

Positive Childbirth Experience: A Scoping Review

Ana Claudia da Costa Guterres^{1*}, Farida Kartini², M. Hakimi³, Joaquim Pinto⁴, Arina Chusnatayaini⁵

¹ National University of Timor Lorosa'e

^{2,3} Aisyiyah University Yogyakarta, Indonesia

⁴ National University of Timor Leste

⁵ Universitas STRADA Indonesia

*Corresponding author: claudiaguterre5@gmail.com

ABSTRACT

Background: A positive childbirth experience, stating that it must meet or exceed a woman's personal and socio-cultural beliefs and expectations. This includes giving birth to a healthy baby in a clinically and psychologically safe environment, with ongoing practical and emotional support from birth attendants and competent clinical staff.

Purpose: This scoping review aimed to identify the best evidence about positive experiences during childbirth, evaluating what factors control and contribute to positive experiences during childbirth.

Methods: Databases were searched from 2019 to 2023 from various databases, including PubMed, ScienceDirect, and Cochrane Library/Wiley. As well as using search engines such as Google Scholar and Research Rabbit and selecting them using Rayyan assistance. Critical appraisal and data charting are adopted from the JBI checklist, including cross-sectional, and Qualitative method. Of the 1600 articles identified, only Six met the criteria.

Results: The results of this review identified two themes and four subthemes. The two themes are including factors controlling and contribute, and four subthemes such as support and communication factor, participation and empowerment, medical factor and psychology factors.

Conclusion: Recommendation for health professionals, especially midwives, is to continue to develop a good and holistic service strategy, by providing support, empowering mothers and also providing good support in order to improve the positive experience during childbirth and minimize negative feedback during childbirth.

Keywords: childbirth, experience, positive

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BACKGROUND

Childbirth is an important event in a woman's life, because it is an individual experience that impacts the mental health and well-being of not only the woman giving birth but also the child and the surrounding family. The experience of giving birth has both short-term and long-term consequences. A positive birth experience can increase the mother's self-esteem and confidence in her new role as a parent and can strengthen her attachment to the newborn (Karlström et al., 2015). Conversely, negative birth experiences increase the risk of postpartum depression, anxiety, or post-traumatic stress disorder (Fair and Morrison, 2012).

The World Health Organization (WHO) has provided a definition for a positive birth experience, stating that it should meet or exceed a woman's personal and sociocultural beliefs and expectations. This includes delivering a healthy baby in a clinically and psychologically safe environment, with ongoing practical and emotional support from competent birth attendants and clinical staff. In 2018, WHO released guidelines for intrapartum care, offering specific recommendations for care during all stages of labor to increase the likelihood of a positive birth experience (Oladapo et al., 2018).

Leinweber et al., (2023) provide a new, woman-centered definition of a positive birth experience: 'A positive birth experience refers to a woman's experiences of interactions and events directly related to her birth that make her feel supported, in control, safe, and respected; A positive birth can make a woman feel joyful, confident, or accomplished and may have short-term and/or long-term positive impacts on a woman's psychosocial well-being.

The experience of giving birth has long-term implications for a woman's health and well-being. Birth experience and satisfaction with birth have been associated with several factors and emotional dimensions of care and have been shown to influence women's overall assessment. Individualized emotional support has been shown to empower women and increase the likelihood of a positive birth experience. How women rate their experience and the factors that contribute to a positive birth experience are of great importance to midwives and other caregivers (Karlström et al., 2015).

OBJECTIVE

The aim of this scoping review is to identify the best evidence on positive experiences of childbirth, evaluating what factors control and contribute to positive experiences of childbirth.

METHODS

This review examines the positive experiences of mothers during childbirth. This review uses a type of scoping review, which is a form of systematic knowledge synthesis that applies a systematic approach to mapping evidence related to a topic, as well as identifying key concepts, theories, sources and knowledge gaps. Although scoping reviews have been conducted extensively, there is a need to improve their methodological and presentational quality. This document introduces the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analysis extensions for Scoping Reviews) guidelines along with its explanation (Tricco et al., 2018). This scoping review method adopts the approach developed by Arksey & O'Malley (2005). The steps followed in this scoping review include: (1) identifying the research question, (2) identifying relevant studies, (3) selecting appropriate studies, (4) mapping data from the selected studies, and (5) systematically compiling, summarizing, and reporting the results.

(1) Identifying Research Questions

Scoping review questions based on the PEOS framework table 1 "What was the mother's positive experience during childbirth?" Specific keywords are listed in table 2.

Table 1. PEOS Framework

P (Population)	AND (Display)	THE (Results)	S (Study Design)
Mother who has given birth	Labor	Positive Experience	All studies that discuss the topic will be reviewed

Literature selection was carried out using the PubMed, ScienceDirect and Cochrane Library databases. As well as using search engines such as Google Scholar and Research Rabbit. Article searches using limited keywords are **Positive AND Childbirth AND Experience OR Positive AND Birth AND Experience NOT Cesarean**. Specific keywords are used in each database.

Table 2. Keywords

Variable	Indonesia
Positive	- Positive
Childbirth	- Labor
Experience	- Experience

The inclusion and exclusion criteria used in this review were as follows:

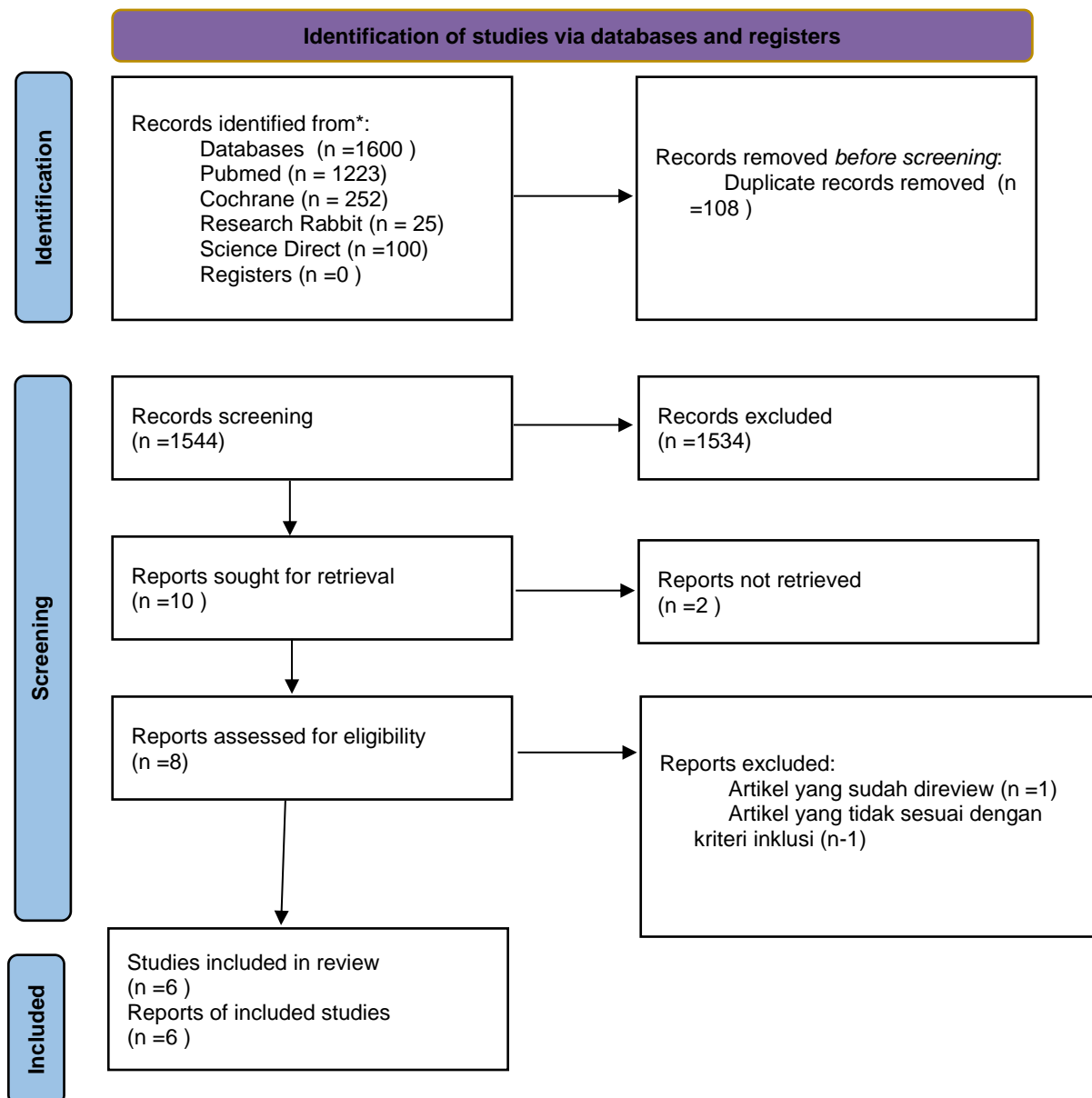
Table 3. Inclusion and Exclusion Criteria

Number	Component	criterion
1	Inclusion Criteria	1. Articles published in 2014-2024 2. Articles in English and Indonesian 3. Primary Research 4. Articles that can be accessed
2	Exclusion Criteria	Publications in the form of books, comments and also reviews

(2) Identifying Relevant Studies

After conducting a literature search using predetermined keywords in several databases and manual search engines, researchers identified 1600 articles. The articles were then filtered to select those that were relevant to the review topic, and after the screening process, 6 articles were found to meet the specified criteria. At this stage, the Prisma Flow Diagram is used to illustrate the process of selecting articles systematically.

Figure 1. Prism Flow Diagram



Choosing the Right data

The extracted data includes data relevant to the topic of Positive Experiences Time of delivery, instruments used, country of origin of research, research objectives, research design, participants, sample, and research results (shown in table 4).

Table 4. Data Chart

Study ID/Title/Aim/Design/Country/Author Name and Publication Year	Inclusion and Exclusion Criteria	Sampling Method	Sample Characteristics	Data collection and analysis	Results
A1/ Positive childbirth experience: A qualitative study/ To explore the meaning of positive childbirth experiences expressed by women who have given birth in Iran/ Qualitative/Iran/ (Hosseini Tabaghdehi et al., 2020)/2020	Women with vaginal delivery without complications, cephalic presentation and have healthy babies.	Sampling process Using semi-structured interviews from 72 hours-2 months after delivery	10 women aged 20-38 years with positive experiences during childbirth	Data was collected through recorded interviews and analyzed using content analysis	Data analysis produced two themes and five subthemes: control theme (preparation, coping, and support) and empowerment theme (self-efficacy and self-esteem)
A2/ The meaning of a very positive birth experience: focus groups discussions with women/ The aim of this research is to describe women's experiences of a very positive birth experience/	Women who participated in their study had ultrasound examination s aged 17-19 and were then followed up at the end of pregnancy (32-34 weeks) and at 2 and 12	Data were initially collected with a self-administered questionnaire .	26 women participated in focus group discussions 6-7 years after birth which they rated as very positive	Data was collected using FGD and then analyzed using thematic analysis to review the transcribed data	From this analysis, two themes and six sub-themes were identified that describe the meaning of a very positive birth experience. Women attributed their experiences to internal

Qualitative descriptive design/ Sweden/	months post-delivery.				(e.g., their own abilities and strengths) and external (e.g., a trusting and respectful relationship with the midwife) factors.
A3/Factors related to a positive childbirth experience – a cross-sectional study/ The aim of this article is to examine the birth experience of a group of postnatal women in Sweden and analyze the demographic and clinical factors associated with a positive childbirth experience. / Cross-sectional study/ Swedia/(Gru ndström et al., 2024)/ 2024	Inclusion criteria were being 18 years of age or older and having given birth within the previous six to 16 weeks. Women who had given birth to stillborn babies were excluded.	A digital survey was sent to 2000 women in five cities of different sizes located in southern Sweden.	Childbirth experiences were reported by means of the total sample (n = 619).	Data collection was carried out through a digital survey which included the Childbirth Experience Questionnaire 2 (CEQ2) instrument which was completed by 619 women. Regression analysis to determine demographic and clinical factors associated with positive birth experiences To analyze demographic and clinical determinants associated with positive birth experiences using univariate and Multiple	Most women delivered vaginally without vacuum extraction (n = 458; 74%). Nearly all had a birth companion during the birth (n = 612; 99%), and most women (n = 539; 88%) had experienced a great deal of support from this person. Scores on the total CEQ2 scale ranged between 1.30 and 4.00. The mean average was 3.29 ± 0.53 . Scores on the subscales ranged between 1.00 and 4.00.

					Regression Analysis	The average mean scores were 2.89 ± 0.60 for ‘Own Capacity’, 3.21 ± 0.70 for ‘Perceived Safety’, 3.48 ± 0.64 for ‘Professional Support’ and 3.52 ± 0.63 for ‘Participation’
A4/ Factors that Promote a Positive Childbearing Experience: A Qualitative Study/ to understand health system factors that promote positive childbearing experiences/ A qualitative exploratory design/ Australia/(Hall et al., 2023)/2023	Inclusion criteria were women who had given birth in the previous 12 months using the public system in Australia. Exclusion criteria were Women under 18 years of age or unable to read and speak English	Participants were recruited in the community through advertisements on social media sites designed for new mothers and through snow-balling.	Women who have had a positive experience and have given birth in Australia within the previous 12 months	Qualitative data was collected using semi-structured interviews (in person or by telephone) between December 2019 and July 2020. Qualitative data were transcribed verbatim and analyzed using inductive thematic analysis	Thematic analysis of the interviews identified 4 main themes namely health care provider attributes, health system attributes, communication and decision making, and care experiences.	
A5/ Predictors of a positive birth experience in childbirth: A cross-sectional study/ to	All eligible women (n = 469) with low- and high-risk pregnancies, who delivered in the primary	A simple non-probabilistic measure with consecutive recruitment	The sample was 301 women	Data collection was carried out by collecting obstetric variables from birth books and	The overall mean CEQ score was 3.18 (SD: 0.42), indicating the highest score for professional	

identify predictors of a positive birth experience based on socio- demographic and clinical variables, as well as obstetric interventions / Quantitative descriptive cross- sectional design/ Northern Spain/(Roqu eta-Vall- Llosera et al., 2024)/2024	obstetric unit, were aged between 16 and 50 years, understood Spanish and had already initiated labor. Women who had given birth before arrival at hospital, had stillbirths, those who underwent elective caesarean section or had language barriers to answer the questionnaire independent ly were excluded because they did not meet the criteria (n = 21). Not having informed consent is also a criterion for exclusion. Women with incomplete questionnaire	clinical records, as well as socio- demographic data through questionnaire s completed by the participants themselves. Data were collected by researchers between 24 and 48 hours after hospital discharge and anonymized by code number in a digital database and Childbirth experience variables were collected by the Childbirth Experience Questionnaire Data were analyzed using frequency distribution, univariate comparison, bivariate analysis, and multiple regression analysis with various statistical tests	professional support (3.79; SD: 0.43) and the lowest for own capacity (2.8; SD: 0.57). All domains and the overall score showed a negative correlation with the number of intrapartum interventions ($p \leq 0.001$). Induction of labor, instrumental delivery, and cesarean section are inversely related to; Scores for overall birth experience ($P \leq 0.001$), perceived safety ($P \leq$ 0.001), and Own Ca Sense ($P \leq$ 0.001). Epidural analgesia was associated with worse birth experience scores ($p \leq$ 0.001). Predictors of a positive birth
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es or who did not have all the data required for the study were also excluded (n = 53)

experience were identified as having a midwife as birth attendant ($p \leq 0.001$) and a higher neonatal Apgar score at birth ($p \leq 0.001$), while higher maternal education ($p = 0.04$), induction of labor ($p \leq 0.001$) and caesarean birth ($p \leq 0.001$) had worse scores on the birth experience.

A6/ Hospital Childbirth: Perspectives of Women and Professionals for a Positive Experience —A Qualitative Study/ to analyze women's and professionals' perspectives on hospital birth and to identify areas of improvement to achieve a	The inclusion criteria for this article are: Women who have given birth to live babies, at greater than or equal to 37 weeks' gestation, cephalic presentation, 18 years of age or older, have adequate oral and	Recruitment of female participants began with convenience sampling, followed by theoretical sampling after interviewing 19 women.	42 women for interview 8 weeks after delivery; 32 women for interviews 8 months after giving birth, and 15 health professionals	Data collected through interviews, participant observation, and field journals Data were analyzed collaboratively and thematically following the guidelines proposed by Braun and Clarke	The main areas for improvement that emerged from their comments were as follows: (a) strengthening communication and the therapeutic relationship; (b) unifying criteria between hospitals and primary care centers to provide
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positive perinatal experience/Qualitative prospective study with a phenomenological approach/Spain/(Pereda-Goikoetxea et al., 2021)/2021	written comprehension of Spanish and/or Basque, and are competent to understand and provide written consent. Professionals who have worked for at least 2 years in the delivery room. Exclusion criteria are: Twin pregnancy. Scheduled caesarean section. Admission of the newborn or mother to the intensive care unit. Women suffering from psychiatric illnesses. Women who have been treated by the principal investigator.	coordinated and coherent information; (c) partner involvement in the entire process of pregnancy-childbirth, postpartum; (d) increased space used in prenatal and birth care.
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Critical Appraisal

Critical appraisal of a scientific article is an evaluation process that aims to assess the quality of the research article. In this review, researchers used evaluation tools developed by the Joanna Briggs Institute (JBI) to evaluate quantitative and qualitative research. The selection of JBI evaluation tools is based on the type of research that suits the tool. Researcher. classify the value of articles based on the overall score obtained from critical appraisal in accordance with the guidelines provided by JBI. Detailed information regarding the results of the critical assessment can be found in the table below.

Table 5. Cross Sectional Critical Assessment

No.	Question items	Code article	
		A3	A5
	Were the criteria for inclusion in the sample clearly defined?	4	4
1.	Were the study subjects and the setting described in detail?	4	4
2.	Was the exposure measured in a valid and reliable way?	4	4
3.	Were objective, standard criteria used for measurement of the condition?	4	4
4.	Were confounding factors identified?	4	4
5.	Were strategies to deal with confounding factors stated?	4	4
6.	Were the outcomes measured in a valid and reliable way?	4	4
7.	Was appropriate statistical analysis used?	4	4
	Score	32 / A	32 / A

Table 6. Qualitative Critical Assessment

No.	Question items	Code Article			
		A1	A2	A4	A6
1	Is there congruity between the stated philosophical perspective and the research methodology?	4	4	4	4
2	Is there congruity between the research methodology and the research question or objectives?	4	4	4	4
3	Is there congruity between the research methodology and the methods used to collect data?	4	4	4	4
4	Is there congruity between the research methodology and the representation and analysis of data?	4	4	4	4
5	Is there congruity between the research methodology and the interpretation of results?	4	4	4	4
6	Is there a statement locating the researcher culturally or theoretically?	4	2	4	2
7	Is the influence of the researcher on the research, and vice-versa, addressed?	2	4	3	3
8	Are participants, and their voices, adequately represented?	4	4	4	4
9	Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	4	4	4	4
10	Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	4	4	4	4
	Score	38/A	38/A	39/A	37/A

RESULTS

Of the 1600 articles identified, only six met the criteria. These articles were written in English and published between 2014 and 2024. These six articles share several characteristics, such as year of publication, country of origin, and research methods used.

Table 6. Year Classification

No	Year of Publication	Number of Articles
1	2015	1
2	2020	1
3	2021	1
4	2022	1
5	2024	2
Entire		6

Based on table above, the articles reviewed are from 2015 to 2024. The details are: 1 article in 2015, 1 article in 2020, 1 article in 2021, 1 article in 2022, and 2 articles in 2024.

Table 7. Country Classification

No	Country	Number of Articles
1	Sweden	2
2	Iran	1
3	Spain	2
4	Australia	1
Entire		6

Based on the table above, the articles reviewed come from 4 countries. The details are: 2 articles from Sweden, 1 article from Iran, 2 articles from Spain, 1 article from Iran, and 1 article from Ghana.

Table 8. Classification of Research Designs

No	Design	Number of Articles
1	Qualitative	4
2	Cross Sectional	2
Entire		6

Based on the table above, the articles reviewed consist of 2 types of research methods. The details are: 4 qualitative articles, and 2 cross-sectional articles.

Theme Analysis

Table 9. Determination of themes and subthemes

He	Subtheme	Article
Factors that control and contribute to positive experiences during childbirth	1. Support and Communication	A1, A2, A3, A4, A5, A6
	2. Preparation and Empowerment	A1, A2, A3, A4, A5
	3. Factor Psychologic	A3, A4, A5

DISCUSSION

Factors That Control and Contribute to Positive Experiences During Childbirth

Support and Communication

The factors identified in the research (A1, A2, A3, A4, A5, A6) as factors that control and contribute to a positive experience during childbirth are husband's support and

professional support, trustful and supportive relationships, communication and also participation itself. From the results of the study articles (A1, A2, A3, A5 and A6) it was found that birth control factors play a more important role in satisfaction with labor itself because factors such as preparation, coping and support themselves can produce a positive experience during labor. On the other hand, this study also shows that after a calming birth, self-efficacy and self-esteem will increase, so women's health will also improve.

From the results of study A2 regarding professional support and a trustful and supportive relationship, it shows that the presence of a midwife or health worker is very important in the birthing process itself because the support the midwife provides is able to provide a sense of comfort and security for the mother herself. Apart from that, it can also improve or increase the quality of effective relationships between mothers and health workers themselves. If seen from the point of view, the mother's trust in the midwife is also very influential in a positive birth experience because a good relationship between health workers and the mother can enable the mother to be more confident and able to face the challenges of childbirth itself.

And seen from the results of studies A3, A4 and A6 regarding communication and participation, it shows that effective communication is very important in the birthing process itself because good and effective communication can foster trust and a sense of personal control in the mother herself during the birthing process. Likewise, these results show that effective communication and decision making are very significant predictors of a positive birth experience itself. Participants in the study also emphasized that the importance of understanding their options, being actively involved in decision-making, and respecting their choices is in line with World Health Organization guidelines, which highlight that women in high-income countries prioritize defending their personal rights, even when medical intervention is necessary.

So these results show that support and communication are very important factors in providing a positive birth experience. Because birthing mothers who receive support and communication from both the midwife and family are able to increase their confidence in undergoing the birthing process. Because health workers, especially midwives, need to optimize support and more effective communication in order to improve the quality of service and also the satisfaction of mothers giving birth.

Preparation and Empowerment

Preparation and empowerment factors are also factors that control and contribute to a positive experience during childbirth. These factors (A1, A2, A3, A4, A5) are as follows, namely preparation factors, factors, *self-efficacy*, *self-esteem*, *ability and strength*, *own capacity* and also *decision making*. These factors are included as controlling and contributing factors because based on these factors, women can prepare themselves thoroughly to face childbirth with a positive attitude, thereby increasing the possibility of a satisfactory or positive birth experience.

The results of study (A1) show that the importance of preparation in childbirth is because good preparation before childbirth is very important to create a positive experience. This includes education about the birthing process, understanding the options available, and planning for support throughout the process. Pregnant women can take childbirth preparation classes, read books, or consult with medical personnel to get the necessary information. With sufficient knowledge, pregnant women feel better prepared to face childbirth and can also increase positive experiences during childbirth. Likewise, one important implication of this research is increasing self-efficacy in mothers. Self-efficacy is a person's belief in their ability to successfully carry out a certain behavior. High self-efficacy allows women to respond well

to critical situations, solve problems effectively, and improve social and emotional health. In addition, positive perceptions of the birth experience also have a positive impact on self-esteem. The results of this research are in line with research by (Shahoei *et al.*, 2014) which shows that positive perceptions of the birth experience can increase patience, responsibility, self-esteem, self-efficacy, independence, better mother-baby relationships, quality of life, and women's empowerment.

The results of studies (A2, A3, A5) show that physical and mental abilities also contribute to a positive experience during childbirth. Women who maintain physical health through regular exercise and balanced nutrition tend to have better stamina during childbirth. Apart from that, mental strength such as emotional resilience can also help women deal with stress and uncertainty during the birthing process. On the other hand, personal capability also includes the knowledge, skills and resources a woman has to face the birthing process. This may include the ability to communicate with medical personnel regarding their wishes and needs during the birthing process as well as the ability to ask for support from partners or family.

Study results (A4) show that decision making is also an important aspect of a positive experience during childbirth because women who are involved in making decisions regarding care tend to feel more empowered and will be satisfied with their birth experience.

The results of this review show that preparation and empowerment factors play a very important role in controlling positive experiences during childbirth because good preparation before giving birth can create a positive experience during childbirth. Likewise, empowering the mother during the birthing process can provide control over the decisions taken regarding her body and the birth process. This includes the right to choose the method of delivery, the use of painkillers, as well as the presence of a companion during childbirth. When mothers feel empowered and have a say in these decisions, they tend to experience higher satisfaction with a better birth experience. Therefore, it is necessary to increase and maintain participation and empowerment during the birth process in order to minimize the risk of experiencing negative experiences during childbirth.

Psychological Factors

Psychological factors can play an important role in controlling and contributing to positive experiences during the labor process in research (A3, A4, A5), namely *perceived safety* and also *experience of care*. This study shows that *Perceived safety* is very important because it can affect the stress and anxiety levels of mothers giving birth. When a woman feels safe, she tends to be more relaxed and able to cope with the birthing process better. Research shows that feeling safe can reduce the risk of complications during labor and improve health outcomes for mother and baby. Likewise, a study conducted by (Grundström *et al.*, 2024) shows that women who feel safe during labor have a higher likelihood of having a positive experience.

Experience of care also contributes greatly to overall patient satisfaction. In the context of childbirth, positive interactions with medical personnel can increase the birth mother's self-confidence and can provide the emotional support needed during the process. According to research by (Hall *et al.*, 2023) said that positive experiences with nurses and doctors can increase perceptions of safety and influence decisions to use health services in the future.

A combination of *perceived safety* And *experience of care* contribute to better birth outcomes. Women who have positive experiences tend to report high levels of satisfaction with their birthing process, as well as having a lower likelihood of experiencing postpartum

depression. Positive experiences in prenatal to postnatal care correlate with improved maternal mental well-being (Roqueta-Vall-Llosera *et al.*, 2024).

Thus, perceived safety and experience of care are important controlling factors that contribute to creating a positive experience during childbirth through reducing anxiety, increasing communication between patients and health care providers, as well as a positive impact on health outcomes for mother and baby.

CONCLUSION

Based on the discussion of various studies above, the factors that control and contribute to a positive experience during childbirth are Support and Communication Factors, Preparation and Empowerment Factors, and also Psychological Factors. These factors have a very important role in increasing positive experiences during childbirth because these three factors are interrelated and influence each other in creating a positive birth experience. While support and communication can help women feel valued and involved in the process, preparation and empowerment factors can give them knowledge and control over themselves. Psychological factors can manage fear and increase the mother's sense of self-confidence during the birthing process. So, to increase a positive birth experience, it is necessary to create a safe, supportive and supportive environment and also empower the mother in the birth process. The recommendation for health professionals, especially midwives, is to continue to develop good and holistic service strategies, by providing support, empowering mothers to increase positive experiences during childbirth and minimize negative experiences during childbirth.

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