



Multidimensional Determinants of Positive Childbirth Experience: A Literature Review

Anita Megawati Fajrin^{1*}, Diyan Indrayani², Juli Dwi Prasetyono³

^{1,2}Department of Midwifery Poltekkes Kemenkes Bandung

³Faculty Of Health Sciences University Of Eastern Finland

E-mail: anita@staf.poltekkesbandung.ac.id

Abstract Background: A positive childbirth experience not only influences the birth process but also has long-term impacts on the mother's mental health, attachment to the baby, and breastfeeding success. Studies have shown that such experiences are shaped by a combination of clinical, emotional, social, and psychological factors.

Objectives : However, systematic studies that integrate these multidimensional factors across diverse cultural contexts and health systems remain limited.

Method : This study is a narrative literature review that analyses 21 study articles from various countries using a thematic approach. The selected articles include quantitative, qualitative, and mixed-methods studies published between 2014 and 2025, utilizing validated instruments such as the Childbirth Experience Questionnaire (CEQ) and the Birth Satisfaction Scale (BSS-R). The analysis was conducted through thematic classification and narrative synthesis.

Results : The review identified five key themes contributing to a positive childbirth experience: (1) emotional support and the presence of a companion; (2) medical interventions and clinical practices; (3) interpersonal relationships with healthcare providers; (4) midwifery service models and the childbirth environment; and (5) psychosocial factors and the mother's internal preparedness. These factors are interrelated and influence the mother's perception of the childbirth process. A positive childbirth experience is shaped by a humanistic, woman-centered approach. Emotional support, empathetic communication, and respect for maternal autonomy are essential elements.

Conclusion: These findings highlight the need for value-based and context-sensitive reforms in maternity care services. A positive experience encompasses maintaining physical and social normality, ensuring a healthy pregnancy for both mother and baby, a smooth transition to labor and birth, achieving positive motherhood and preventing or addressing risks and illnesses, fostering a sense of empowerment, and promoting a positive transition to motherhood.

Keywords: childbirth, midwifery services, positive experience

BACKGROUND

The experience of childbirth is one of the most meaningful events in a woman's life not only biologically, but also psychologically, emotionally, and socially. Such experiences can shape long-term perceptions of the birth process, influence mother–infant bonding, and affect breastfeeding success and postpartum mental health. Consequently, an increasing number of maternal healthcare systems aim not only to reduce morbidity and mortality rates but also to ensure that every woman undergoes childbirth with a positive and meaningful experience. Several studies affirm that the dimensions of childbirth experiences go far beyond clinical parameters such as labor duration, analgesia use, or mode of delivery. They also encompass interpersonal communication, respect for women's autonomy, emotional support, and involvement in decision-making^{1,2}

Improving the quality of midwifery services through a more humanistic approach and woman-centered approach has been highlighted in a numerous of international literatures. Study by Soriano-Vidal et al. showed that simple interventions such as the presence of a companion, freedom to drink fluids during labor, and early skin contact with the baby had a positive impact on the maternal experience.² In contrast, practices such as episiotomy and operative procedures tend to contribute to negative experiences. The same can be seen in a study in Indonesia by Al Farizi et al., which underlined that non-need-based medical practices, such as repeated vaginal examinations and unwarranted episiotomy, contribute to lowering Respectful Maternity Care (RMC) scores.³ These results show that services that do not respect maternal preferences and comfort have a significant impact on their perception of the care received. Therefore, there is a need to explore and identify the multidimensional factors that shape positive experiences during childbirth, especially considering the diversity of cultural contexts and health care systems.

The complexity of the childbirth experience is influenced by a variety of internal and external factors. Internal factors include psychological readiness, coping strategies, optimism, and a strong sense of coherence. A study by Handelzalts et al. found that women with higher levels of optimism who opted for natural childbirth whether at home or in hospitals reported more positive experiences.⁴ On the other hand, external factors such as the quality of relationships with health workers, the continuity of services by the same team, and the presence of consistent emotional support have been proven to contribute to women's sense of security and satisfaction. De Wolff et al. in their study in Denmark found that the midwife-led continuity of care provide a much better experience compared to standard service.¹ This is supported by qualitative studies from Norway by Dahlberg et al. and Aune et al., which emphasized the importance of empathy-based relationships, open communication, and women's empowerment as core elements of a positive childbirth experience.⁵

Globally, a positive childbirth experience is increasingly recognized as a woman's right in maternity services. A study by Roqueta-Vall-Ilosera et al. in Spain confirms that women who undergo spontaneous labor and receive professional support during labor tend to report higher experience scores.⁶ This is in line with the results of a study by Thies-Lagergren and Johansson in Sweden, where positive perceptions of midwifery presence, adequate information, and involvement in decision-making are key elements in shaping positive experiences, not only for mothers but also for couples.⁷ Furthermore, findings from Ethiopia, Senegal, Kenya, and Rwanda suggest that even in resource-constrained countries, a positive childbirth experience can still be achieved when women feel respected, supported, and included. This shows that creating positive experiences during childbirth does not always demand high technology, but rather a humane and value-based approach.

On the other hand, challenges are still found in maternal health care systems, especially in developing countries. A study by Demis et al. in Ethiopia found that only about half of mothers

were satisfied with the delivery services they received. This dissatisfaction is related to waiting times, lack of communication, and lack of emotional support.⁸ A similar study by Oikawa et al. in Senegal highlighted the importance of perceptions of facility compliance with service procedure standards, including respect for privacy and the courteous attitude of healthcare workers. Study in Kenya and Rwanda also shows that mentoring during childbirth, empathic communication, and empowering women in childbirth are key determinants of a positive childbirth experience. In this context, strengthening the training of health workers in the aspects of communication, service ethics, and empathy is the key to transforming services in a more responsive and humanistic direction.⁹

This study is essential, considering the limited availability of systematic research that integrates the multidimensional factors influencing childbirth experiences across both developed and developing countries. While most existing studies focus on individual or isolated factors, few have examined the clinical, psychological, emotional, social, cultural, and structural dimensions in a holistic and interactive manner. The literature also reveals variability in findings due to differences in cultural contexts, healthcare systems, and methods used to measure childbirth experiences. Therefore, a thorough synthesis of the literature is needed to identify key patterns and themes that contribute to positive maternity care experiences. This study is also intended to serve as a foundation for the development of more woman-centered and evidence-based midwifery care policies.

Based on the above, this research aims to identify and analyse the multidimensional factors that influence positive childbirth experiences. The study integrates findings from various countries with diverse cultural and healthcare system contexts to determine the key aspects that need to be addressed to optimize maternal care. In doing so, this synthesis not only contributes to midwifery science but also provides practical recommendations for healthcare providers, policymakers, and educational institutions to develop inclusive, ethical, and meaningful maternal health services. The research problem is formulated as follows: "What are the multidimensional factors that influence women's childbirth experiences?"

METHODS

This study is a literature review that aims to identify the multidimensional factors influencing positive childbirth experiences. The research design employed is a narrative literature review with a thematic approach, which enables the researcher to explore and synthesize findings from various relevant primary sources. Data for this study were obtained from journal articles previously selected by the author, comprising 21 articles that include the results of quantitative, qualitative, and mixed-methods research, with study contexts spanning various countries including Spain [1], Indonesia [2], the Netherlands [3], Belgium [4], Cyprus [5], Israel [6], Turkey [7,8], Denmark [9], Norway [10,11], Sweden [12,13], Ethiopia [14], Senegal [15], Kenya [16], and Rwanda [17]. The inclusion criteria for articles in this review were: studies published in internationally accredited journals; focused on the childbirth experience from the mother's perspective; conducted between 2014 and 2025; and using validated instruments such as the Childbirth Experience Questionnaire (CEQ), Birth Satisfaction Scale (BSS-R), or in-depth interviews in qualitative research.

Data collection was conducted systematically by thoroughly reading each article, identifying the main variables, and assessing the methodological quality and relevance to the study's objectives. Subsequently, the researcher extracted and categorized the data based on key themes such as emotional support, medical interventions, models of care, psychosocial factors, and institutional policies.

The data were analysed using manual thematic analysis, which involved iterative reading of all study results, categorizing factors based on their recurrence in the literature, and comparing similarities and differences across studies. During the synthesis process, the findings were

organized narratively to establish a logical flow that addresses the main research question: *What multidimensional factors influence a positive childbirth experience?* This method was selected because it allows for the integration of heterogeneous types of studies, thereby producing a more comprehensive understanding of the phenomenon under investigation

RESULTS

This study identified five major themes that shaped the positive experience of maternity mothers based on the results of the synthesis of 21 study articles analyzed, namely: (1) Emotional Support and the Presence of Companions; (2) Medical Intervention and Clinical Practice; (3) Interpersonal Relationships with Health Workers; (4) Midwifery and Childbirth Environment Service Model; and (5) Psychosocial Factors and Internal Readiness of the Mother.

1. Emotional Support and Companion Presence

Emotional support and the presence of a companion during childbirth are consistently recognized as key factors contributing to a positive childbirth experience. A study by Yavaş and Kirca in Turkey demonstrated that non-pharmacological interventions such as dancing and massage performed by partners significantly reduced labor pain, enhanced maternal comfort, and increased emotional satisfaction.¹⁰ This finding underscores the importance of emotional support from partners as a form of active involvement that directly shapes positive perceptions of the birthing process.

In a study conducted by Afulani et al. in Kenya, only 29% of women reported receiving direct emotional support during childbirth, even though approximately 67% had some form of companionship. Women who received continuous emotional support expressed greater levels of comfort and calmness.¹¹ In one interview, a mother stated, *"When she held my hand, I felt like everything was going to be okay."* This expression illustrates how simple gestures of presence and touch can provide a profound sense of security during labor.

Similarly, a study by Thies-Lagergren and Johansson in Sweden found that positive perceptions of childbirth increased when mothers and their partners felt supported by midwives and were involved in decision-making. Seventy-nine percent of couples and 73% of mothers described their childbirth experience as positive, especially in cases of spontaneous labor.¹² From a broader perspective, a study by Muhayimana et al. in Rwanda highlighted that empathetic attitudes and attention to emotional needs from healthcare providers were highly valued by women. One participant shared, *"The midwife not only touched my body, she also touched my heart."*⁹ This evidence collectively demonstrates that the presence of a companion and the quality of emotional connections during childbirth can have a profound and lasting psychological impact

2. Medical Intervention and Clinical Practice

A number of studies have shown that medical interventions performed without clear clinical indications or without involving women in decision-making can diminish the quality of the childbirth experience. A study by Soriano-Vidal et al. in Spain found that episiotomy and operative procedures, such as caesarean section, contributed to lower childbirth experience scores, particularly in the dimensions of maternal safety and self-efficacy.² Similarly, a study in Indonesia by Al Farizi et al. revealed that practices such as repeated vaginal examinations, routine episiotomies, and enforced birthing positions without the mother's informed choice resulted in reduced Respectful Maternity Care (RMC) scores.³ These findings indicate that invasive medical interventions when not communicated properly can negatively affect women's perceptions of their bodily autonomy.

A qualitative study by Pazandeh et al. in Iran highlighted women's experiences of unnecessary routine interventions. In one interview, a mother stated, *"They did it without asking. I just lay*

there and accepted everything.¹³ This underscores the critical importance of respecting women's autonomy in clinical practice. Henriksen et al., in a Norwegian study, found that women with a history of abuse or high levels of childbirth fear were more susceptible to negative experiences, particularly when interventions were performed without communication.¹⁴ Even clinically appropriate procedures, if not accompanied by proper explanation, can result in emotional trauma. Similarly, a study by Ängeby et al. in Sweden found that a prolonged latent phase (lasting more than 18 hours), when combined with inadequate support and insufficient information, led to feelings of insecurity and dissatisfaction among mothers.¹⁵ These findings suggest that the impact of medical intervention is not solely dependent on its clinical necessity but also on how it is communicated, interpreted, and emotionally experienced by the woman undergoing it.

3. Interpersonal Relationships with Health Workers

The quality of the interpersonal relationship between mothers and health workers has a great influence on the perception of the childbirth experience. A study by Dahlberg et al. in Norway showed that women who felt valued and had a personal relationship with midwives tended to experience a positive labor process. In an interview, one mother stated, "I felt like the only patient she was treating that day. Even though I knew the room was full." This statement shows the importance of the emotional presence of midwives even though they technically handle many patients at once.¹⁶

Meanwhile, study by Hansen et al. in Denmark showed that although the design of the physical environment of the maternity room did not directly improve the maternal experience score, couples who felt the health workers provided care and empathy reported higher levels of satisfaction.¹⁷ On the other hand, Bjelke et al. found that the absence of explicit guidelines in the management of stage two makes midwives more likely to make decisions based on intuition, which sometimes causes uncertainty and discomfort for the mother.¹⁸ This reinforces the importance of clarity of communication, consistency of action, and thoughtful interaction as key pillars in interpersonal relationships between mothers and service providers.

4. Midwifery and Childbirth Environment Service Model

Continuous care models, such as **midwife-led continuity of care**, have been shown to significantly enhance maternal satisfaction with the childbirth process. In a study by de Wolff et al. in Denmark, women who received care from the same team of midwives from antenatal to postpartum periods reported a more positive childbirth experience compared to those served by different teams. A total of 88.5% of women in this group rated their experience as very positive or outstanding. One mother stated, "I feel like they know me—not just as a patient, but as someone with a story"¹⁹ In a related study, Ulfssdottir et al. found that water births were associated with fewer medical interventions and a lower incidence of perineal tears, particularly among primiparous women.²⁰ This finding supports the notion that approaches respecting the natural physiology of labor, with minimal interference, can enhance a mother's sense of safety and control during childbirth.

Further evidence from Meler and Cankaya in Turkey showed that the implementation of the WHO intrapartum care model effectively reduced the use of oxytocin, pain levels, and maternal fear, while simultaneously improving comfort.²¹ This model promotes a standardized yet flexible framework that empowers women by allowing them to retain a sense of control throughout the birthing process. In addition, a study by Rozsa et al. demonstrated that the Zhang labor progression guidelines—compared to the traditional WHO partograph—were more supportive of positive childbirth experiences due to their greater respect for physiological variations in cervical dilation.²² Although not all studies explicitly report sample sizes or contextual limitations, the collective findings consistently indicate that the structure and philosophy of midwifery care services have a profound impact on women's subjective childbirth experiences.

5. Psychosocial Factors and Internal Readiness of the Mother

Psychological factors and internal maternal readiness are crucial aspects in shaping perceptions of the childbirth experience. Handelzalts et al. showed that women with high levels of optimism and self-efficacy, as well as those who chose natural labor, tended to report more positive experiences compared to those who underwent medical labor.⁴ In this study, the use of instruments such as CEQ and LOT-R showed a significant relationship between psychological indicators and perceptions of childbirth. The study of Aune et al. also found that women with high mental readiness and strong social support and family relationships, tend to face childbirth with a more positive attitude.⁵

In an in-depth interview, one mother said: "I know it's going to be hard, but I'm ready. I read a lot of books, took classes, and my husband was always there." These findings show that empowerment during pregnancy contributes to calmness and readiness during childbirth. Henriksen et al. in their mixed-methods study showed that fear of childbirth, especially in women with a history of violence, greatly influences the quality of the childbirth experience.¹⁴ Therefore, psychosocial factors such as trauma history, coping strategies, and psychological readiness should not be ignored in the assessment of the quality of maternity services.

DISCUSSION AND IMPLICATIONS

This study confirms that the experience of childbirth is a multidimensional construct influenced by interrelated factors, including emotional support, medical interventions, the quality of interpersonal relationships with health workers, the model of midwifery services, and the psychosocial condition and internal readiness of the mother. These results are in line with the existing literature, but also enrich understanding by adding a new dimension to recent studies related to mental well-being and long-term perceptions of the experience of childbirth.

Emotional support and the presence of a companion are aspects that have proven to be very decisive in creating a positive maternity experience. Studies by Thies-Lagergren and Johansson show that the presence of a partner or companion, as well as the feeling of having control over the delivery process, plays an important role in increasing women's positive perceptions of the childbirth experience.²³ This is reinforced by Afulani et al. who revealed that women who receive ongoing support feel more comfortable, safe, and respected during the childbirth process.¹¹ These findings are in line with reports from Rowlands and Redshaw, which say that women who give birth without forced interventions such as forceps or unplanned cesarean sections tend to have better physical and psychological well-being in the postpartum period.²⁴

The interpersonal relationship between health workers and mothers in childbirth has also proven to be very important. Studies from Dahlberg et al. and Aune et al. show that when women feel valued, listened to, and recognized by healthcare workers, they form a more positive perception of the experience of childbirth.^{5,16} In this context, study by Rodríguez-Almagro et al. highlights that traumatic postpartum experiences are often associated with feelings of being ignored and not appreciated by healthcare workers. Fear, loneliness, and helplessness are emotional themes that are often expressed by women with negative experiences.²⁵ This shows that the quality of interpersonal communication and sensitivity to the emotional needs of the mother are not just an addition to midwifery services, but are an essential part of a female-oriented practice.

Unnecessary medical interventions carried out without women's involvement in decision-making contribute to the emergence of negative maternity experiences. This was found in a study by Soriano-Vidal et al. that linked operative actions to a decrease in women's perception of safety and self-efficacy.² Similar results emerged in the study of Al Farizi et al., in which invasive practices that were not accompanied by independent selection lowered RMC scores.³ The psychological impact of medical interventions was also reported in the study of Radu et

al., which stated that pregnant women who felt they did not have enough control or information before medical procedures reported high anxiety and stress after childbirth.²⁶ Therefore, it is important to implement a participatory and transparent communication approach before and during medical procedures.

Sustainability-based midwifery service models have been proven to have a significant influence on the childbirth experience. A study by de Wolff et al. found that women who were treated by the same team of midwives from antenatal to postpartum had a higher sense of trust, and felt more recognizable as individuals.¹⁹ This approach enhances psychological safety and facilitates relationships that are personal and supportive. The study by Ulfssdottir et al. also found that the use of water in childbirth had a positive effect on relaxation and reduced clinical interventions, particularly in primiparous mothers.²⁰ Although the physical aspects of the delivery room do not directly affect perception, the Hansen et al. study shows that the comfort of the environment and the friendliness of health workers simultaneously form a sense of security for both mothers and couples.¹⁷ Therefore, the improvement of the service model must not only focus on physical facilities, but also on the consistency of relationships and women's empowerment at every stage of the childbirth process.

The psychosocial aspect and the mother's internal readiness are other important dimensions that greatly determine the perception of childbirth. The study by Handelzalts et al. revealed that mothers with high self-efficacy and adaptive coping strategies tended to choose spontaneous delivery and had a more positive perception of birth.⁴ In this context, the level of mindfulness during pregnancy also plays an important role. Study by Hulsbosch et al. shows that mothers with high mindfulness trait scores, particularly in *theacting with awarenessandnon-judging*, are better able to interpret the childbirth experience positively even though it did not go according to the original plan.²⁷ This suggests that maternal characteristics play a protective role against childbirth stress and trauma.

Postpartum mental health is also closely related to the quality of the childbirth experience. Saragosa reports that intrusive thoughts and depressive symptoms are often experienced by mothers who feel insecure or do not receive adequate support during childbirth.²⁸ In the study of Nahaee et al., it was found that negative perceptions of the childbirth process correlated with decreased sexual satisfaction and mental health in the long term.²⁹ This suggests that the experience of childbirth not only has short-term consequences, but can also leave an emotional trail that impacts interpersonal relationships and the quality of life of the mother in the long term.

These findings reinforce the importance of a woman-centered care approach in obstetric services. This approach emphasizes not only clinical outcomes, but also women's subjective experiences as indicators of service quality. This study contributes to the development of midwifery practices based on empathy, empowerment, and respect for women's body autonomy. These findings can be used to enrich the midwifery education curriculum, especially in the aspects of therapeutic communication, understanding trauma, and strengthening the role of midwives in building a positive maternity experience.

Practically, this study has implications at the policy level and service implementation. The maternity service system needs to adopt policies that support the presence of a companion during childbirth, reduce non-indicative interventions, and integrate evaluation of maternal experiences as part of service quality monitoring. Midwifery education should also place more emphasis on training in empathic communication and reflective interactions. On the other hand, antenatal services need to strengthen aspects of mental preparation and psychosocial empowerment of mothers, including strengthening coping capacity and mindfulness techniques.

However, this study has some limitations. First, while it includes a diverse range of studies from various countries, interpretation remains influenced by local social and cultural contexts, which limits generalizability. Second, methodological variation and differences in measurement tools (e.g., CEQ, BSS-R, in-depth interviews) affect the depth and comparability of the data. Third, this review did not include meta-narrative or quantitative meta-analyses, and thus, its findings remain exploratory and descriptive. Fourth, most studies focused on maternal perspectives, with limited data from healthcare providers or family members. Despite these limitations, this study offers a valuable contribution to strengthening the paradigm of woman-centered midwifery. It also opens avenues for future research exploring the dynamic relationship between birth experiences, emotional regulation, maternal role satisfaction, and long-term maternal well-being. Mixed-methods approaches that integrate qualitative and quantitative perspectives are particularly recommended to capture the complexity and context-specific nature of childbirth experiences more comprehensively.

CONCLUSION

This study identified that a positive childbirth experience is shaped by various multidimensional factors that interact with one another. These include emotional support and the presence of a companion, participatory medical interventions and clinical practices, the quality of interpersonal relationships with healthcare providers, the model of obstetric care and the physical environment of childbirth, as well as the mother's psychosocial condition and internal readiness. Continuous support, empathetic communication, respect for women's autonomy, and psychological empowerment before and during childbirth are key elements in creating childbirth experiences that are meaningful, safe, and empowering.

Furthermore, this study confirms that the childbirth experience has not only short-term effects but also long-term implications for maternal mental health, the mother–child relationship, and women's overall quality of life after birth. Negative perceptions of childbirth are often rooted in unresponsive care practices, invasive interventions performed without consent, and a lack of psychosocial support. In contrast, childbirth experiences in which women feel valued and empowered have been shown to enhance maternal satisfaction, promote emotional recovery, and strengthen the mother–infant bond.

Based on the findings of this study, it is recommended that midwifery services actively integrate a woman-centered approach, with a strong emphasis on empathic communication, emotional support, and respect for maternal autonomy throughout the childbirth process. Medical interventions should be conducted with caution and grounded in thoroughly informed consent. Healthcare providers, particularly midwives, should receive continuous training in psychosocial competencies, including the development of interpersonal skills and trauma sensitivity. Additionally, midwifery education curricula should place greater emphasis on understanding and addressing women's subjective childbirth experiences as a core component of care.

At the policy level, childbirth experience should be recognized as a critical indicator in the evaluation of maternity care quality—on par with clinical outcomes. Furthermore, there is an urgent need to develop contextually appropriate measurement instruments to assess the quality of childbirth experiences in Indonesia. Future research should employ blended (mixed-methods) approaches to explore in greater depth the relationship between childbirth experiences, maternal mental health, and long-term maternal well-being.

COMPETING INTERESTS

All authors had none to declare

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AUTHOR'S CONTRIBUTION

Anita Megawati Fajrin and Diyan Indrayani conceived of the presented idea, data collection and analysis, and writing manuscript; Juli Dwi Prasetyono oversaw presented idea and analysis; and drafting the manuscript. All authors contributed to the final manuscript.

REFERENCE

1. De Wolff MG, Ladekarl M, Pagh NB, Overgaard C. Women's care satisfaction and birth experiences in a Danish urban university hospital: A comparative cross-sectional study on midwifery-led continuity of care and standard midwifery care models. *Midwifery* [Internet]. 2025 [cited 2025 Jun 27];142:104301. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613825000208>
2. Soriano-Vidal FJ, Oliver-Roig A, Richart-Martínez M, Cabrero-García J. Predictors of childbirth experience: Prospective observational study in eastern Spain. *Midwifery* [Internet]. 2023 [cited 2025 Jun 27];124:103748. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613823001511>
3. Farizi SA, Frety EE, Setyowati D, Izza A, Azyanti AF, Fatmaningrum DA, et al. Respectful maternity care in Indonesia: A factor analysis with a multicenter study approach. *Midwifery* [Internet]. 2025 [cited 2025 Jun 27];147:104442. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613825001603>
4. Handelzalts JE, Zacks A, Levy S. The association of birth model with resilience variables and birth experience: Home versus hospital birth. *Midwifery* [Internet]. 2016 [cited 2025 Jun 27]; 36:80–5. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613816300079>
5. Aune I, Marit Torvik H, Selboe ST, Skogås AK, Persen J, Dahlberg U. Promoting a normal birth and a positive birth experience — Norwegian women's perspectives. *Midwifery* [Internet]. 2015 [cited 2025 Jun 27]; 31:721–7. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613815001126>
6. Roqueta-Vall-Iloera M, Cámara-Liebana D, Serrat-Graboleda E, Salleras-Duran L, Buxó-Pujolràs M, Fuentes-Pumarola C, et al. Predictors of a positive birth experience in childbirth: A cross-sectional study. *Heliyon* [Internet]. 2024 [cited 2025 Jun 27]; 10:e38262. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2405844024142934>
7. Thaelts E, Meermans H, Beeckman K. What influences women's experiences of childbirth in Flanders? – A quantitative cross-sectional analysis of the Babies Born Better survey. *Midwifery* [Internet]. 2023 [cited 2025 Jun 27];126:103810. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613823002139>
8. Demis A, Nigatu R, Assefa D, Gedefaw G. Maternal Satisfaction with Intrapartum Nursing Care and Its Associated Factors among Mothers Who Gave Birth in Public Hospitals of North Wollo Zone, Northeast Ethiopia: Institution-Based Cross-Sectional Study. *J Pregnancy* [Internet]. 2020 [cited 2025 Jun 27]; 2020:1–8. Available from: <https://www.hindawi.com/journals/jp/2020/8279372/>
9. Muhayimana A, Kearns IJ, Gishoma D, Tengera O, Uhawenimana TC. Experiences and perceptions of respectful maternity care among mothers during childbirth in health facilities of Eastern province of Rwanda: An appreciative inquiry. Baig M, editor. *PLOS ONE* [Internet]. 2025 [cited 2025 Jun 27]; 20:e0315541. Available from: <https://dx.plos.org/10.1371/journal.pone.0315541>

10. Yavaş K, Kirca AŞ. The effect of dance and massage applied by spouses during childbirth on labor pain, comfort, and satisfaction. *Eur J Obstet Gynecol Reprod Biol* [Internet]. 2025 [cited 2025 Jun 27]; 305:305–11. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S030121152400705X>
11. Afulani P, Kusi C, Kirumbi L, Walker D. Companionship during facility-based childbirth: results from a mixed-methods study with recently delivered women and providers in Kenya. *BMC Pregnancy Childbirth* [Internet]. 2018 [cited 2025 Jun 28]; 18:150. Available from: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-1806-1>
12. Thies-Lagergren L, Johansson M. Intrapartum midwifery care impact Swedish couple's birth experiences — A cross-sectional study. *Women Birth* [Internet]. 2019 [cited 2025 Jun 28]; 32:213–20. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1871519217307606>
13. Pazandeh F, Potrata B, Huss R, Hirst J, House A. Women's experiences of routine care during labour and childbirth and the influence of medicalisation: A qualitative study from Iran. *Midwifery* [Internet]. 2017 [cited 2025 Jun 27]; 53:63–70. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613816303655>
14. Henriksen L, Grimsrud E, Schei B, Lukasse M. Factors related to a negative birth experience – A mixed methods study. *Midwifery* [Internet]. 2017 [cited 2025 Jun 27]; 51:33–9. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613817303480>
15. Ångeby K, Sandin-Bojö AK, Persenius M, Wilde-Larsson B. Women's labour experiences and quality of care in relation to a prolonged latent phase of labour. *Midwifery* [Internet]. 2019 [cited 2025 Jun 27]; 77:155–64. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613819301834>
16. 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* [Internet]. 2016 [cited 2025 Jun 28]; 7:2–7. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1877575615000609>
17. Hansen ML, Lorentzen IP, Andersen CS, Jensen HS, Fogsgaard A, Foureur M, et al. The effect on the birth experience of women and partners of giving birth in a “birth environment room”: A secondary analysis of a randomised controlled trial. *Midwifery* [Internet]. 2022 [cited 2025 Jun 27]; 112:103424. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613822001747>
18. Bjelke M, Lendahls L, Oscarsson M. Management of the passive phase of the second stage of labour in nulliparous women—Focus group discussions with Swedish midwives. *Midwifery* [Internet]. 2019 [cited 2025 Jun 27]; 75:89–96. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613819301020>
19. De Wolff MG, Ladekarl M, Pagh NB, Overgaard C. Women's care satisfaction and birth experiences in a Danish urban university hospital: A comparative cross-sectional study on midwifery-led continuity of care and standard midwifery care models. *Midwifery* [Internet]. 2025 [cited 2025 Jun 28]; 142:104301. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613825000208>
20. Ulfsdottir H, Saltvedt S, Edqvist M, Georgsson S. Management of the active second stage of labor in waterbirths compared with conventional births – a prospective cohort study. *Midwifery* [Internet]. 2022 [cited 2025 Jun 27]; 107:103283. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0266613822000353>
21. Mangır Meler K, Çankaya S. The effect of intrapartum care model given in line with World Health Organization (WHO) recommendations on labor pain, fear of labor, comfort of labor, duration of labor, administration of oxytocin and perception of midwifery care: a randomized controlled study. *Postgrad Med* [Internet]. 2025 [cited 2025 Jun 27]; 137:379–95. Available from: <https://www.tandfonline.com/doi/full/10.1080/00325481.2025.2501943>
22. Rozsa DJ, Dalbye R, Bernitz S, Blix E, Dalen I, Braut GS, et al. The effect of Zhang's guideline vs the WHO partograph on childbirth experience measured by the Childbirth Experience Questionnaire in the Labor Progression Study (LaPS): A cluster randomized

- trial. *Acta Obstet Gynecol Scand* [Internet]. 2022 [cited 2025 Jun 27]; 101:193–9. Available from: <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/aogs.14298>
23. Thies-Lagergren L, Johansson M. Intrapartum midwifery care impact Swedish couple's birth experiences — A cross-sectional study. *Women Birth* [Internet]. 2019 [cited 2025 Jun 27]; 32:213–20. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1871519217307606>
24. Rowlands IJ, Redshaw M. Mode of birth and women's psychological and physical wellbeing in the postnatal period. *BMC Pregnancy Childbirth* [Internet]. 2012 [cited 2025 Jun 28]; 12:138. Available from: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-12-138>
25. Rodríguez-Almagro J, Hernández-Martínez A, Rodríguez-Almagro D, Quirós-García JM, Martínez-Galiano JM, Gómez-Salgado J. Women's Perceptions of Living a Traumatic Childbirth Experience and Factors Related to a Birth Experience. *Int J Environ Res Public Health* [Internet]. 2019 [cited 2025 Jun 28]; 16:1654. Available from: <https://www.mdpi.com/1660-4601/16/9/1654>
26. Radu MC, Armean MS, Chivu RD, Aurelian J, Pop-Tudose ME, Manolescu LSC. Validation of a Questionnaire Assessing Pregnant Women's Perspectives on Addressing the Psychological Challenges of Childbirth. *Nurs Rep* [Internet]. 2024 [cited 2025 Jun 28]; 15:8. Available from: <https://www.mdpi.com/2039-4403/15/1/8>
27. Hulsbosch LP, Boekhorst MGBM, Potharst ES, Pop VJM, Nyklíček I. Trait mindfulness during pregnancy and perception of childbirth. *Arch Womens Ment Health* [Internet]. 2021 [cited 2025 Jun 28]; 24:281–92. Available from: <https://link.springer.com/10.1007/s00737-020-01062-8>
28. Saragosa AS. Understanding the Impact of Childbirth: Postnatal Stress Symptoms in Psychologically Stable Mothers. *J Prenat Perinat Psychol Health* [Internet]. 2024 [cited 2025 Jun 28]; 38:38–52. Available from: <https://birthpsychology.com/article/understanding-the-impact-of-childbirth-postnatal-stress-symptoms-in-psychologically-stable-mothers/>
29. Nahae J, Rezaie M, Abdoli E, Mirghafourvand M, Ghanbari-Homaie S, Jafarzadeh M. Association of childbirth experience with long-term psychological outcomes: a prospective cohort study. *Reprod Health* [Internet]. 2024 [cited 2025 Jun 28]; 21:71. Available from: <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-024-01819-9>