’s rights respected&lt;br&gt;• Consent obtained&lt;br&gt;• Sensitive caregivers/environment&lt;br&gt;• Nondiscriminant</td>
<td>Childbirth within a strong feminist and rights-based framework, ensuring advocacy for listening to women’s voices, promoting quality, equity, and dignity</td>
</tr>
<tr>
<td>Bohren et al (2018)</td>
<td>Qualitative evidence synthesis (review)</td>
<td>51 studies</td>
<td>Malawi, Rwanda, Nepal, Tanzania, Syria, Ghana, Mexico, South Africa, Jordan, Kenya, China, Lebanon, Egypt, Sweden, Canada, U.S., U.K., Australia</td>
<td>Unclear</td>
<td>• Informational support&lt;br&gt;• Compassionate and trustworthy childbirth companion&lt;br&gt;• Companions acting as advocates&lt;br&gt;• Practically and emotionally supported&lt;br&gt;• Continuous physical presence of a companion&lt;br&gt;• Receiving praise and reassurance</td>
<td>Feeling in control and confident</td>
</tr>
<tr>
<td>Downe et al (2018)</td>
<td>Systematic qualitative review</td>
<td>35 studies/1800 women; 14-49 years of age</td>
<td>U.K., Sweden, Finland, Iceland, Norway, Turkey, (China, India, Nepal Bangladesh, Kazakhstan, Thailand, Brazil, Chile, Ecuador) Canada, U.S., Australasia, Ghana, Kenya</td>
<td>Pre/postnatal</td>
<td>• Exceeding personal and socio-cultural beliefs and expectations&lt;br&gt;• Being able to “go with the flow”&lt;br&gt;• Sense control through active decision-making&lt;br&gt;• Recognition of and respect for embodied (physical and psychosocial) knowledge&lt;br&gt;• Recognition/respecting familial and socio-cultural norms</td>
<td>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</td>
</tr>
<tr>
<td>Author(s) (year of publication)</td>
<td>Design study</td>
<td>Participants/numbers involved</td>
<td>Country/region</td>
<td>Timeline</td>
<td>Key elements</td>
<td>Definition/description given</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>----------</td>
<td>--------------</td>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
| Hallam et al (2018)            | Interviews   | 6 women with at least one child with a range of childbirth experiences | United Kingdom | Unclear  | • 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 | • 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 | Unclear  | • 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 | Unclear | Within 1-20 years postpartum | • 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 |
<table>
<thead>
<tr>
<th>Author(s) (year of publication)</th>
<th>Design study</th>
<th>Participants/numbers involved</th>
<th>Country/region</th>
<th>Timeline</th>
<th>Key elements</th>
<th>Definition/description given</th>
</tr>
</thead>
</table>
| Taheri et al (2018)            | Systematic review & meta-analysis | 20 RCTS/22800 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 reminder in 7 other countries | 24 hours-5 years postpartum | - 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 |
| Ulfsdottir et al (2018)        | Qualitative study with in-depth interviews | 20 (12 primiparous and 8 multiparous) women; aged 27-39 | Sweden | 3-5 months postpartum | - 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 | - 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 | - 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 |
<p>|                                |             |                                |                |          |              | 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 |</p>
<table>
<thead>
<tr>
<th>Author(s) (year of publication)</th>
<th>Design study</th>
<th>Participants/numbers involved</th>
<th>Country/region</th>
<th>Timeline</th>
<th>Key elements</th>
<th>Definition/description given</th>
</tr>
</thead>
</table>
| Crowther et al (2014)         | Interpretive hermeneutic literature review | Unclear | Unclear | Unclear | - 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 | - 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 | - 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 | - 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 |
<table>
<thead>
<tr>
<th>Author(s) (year of publication)</th>
<th>Design study</th>
<th>Participants/numbers involved</th>
<th>Country/region</th>
<th>Timeline</th>
<th>Key elements</th>
<th>Definition/description given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dlugosz (2013)</td>
<td>Phenomenological study, interviews</td>
<td>8 primiparous/multiparous women; 26-33 years of age</td>
<td>Australia</td>
<td>Unclear</td>
<td>• Essential presence of significant other&lt;br&gt;• Psychologically supported&lt;br&gt;• Sense of trust and security&lt;br&gt;• Sense of control&lt;br&gt;• Being prepared&lt;br&gt;• Room for experiential learning&lt;br&gt;• Feeling connected to the childbirth and others present&lt;br&gt;• Being encouraged&lt;br&gt;• Being advocated for&lt;br&gt;• Feeling respected</td>
<td>Stress-free childbirth</td>
</tr>
<tr>
<td>Hardin and Buckner (2013)</td>
<td>Qualitative descriptive study</td>
<td>17 women with spontaneous births; mean age 32 years</td>
<td>U.S.</td>
<td>48 hours-12 months postpartum</td>
<td>• Feelings of well-being and empowerment&lt;br&gt;• Being able to move and change positions freely&lt;br&gt;• Presence of a spouse/partner or trusted individual</td>
<td>The ability to control the body during labor and the ability to influence the environment in which the woman labors and gives childbirth</td>
</tr>
<tr>
<td>Nilsson et al (2013)</td>
<td>Written narratives</td>
<td>14 primiparous women with a vaginal childbirth</td>
<td>Sweden</td>
<td>1-2 weeks postpartum</td>
<td>• Sense of being empowered&lt;br&gt;• Trusting own body&lt;br&gt;• Managing/coping with pain&lt;br&gt;• Being satisfied with own efforts&lt;br&gt;• Emotional support&lt;br&gt;• Tolerant and peaceful atmosphere&lt;br&gt;• Feelings of trust&lt;br&gt;• Feeling safe&lt;br&gt;• Presence of midwife and partner&lt;br&gt;• Responsiveness (being seen and heard)&lt;br&gt;• Individualized support</td>
<td>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</td>
</tr>
<tr>
<td>Author(s) (year of publication)</td>
<td>Design study</td>
<td>Participants/numbers involved</td>
<td>Country/region</td>
<td>Timeline</td>
<td>Key elements</td>
<td>Definition/description given</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------</td>
<td>-------------------------------</td>
<td>----------------</td>
<td>----------</td>
<td>--------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Meyer (2012)</td>
<td>Concept analysis</td>
<td>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</td>
<td>China, Taiwan, Australia, Sweden, Finland, Jordan, England, Canada, and U.S.</td>
<td>Unclear</td>
<td>Sense of control, Sense of accomplishment, Satisfaction</td>
<td>None given</td>
</tr>
<tr>
<td>Nilsson et al (2012)</td>
<td>Written narratives</td>
<td>14 primiparous women with a vaginal childbirth</td>
<td>Sweden</td>
<td>1-2 weeks postpartum</td>
<td>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</td>
<td>A childbirth where a woman’s unique needs are met with tailored individual support and being involved in the process</td>
</tr>
<tr>
<td>Thomson and Downe (2010)</td>
<td>Interpretive phenomenological study (hermeneutic inquiry)</td>
<td>12 women (27-40 years of age) of whom the first childbirth was traumatic and the second positive</td>
<td>United Kingdom</td>
<td>15 months-19 years postbirth</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>Author(s) (year of publication)</td>
<td>Design study</td>
<td>Participants/numbers involved</td>
<td>Country/region</td>
<td>Timeline</td>
<td>Key elements</td>
<td>Definition/description given</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------</td>
<td>--------------------------------</td>
<td>----------------</td>
<td>----------</td>
<td>--------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| Larkin et al (2009)             | Concept analysis | 180 papers | Unclear | 24 hours-22 years | • 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 | • 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 |
(definition[All Fields]) AND (childbirth[All Fields] OR (“parturition”[MeSH Terms]) OR (“parturition”[All Fields]) OR (“childbirth”[All Fields]) OR (positive[All Fields]) OR (respectful[All Fields]) AND experience[All Fields])


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 (e.g., 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


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.


