

BACHELORARBEIT

Birth experience assessment tools covering key dimensions of women's and their partners' experience of childbirth

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Preface

This bachelor thesis was conducted as part of a collaborative research project led by Prof. Dr. Claudia Limmer, which aims to systematically evaluate and improve the assessment of childbirth experience. It constitutes one component of this broader project and is intended to be developed further into a scoping review publication. For this reason, and to facilitate international dissemination, the work is written in English.

While the thesis predominantly refers to women who give birth, it is acknowledged with respect and sensitivity that not all individuals who experience pregnancy and childbirth identify as cisgender females. This terminology is employed for reasons of clarity and readability, with the understanding that childbirth also encompasses people with diverse and equally valid gender identities, all of whom deserve recognition, inclusion and respectful treatment.

Working on this thesis has deepened my understanding of the complexity of childbirth experience and the challenges associated with its assessment. The insights gained are highly valuable for my future work as a midwife, where trauma-sensitive and woman-centred care is a matter close to my heart. I hope that the findings will not only contribute, in a small way, to improving the tools available for evaluating birth experience, but also help to raise awareness of this topic and encourage its broader implementation in respectful maternity services.

I would like to express my sincere gratitude to my supervising professor, Prof. Dr. Claudia Limmer, for her trust and confidence in my abilities, her generous support and the opportunity to gain insight into collaborative scientific work. I am also grateful to the other two members of our project team for their collaboration during the literature search and screening phases, as well as to our research assistant for helpful contributions to the project. The constructive and open willingness to discussion and collegial approach of all of them have been invaluable throughout the process of developing and completing this thesis.

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Abstract

Background: Childbirth experiences range from empowering to deeply traumatic and may have lasting implications for parental health, family relationships and reproductive decisions. Recent qualitative syntheses propose a multidimensional framework of childbirth experience, yet it is unclear to what extent existing quantitative instruments measuring childbirth experience reflect these dimensions.

Objective: To systematically identify validated instruments and examine how comprehensively they cover evidence-based dimensions and subthemes of women's and their partners' childbirth experience.

Methods: A systematic literature search was conducted for studies reporting development, validation, translation or use of multi-item quantitative tools. Seventy-five applicable instruments were identified. Item wordings were coded against the four dimensions and ten subthemes of childbirth experience, and a coverage score (0-10) was calculated per instrument. For the five tools with the highest scores, psychometric properties were summarised.

Findings: Content coverage was heterogeneous and often unbalanced. No instrument fully encompassed all dimensions and subthemes. Only one instrument reached a coverage score of 8.5/10, one scored 8/10 and three scored 7/10. Many questionnaires focused narrowly on domains such as control or staff interaction, while aspects such as preparation, understanding and varied emotional responses to labour and birth were often neglected. Among the top-scoring tools, the original 30-item Birth Satisfaction Scale provided the broadest coverage, whereas the Questionnaire for Assessing the Childbirth Experience showed the strongest psychometric support.

Conclusion: Existing instruments capture the complexity of childbirth experience only partially. On the basis of superior content coverage, the original Birth Satisfaction Scale currently appears to be the most suitable available instrument for assessing childbirth experience, although further psychometric refinement would be beneficial. Refining it into a brief, inclusive and robust tool could facilitate routine screening and support more trauma-sensitive maternity care.

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List of Abbreviations

BSS: Birth Satisfaction Scale

BSS-R: Birth Satisfaction Scale Revised

COSMIN: COnsensus-based Standards for the selection of health Measurement INstruments

HCP: health care professionals

IWCEQ: Iranian Women Childbirth Experience Questionnaire

PLDS: Perceptions of Labour and Delivery Scale

QACE: Questionnaire for Assessing the Childbirth Experience

SMMS: Scales for Measuring Maternal Satisfaction

WHO: World Health Organization

1 Introduction

In most societies, childbirth is viewed positively: a new life is brought into the world! However, reality often differs significantly. Research has demonstrated that experiences of childbirth are highly complex (Larkin et al., 2009), ranging from positive and empowering to negative or even traumatic (McKelvin et al., 2021). Positive birth experience can promote a sense of accomplishment, strengthen self-esteem and contribute to the development of confidence (Hildingsson et al., 2013). Conversely, negative birth experience may have profound and lasting adverse effects on the mental and physical well-being of both parents and their children (Nahaee et al., 2024; Olde et al., 2006; Yeo & Chun, 2013). Furthermore, evidence indicates that experiencing a negative childbirth can influence women's future reproductive decisions, leading some to postpone or even reconsider having additional children (Shorey, Yang et al., 2018). As such, the quality of childbirth experience holds significance not only for the individuals but also for society.

Given these substantial consequences associated with childbirth experiences, it is essential to deepen the understanding of the multidimensional nature of birth experience. Several studies have sought to elucidate this complexity. In a recent systematic review of reviews of qualitative research, Benyamini et al. (2024) collated and synthesised the extensive body of evidence concerning the diverse aspects of the childbirth experience. Through this process, they identified four principal dimensions and ten subthemes characterising women's and their partners' childbirth experience. These dimensions highlight the intricate interplay of personal, physical, emotional, and social influences.

To translate this multidimensional understanding into practice and research, the development and use of systematic and evidence-based measurement instruments has become apparent. Assessment instruments for evaluating childbirth experiences are now recognised as essential tools not only for identifying parents' postpartum needs for support or counselling, but also for highlighting opportunities to improve maternity care practices. Numerous such instruments have been established and utilised globally. However, many of these existing questionnaires and scales were developed before the multidimensional understanding of childbirth experience had become widely recognised. As a result, it remains uncertain whether these tools comprehensively address the most recent evidence-based dimensions of birth experience and adequately reflect the complexity and diversity of factors influencing childbirth experiences.

This bachelor thesis identifies relevant assessment tools through a systematic literature review and evaluates whether their scope aligns with the dimensions and subthemes identified by Benyamini et al. (2024). The ultimate objective is to provide a recommendation for an assessment tool which is in line with the most recent evidence on birth experience and capable of capturing its complexity.

In light of these considerations and circumstances, the following research questions were formulated:

To what extent do existing assessment tools cover the key dimensions and their associated subthemes of women's and their partners' childbirth experience, as identified in the literature?

If no existing tool encompasses all crucial dimensions, how can current instruments be modified or combined to ensure comprehensive coverage of these essential aspects of the birth experience?

The following chapters will, after providing a thorough overview of childbirth experience itself, address these questions by critically examining existing assessment tools.

2 Background

2.1 Conceptualisation of the childbirth experience

The birth of a child is, for most individuals, an extremely intense and transformative event that carries profound emotional, social and cultural significance (Konieczka et al., 2024; Weigl & Garthus-Niegel, 2021). Until the 1980s, the sociology of birth was a relatively neglected field of research – even though the crisis character and critical nature of birth in a woman's life has long been recognised (Doering et al., 1980). Maternal and perinatal mortality have served as central metrics for evaluating the safety and quality of birth care. In recent decades, perinatal deaths have fortunately become very rare in many regions of the world and mortality and morbidity during birth are now recognised as inadequate for capturing the full spectrum of obstetric care (Smith, 2001). To gain a more comprehensive understanding, it appears necessary to supplement these measures with women-centred approaches. Therefore, research focussing on birth experiences has increased steadily; the topic of childbirth and the subjective experience of mothers during labour have gained growing attention both in society and in research (Hodnett, 2002; Nawrot et al., 2025).

In contemporary practice, childbirth experience is now widely understood as a complex, multidimensional phenomenon which can deeply impact women's life and identity (Larkin et al., 2009). A fundamental principle is its intrinsic subjectivity: only the birthing individual is entitled to judge whether the experience was positive or negative (Salis, 2016). No external observer – be it a health care professional, birth companion or researcher – is qualified to make this assessment on her behalf. Accordingly, exclusive focus is placed on the individual's subjective perception as the core criterion for evaluating childbirth, aligning with contemporary patient-centred paradigms.

The importance of women-centred maternal care has also been clearly articulated in multiple World Health Organization (WHO) publications over the recent decades, which have consistently emphasised care quality and birth experience as integral components of maternal health. In 2016, the organisation published a set of standards aimed at enhancing the quality of maternal and newborn care services worldwide (World Health Organization, 2016). The publication provides a framework to prioritise evidence-based, patient-centred strategies for care delivery. Within this guidance, the WHO explicitly recognises women's satisfaction as an essential indicator of care quality and outcome. Building on this, the 2018 WHO guideline "Intrapartum care for a positive childbirth experience" further identifies a positive birth experience as a core goal of intrapartum care provision (World Health Organization, 2018).

The ongoing international attention aligns with contemporary models such as the salutogenic perspective of childbirth (McKelvin et al., 2021). The salutogenic approach, first conceptualised by Antonovsky (1979), emphasises factors that promote health and wellbeing, rather than simply preventing disease. Within maternity care, this perspective highlights the importance of empowerment, emotional support, and individualised, meaningful care – elements shown to foster a strong sense of coherence in mothers and enhance their childbirth experience (Wolff et al., 2025).

Ultimately, today's conceptualisation of childbirth experience reflects an evolving understanding that integrates not only clinical safety and outcomes, but also the complex, subjective dimensions of women's perceptions throughout the birthing process.

2.2 Influencing factors and dimensions of birth experience

The birth experience is a multifaceted phenomenon impacted by a complex interplay of variables and conditions. Influencing factors have been the subject of extensive research

over the past few decades, reflecting the importance of understanding what determines women's perceptions and evaluations of childbirth. The determinants identified in the literature refer to internal and external conditions and circumstances, ranging from individual, interpersonal, clinical to systemic factors.

Individual factors shape how a person internally approaches and interprets labour and birth; they include aspects like expectations (Bryanton, Gagnon, Johnston, et al., 2008; Christiaens & Bracke, 2007), preparation (Doering et al., 1980; Gökçe İsbir et al., 2016), self-efficacy and control (Al Ahmar & Tarraf, 2014; Goodman et al., 2004), parity (Waldenström et al., 2004), maternal age (Heimann et al., 2025), fear (Areskog et al., 1983), and previous experiences (Weigl & Garthus-Niegel, 2021). Current literature suggests that also a notable prenatal screening finding influences the birth experience (Heimann et al., 2025).

Interpersonal factors relate primarily to the emotional and professional support provided by healthcare professionals and birth partners. The impact of healthcare professionals is universally acknowledged as being of paramount significance within the context of maternity care: Numerous studies have demonstrated that the quality and consistency of interactions between women and their healthcare providers plays a crucial role in shaping outcomes during birth (Lundgren et al., 2009; Nilsson et al., 2013; Waldenström et al., 1996). Hodnett (2002) even describes that no other influence factor is "as obvious, as direct, nor as powerful as the influences of the attitudes and behaviours of the caregivers". There is broad consensus among stakeholders that disrespect, abuse or violence in childbirth constitutes a significant contributor to negative birth experiences (Bowser & Hill, 2010). In contrast, the presence of a partner during childbirth enhances the woman's overall birth experience, both by direct involvement and support and through indirect effects such as increased feelings of security and well-being (Doering et al., 1980). Therefore, the partner's participation in childbirth has been gaining increased acceptance worldwide (Lopes et al., 2025).

Clinical factors encompass the mode of delivery (Kempe & Vikström-Bolin, 2020; Ryding et al., 1998), medical interventions like induction, vacuum extraction or oxytocin use (Brown & Lumley, 1994; Heimann et al., 2025; Waldenström, 1999), difficulties arising during birth like haemorrhage or neonatal complications (Falk et al., 2019), the length of labour and labour pain management (Carlhäll et al., 2022; Christiaens & Bracke, 2007). According to Lopes et al. (2025) factors like the possibility of having skin-to-skin contact with the newborn and starting breastfeeding within the first hour after birth are also considered relevant in this context.

Environmental and systemic factors of childbirth experience refer to the birth setting itself and the institutional culture within which birth takes place. Research has shown that factors like the birthing room familiarity, temperature or technocratic appearance can either facilitate or hinder a positive birth experience, depending on how supportive and inclusive the environment is (Nilsson et al., 2020).

In contrast to influencing factors – which shape how the birth experience unfolds – the dimensions of birth experience represent the principal domains through which this complex event can be analysed and understood. These dimensions offer a conceptual framework that enables the effects of influencing factors to become apparent. A recent systematic review of reviews by Benyamini et al. (2024) synthesized qualitative evidence on experiences of childbirth, identifying four central dimensions and ten subthemes (see Table 1). The four main dimensions are perceptions, physical aspects, emotions and relationships. Perceptions capture how women think about birth, including their preparation and understanding, their birth expectations and beliefs, and their sense of decision-making and control during labour and birth. Physical aspects refer to the care setting, including access to intrapartum services and the birth environment, the experience and management of pain and obstetric interventions and clinical management. Emotions encompass the fact that labour and birth are emotionally challenging and involve a wide range of feelings. Relationships describe the social context of birth, focusing on the role of birth companions and the influence of health care professionals (HCP). This evidence-based approach offers the first comprehensive framework of birth experience dimensions and provides a solid foundation for the analysis of measurement instruments in this thesis as well as further research in general.

Table 1: Four key dimensions of the childbirth experience and their ten subthemes (Benyamini et al., 2024)

Dimensions	Subthemes	
Perceptions	A1	Being prepared for and understanding labour and birth
	A2	Expectations, attitudes, and beliefs about labour and birth
	A3	Decision-making and control during labour and birth
Physical aspects	B1	Accessing intrapartum services and experience of the labour and birth environment
	B2	Pain and its management during labour and birth
	B3	Labour and birth interventions and management
Emotions	C1	Labour and birth is emotionally challenging
	C2	Varied emotions in labour and birth
Relationships	D1	The importance of birth companions
	D2	The influence of healthcare professionals

2.3 Consequences of positive and negative birth experience

Studies indicate that approximately one third to one half of women characterise their birth experience as positive (Hildingsson et al., 2013; Michels et al., 2013), while a substantial proportion – ranging from about one fifth up to nearly half – describe childbirth as negative or even traumatic (Alcorn et al., 2010; Creedy et al., 2000; Simpson & Catling, 2016). Importantly, these assessments are not static; women's perceptions of their birth experience may shift over time (Hildingsson et al., 2013).

A satisfying birth experience exerts a profound and far-reaching influence on the well-being of mothers, fathers and children, promoting a healthier family dynamic overall (Märthesheimer et al., 2025). It facilitates a successful transition into parenthood (Hill & Firth, 2018) and supports high postnatal functioning (Michels et al., 2013) as well as psychological growth and enhanced self-esteem for mothers (Grundström et al., 2025; Karlström et al., 2015). Positive childbirth experiences help women build trust in themselves and others, strengthening relationships within the family and with HCP (Lundgren et al., 2009). Moreover, these experiences encourage positive feelings towards the baby (Ekström & Nissen, 2006) and foster secure mother-infant attachment (Smorti et al., 2020), which underpins effective and confident parenting (Bryanton, Gagnon, Hatem et al., 2008).

In contrast, a negative birth experience can profoundly impair the quality of life of the birthing individual for varying durations (Büthe, 2023) and – sometimes – warrants appropriate intervention (Emerson, 2020). Such experiences frequently disrupt infant bonding and breastfeeding (Beck & Watson, 2008; Bloemeke, 2015), and adversely affect interpersonal relationships and sexual functioning (Allen, 1998; Delicate et al., 2022). Furthermore, negative birth experiences may trigger the development of tokophobia – an intense fear of childbirth (Miller et al., 2021) – potentially leading to avoiding subsequent pregnancies (Lapp et al., 2010; Rohde, 2004) or elective caesarean sections (Ryding et al., 2015; Tschudin et al., 2009). This illustrates that adverse childbirth experience impacts not only the mothers' physical health but also her reproductive decisions and behaviour.

Moreover, the quality of the childbirth experience plays a significant role in maternal mental health outcomes (Verreault et al., 2012), which – if not promptly identified and adequately treated – may become chronic and exert lasting effects on psychological well-being (Slade et al., 2022). Recent studies estimate that approximately 17% of otherwise healthy women will experience postpartum depression (Shorey, Chee et al., 2018). Between 9% and 50% of all births are perceived as traumatic (Ayers et al., 2016; de Graaff et al., 2018), and about

4% of birthing individuals develop posttraumatic stress disorder (PTSD) afterwards (Yildiz et al., 2017). Childbirth-related PTSD manifests as a wide range of symptoms that may include deliberate avoidance of reminders associated with the traumatic birth event, marked negative shifts in mood and cognition, and persistent hyperarousal. Sleep disorders and anxiety are also commonly reported psychological sequelae (Garten, 2022). Furthermore, individuals can experience intrusive symptoms such as flashbacks or nightmares, alongside heightened irritability and impaired concentration (Dekel et al., 2023). The actual number of birth traumas is likely much higher, as there is still limited public awareness around this issue and access to support or treatment options remains difficult (Pop-Jordanova, 2022; Rohde et al., 2017).

Limited research has explored the ways in which fathers' or other companions' experiences during labour and childbirth affect both their ability to provide support in the birth setting and their transition to the role of parent thereafter (Alfaro Blazquez et al., 2017). Literature suggests that a negative birth experience can be profoundly distressing for the partner, even traumatic (Pop-Jordanova, 2022), and notes that partners frequently report feelings of helplessness and powerlessness following childbirth (Nystedt & Hildingsson, 2018; Steen et al., 2012). Negative birth experiences among fathers may also influence their own psychological wellbeing in the weeks following the birthing event (Bradley et al., 2008; Schumacher et al., 2008) which may also affect maternal mental health (Gürber et al., 2017).

In summary, the childbirth experience – through its wide-ranging consequences – possesses considerable social relevance that extends far beyond its impact on individual mothers, fathers and infants. It not only shapes personal health, psychological adjustment, and family relationships, but can also have important implications for broader public health and healthcare systems.

2.4 Measurement of childbirth experience

Given these potential consequences of birthing experiences, it is reasonable to examine more closely how such experiences can be measured. A systematic assessment can serve multiple important purposes in maternal health research and clinical practice. Firstly, it enables midwives and other HCP to identify symptoms indicative of traumatic birth experience at an early stage, which is essential for delivering timely and appropriate psychological support and for reducing the risk of subsequent posttraumatic stress disorder as described above. Furthermore, an in-depth understanding of individual experiences provides a foundation for targeted follow-up conversations, possibly facilitating the re-framing or positive

reinterpretation of negative or neutral birth satisfaction (Weigl & Garthus-Niegel, 2021). In addition, the aggregation and analysis of such assessment data allow maternity services and quality management structures to systematically identify patterns and areas for improvement in perinatal care delivery. Lastly, comprehensive measurement of birth experience offers a valuable foundation for future research, enabling the identification of emerging trends, exploration of causal relationships, and the development of new research hypotheses that can inform guidelines and policy on (for instance) maternal well-being, healthcare quality, or the impact of interventions.

The measurement of childbirth experience employs both quantitative and qualitative approaches that reflect the complexity and subjectivity of birth. Research comparing patient recollection of labour and birth with official medical records indicates that women reliably remember key aspects of their experience (Githens et al., 1993; Liu et al., 2013). Therefore, both quantitative self-report measures and qualitative assessments are viable approaches, each offering unique insights into the subjective complexity of childbirth experience.

Qualitative approaches – such as in-depth interviews or focus groups – allow for a rich exploration of women's narratives and perceptions. These methods are invaluable for a robust understanding of the complexity and depth of birth experiences, but are less suited for generalisations, representative conclusions or comparisons. Furthermore, they can be very time consuming and resource-intensive. In contrast, quantitative measures primarily involve multi-item questionnaires. The use of questionnaires to assess satisfaction with maternity care in general has been discussed for both its challenges and merits (Jacoby & Cartwright, 1990; Strasser & Davis, 1987). Over time, questionnaires have become the most common method of assessing satisfaction since they provide an efficient and cost-effective method of obtaining an overview of patient's experience. Most questionnaires in health science use Likert scales to quantify people's opinions or perceptions, and in childbirth research they provide an effective way to measure women's experiences of the care they received (Jha et al., 2019). Nowadays, there are numerous questionnaires available which systematically facilitate evaluation of birth experience. Their length and item count vary significantly, ranging from single-item measures to questionnaires containing over one hundred questions. The extend of an instrument's length has considerable implications for its utility in routine clinical contexts: questionnaires that are excessively long are impractical to implement, while overly brief measures may fail to adequately reflect the multidimensional nature of the birthing experience.

In this thesis, only multi-item quantitative tools are analysed, as they allow for systematic and comparable data collection while enabling detailed assessment of multiple dimensions of birth experience.

2.5 Research gap and rationale for this thesis

Despite the abundance of tools designed to assess childbirth experience, a significant research gap remains regarding the alignment of these instruments with the multidimensional evidence base synthesised by Benyamini et al. (2024). While numerous questionnaires and scales are utilised internationally, most were developed prior to the comprehensive conceptualisation of birth experience dimensions and subthemes articulated by Benyamini and colleagues. As a result, most of these tools focus on selected aspects and influencing factors of childbirth experiences – such as satisfaction with HCP, perceptions of pain, or control during labour – without capturing the full breadth and complexity now recognised in the literature. The assumed misalignment between current measurement tools and contemporary evidence raises concerns about the validity and completeness of data collected using existing instruments, as crucial domains of the childbirth experience may be overlooked. Without alignment to the most current, empirical conceptualisation, assessments may underrepresent women's and their partners' lived experiences and fail to identify key determinants.

Given the increasing emphasis on patient-centred and evidence-based approaches in maternity care, it is essential to evaluate to what extent current assessment tools reflect the multidimensional structure of childbirth experience. Closing this research gap is crucial for improving the precision of research findings, supporting clinical decision making, and ensuring that care interventions target all relevant facets of birth experience. Accordingly, this thesis undertakes a systematic evaluation of available instruments, critically appraising their coverage relative to Benyamini's findings, and aims to provide clear recommendations for practice and future research.

3 Methods

3.1 Search strategy

A systematic search has been conducted for measures and instruments currently in use to quantitatively assess childbirth experience. Five databases have been searched in August 2025: CINAHL, PubMed, Scopus, Web of Science and PsychInfo.

Search terms were developed by the author of this thesis and subsequently discussed with the four-member project team mentioned in the preface until consensus was reached. Since several reviews with very similar search objectives already existed (Alfaro Blazquez et al., 2017; Nilvér et al., 2017; Sawyer et al., 2013), the search matrix shown in table 2 was developed based on those prior studies to ensure consistency:

Table 2: Search matrix

tool*	valid*	experience	birth*
questionnaire*	reliab*	satisfaction	childbirth
scale*	develop*	perception	labour/labor
instrument*			obstetric*
measure*			
index			

Nilvér et al. published a systematic review reporting on instruments for measuring people's childbirth experience in 2017, with the underlying search conducted in January 2016 (Nilvér et al., 2017). Their findings were taken into consideration for the present thesis. Consequently, the current literature search was limited to studies published from 2016 onwards. The search was confined to the "title/abstract" field and to publications in English. Full search strings are provided in Appendix A.

In total, the literature search identified 20,558 records. Of these, 15,407 duplicate records were yielded and removed during a thorough de-duplication process, partly using the software Rayyan and predominantly through manual screening. The remaining 10,650 records were uploaded to Covidence, a web-based software platform designed to streamline and manage systematic reviews. Covidence found another six duplicates, leading the final number of studies for screening to 10,644.

3.2 Study selection and data extraction

Prior to the screening process, clear and predefined eligibility criteria were established to ensure a systematic and unbiased selection of studies. The following table outlines the specific inclusion and exclusion criteria employed:

Table 3: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Papers representing assessment tools for childbirth experience	Editorials, letters, opinion or conference papers, protocols
Published in a peer-reviewed journal	Dissertations
Original assessment tool available (in the publication or obtained from the authors)	Tools assessing fear of childbirth, pregnancy experiences, childbirth-related postpartum stress or similar topics
Publication in English language	Non-validated tool
Published 2016-2025	Tool without a clearly defined name
Full text available	

During title and abstract screening against these criteria, 10,220 studies were identified as irrelevant. Screening was conducted by the project team and a student research assistant according to the two-reviewer principle, meaning that each record was reviewed independently by two screeners. In case of disagreement, a third reviewer made the final decision regarding whether a record should be further examined. Applying this two-person screening protocol helps to ensure that study inclusion is both objective and consistent, thereby increasing the validity and reliability of the review findings.

After title and abstract screening, a total of 424 studies remained and were subsequently subjected to a two-stage full-text review. Firstly, all studies were screened for any instruments assessing birth experience, regardless of whether they were merely mentioned, applied or newly developed. The purpose of this step was to obtain an overview of existing instruments. In a second step, instruments were flagged for which the included studies reported new development, modification or validation. This two-step approach enabled a broad mapping of the landscape of childbirth experience assessment tools while not only collecting existing tools but also providing additional information on those tools that needs to be discussed in greater depth in the subsequent methods and discussion sections. As expected, these two distinct screening foci led to a number of conflicts during the review

process. Such disagreements were resolved by a third researcher, who decided each case by applying the criteria established for the second step. Ultimately, 200 relevant studies were identified. The flow of study selection is presented in a PRISMA diagram in Figure 1.

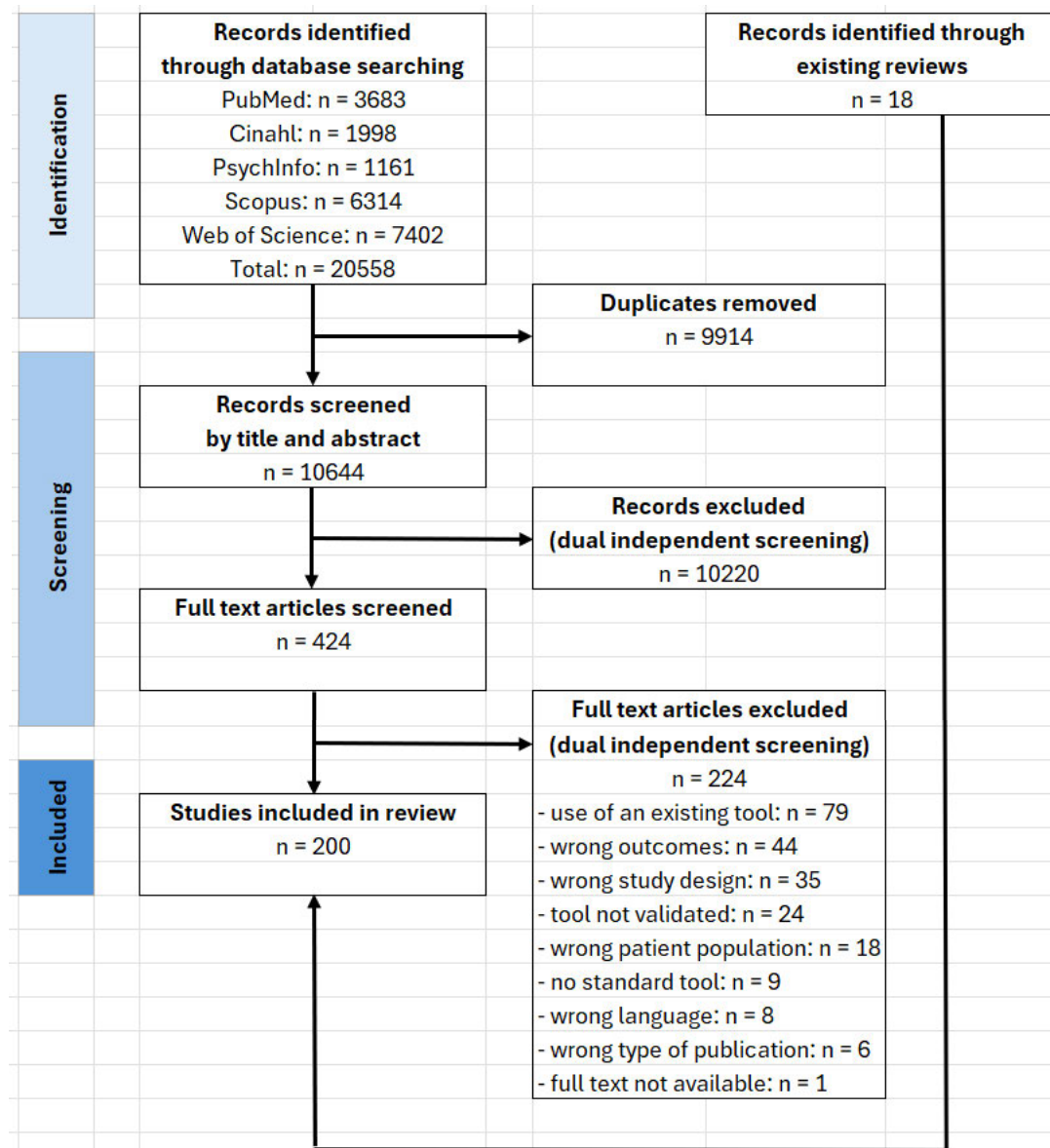


Figure 1: Flow chart of study selection

All instruments found during the screening process were extracted into a spreadsheet and their frequency of use or mentions across the studies was recorded as well as their modifications, translations, and the like. While the process of counting the frequency of mentions does not allow for robust scientific conclusions regarding tool effectiveness or global prevalence, it nevertheless provided valuable insights into the relative international dissemination of each measurement tool. After compiling the full list of tools, it was cross-checked against those instruments reported in other reviews on birth experience assessment tools

like the ones of Bertucci et. al (2012), Sawyer et al. (2013), Nilvér et al. (2017), Alfaro Blazquez et al. (2017), Ratislavová et al. (2024), Nawrot (2025) and Cheng (2025), and supplemented accordingly where additional tools were found. In total, 111 validated instruments were ultimately identified and included in the final list (93 identified through screening, 18 through cross-referencing). Details on characteristics of each instrument – like its abbreviation, country of origin, year of publishment, author(s) – were added. This thorough selection and extraction process ensured that the most current and relevant data were available for subsequent analyses.

3.3 Data analysis

Returning to the first research question outlined above (see Chapter 1), the purpose of this review was – after systematically identifying validated instruments used to measure childbirth experiences – to evaluate the extent to which the identified instruments capture or address the key dimensions and subthemes of childbirth experience. Therefore, the primary focus of analysis was placed on the content of the instruments rather than their methodological quality or psychometric properties. The latter was undertaken at a later stage only for those tools with the broadest coverage of key dimensions and their associated subthemes.

To evaluate the thematic scope of the identified instruments, a systematic content analysis was carried out. Firstly, to develop an in-depth understanding of the key dimensions, the author of this thesis conducted a careful, line-by-line reading of the corresponding study. During this process, relevant keywords were identified to support a more nuanced exploration of the emerging themes. For enhanced clarity and ease of interpretation, each dimension and subtheme was assigned a unique number and colour code as shown in Table 1.

Subsequently, the author searched for the original verbatim wording of each tool's items. All questions from the instruments were read individually and entered into an analysis spreadsheet. The thematic subthemes were then assigned to the individual items of each instrument by assigning the corresponding unique number and colour code. The colour coding enabled an easy assessment of how evenly balanced the questionnaire items were distributed across the various dimensions. Some items were found to correspond to multiple dimensions. For instance, the item "The staff kept me informed of what was happening" was classified as belonging to D2 ("the influence of healthcare professionals") as well as A3 ("decision-making and control during labour and birth"), whereas the assignment deemed most relevant was listed first. If an item was only loosely or indirectly associated with a given

subtheme, the corresponding number was indicated in parentheses. In rare cases there were items that could not be assigned to any dimension because they were too general (e.g. “I would choose the same type of care for my next pregnancy.”) or did not fit thematically (e.g. “Immediately after childbirth, I heard the cry of my baby”). The complete item-by-item coding for each instrument, including all dimension assignments is provided in Appendix B.

In the next step, a coverage score was calculated for each measurement tool to indicate how comprehensively it reflected the key dimensions overall. While such scoring is not strictly necessary, it greatly facilitates rapid comparison of the instruments. For each of the ten subthemes addressed, one point was awarded; unaddressed (or marginally addressed) subthemes received zero, and slight or partial coverage earned half a point. Thus, every tool obtained a score ranging from 0 to 10. This approach intentionally accepts a certain degree of evaluation imprecision in order to maintain analytical simplicity. Naturally, there were instances in which the decision to assign a full, half or no point to particular subthemes required nuanced judgement. Nevertheless, as all analyses were conducted exclusively by the author of this thesis, the results may carry an element of subjectivity; however, they are internally consistent and therefore comparable across instruments.

The results of this evaluation process enabled an assessment of the extent to which each questionnaire covered the predefined thematic areas and where content gaps exist. Documentation was carried out by adding the coverage score, the addressed key dimensions and a column for comments to the list of identified assessment tools mentioned above.

3.4 Non-applicable instruments

During the described analysis process, it became apparent that not all of the 111 initially identified instruments were applicable to the aims of this review. Several tools were therefore excluded for further evaluation and removed from the final list. Reasons for exclusion were:

- Availability

Some instruments were not analysed because they were not sufficiently accessible. In most of these cases the full item list was not published. Then the original authors were contacted to request the questionnaire; studies were only excluded when no response or material was received. Additionally, some studies were unavailable to the project team in full text or were

published in other languages than English. A total of 14 instruments were excluded due to these reasons.

- Scope

An additional 12 tools seemed non-applicable as their scope did not adequately encompass the overall childbirth experience. Certain tools were limited to certain time periods of birth, such as the Early Labour Experience Questionnaire (Janssen & Desmarais, 2013) or the Experience of Induction Tool (Beckmann et al., 2017). Others addressed narrowly defined facets of birth, including companion support (Dunne et al., 2014), maternal fatigue (Delgado et al., 2019), experiences of racism (White VanGompel et al., 2022) or retrospective recall of events (Foley et al., 2014). In contrast, some instruments encompassed overly broad notions of general patient satisfaction (Larsen et al., 1979). Others centered on prenatal topics (Küçük et al., 2025; Redshaw et al., 2009). In some cases, it was difficult to determine whether an instrument's scope was sufficiently aligned with the scope of this review. When doubts remained after an initial inspection of the questionnaire, the tool was nonetheless included in the content analysis and typically received a low coverage score. Consequently, it ultimately made little difference whether such instruments were excluded at this stage or later on the basis of their limited coverage of key dimensions.

- Length

A further exclusion criterion was excessive questionnaire length. Four Instruments that were particularly long (above 60 items) were omitted because longer surveys substantially increase respondent burden, reduce response and completion rates, and therefore compromise data quality as described in Chapter 2.4, especially in clinical settings where time and energy are limited. Since only ten core, evidence-based subthemes comprehensively cover childbirth experience, theoretically a focussed questionnaire with one robust item per theme would be sufficient. Therefore, more than 60 seemed unnecessary for valid and sufficient assessment. Conversely, one instrument with very few items (less than four) was also excluded, as three questions or fewer cannot reasonably be expected to capture all ten key dimensions of childbirth experience.

- Study design

Three studies were excluded on the basis of their study design. These were qualitative or mixed-method studies that did not provide purely quantitative measurement data. As the aim of this review was to identify and compare quantitative instruments, these studies were not considered for further analysis.

- Target group

Furthermore, the “Labor and Delivery Outcome Scale” (McCool & Bradford, 2019) was considered not applicable, as the instrument was designed to assess the perspectives of HCPs rather than those of women giving birth.

A detailed overview of all 36 excluded instruments, together with the underlying reason for their exclusion, can be found in Appendix C.

4 Results

4.1 Overview of instruments

Ultimately, a total of 75 instruments assessing childbirth experience were included in the analysis. The tools varied considerably in terms of focus and scope. Only a minority aimed to capture women's overall childbirth experience; most instruments were designed with a more specific focus, targeting particular aspects of birth such as perceived quality of intrapartum care or decision-making and control. This heterogeneity reflects the lack of a unified conceptualisation of childbirth experience both in practice and in literature.

The length of the instruments also differed markedly. Nine scales contained fewer than 10 items, the majority comprised between 10 and 25 items, and six instruments included 40 items and more. Most measures used Likert-type response formats, a minority employed visual analog scales. The instruments originated from a wide range of countries and healthcare systems. While the overall geographical distribution was broad, several countries were particularly prominent in terms of instrument development. Most tools were developed in the United Kingdom and Canada, followed by a smaller but still notable number of tools from Sweden and the United States. Additional measures originated from other countries such as the Netherlands, Turkey, Iran or Jordan, indicating that much of the current measurement infrastructure has been shaped in a limited set of national contexts.

With regard to year of publication, the included instruments spanned more than four decades, from early scales developed in the 1980s and 1990s to tools published within the last few years. It is particularly noteworthy that some of the early instruments were remarkably progressive for their time, demonstrating a multidimensional approach to childbirth experience through a solid coverage score. There was a clear increase in the number of new instruments appearing from around 2010 onwards, and this trend has continued up to the present. This pattern mirrors the growing recognition of childbirth experience as an important outcome in maternity care research, as described in Chapter 2.1. Despite this growth, only two of the identified instruments were explicitly designed for use with fathers or non-birthing birth companions, while the vast majority of existing tools focused exclusively on the perspective of birthing women. The tools were developed for people giving birth in hospital settings; none was explicitly created for use in alternative birth settings. In addition, a small number of instruments were developed specifically for caesarean birth

experiences, while the vast majority either focused on vaginal birth or did not explicitly distinguish between modes of delivery.

4.2 Coverage of childbirth experience dimensions

Across all evaluated tools, there was considerable variation in the degree to which the key dimensions and subthemes were covered. More than twenty instruments captured all four key dimensions of childbirth experience, yet none provided full coverage of all ten subthemes. Only one instrument achieved a coverage score of 8,5 out of 10, indicating that it addressed nearly all of the ten central dimensions and subthemes. Another tool reached a score of 8, while three further instruments achieved values of 7. By contrast, the large majority of instruments (55 out of 75) obtained coverage scores below 5, which is consistent with the purpose of instruments that were developed to target specific aspects rather than the overall birth experience, but it is more striking in the case of questionnaires that explicitly claim to measure general birth experience. Scores then declined incrementally down to a minimum of 1, reflecting highly limited thematic scope in some instruments. The overall distribution of coverage scores is visualised in the following bar chart (Figure 2) and a complete list of all analysed tools ranked by coverage score is provided in Table 4.

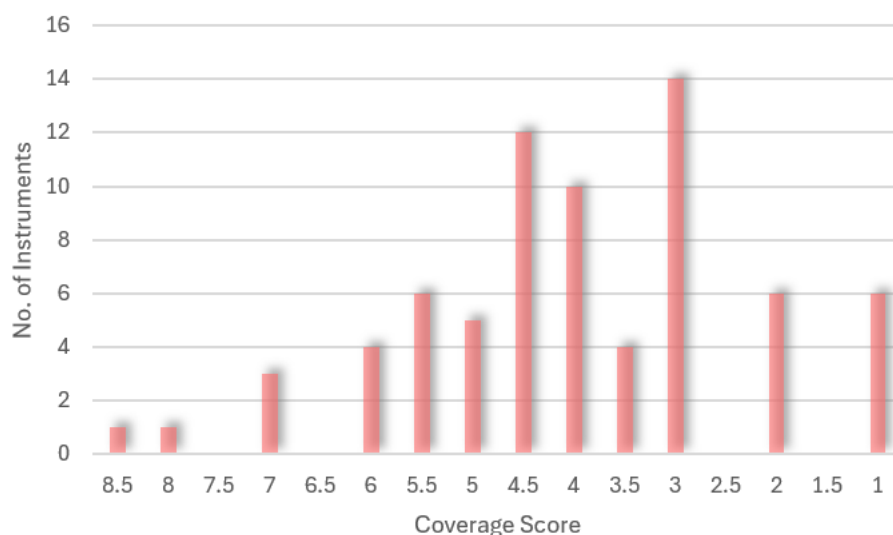


Figure 2: Distribution of coverage scores across all included instruments

Most instruments demonstrated a clear content imbalance: items were frequently clustered around just one or two dimensions, rather than providing a multidimensional assessment of the childbirth experience. In several cases, a strong thematic focus was operationalised through multiple, sometimes redundant, questions targeting the same subthemes. The most

prominent subthemes were D2 (“the influence of healthcare professionals”) and A3 (“decision-making and control during labour and birth”): more than 85% of all instruments included items on these topics. In contrast, A1 (“being prepared for and understanding labour and birth”) was addressed by only around 10% of measures, and C2 (“varied emotions in labour and birth”) by under 20%. Notably, the subtheme of varied emotions was scarcely captured explicitly. Only one tool specifically inquired about “change in mood”, which underlines how seldom this aspect appears as an explicit focus. Because of this, coverage in this domain was also credited to scales that clearly addressed a broad spectrum of emotional responses during childbirth. Figure 3 shows the proportion of instruments with clear, partial and no coverage of the ten subthemes.

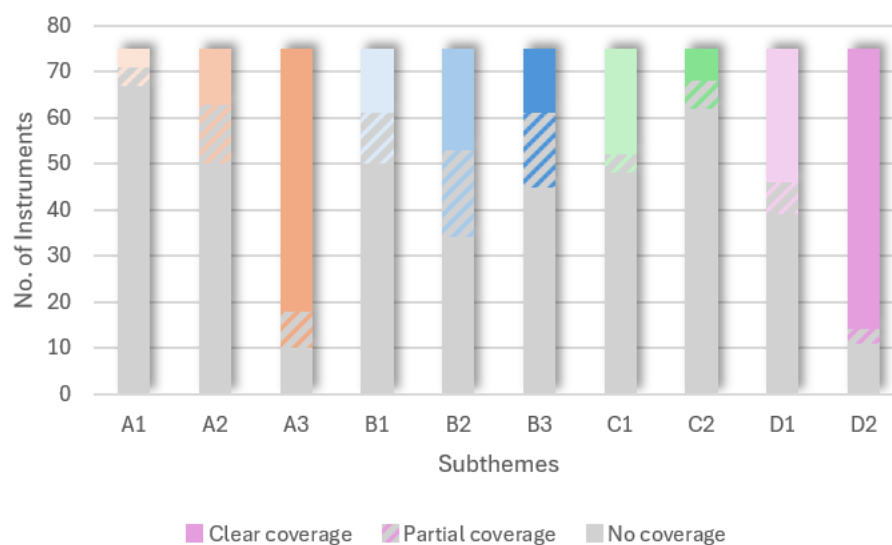


Figure 3: Coverage of birth experience subthemes across dimensions

Another aspect that became apparent in the course of the analysis was that certain topics were particularly frequently assessed although they are not explicitly listed among the core dimensions of the framework of Benyamini and her colleagues. For example, aspects such as privacy or perceived safety were regularly surveyed, even though neither forms a standalone dimension or subtheme in the original taxonomy. For the purposes of this review, such items were most appropriately grouped under D2 (“the influence of healthcare professionals”), reflecting the close link between staff conduct and women’s perceptions of safety and privacy in maternity care settings.

Appendix B presents the full analysis of all 75 instruments, including the individual items with their allocation to the dimensions and subthemes identified by Benyamini et al. and the applied colour coding, thereby making transparent how the coverage score for each tool was derived.

	Title	Abbreviation	Country of origin	Year	Authors	Items	Key Dimensions Coverage Score
1	Birth Satisfaction Scale	BSS	UK	2011	Hollins Martin & Fleming	30	8.5
2	Iranian Women Childbirth Experience Questionnaire	IWCEQ	Iran	2021	Hosseini Tabaghdehi et al.	52	8
3	Perceptions of Labour and Delivery Scale	PLDS	UK	2000	Czarnocka & Slade	24	7
4	Scales for Measuring Maternal Satisfaction (caesarean birth)	SMMS	Turkey	2012	Gungor & Beji	42/43	7
5	Questionnaire for Assessing the Childbirth Experience	QACE	Switzerland	2017	Carquillat et al.	25	7
6	Childbirth Experience Questionnaire	CEQ	Sweden	2010	Dencker et al.	22	6
7	Quality from Patient Perspective - Intrapartal	QPP-I	Sweden	2010	Wilde-Larsson et al.	32	6
8	Childbirth Experience Questionnaire 2.0	CEQ2	Sweden	2020	Dencker et al.	22	6
9	Birth-Related Psychological Trauma Perception Scale		Turkey	2025	Koç & Özkan	39	6
10	Perception of Birth Scale	POBS	USA	1979	Marut & Mercer	29	5.5
11	Women's Views of Birth Labour Satisfaction Questionnaire	WOMBSQ	UK	2001	Smith et al.	32	5.5
12	Satisfaction with Childbirth Experience Questionnaire	SWCBE	Jordan	2009	Oweis	32	5.5
13	Nursing Result (NR) "Customer satisfaction: The childbirth process"		Brazil	2021	de Souza Freitas Abbud et al.	25	5.5
14	Improving MAternal Newborn CarE Questionnaire for Mothers	IMAgINE	Italy	2022	Lazzerini	40	5.5
15	Iranian Women Childbirth Experience Questionnaire (short version)		Iran	2023	Shahhosseini et al.	33	5.5
16	Mackey Childbirth Satisfaction Rating Scale	MCSRS	USA	2004	Goodman et al.	34	5
17	Satisfaction Questionnaire for Labour Room Services		India	2023	Sachan et al.	34	5
18	Person-Centered Maternity Care Scale US-adaptation	PCMC-US	USA	2022	Afulani et al.	50	5
19	HUMANITY Scale	HUMANITY	Colombia	2024	Aguilar-Bernal et al.	20	5
20	Respectful Maternity Care Tool	RMC-T	Tanzania	2024	Sequeira D'mello et al.	25	5
21	Labor and Delivery Satisfaction Index	LADSI	Canada	1987	Lomas et al.	38	4.5
22	Wijma Delivery Expectancy/Experience Questionnaire Version B	W-DEQ B	Sweden	1998	Wijma et al.	33	4.5
23	Maternal Satisfaction Scale for Caesarean Section		Canada	1999	Morgan et al.	22	4.5
24	Delivery Satisfaction Scale	DSS	Finland	2001	Saisto et al.	8	4.5
25	Support and Control in Birth	SCIB	UK	2009	Ford et al.	33	4.5
26	Woman-centred Care during Labour and Childbirth Questionnaire	WOCCA	Denmark	2012	Overgaard	16	4.5
27	Person-Centered Maternity Care Scale	PCMC	Kenia	2019	Afulani et al.	30	4.5
28	Quality of Respectful Maternity Care Questionnaire in Iran	QRMCI	Iran	2018	Taavoni et al.	59	4.5
29	Respectful Maternity Care Scale	23i-RMC	Ghana	2020	Dzomeku et al.	23	4.5
30	Perinatal Experience Assessment Tool	PEAT	Canada	2022	Ellis et al.	33	4.5
31	Disrespect and Mistreatment during Childbirth Questionnaire	DMCQ	Italy	2025	Suttora et al.	20	4.5
32	Traumatic Childbirth Perception Scale for Men	MTCPs	Turkey	2025	Yalniz Dilcen et al.	23	4.5
33	Labour Agency Scale	LAS	Canada	1987	Hodnett & Simmons-Tropea	29	4
34	Service Quality Tool	SERVQUAL	USA	1988	Parasuraman et al.	22	4
35	Survey of Bangladeshi Women's Experiences of Maternity Services	SBWEMS	UK	2001	Duff	19	4
36	Care in Obstetrics Measure For Testing Satisfaction Scale	COMFORTS	Canada	2006	Janssen et al.	40	4
37	Women's Perception of Control during Childbirth	PCCB	Jordan	2009	Oweis	23	4
38	Birth Satisfaction Scale-Revised	BSS-R	UK	2014	Hollins Martin & Martin	10	4
39	Questionnaire for Assessing the Childbirth Experience (short version)	QACE (short)	Switzerland	2017	Carquillat et al.	13	4
40	Experiences of Maternity Care	EMC	UK	2019	Redshaw et al.	20	4
41	Mistreatment Level of Women during Childbirth	MLWC	Brazil	2022	Paiz et al.	11	4
42	Responsiveness and Respectful Treatment Questionnaire		Sweden	2025	Morris et al.	29	4
43	Salmon's Item List	SIL	UK	1992	Salmon & Drew	20	3.5
44	First Time Fathers' Questionnaire	FTFQ	Sweden	2012	Premberg et al.	22	3.5
45	Instrument for Quality of Birth Care	QUOTE-Birth	Korea	2018	Jeong et al.	28	3.5
46	Birth Experience Questionnaire	BEQ	USA	2018	Saxbe et al.	20	3.5
47	Women's Delivery Experience Measures	MFRM	Italy	2013	Mannarini et al.	18	3
48	Women's Satisfaction with Hospital-Based Intrapartum Care Scale		Jordan	2014	Mohammad, Shaban et al.	14	3
49	Childbirth Perception Scale	CPS	Netherlands	2014	Truijens, Wijnen et al.	12	3
50	Disrespect and Abuse Questionnaire		Ethiopia	2015	Asefa & Bekele	23	3
51	Labor and Delivery Index	LADY-X	Netherlands	2015	Gärtner et al.	7	3
52	Responsiveness in Perinatal and Obstetric Health Care Questionnaire	ReproQ	Netherlands	2015	Scheerhagen et al.	33	3
53	Scottish Maternity Care Experience Survey	SMCS	Scotland	2019	Cheyne et al.	14	3
54	Fathers Questionnaire		Germany	2020	Vischer et al.	16	3
55	Birth Satisfaction Scale-Revised Indicator	BSS-RI	UK	2017	Martin et al.	4	3
56	Women's Perception of Respectful Maternity Care Scale	WP-RMC	Iran	2020	Ayoubi et al.	19	3
57	Arabic Childbirth Care Satisfaction Survey	CCSS	Oman	2021	Al Nadabi et al.	10	3
58	Birth Trauma Scale	BTS	China	2023	Zhang et al.	15	3
59	MORi supplement for Saudi Arabia		Saudi Arabia	2023	Alghambi et al.	(14+)19	3
60	QUALI-DEC Birth Experience and Satisfaction Scale	QD-BES	international	2025	Bohren et al.	10	3
61	Six Simple Questions	SSQ	Canada	2002	Harvey et al.	6	2.5

62 Preterm Birth Experience and Satisfaction Scale	P-BESS	UK	2014	Sawyer et al.	17-19	2.5
63 Water immersion Agency plus Expectations and Relief	WA+ER	Australia	2022	Cooper et al.	17	2.5
64 Pregnancy and Childbirth Questionnaire	PCQ	Netherlands	2014	Truijens, Pommer et al.	7	2.5
65 Satisfaction with Childbirth Care Scale	SCCS	Jordan/AUS	2014	Mohammad, Alafi et al.	8	2
66 Scale of Women's Perception for Supportive Care Given During Labor		Turkey	2015	Uludag & Mete	33	2
67 Respectful Maternity Care Scale	RMC	Ethiopia	2016	Sheferaw et al.	15	2
68 Mothers Autonomy in Decision Making	MADM	Canada	2017	Vedam, Stoll, Martin et al.	7	2
69 Person-Centered Maternity Care Scale (short version)		Kenia	2019	Afulani et al.	13	2
70 Shared Decision Making Questionnaire	SDM-Q	Germany	2006	Simon et al.	11	1
71 Perception of Care Adjective Checklist	PCACL-R	UK	2009	Redshaw & Martin	15	1
72 Satisfaction with Childbirth Scale	SWCh	USA	2012	Stevens et al.	7	1
73 Consultation and Relational Empathy Measure - Midwifery	CARE-M	UK/Germany	2021	Schulz and Wirtz	8	1
74 Perceived Control in Childbirth Scale	PCCh	USA	2012	Stevens et al.	12	1
75 Mothers on Respect Index	MORi	Canada	2017	Vedam, Stoll, Rubashkin et al.	14	1

Table 4: Analysed instruments

4.3 Most comprehensive tools

The following section presents in detail those instruments that achieved a coverage score of at least 7. For the in-depth analysis, only the five highest-scoring instruments were selected, as these most comprehensively addressed the ten key dimensions of childbirth experience. In contrast, the next best instruments reached a score of 6 or lower and were therefore not considered sufficiently comprehensive to warrant equally detailed examination, particularly given that the framework comprises ten dimensions. For each of the top five instruments, the subsequent subsections summarise its content focus, scoring structure and available psychometric evidence, and consider its level of international dissemination and applicability.

4.3.1 Birth Satisfaction Scale

In 2011, the Birth Satisfaction Scale (BSS) was developed by Caroline J. Hollins Martin and Valerie Fleming in the United Kingdom. The 30-item scale demonstrates broad thematic coverage of key dimensions of the birth experience, achieving a coverage score of 8.5 out of 10 in this review. It provides a comprehensive assessment of the “Perceptions” dimension by addressing each subtheme with two to three dedicated questions. Particularly noteworthy is the inclusion of the subthemes “Preparation” (A1) and “Expectations” (A2), which broadens the scope beyond what is found in most other instruments: As these aspects are frequently neglected in birth experience research, their consideration represents a significant methodological strength. In terms of “Physical Aspects”, the questionnaire covers all three subthemes, albeit with varying emphasis. There is a distinct focus concerning birth interventions (B3), while the first subtheme (B1) is only partially represented and access to care is not explicitly examined. Like many other tools, the BSS omits coverage of “Varied Emotions” (C2): While challenging emotions like anxiety and stress are addressed, a more

diverse emotional spectrum is not captured. The fourth dimensions, “Relationships”, is thoroughly represented, though with a clear emphasis on the influence of HCP (covered with five questions) rather than birth companions (covered with only one question).

The BSS represents a theoretically grounded and psychometrically acceptable measure of women’s satisfaction with childbirth. It was developed from a thematic review of the childbirth literature and interviews with postnatal women. However, in a very recent evaluation based on the COSMIN methodology for appraising measurement properties, Cheng et al. (2025) rated the methodological quality of the BSS as inadequate and identified very low content validity. Earlier validation studies – conducted by the tool’s authors themselves – reported satisfactory internal consistency and exploratory factor analyses that supported the multidimensional nature of the construct (Hollins Martin et al., 2012), although the resulting factor solutions were relatively complex compared with those of later brief forms of the questionnaire. In 2014, a short version of the BSS with only 10 items, the Birth Satisfaction Scale-Revised (BSS-R), was developed (Hollins Martin & Martin, 2014), followed in 2017 by an even briefer version, the 4-item Birth Satisfaction Scale-Indicator (Martin et al., 2017). Both short forms, however, lack the comprehensive scope of the original instrument, achieving coverage scores of only 4 and 3, respectively. Important aspects like “Preparation” (A1), “Expectations” (A2), “Pain Management” (B2), and “Birth Companion” (D1) are omitted – in addition to the already missing subtheme of “Varied Emotions” (C2). Consequently, these subsequent versions are substantially less extensive in terms of breadth and, therefore, in terms of evidence they can provide. The original BSS has been validated in several countries, for instance Turkey (Cetin et al., 2015), Slovakia (Škodová et al., 2019) and Nigeria (Anikwe et al., 2024).

4.3.2 Iranian Women Childbirth Experience Questionnaire

The Iranian Women Childbirth Experience Questionnaire (IWCEQ) was developed in 2020 by Monirolsadate Hosseini Tabaghdehi et al. to assess women’s experiences of vaginal birth in an Iranian context. It comprises 52 items, which makes it one of the longer tools in this review. Overall, the IWCEQ achieves a coverage score of 8 out of 10, indicating that it addresses most of the predefined key dimensions and subthemes of childbirth experience. All perception-related subthemes (A1-A3), key aspects of physical care (B1), the perception of birth as emotionally challenging (C1) and both relationship subthemes (D1-D2) are fully represented. In contrast, pain and its management (B2) and labour and birth interventions and management (B3) are only partially covered, while the subtheme of varied emotions during labour and birth (C2) is – again – not represented at all. The distribution of items

across the covered dimensions is not well balanced. A considerable proportion of questions focus on relationship-related aspects, particularly the influence and support of HCP.

The questionnaire items were systematically derived from an extensive review of existing studies and questionnaires concerning childbirth experiences, complemented by qualitative interview data. The development and validation process comprised three distinct stages: assessment of face validity, content validity, and construct validity. Cronbach's alpha was calculated to evaluate the reliability (internal consistency) of the instrument and reached 0.91. A recent study appraising the IWCEQ against the COSMIN guidelines rated the tool as having a good internal consistency, but indeterminate cross-cultural validity and reliability (Ratislavová et al., 2024). Taken together, these findings suggest that the IWCEQ's overall body of psychometric evidence remains limited. So far, there is no evidence of formal translations or psychometric validations of the tool in other countries or languages.

Similar to the BSS, a subsequent methodological study developed and validated a short form of the IWCEQ (Shahhosseini et al., 2023). It consists of 33 questions and is therefore substantially shorter and more practical for use. However, the short form only achieves a coverage score of 5.5, showing that it captures a moderate range of key dimensions and subthemes, but less comprehensively than the full 52-item version. The item reduction process led to the omission of several elements related to physical aspects and perceptions of labour and birth.

4.3.3 Perceptions of Labour and Delivery Scale

The British Perceptions of Labour and Delivery Scale (PLDS) was developed by Jo Czarnocka and Pauline Slade in 2000 to assess women's subjective perceptions of labour and delivery, particularly in relation to post-traumatic stress symptoms following childbirth. It represents a relatively early instrument for measuring childbirth experience. The scale consists of 24 items within the three subscales of pain, fear and staff support and achieves a coverage score of 7 out of 10. As the name suggests, the PLDS has a distinct focus on the dimension of perceptions (A1-A3). In contrast, there are notable gaps in all three remaining dimensions – physical aspects, emotions, and relationships – where in each case one sub-theme is not represented at all. This reflects the instrument's design as an appraisal tool for women's subjective evaluations and interpretations of birth, rather than a measure aiming for broad multidimensional coverage.

Psychometrically, the original study reported acceptable internal consistency. Subsequent work by Bailham and colleagues (2004) applied principal components analysis to the PLDS to examine its underlying component structure and to refine the scoring criteria. This analysis led to refined scoring rules with acceptable internal consistency. The PLDS has been used in several subsequent studies on traumatic childbirth and postnatal psychological outcomes (eg. Whittingham & Mitchell, 2021), but there is no evidence of formal cross-cultural adaptation or validation in non-English speaking countries.

4.3.4 Scales for Measuring Maternal Satisfaction

The Scales for Measuring Maternal Satisfaction (SMMS) by İlkay Gungor and Nezihe Kizilkaya Beji were published in Turkey in 2012 to assess women's satisfaction with care from labour through the early postpartum period. Two versions were created: one for normal (vaginal) birth with 43 items and one for caesarean birth with 42 items. In the present review, only the version for caesarean birth was analysed, as the full set of items for this scale was available from a subsequent validation study (Jha et al., 2019), whereas the normal birth items seemed not publicly available. The SMMS-Caesarean Birth reaches a coverage score of 7 out of 10. The distribution of items is uneven. A strong emphasis is placed on decision-making and control during labour and birth (A3) and on the influence of HCP (D2), while being prepared for and understanding labour and birth (A1) is not addressed at all and no items capture emotional subthemes (C1-C2). The questionnaire contains a relatively extensive set of around seven postpartum items, which are less directly relevant to the intrapartum birth experience and therefore reduce the conceptual focus on childbirth experience as a distinct phenomenon.

In terms of psychometrics, the original development study reported strong internal consistency (Cronbach's alpha 0.91 for both versions). Convergent validity was demonstrated through positive correlations with established satisfaction measures, and factor analyses provided evidence of construct validity. Nilvér's systematic analysis of childbirth experience and satisfaction measures rated the SMMS as having moderate methodological quality with mixed but overall acceptable psychometric evidence (Nilvér et al., 2017). Since the development of the SMMS, the scales have been applied in subsequent Turkish studies examining determinants of childbirth satisfaction (eg. Koç & Özkan, 2025), and have also been translated and psychometrically tested in other settings, like Iran (Pakari et al., 2016) and India (Jha et al., 2019).

4.3.5 Questionnaire for Assessing the Childbirth Experience

The Swiss Questionnaire for Assessing the Childbirth Experience (QACE) was developed by Pierre Carquillat and colleagues in 2017 to provide a multidimensional self-report measure of women's childbirth experience. The instrument comprises 25 items, many of which are formulated in a split format to ask separately about labour and about delivery, thereby capturing potentially different perceptions of these phases. In this review, the QACE reaches – like the PLDS and SMMS – a coverage score of 7 out of 10. The scale includes items on all four dimensions (perceptions, physical aspects, emotions and relationships), although some subthemes remain only partially represented (B3, C2) and some are not covered at all (A1, B1). The focus within the emotional domain is clearly on challenging or distressing feelings, while only a few items address varied emotions.

Psychometrically, the original development study with 291 primiparous women one month postpartum reported satisfactory content and construct validity, with exploratory factor analysis yielding for subscales and internal consistency coefficients between 0.70 and 0.85. A recent COSMIN-based review describes the QACE as having relatively balanced psychometric properties compared with other childbirth experience tools, robust structural and cross-cultural validity and high internal consistency as well as reliability (Ratislavová et al., 2024). Cheng et al. conclude that, among all instruments they examined, the QACE is particularly recommended and confirm its use as an effective tool for the identification of women with negative childbirth experience who may benefit from clinical interventions (Cheng et al., 2025). Overall, when considering both the original development study and subsequent evaluations, the QACE appears to be the psychometrically strongest questionnaire among the top five instruments analysed in this review.

The QACE has been adapted and validated in several countries, including for instance a Spanish (Rodríguez Coll et al., 2021), Chinese (Zhong et al., 2025) or French (Chabbert et al., 2021) version. In addition to the full 25-item instrument, Carquillat et al. also proposed a short release of the QACE, consisting of only 13 items to facilitate easy use in research and routine care. In the present review, however, this abbreviated form achieved a coverage score of only 4 out of 10, indicating a more limited representation of the predefined key dimensions and subthemes of childbirth experience compared with the full questionnaire. It therefore exhibits similar limitations to the shortened versions of the BSS and IWCEQ.

5 Discussion

5.1 Main findings and gaps

This review identified an unexpectedly large number of instruments designed to measure childbirth experience, far more than anticipated on the basis of earlier reviews. Rather than building on and refining existing questionnaires, many research groups appear to have developed new tools – raising questions about fragmentation and duplication of measurement efforts. It underlines both the perceived importance of the topic and a historical lack of consensus on how childbirth experience should be conceptualised and measured. Across these instruments, none provides fully comprehensive coverage of the four evidence-based dimensions of childbirth experience and its ten subthemes; only a small subset achieved a coverage score of 7 or higher. Taken together, these results directly answer the first research question by indicating that existing assessment tools cover the key dimensions of childbirth experience only partially and often in an unbalanced way. This finding should, however, be interpreted in light of the fact that these dimensions were only recently synthesised, so the measures were not developed with the Benyamini framework in mind. Most tools focus on specific domains, which can be entirely appropriate and highly valuable for answering focused clinical or research questions, and their targeted design does not make them inferior measures. Rather, their domain-specific nature limits their usefulness for capturing the multidimensional nature of childbirth experience. The absence of any instrument explicitly designed for full dimensional coverage therefore underscores an important gap in the current measurement landscape, without diminishing the relevance of existing tools for more narrowly defined purposes. By systematically mapping these instruments against the Benyamini framework, the present analysis makes this gap visible and thereby adds distinct value to the field.

5.2 Comparison of top instruments and recommendation

The five instruments with the highest coverage scores illustrate different trade-offs between thematic breadth, length and psychometric robustness. The BSS stands out for its wide content coverage, capturing all four dimensions and 8.5 of the ten subthemes. Its 30 items are distributed comparatively evenly across domains, and each category is explored through multiple questions. It supports a nuanced assessment of perceptions, physical aspects, emotions and relationships and has contributed to acceptable internal consistency. As described, the extensive thematic coverage and systematic item distribution distinguish

the questionnaire as a valuable and robust tool for research in birth experience. At the same time, recent literature has highlighted methodological weaknesses in the original validation work, particularly regarding content and structural validity. Most contemporary research has shifted towards the shorter and methodologically more robust BSS-R which has been translated and validated in numerous countries and languages. Although labelled as a revised version, the BSS-R essentially represents a psychometrically optimised short form of the original BSS rather than a fundamentally re-conceptualised instrument, with item reduction sharpening the measurement model while narrowing the range of content covered. It appears to currently be the most widely used and most extensively validated childbirth experience questionnaire internationally. Against this background, recommending the original BSS can be seen as a deliberate step away from the psychometrically more refined BSS-R in favour of its greater conceptual breadth and richer coverage of the childbirth experience construct.

The IWCEQ, PLDS and SMMS each show important, but more context-bound strengths. The IWCEQ offers broad coverage of the key dimensions but was developed and tested in a single national setting, has not yet been translated or cross-culturally validated, and, with its 52 items, is relatively long, which limits its feasibility. The PLDS is conceptually coherent but strongly focused on perceptions, while the SMMS shows an unbalanced item distribution with no coverage of emotional subthemes and its substantial postpartum section reduces the specific focus on intrapartum experience and makes it rather excessive. Taken together, in direct comparison with the BSS their limitations in terms of thematic balance, scope or lengths are more pronounced, so that they cannot be recommended as primary candidates for comprehensive assessment of childbirth experience within the framework of this review.

Within the top 5 instruments, the QACE emerges as the psychometrically strongest tool, while still covering all four key dimensions, albeit with gaps in preparation (A1) and birth environment (B2). Although it does not achieve full coverage of every subtheme, no dimension is entirely omitted and, within the domains that are represented, the items are relatively well balanced, which make the QACE a methodologically sound and conceptually acceptable candidate for multidimensional assessment of childbirth experience.

This reasoning leads to two principal options in relation to the second research question (see Chapter 1). One option is to prioritise conceptual breadth and adopt the original BSS, accepting its less robust psychometric profile. The alternative would be to prioritise methodological strength, favour the QACE as a core instrument and supplement it with additional

items specifically targeting the subthemes that are currently missing. However, adding such items to QACE would effectively create a modified scale, which would itself require a full programme of development and validation before it could be recommended for wider use. While, in principle, QACE's gaps could be addressed by drawing on items from another validated questionnaire, there is currently no existing instrument that offers a ready-made module covering exactly those subthemes that are absent from the QACE (particularly A1 and B1), as these aspects are missing from many available tools.

When weighing these options against the aims of this review, the balance of arguments points towards the BSS. Both the BSS and QACE cover all four key dimensions of childbirth experience, but the BSS provides more complete coverage at the level of subthemes: only one subtheme (C2) is not explicitly addressed and one further subtheme (B1) is only partially covered, whereas the QACE omits two subthemes entirely (A1 and B1) and captures two others only partially (B3 and C2). Given that the subthemes missing from QACE relate to relevant aspects such as preparation for birth and the care environment, this narrower conceptual scope appears more problematic than the relatively limited gaps observed in the BSS. In addition, the subthemes that remain only partially or not at all covered in the BSS are rarely addressed in existing instruments and appear of somewhat lower practical priority than central domains such as decision-making, pain management or relationships, all of which are well represented in the BSS. Furthermore, the only subtheme that receives no coverage in the BSS is "varied emotions during labour and birth". As discussed above, this subtheme is almost never explicitly assessed in existing instruments; the BSS captures at least emotional responses more generally, making the lack of explicit coverage of "varied emotions" less critical.

In light of these conceptual considerations and the practical difficulties of creating and validating an extended version of QACE, the original BSS is recommended as the most comprehensive available tool for capturing the multidimensional childbirth experience. This recommendation is made while explicitly acknowledging the BSS's psychometric limitations, which could be addressed in a future, dedicated refinement and re-validation study, where item content and number could also be reconsidered to optimise conceptual coverage and to reduce the overall length of the instrument. At present, however, ad hoc modification of either instrument by simply adding further items is not recommended, as this would merely introduce yet another poorly standardised variant into an already fragmented landscape of measurement instruments.

5.3 Methodological strengths and limitations

This review has several methodological strengths that merit consideration. First, it systematically identified more than one hundred validated instruments providing a broad and up-to-date overview of the international landscape of childbirth experience assessment tools. Second, the content analysis followed a transparent, theory-driven procedure: all available items were extracted in their original wording, mapped to the four dimensions and ten sub-themes of childbirth experience, and documented in detail in an analysis spreadsheet. This explicit item-by-item coding, together with the clearly defined coverage score, enhances the traceability of decisions and allows instruments to be compared in a structured and reproducible way. Third, for the five most comprehensible tools, the content-based evaluation was complemented by a targeted appraisal of their psychometric properties, which made it possible to integrate conceptual breadth and measurement quality in the overall judgment.

At the same time, several limitations need to be acknowledged. All item coding and coverage judgement were undertaken by a single reviewer, which inevitably introduces an element of subjectivity, even though this also ensured internal consistent application of the coding scheme across instruments. The scoring approach using 0, 0.5 and 1 point per sub-theme represents a deliberate simplification; it does not capture fine-grained differences in how strongly or frequently a subtheme is represented but accepts a certain degree of imprecision in favour for feasibility. Furthermore, the review was restricted to validated, published instruments reported in English-language articles with accessible full texts, meaning that potentially relevant tools could not be included. In addition, the exclusive focus on quantitative questionnaires implies that qualitative and mixed-methods approaches to assessing childbirth experience, although highly valuable for capturing depth and context, were beyond the scope of this work. Finally, mapping instruments against key dimensions of childbirth experiences addresses only one – albeit central – facet of tool quality, namely whether a questionnaire actually measures the full construct it purports to capture. However, other aspects of quality extend beyond this content perspective and were only considered in a more limited way.

6 Conclusion

Women's experiences of labour and childbirth play a fundamental role in evaluating the quality of maternity care and in identifying those who may need additional psychological support. Consequently, attending to and valuing each patient's specific needs and preferences, and systematically asking about the experiences, are essential components of high quality and trauma-informed maternity services.

This thesis systematically identified and analysed a large number of instruments designed to measure childbirth experience, mapped their items against an evidence-based framework of four key dimensions and ten subthemes, and examined the most comprehensive tools in greater detail. The findings show that, despite the abundance of available questionnaires, no single instrument fully covers all crucial aspects of childbirth experience. Among the existing tools, the original Birth Satisfaction Scale currently provides the broadest multidimensional coverage and is therefore recommended as the most suitable option for capturing overall childbirth experience.

6.1 Implications for future research

Should future researchers consider the development of a new birth experience assessment tool necessary, any such instrument should explicitly build on the established dimensions and ensure that all of them are systematically represented, ideally in a version that is short enough for routine screening.

Since most existing tools focus on women who give birth, fathers and other birth partners, as well as transgender and non-binary people who deliver, are rarely represented in current assessments. There is therefore a need to develop and implement brief, validated measures that explicitly incorporate the perspectives of these groups and are accessible to them, so that research can move to a more equitable understanding of childbirth experience.

With regards to the BSS itself, further work on the original scale appears warranted. Future research should ideally seek to refine the original scale into a somewhat shorter, more practical version by carefully reducing and changing some items while remaining explicitly grounded in the framework of key dimensions identified by Benyamini and her colleagues. Any such revised version of the BSS should then be re-evaluated in line with contemporary COSMIN standards, including rigorous assessment of content and structural validity,

reliability, responsiveness and measurement invariance, in order to provide a psychometrically sound and conceptually comprehensive instrument for future clinical and research use.

6.2 Implications for midwifery practice

For midwifery practice, systematic assessment of childbirth experience is particularly relevant, as midwives are often the professionals with the closest, continuous contact to women and their families during labour, birth and the postpartum period. Using validated instruments not only provides midwives with a structured basis for debriefing and helps them to identify women with hidden distress or potentially traumatic experiences. It also supports reflective practice on how their care is perceived. In this way, integrating profound childbirth experience measures into midwifery work not only benefits women and families, but also contributes to quality development, professional learning and advocacy for more trauma-sensitive maternity care. Furthermore, embedding robust, brief, validated measures into standard postnatal contacts can raise the general awareness of all professional groups involved in maternity care and help foster a more patient-centred approach (Heimann et al., 2025), while at the same time generating data that can be used for clinical quality monitoring and research-informed improvements.

However, questionnaires alone are insufficient: meaningful implementation requires clear clinical pathways and accessible psychosocial support so that women and families who report markedly negative experiences can be offered timely counselling and, where necessary, specialised psychological care. Ultimately, sensitive assessment of childbirth experience, embedded in such pathways and using a comprehensive assessment scale covering all key dimensions of birth experience, can contribute to more holistic care for women and their families and help to reduce postpartum mental health problems.

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Appendices

A: Search Strings

PubMed (3683 hits):

((("tool"[Title/Abstract] OR "questionnaire"[Title/Abstract] OR "scale"[Title/Abstract] OR "instrument"[Title/Abstract] OR "measure"[Title/Abstract] OR "index"[Title/Abstract]) AND ((("valid"[Title/Abstract] OR "reliab"[Title/Abstract] OR "develop"[Title/Abstract]) AND ((("experience"[Title/Abstract] OR "satisfaction"[Title/Abstract] OR "perception"[Title/Abstract]) AND ((("birth"[Title/Abstract] OR "childbirth"[Title/Abstract] OR "labour"[Title/Abstract] OR "labor"[Title/Abstract] OR "obstetric"[Title/Abstract])))))))

Filter: 01.01.2016-12.12.3000, English

Cinahl (1998 hits)

(TI birth* OR AB birth* OR TI childbirth OR AB childbirth* OR TI labour OR AB labour OR TI labor OR AB labor OR TI obstetric* OR AB obstetric*) AND (TI valid* OR AB valid* OR TI reliab* OR AB reliab* OR TI develop* OR AB develop*) AND (TI experience OR AB experience OR TI satisfaction OR AB satisfaction OR TI perception OR AB perception) AND (TI tool* OR AB tool* OR TI questionnaire* OR AB questionnaire* OR TI scale* OR AB scale* OR TI instrument* OR AB instrument* OR TI measure* OR AB measure* OR TI index OR AB index)

Filter: 01.01.2016-05.08.2025, English

PsychInfo (1161 hits):

(tool*.ab. or tool*.ti. or questionnaire*.ab. or questionnaire*.ti. or scale*.ab. or scale*.ti. or instrument*.ab. or instrument*.ti. or measure*.ab. or measure*.ti. or index.ab. or index.ti) AND (valid*.ab. or valid*.ti. or reliab*.ab. or reliab*.ti. or develop*.ab. or develop*.ti) AND (experience.ab. or experience.ti. or satisfaction.ab. or satisfaction.ti. or perception.ab. or perception.ti) AND (birth*.ab. or birth*.ti. or childbirth.ab. or childbirth.ti. or labour.ab. or labour.ti. or labor.ab. or labor.ti. or obstetric*.ab. or obstetric*.ti)

Filter: 2016-2025 (English not possible)

Scopus (6314 hits):

TITLE-ABS ((birth* OR birth* OR childbirth OR childbirth* OR labour OR labour OR labor OR labor OR obstetric* OR obstetric*) AND (valid* OR valid* OR reliab* OR reliab* OR develop* OR develop*) AND (experience OR experience OR satisfaction OR satisfaction OR perception OR perception) AND (tool* OR tool* OR questionnaire* OR questionnaire* OR scale* OR scale* OR instrument* OR instrument* OR measure* OR measure* OR index OR index)) AND PUBYEAR > 2015 AND PUBYEAR < 2026 AND (LIMIT-TO (LANGUAGE , "English"))

Filter: 2016-2025, English

Web of Science (7402 hits):

)TI=(tool* OR questionnaire* OR scale* OR instrument* OR measure* OR index (
OR AB=(tool* OR questionnaire* OR scale* OR instrument* OR measure* OR index)(

AND

)TI=(valid* OR reliab* OR develop (*
OR AB=(valid* OR reliab* OR develop*)(

AND

)TI=(experience OR satisfaction OR perception (
OR AB=(experience OR satisfaction OR perception)(

AND

)TI=(birth* OR childbirth OR labour OR labor OR obstetric (*
OR AB=(birth* OR childbirth OR labour OR labor OR obstetric*)(

Filter: 2016-2025, English

B: Analysed birth experience assessment tools

1. Birth Satisfaction Scale (Hollins Martin & Fleming, 2011)

Questions	Dimensions		Covered?
1 I coped well during my birth	C1, C2	A1	1
2 The delivery room staff encouraged me to make decisions about how I wanted my birth to progress.	A3	A2	1
3 I was well prepared for my labour, i.e. read much literature and/or attended parenthood education cl	A1	A3	1
4 I found giving birth a distressing experience.	C1	B1	0,5
5 I came through childbirth virtually unscathed.	B3	B2	1
6 I gave birth to a healthy normal baby.	(B3)	B3	1
7 During labour I received outstanding medical care.	D2	C1	1
8 I received much medical intervention, i.e. induction, forceps, section etc.	B3	C2	0
9 I had a swift and speedy labour.	B3	D1	1
10 I felt well supported by my partner during labour and birth.	D1	D2	1
11 I was encouraged to hold my baby for a substantial amount of time after birth.	(B3)		8,5
12 My birth experience was considerably different to what I intended.	A2		
13 I had the same midwife throughout the entire process of labour and delivery.	D2		
14 I felt that the delivery room was unthreatening and comfortable.	B1		
15 I felt very anxious during my labour and birth.	C1		
16 I felt out of control during my birth experience.	A3		
17 I felt it was better not to know in advance about the processes of giving birth.	A1, A2		
18 I was not distressed at all during labour.	C2		
19 I felt mutilated by my birth experience.	B3, (B2)		
20 My baby was avoidably hurt during birth.	B3		
21 The staff provided me with insufficient medical care during my birth.	D2, (B3)		
22 I had a natural labour, i.e. minimal medical intervention.	B3		
23 I thought my labour was excessively long.			
24 I felt well supported by staff during my labour and birth.	D2		
25 I was separated from my baby for a considerable period of time after my birth.	B3		
26 My birth proceeded as I planned it.	A2		
27 The staff communicated well with me during labour.	D2, A3		
28 The delivery room was clean and hygienic.	B1		
29 Giving birth was incredibly painful.	B2		
30 Labour was not as painful as I imagined.	A2, (B2)		

2. Iranian Women Childbirth Experience Questionnaire (Hosseini Tabaghdehi et al., 2021)

Themes	Questions	Dimensions		Covered?
Professional support	1 The midwife had a friendly treat with me	D2	A1	1
	2 I had a good interaction with my midwife	D2	A2	1
	3 The midwife provided the necessary training for control during labour and birth	D2, A3	A3	1
	4 The delivery room staff had a good relationship with me during labour and birth	D2	B1	1
	5 Midwife understood my needs and wishes	D2	B2	0,5
	6 The midwife treated with me polite and respectful	D2	B3	0,5
	7 The midwife spent enough time for me	D2	C1	1
	8 My midwife was aware of what was happening during childbirth	D2	C2	0
	9 The midwife cared for me well	D2	D1	1
	10 The delivery room midwife had a calm mood	D2	D2	1
	11 The midwife encouraged me to adapt to childbirth and continue the process	D2, A3		8
	12 My wishes for delivery by midwives were taken into consideration	A3		
	13 The delivery environment was safe and comfortable	B1		
	14 When entering the delivery ward has been warmly welcomed me	B1, (D2)		
	15 I received the appropriate, on time and necessary services in the delivery ward	B1		
Preparation	16 I thought that I had the ability and power of natural childbirth	A2		
	17 I liked to experience natural birth	A2		
	18 The natural birth pain is ultimately sweet	A2		
	19 I planned to get pregnant at the appropriate time	(A1)		
	20 I felt happy during my childbirth	C2		
	21 I was very hopping during the labour and birth	(A2, C2)		
	22 I was familiar with delivery environment before birth	A1, (B1)		
Baby	23 I was very eager to see the baby during labour			
	24 Immediately after childbirth, I was encouraged to embrace the baby	(B3, A3)		

	25	Immediately after childbirth, I heard the cry of my baby			
	26	Immediately after childbirth, I was able to see my baby for the first time in a satisfactory method	(B3)		
	27	I kept my baby for the first time as I wanted	A3		
Positive perception	28	I had a healthy and safe childbirth	(B3)		
	29	I have good memories of childbirth	too general		
	30	I felt more responsible, after giving birth			
	31	I thought the childbirth was very painful	B2		
	32	After giving birth, I felt light and comfortable	C1		
	33	After delivery, I understand my inner strength	C1		
	34	I felt empowered after childbirth	C1		
	35	I felt successful with childbirth	C1		
	36	I had the feeling of independence and self-sufficiency with childbirth	C1		
	37	My self-confidence increased with childbirth	A2		
Husband's and other important support	38	The support and presence of my parents helped during the labour	D1		
	39	The presence of my husband's strengthen my heart	D1		
	40	My husband's support during the labour was helpful	D1		
	41	During my pregnancy, my husband's encouraged me to have a natural birth	(A2)		
	42	During my pregnancy, my family encouraged me to have a natural birth	(A2)		
Control	43	I believed that after natural childbirth, I have the ability to do my baby's work alone	A2		
	44	I could participate in decision-making of labour and childbirth	A3		
	45	I have gained knowledge about childbirth using various resources	A1		
	46	I was ready for my childbirth with the knowledge of how labour pain and methods of dealing to childbirth	A1		
	47	I tolerated the pain of labour more effectively with relying on good thoughts	B2		
	48	When I was talking to my midwife, I was able to tolerate labour pain	B2		
	49	The crowd of the environment reduced my tolerance	B1		
Fear	50	I was afraid of hurting and dying	C1		
	51	I was afraid of labour pain	C1		
	52	I was worried and anxious during labour and childbirth	C1		

3. Perceptions of Labour and Delivery Scale (Czarnocka & Slade, 2000)

Questions	Dimensions		Covered?
1 Overall, how pleasurable was your experience of labour and delivery?	(C2)	A1	1
2 At its worst how severe was your pain during labour and delivery?	B2	A2	1
3 On average how severe was your pain during labour and delivery?	B2	A3	1
4 How distressing did you find the pain you experienced?	B2, C2	B1	0
5 In general how distressing did you find the overall experience of labour and delivery?	(C2)	B2	1
6 How satisfied were you with the way you coped during your labour and delivery?	A2	B3	0
7 How prepared did you feel during your labour and delivery?	A1	C1	1
8 At its worst how fearful did feel for yourself during your labour and delivery?	C1	C2	0
9 At its worst how fearful did you feel for your baby during your labour and delivery?	C1	D1	1
10 On average how fearful did you feel for yourself during labour and delivery?	C1	D2	1
11 On average how fearful did you feel for your baby during labour and delivery?	C1		7
12 How unexpected were the procedures that you experienced during your labour and delivery?	A2, B3		
13 How confident did you feel about being able to cope during your labour and delivery?	C1, (B2)		
14 How supportive were staff during your labour and delivery?	D2		
15 How supportive was your partner/other relative during your labour and delivery?	D1		
16 How much did you feel in control of what was happening during your labour and delivery?	A3		
17 How well-informed did you feel about the progress of your labour and delivery?	A3, D2		
18 How much did you feel that your wishes and views were listened to by staff during your labour and delivery?	A3		
19 How closely was your birth plan followed during your labour and delivery?	A2, A3		
20 How much was your experience of labour and delivery worse than you had expected?	A2		
21 How much was your experience of labour and delivery better than you had expected?	A2		
22 How far did you feel responsible for any difficulties you experienced?	A3		
23 How far did you feel staff were responsible for any difficulties you experienced?	D2		
24 On the whole do you feel that you coped as well with your labour and delivery as others would	(C1)		

4. Scales for Measuring Maternal Satisfaction, caesarean birth version (Gungor & Beji, 2012)

Questions	Dimensions		Covered?
1 The number of doctors, midwives and nurses involved in my care was enough during my hospital stay.	D2	A1	0
2 The doctors, midwives and nurses involved in my birth treated me/behaved well.	D2	A2	1
3 The doctors, midwives and nurses involved in my birth treated my family well.	D2, D1	A3	1
4 I believe that doctors have done necessary medical interventions during childbirth	B3	B1	1
5 I was taken in the operating room for cesarean birth without delay at the scheduled time.	B1	B2	1
6 Nurses spent enough time to prepare me for cesarean birth.	B3, D2	B3	1
7 The nurses spent enough time to meet my needs before cesarean birth	A3, D2	C1	0
8 Everyone told me just what I should do before cesarean birth.	A3, D2	C2	0
9 I'd like to have had more help to reduce my stress before cesarean birth.	D2	D1	1
10 My family should have received more attention to reduce their stress before cesarean birth.	D1, D2	D2	1
11 I knew which doctors and midwives & nurses would be responsible from my care before cesarean birth.	D2		7
12 I was informed about all necessary procedures before cesarean birth.	A3, D2		
13 My partner/family was informed about all necessary procedures before cesarean birth.	D2, D1		
14 The doctors and midwives & nurses took into account everything I said before cesarean birth.	A3, D2		
15 Doctors and nurses explained me everything about cesarean birth before operation.	A3		
16 Doctors and nurses explained my partner/family everything about cesarean birth before operation.	D2, D1		
17 My consent was asked before performing the procedures related with my care during birth.	A3		
18 Consent of my partner / family was asked before performing the procedures related with my care during birth when necessary	(A3, D1)		
19 After birth, I'd like to hold my baby earlier.	A3		
20 After birth, my family would love to be able to see the baby earlier.	(A3, D1)		
21 After birth, I'd like to breast feed my baby earlier.	A3		
22 Some more things could have been done to reduce my pain and discomfort after birth.	B2		
23 Nurses met my needs adequately during the days after birth.	pp.		
24 Nurses spent enough time to give information about my own care after birth.	pp.		
25 Nurses spent enough time to give information about the care of my baby.	pp.		
26 Nurses spent enough time to help breastfeeding.	pp.		
27 The information received from different caregivers about self-care and baby care was consistent.	pp.		
28 The room in which I stayed during preparation for cesarean was clean and adequate to meet my needs.	B1		
29 The room in which I stayed after birth was comfortable and adequate to meet my needs.	pp.		
30 The room in which I stayed after birth was suitable for the visits of my family and friends.	pp.		
31 My family had a proper and comfortable place in the hospital to rest and wait during birth.	B1, D1		
32 We could easily find everything we needed in hospital.	B1		
33 The food service was good at hospital.	B1		
34 There were people coming in and out of my room unnecessarily during preparation for cesarean.	(B3)		
35 There were people coming in and out of my room unnecessarily after birth.	(B3)		
36 Health-care personnel showed respect to my privacy during their practices.	D2		
37 Special moments I lived with my family before and after cesarean birth were interrupted by medical staff because of routine interventions that could be delayed easily.	B3		

5. Questionnaire for Assessing the Childbirth Experience (Carquillat et al., 2017)

Questions	Dimensions		Covered?
1 I felt worried	C1	A1	0
2 I felt secure	D2	A2	1
3 I felt strange sensations	(C2)	A3	1
4 I felt confident	(C2)	B1	0
5 The staff understood and fulfilled my wishes in a satisfactory manner	D2	B2	1
6 I felt emotionally supported by the staff who took care of me	D2	B3	0,5
7 The staff kept me informed of what was happening	D2, A3	C1	1
8 I felt I could express myself and give my opinion about decisions about me	A3	C2	0,5
9 I am satisfied with the way the events unfolded	(B3)	D1	1
10 I managed to successfully use relaxation techniques to help me during womb contractions	B2	D2	1
... during labour			7
... during delivery			

11	I managed to successfully move or choose posture freely	A3			
	... during labour				
	... during delivery				
12	I seemed to loose my head	C1			
	... during labour				
	... during delivery				
13	The support of my partner helped me	D1			
	... during labour				
	... during delivery				
14	My pain was relieved when I asked	B2			
	... during labour				
	... during delivery				
15	Every event unfolded as I had imagined	A2			
	... during labour				
	... during delivery				
16	On the numeric rating scale for pain assessment (ranging from 0 to 10), how did you feel pain?	B2			
	... during labour				
	... during delivery				
	Immediately after childbirth				
17	... I was able to see my baby for the first time in a satisfactory manner	(B3)			
18	... I held my baby for the first time when I felt like it	A3			
19	... The first moments with my baby corresponded with what I had imagined prior to giving birth	A2			
	Currently				
20	... I understood everything that happened during childbirth	A3			
21	... I am proud of myself	C1			
22	... I feel regret	C1			
23	... I have a feeling of failure	C1			
24	... Imagine a subsequent delivery scares me	(A2)			
25	According to you, an ideal birth is...				

6. Childbirth Experience Questionnaire (Dencker et al., 2010)

Themes	Questions	Dimensions		Covered?
Own capacity	1 Experienced level of labour pain in dilatation stage	B2	A1	0,5
	2 I felt strong.	(C2)	A2	0,5
	3 I felt capable.	(C2)	A3	1
	4 Experienced level of control	A3	B1	0
	5 I felt happy.	(C2)	B2	0,5
	6 I felt that I handled the situation well.	(C1)	B3	0,5
	7 I felt tired.		C1	1
	8 The labour progress went as I had expected.	A2, (A1)	C2	1
Professional Support	9 My midwife also devoted enough time to my partner.	D2	D1	0
	10 I felt very well taken care of by the midwife.	D2	D2	1
	11 My midwife devoted enough time to me.	D2		6
	12 My midwife kept me informed about what was happening during labour and birth.	(A1)		
	13 My midwife understood my needs.	D2		
Perceived Safety	14 Experienced level of sense of security	(A3)		
	15 Some of my memories from the labour process make me feel depressed.	C1		
	16 My impression of the medical competence made me feel secure.	B3		
	17 I have many negative memories from the labour process.	C2		
	18 I have many positive memories from the labour process.	C2		
	19 I felt scared.	C1		
Participation	20 I felt I could choose whether I should be up and moving or lie down.	A3		
	21 I felt I could choose the delivery position.	A3		
	22 I felt I could choose which pain relief method to use.	A3		

7. Quality from Patient Perspective – Intrapartal (Wilde-Larsson et al., 2010)

Questions	Dimensions		Covered?
1 I received useful information on how examinations and treatments would take place	A3, D2	A1	0
2 I received useful information on results from examinations and treatments	A3, D2	A2	0
3 I received useful information on self-care; 'the importance of changing position and move about'	D2, A3	A3	1

4	I received useful information on self-care; 'the importance of intake of fluid and light food'	D2, A3	B1	1
5	The midwives were respectful towards me	D2	B2	1
6	The midwives seemed to understand how I experienced my situation	D2	B3	1
7	The midwives showed commitment; 'cared about me'	D2	C1	0
8	The midwife gave me the best possible support during the birth process	D2	C2	0
9	The midwife gave me the best possible support the first time I breastfed	D2	D1	1
10	The midwife was present as much as I wanted during the first stage	D2	D2	1
11	The midwife was present as much as I wanted during the second stage	D2		6
12	The enrolled nurses were respectful towards me	D2		
13	The enrolled nurses seemed to understand how I experienced my situation	D2		
14	The enrolled nurses showed commitment; 'cared about me'	D2		
15	The doctors were respectful towards me	D2		
16	The doctors seemed to understand how I experienced my situation	D2		
17	The doctors showed commitment; 'cared about me'	D2		
18	I received safe medical care in connection with the birth (as far as I can tell)	B3		
19	I got the non-pharmacological pain relief I wanted (massage, TENS, warm cloths, shower, bath)	B2		
20	I got the pharmacological pain relief I wanted (entonox, epidural anaesthesia, injection)	B2		
21	I got the pain relief I wanted when episiotomy and tears were sutured	B2, B3		
22	I had good opportunity to participate in the decisions that applied to my care	A3		
23	My care was determined by my own requests and needs rather than the staff's procedures	A3		
24	My partner/significant other was met with respect	D2/D1		
25	My partner/significant other had the best possible support from the staff during the birth process	D2/D1		
26	My partner/significant other was encouraged to partake in the birth process	D1/D2		
27	My partner/significant other physical needs were looked after	D2/D1		
28	There was a pleasant atmosphere in the maternity unit	D2		
29	I had access to a comfortable bed	B1		
30	I had access to a comfortable chair	B1		
31	I had access to physical aids such as walking frame or a bean sac etc.	B1		
32	I had a nice room	B1		

8. Childbirth Experience Questionnaire 2.0 (Dencker et al., 2020)

Themes	Questions	Dimensions		Covered?
Own capacity	1 Labour and birth went as I had expected.	A2, (A1)	A1	0
	2 I felt strong during labour and birth.	(C2)	A2	0,5
	3 I felt capable during labour and birth.	(C2)	A3	1
	4 I felt happy during labour and birth.	(C2)	B1	0,5
	5 I felt that I handled the situation well.	(C1)	B2	0,5
	6 I was tired during labour and birth.		B3	0,5
	7 As a whole, how painful did you feel childbirth was?	B2	C1	1
	8 As a whole, how much control did you feel you had during childbirth?	A3	C2	1
Professional Support	9 Both my partner and I were treated with warmth and respect.	B1, D2	D1	0
	10 I would have preferred the midwife to be more present during labour and birth.	D2	D2	1
	11 I would have preferred more encouragement from the midwife.	D2, B2		6
	12 The midwife conveyed an atmosphere of calm.	D2, B1		
	13 The midwife helped me to find my inner strength.	D2		
Perceived Safety	14 I felt scared during labour and birth.	C1		
	15 My impression of the team's medical skills made me feel secure.	B3		
	16 I have many positive memories from childbirth.	C2		
	17 I have many positive memories from childbirth.	C2		
	18 Some of my memories of childbirth make me feel depressed.	C1		
	19 As a whole, how secure did you feel during childbirth?	(A3)		
Participation	20 I wish the staff had listened to me more during labour and birth.	A3		
	21 I took part in decisions regarding my care and treatment as much as I wanted.	A3		
	22 I received the information I needed during labour and birth.	A3		

9. Birth-Related Psychological Trauma Perception Scale (Koç & Özkan, 2025)

Questions	Dimensions		Covered?
1 I could not control my pain at birth.	B2	A1	0
2 Midwives (health professionals) did not support me enough at birth.	D2	A2	0,5
3 For me, birth is a painful event.	A2, B2	A3	1

4	The behavior of midwives (health professionals) at birth made me feel comfortable.*	D2	B1	0,5
5	It was comforting to me that the midwives (health professionals) provided information about what I had to do during the birth.*	A3, D2	B2	0,5
6	I felt bad during the vaginal examinations in the delivery room.	B3	B3	1
7	Midwives (health professionals) asked my permission before doing a vaginal examination.	A3, D2	C1	1
8	I felt like I was going to die while I was push on at birth.	C1	C2	0,5
9	I was afraid of harming my baby while I was push on at birth.	C1	D1	0
10	I was afraid that something would happen to my baby during the birth.	C1	D2	1
11	I was extremely positive at birth.*	A2, (C2)		6
12	I felt very lonely at birth.	C2		
13	I felt so strong during the birth pains.*	C1, B2		
14	I felt scared during the birth.	C1		
15	I felt safe at birth.*	D2, (C2)		
16	I was extremely panicked at birth.	C1		
17	I did not lose physical control at birth.*	A3		
18	I was afraid that I would die at birth.	C1		
19	I was afraid of getting a cesarean.	B3		
20	I felt helpless at birth.	C1		
21	I was not allowed to have someone I wanted at birth.	A3, D1		
22	I was very uncomfortable that I was not allowed to eat or drink during labor.	A3		
23	Health professionals did not listen to me at birth.	A3		
24	I was not informed about the progress of the birth at birth.	A3, D2		
25	The behavior of other pregnant women in the delivery room frightened me.	C2		
26	The physical conditions of the delivery room were not good.	B1		
27	Too much medical intervention (artificial pain, episiotomy) at birth bothered me.	B3		
28	Hearing my baby's voice at birth relieved me.*	C2		
29	As a mother, I feel happy.*	pp.		
30	As a mother, I feel successful and strong.*	pp.		
31	I feel happy when I think of my birth.*	pp.		
32	I don't want to remember my birth.	pp.		
33	I have bad dreams about my birth.	pp.		
34	I feel disconnected from my baby.	pp.		
35	I'm trying to avoid things that remind me of my birth.	pp.		
36	I wanted to breastfeed my baby after birth.*	pp.		
37	I didn't want to see my baby after the birth.	pp.		
38	I feel incapable of taking care of my baby.	pp.		
39	I don't want to talk about my birth.	pp.		

10. Perception of Birth Scale (Marut & Mercer, 1979)

Questions	Dimensions	Covered?
1 Success using breathing or relaxation methods	B2	A1 0
2 Confidence in labor	A2	A2 1
3 Pleased with labor experience	too general	A3 1
4 Confidence during delivery	A2	B1 0
5 Relaxation during delivery	(B2)	B2 1
6 Unpleasant during delivery	(C2)	B3 0,5
7 How well in control in labor	A3	C1 1
8 How well in controll in delivery	A3	C2 0
9 Expectations	A2	D1 1
10 Usefull/cooperative team member	A3	D2 0
11 Partner help in labor useful	D1	5,5
12 Partner help in delivery useful	D1	
13 Aware in labor	A3	
14 Aware in delivery	A3	
15 Feelings in delivery	C2	
16 Remember labor painful	B2	
17 Delivery pain	B2	
18 Scared in delivery	C1	
19 Did the equipment used during labor bother you?	B3	
20 Did you have choices about interventions during labor?	A3	
21 Did you worry about your baby's condition during labor?	C1	
22 Delivery realistic dreamlike	A2	

23	Did you worry about your baby's condition during delivery?	C1			
24	Partner review of labor and delivery with you	D1			
25	Feel better after labor and delivery review				
26	Pleased with delivery	too general			
27	Able to enjoy holding baby for the first time	B3			
28	How soon after delivery touched baby	B3			
29	How soon after delivery held baby	B3			

11. Women's Views of Birth Labour Satisfaction Questionnaire (Smith, 2001)

Themes	Questions	Dimensions		Covered?
Professional support	1 All my labour carers were very supportive	D2	A1	0
	2 Carers always listened very, very carefully to everything that I had to say	D2	A2	1
	3 During labour there was always a carer to explain things so that I could understand	D2, A3	A3	0,5
	4 All my carers treated me in the most friendly and courteous manner possible	D2	B1	1
	5 My carers couldn't have been more helpful	D2	B2	1
Expectations	6 My labour went totally normally	A2	B3	0
	7 The labour went nearly exactly as I had hoped that it would	A2	C1	0
	8 The delivery went almost completely as I had hoped that it would	A2	C2	0
	9 My labour was just about the right length	A2	D1	1
Home assessment	10 I should have had a home assessment in early labour	B1	D2	1
	11 When I thought that my labour had started, I would have liked a carer to come and see me at home to confirm that I had	B1		5,5
	12 Early home assessment of me in labour would have been very helpful	B1		
Holding baby	13 I got to see my baby at exactly the right time after she/he was born	(B3)		
	14 After my baby was born, I was not given him/her quite as soon as I wanted	(B3)		
	15 I needed to hold my baby a little earlier than I did	(B3)		
Support from husband	16 My birth partner/husband helped me to understand what was going on when I was in labour	D1		
	17 My birth partner/husband couldn't have supported me any better	D1		
	18 I could have had a bit more help from my birth partner/husband	D1		
Pain in labour	19 I should have been offered something more to relieve my labour pains	B2		
	20 I got excellent pain relief in labour	B2		
	21 More pain relief would have made my labour easier	B2		
Pain after delivery	22 I should have been offered something more to relieve the pains I had after my baby was born	B2		
	23 I was in a fair bit of pain immediately after the birth	B2		
	24 I didn't need a lot of pain relief after the birth	B2		
Continuity	25 At the start of my labour I knew my carers very well	D2		
	26 I knew the carer(s) present at the birth of my baby	D2		
Environment	27 My birth room was a little impersonal and clinical	B1		
	28 The area where I gave birth was very pleasant and relaxing	B1		
Control	29 Every one seemed to tell me what to do in labour	D2, A3		
	30 Labour was just a matter of doing what I was told by my carers	A3		
General satisfaction	31 The way my labour care was provided could not have been improved	D2		
	32 I am satisfied with just one or two things about the labour care that I received	D2		

12. Satisfaction with Childbirth Experience Questionnaire (Oweis, 2009)

Questions	Dimensions		Covered?
1 I was completely satisfied with the health care I received during my childbirth experience	D2	A1	0
2 I received a high level of safety for me and my child during the childbirth experience	D2	A2	0
3 The health team give me all possible care and attention during my childbirth experience	D2	A3	1
4 I felt happy and comfortable with this childbirth experience	(C2)	B1	0
5 I felt that some medical mistakes occurred while providing care to me	B3	B2	1
6 I felt comfortable during my childbirth because the health-care team were well trained to care for me	D2	B3	1
7 I felt comfortable during my childbirth because the health-care team took into consideration my feelings and circumstances	A3, D2	C1	0,5
8 The nurse took very good care of me and gave me all the attention I need during childbirth	D2	C2	0
9 The health-care team did what they could to mediate my labour pain	B2	D1	1

10	I was satisfied with the way my labour pain was managed	B2	D2	1
11	I had hoped that the health-care team managed my childbirth differently	D2, B3		5,5
12	Health-care team did not treat me well during my childbirth	D2		
13	I felt comfortable with the attendance of every situation and with the health-care provider	D2		
14	The health-care providers treated me as any other case	D2		
15	The health-care team help me to feel that childbirth experience is an important life event	D2		
16	The health-care team use enough amount of equipments to monitor the development of my labour and delivery	D2, B3		
17	There were times that no one describes what happening to me	A3, D2		
18	I was prevented from walking around the ward during my labour and birth without a good reason to prevent me from walking around	A3, D2		
19	A suitable position for delivery was used	B3		
20	The baby received the needed care after birth	B3		
21	I was allowed to hold my baby when I wanted this	A3, B3		
22	I was provided with all new information about the development of my childbirth	A3, D2		
23	The nurse stays with me all the time and when I needed her	D2		
24	I was able to see the doctor any time I needed him	D2		
25	I received many intravaginal exams that were uncomfortable	B3		
26	I was not given the chance or enough time to rest after birth and I was transferred to the ward immediately after birth	B3		
27	The nurse made this experience of childbirth a good one for me	D2		
28	The nurse protected my privacy during childbirth	D2		
29	I received psychological and emotional support from my family during labour	D1		
30	I received psychological and emotional support from the nurse during labour	D2		
31	Sharing the labour room with other women increased my stress and anxiety	(B1)		
32	I felt scared when I was transferred from the labour room to the delivery room	C1		

13. Nursing Result (NR) "Customer satisfaction: The childbirth process" (de Souza Freitas Abbud et al., 2021)

Questions	Dimensions		Covered?
1 Information received on methods for pain relief	B2, A3	A1	0
2 Non-pharmacological care for pain control	B2	A2	0
3 Pharmacological care for pain control	B2	A3	1
4 Protection of the legal right of the presence of a companion	D1	B1	1
5 Personal preferences were considered throughout the care	A3	B2	1
6 Assistance and/or encouragement for desired position changes during the delivery process	A3	B3	1
7 Continuity of care as the woman is transferred from one environment to another	D2	C1	0
8 Assistance in choosing and accessing food and liquids for consumption	D2	C2	0
9 Assistance to maintain comfort	D2	D1	0,5
10 Instructions for improving women's participation in the birth process	A3, D2	D2	1
11 The team presents information in an understandable way	D2, A3		5,5
12 Cleaning the care environment	B1, D2		
13 Waiting time to meet needs	B1		
14 Knowledge and skill demonstrated by the health team during the delivery process	D2		
15 Access to supplies and equipment	B1		
16 Promotion of Privacy	D2		
17 Integration of cultural beliefs in nursing care	D2		
18 Use of the client's name during care	D2		
19 Team communicates with the client without demonstrating judgment	D2		
20 Courtesy shown by the team	D2		
21 Consideration shown by the team regarding the woman's feelings and opinions	A3, D2		
22 Security regarding customer identification on bracelet and bed	B1		
23 Information and conduct to prevent falls throughout the delivery process	B3		
24 Proper use of vaginal examination	B3		
25 Interventions and maneuvers in the delivery process	B3		

14. Improving Maternal Newborn CarE Questionnaire for Mothers (Lazzerini et al., 2022)

Themes	Questions	Dimensions		Covered?
Provision of care	1 No pain relief	B2	A1	0
	2 No skin to skin	B3	A2	0
	3 No early breastfeeding	B3	A3	1
	4 Inadequate breastfeeding support	B3	B1	1
	5 No room-in	B3	B2	0,5
	6 Not allowed to stay with the baby as wished	A3	B3	1
	7 No exclusive breastfeeding at discharge	pp.	C1	0
	8 No immediate attention when needed	D2	C2	0
	9 No timely care by HCP at facility arrival	B1	D1	1
Experience of care	10 No choice of birth position/movement	A3	D2	1
	11 No consent	A3		5,5
	12 No information on newborn	A3, D2		
	13 No clear/effective communication of HCP	D2		
	14 No involvement in choices	A3		
	15 Companionship not allowed	D1		
	16 Not treated with dignity	D2		
	17 No emotional support	D2		
	18 No privacy	D2		
	19 Abuse	D2		
	20 Informal payment			
Availability of physical and human resources	21 No information on maternal danger signs	A3, D2		
	22 No information on newborn danger signs	A3, D2		
	23 Inadequate room comfort and equipment	B1		
	24 Inadequate number of women per rooms	B1		
	25 Inadequate room cleaning	B1		
	26 Inadequate bathroom	B1		
	27 Inadequate partner visiting hours	D1		
	28 Inadequate HCP number	D2		
	29 Inadequate HCP professionalism	D2		
	30 Inadequate wards reorganization	B1		
further 10 questions to reorganisational changes due to COVID-19		not applicable		

15. Iranian Women Childbirth Experience Questionnaire – short version (Shahhosseini et al., 2023)

Questions	Dimensions		Covered?
1 The midwife had a friendly treat with me	D2	A1	0
2 Midwife understood my needs and wishes	D2	A2	1
3 The midwife spent enough time for me	D2	A3	1
4 My midwife was aware of what was happening during childbirth	D2	B1	0
5 The midwife cared for me well	D2	B2	0
6 The delivery room midwife had a calm mood	D2	B3	0,5
7 The midwife encouraged me to adapt to childbirth and continue the process	D2	C1	1
8 My wishes for delivery by midwives were taken into consideration	A3	C2	0
9 When entering the delivery ward has been warmly welcomed me	D2	D1	1
10 I thought that I had the ability and power of natural childbirth	A2	D2	1
11 I liked to experience natural birth	A2		5,5
12 The natural birth pain is ultimately sweet	A2		
13 I felt happy during my childbirth	C2		
14 I was very eager to see the baby during labour			
15 Immediately after childbirth, I was encouraged to embrace the baby	(B3)		
16 Immediately after childbirth, I heard the cry of my baby			
17 Immediately after childbirth, I was able to see my baby for the first time in a satisfactory method	(B3)		
18 I kept my baby for the first time as I wanted	A3		
21 I felt more responsible, after giving birth			
22 After giving birth, I felt light and comfortable	C1		
23 After delivery, I understand my inner strength	C1		
24 I felt empowered after childbirth	C1		
25 I felt successful with childbirth	C1		

26	I had the feeling of independence and self-sufficiency with childbirth	C1			
27	My self-confidence increased with childbirth	A2			
28	The support and presence of my parents helped during the labour	D1			
29	My husband's support during the labour was helpful	D1			
30	During my pregnancy, my husband's encouraged me to have a natural birth	D1			
31	I could participate in decision-making of labour and childbirth	A3			
32	I tolerated the pain of labour more effectively with relying on good thoughts	B2			
33	When I was talking to my midwife, I was able to tolerate labour pain	B2			

16. Mackey Childbirth Satisfaction Rating Scale (Mackey, 1986)

Questions	Dimensions		Covered?
1 Your overall labor experience	all (too general)	A1	0
2 Your overall delivery experience	all (too general)	A2	0
3 Your level of participation in decision-making during labor	A3	A3	1
4 Your level of participation in decision-making during delivery	A3	B1	0
5 Your ability to manage your labor contractions	B2	B2	0,5
6 Your level of comfort during labor	several	B3	1
7 Your level of comfort during delivery	several	C1	0,5
8 The control you had over your emotions during labor	C1	C2	0
9 The control you had over your emotions during delivery	C1	D1	1
10 The control you had over your actions during labor	A3	D2	1
11 The control you had over your actions during delivery	A3		5
12 My partner was supportive during labor	D1		
13 My partner was involved during labor	D1		
14 Your baby's physical condition at birth	(B3)		
15 The amount of time that passed before you first held your baby	(B3)		
16 The amount of time that passed before you first fed your baby	(B3)		
17 The physical care you received from the nursing staff during labor and delivery	D2		
18 The physical care you received from the medical staff during labor and delivery	D2		
19 The technical knowledge, ability, and competence of the nursing staff in labor and delivery	B3		
20 The technical knowledge, ability, and competence of the medical staff in labor and delivery	B3		
21 The amount of explanation or information received from the nursing staff in labor and delivery	A3, D2		
22 The amount of explanation or information received from the medical staff in labor and delivery	A3, D2		
23 The personal interest and attention given to you by the nursing staff in labor and delivery	D2		
24 The personal interest and attention given to you by the medical staff in labor and delivery	D2		
25 The help and support with breathing and relaxation you received from the nursing staff in labor and delivery	B2, D2		
26 The help and support with breathing and relaxation you received from the medical staff in labor and delivery	B2, D2		
27 The amount of time the nurses spent with you during labor	D2		
28 The amount of time the doctors spent with you during labor	D2		
29 The attitude of nurses in labor and delivery	D2		
30 The attitude of physicians in labor and delivery	D2		
31 The nursing staff's sensitivity to your needs during labor and delivery	D2		
32 The medical staff's sensitivity to your needs during labor and delivery	D2		
33 The overall care you received during labor and delivery	D2		
34 Overall, how satisfied or dissatisfied are you with your childbirth experience?	all (too general)		

17. Satisfaction Questionnaire for Labour Room Services (Sachan et al., 2023)

Questions	Dimensions		Covered?
1 Proper privacy was maintained during examination	D2	A1	0
2 Proper privacy was maintained during delivery	D2	A2	0
3 Proper privacy was maintained during breastfeeding	D2	A3	1
4 Delivery was conducted in a labour table		B1	1
5 Labour table was clean	B1	B2	0
6 Labour room premises were clean	B1	B3	1
7 Was any working source of light present in the labour room	B1	C1	0
8 Was any working source of Fan/air condition present in the labour room	B1	C2	0
9 Was drinking water available at the health facility	B1	D1	1
10 I was attended by a healthcare provider at the health facility promptly	D2	D2	1
11 I was verbally abused by the healthcare provider at the health facility	D2		5

12	I was physically abused by the healthcare provider at the health facility	D2			
13	I was allowed to be accompanied by a family member inside the labour room	D1			
14	I was neglected/abandoned by the healthcare provider during delivery	D2			
15	I was informed prior to every vaginal examination	A3			
16	I was informed about the status of my labour after examination	A3			
17	Enema was administered prior to the delivery	B3			
18	I was given the choice of position for delivery	A3			
19	Episiotomy was given while performing delivery	B3			
20	I was informed about all necessary procedures performed during labour & childbirth	A3			
21	Immediate skin to skin contact was made with the baby when the baby was delivered	B3			
22	I was informed about the status of my baby soon after birth	B3, D2			
23	I was informed about the gender of my baby soon after birth	B3, D2			
24	I was informed about the weight of my baby soon after birth	B3, D2			
25	I was informed to breastfeed my newborn baby soon after delivery	B3, D2			
26	Assisted to breastfeed the newborn soon after delivery	D2			
27	Received sanitary pads after delivery	(B1)			
28	Did the newborn receive three vaccine before discharge from the facility				
29	I was charged for the ambulance service				
30	I was made to buy drugs and consumables from outside the facility				
31	I was asked for money to avail services at the health facility				
32	Received monetary incentives for institutional birth				
33	Were you in good health at the time of discharge from the facility				
34	Was the newborn in good health at the time of discharge from the facility				

18. Person-Centered Maternity Care Scale – US-adaptation (Afulani et al., 2022)

Questions	Dimensions		Covered?
1 How did you feel about the amount of time you had to wait before being examined by a health care provider (doctor or midwife)?	B1	A1	0
2 How did you feel about the amount of time you had to wait in triage before being seen and assessed?	B1	A2	0,5
3 Did each new provider introduce themselves to you when they first came to see you?	D2	A3	1
4 Did your providers call you by your preferred name?	D2	B1	1
5 Did your providers treat you with respect?	D2	B2	0,5
6 Did you feel your experience and knowledge were valued?	A3	B3	0
7 Did you feel your customs and culture were respected by your providers?	D2	C1	0
8 Did you feel heard and listened to by your providers?	A3	C2	0
9 Did providers knock on your room's door and wait for response before entering?	D2	D1	1
10 During exams, were you covered up with a cloth or blanket or screened with a curtain so that you did not feel exposed?	D2	D2	1
11 Did you feel your health information was kept confidential and private by providers and staff?	D2		5
12 Did your providers involve you in decisions about your care?	A3		
13 Did you feel coerced or pressured into a decision by providers?	A3		
14 Did your providers explain to you why they were doing examinations or procedures on you?	A3, D2		
15 Did your providers explain to you why they were doing examinations or procedures on your baby?	A3, D2		
16 Did your providers explain to you why they were giving you any medicine?	A3, D2		
17 Did providers or other staff ask your permission/consent before touching or doing procedures or examinations on you?	A3		
18 Did you feel your birth plan or preferences were respected? (e.g., moving during labor, pain management, music, birthing position)	A2		
19 Were you able to give birth in the position of your choice?	A3		
20 Were you able to eat and drink if desired?	A3		
21 Did your providers speak to you using language or words you could understand?	D2		
22 Did you feel informed about what was happening to you during your childbirth?	A3, D2		
23 Did your providers ask about your emotional well-being?	D2		
24 Did your providers provide you with resources to help with your emotional well-being if you needed it?	D2		
25 Did you feel you could ask your providers any questions you had?	A3		
26 Did you hold back on asking questions for any reason?	A3		
27 Did providers encourage you to ask questions?	A3, D2		
28 Did providers check that you understood information that was given to you?	A3, D2		
29 Do you feel your questions were answered when you did ask?	A3, D2		
30 Did providers give you information in a way that showed they cared about you?	D2		
31 Did providers respect your family or companions who were with you?	D1, D2		

32	Were you allowed to have everyone you wanted (e.g., doula, elder, friends, or family) stay with you during your childbirth?	D1			
33	Did you feel your providers responded in a timely manner when you requested assistance?	D2			
34	Did you feel your providers believed you when you said you were in pain?	A3, D2			
35	Do you feel your providers did everything they could to help you manage your pain?	B2			
36	Did you feel your providers avoided, ignored, or otherwise neglected you?	A3			
37	Did you feel your providers shouted at you, scolded, insulted, threatened, or talked to you rudely?	D2			
38	Did you feel like your providers handled you roughly, held you down, or physically restrained you?	D2			
39	Did you feel your providers took the best care of you?	D2			
40	Did you feel you could completely trust your providers with regards to your care?	D2			
41	Would you say you were discriminated against because of your race, ethnicity, culture, sex, gender, sexual orientation, language, immigration status, religion, income, education, age, marital status, number of children, insurance status, or other attribute?	D2			
42	Were you separated from your baby at any time after the birth?	B3			
43	Was your feeding choice for your baby (e.g., breastfeeding, bottle feeding, both) respected by providers?	D2			
44	Did you receive the support you needed to reach your baby's feeding goals? (e.g., lactation support)	D2			
45	Were you supported in creating a birth environment that made you feel comfortable?	A3, D2			
46	Do you think the place you gave birth met your needs?	(B1)			
47	Thinking about the place where you gave birth, did you feel that the rooms and facilities were clean?	B1			
48	Did you feel the place you gave birth was crowded during your birth stay? (e.g., not enough beds, moved from room to room, being in triage a long time)	B1			
49	In general, did you feel physically safe in or around your place of birth?	B1			
50	Did you feel you had access to your preferred place of birth?	B1			

19. HUMANITY Scale (Aguilar-Bernal et al., 2024)

Themes	Questions	Dimensions		Covered?
Staff behaviors in the labor and delivery process	1 During your stay in the labor or delivery room, were you allowed to ambulate or adopt	A3	A1	0
	2 Once the baby was born (if the baby did not have any complications, APGAR 8/10, or condition that justifies keeping the baby away), were you allowed to stay with the baby all the time?	B3	A2	0
	3 Did the health personnel provide you with companionship and support when you	D2	A3	1
	4 Were you allowed to be accompanied by a family member?	D1	B1	0
	5 Did the health personnel provide food when you needed it and you had no contraindication to do so?	D2	B2	1
	6 Did health personnel provide hydration when needed?	D2	B3	1
	7 Did health personnel shelter you to keep your temperature stable when needed?	D2	C1	0
	8 Did the health personnel give you clear instructions on how to breathe, push, or breastfeed, among others, that would facilitate the delivery process?	D2	C2	0
	9 Did the health and administrative staff provide you and your family with pertinent information about your and your baby's health status?	D2	D1	1
Staff behaviors during labor and delivery	10 During the dilatation process, were you subjected to rough or repeated vaginal examinations or by different people?	B3	D2	1
	11 Did health personnel make unpleasant comments about your behavior (crying, screaming) during labor?	D2		5
	12 Did the health personnel behave inappropriately during your delivery process, such as taking pictures, videos, mocking comments among colleagues, among others?	D2		
	13 Did you feel violated as a woman and patient by the health personnel during delivery	D2		
	14 Do you have feelings of guilt for your behavior (crying, screaming, asking for help) during	(C2)		
Routine procedures	15 Were you given any pain medication when you asked for it during labor and/or	B2		
	16 If you were given any medication to speed up labor (Oxytocin) (Misoprostol), were the reasons explained to you beforehand?	A3		
	17 Were you persuaded repeatedly (more than twice) to choose a contraceptive method, even if you did not agree?	A3		
	18 At any time during the labor process, were any instruments used to rupture the membranes without your consent or prior explanation?	A3, B3		
	19 At any time during labor was a compression maneuver performed on the upper abdomen with downward force (Kristeller) to accelerate expulsion?	B3		
	20 During labor, were any cuts made in the birth canal (episiotomy) to facilitate expulsion without prior explanation?	B3, A3		

20. Respectful Maternity Care Tool (Sequeira D'mello et al., 2024)

Questions	Dimensions	Sub	Covered?
1 Did the healthcare workers treat you kindly by for example speaking to you in a kind voice, smiling at you, making you feel welcomed and saying encouraging and comforting words to you during your pain?	D2	A1	0
2 Do you feel like the healthcare workers at the facility gave you a chance to ask questions and listened to your concerns and wishes?	A3, D2	A2	0
3 Did the healthcare workers explain to you why they were doing examinations or procedures on you or giving you medication?	A3, D2	A3	1
4 During your time in hospital did you receive any medication or procedures without permission/consent beforehand? Examples of procedures include vaginal examination, caesarean section, episiotomy, removal of the uterus, tubal ligation, post- partum IUCD, manual removal of placenta, assisted vaginal delivery.	A3, D2	B1	1
5 Do you feel healthcare workers neglected or ignored you?	D2	B2	1
6 Do you feel you received poor care because of any of the following: your physical appearance, ethnicity, race, tribe, culture or religion, age, marital status, number of children you have, your education, wealth, inability to pay hospital bills, HIV status?	D2	B3	0
7 Were you allowed to have someone you know, a close family member to stay with you during childbirth such as your mother, a friend, sister, mother-in-law, or your partner?	D1	C1	0
8 Were you told that you could walk and encouraged to move around during labor?	A3, D2	C2	0
9 Were you allowed to eat and drink when you wanted to or when you were thirsty/hungry?	A3, D2	D1	1
10 Was pain medication given during and after painful procedures, for example during repair of the perineum and after caesarean section?	B2	D2	1
11 Did a healthcare worker talk to you rudely? For example, did anyone shout at you, scold you, insult you, frighten you that something bad would happen if you didn't cooperate or blame you for something that happened to you or your baby during your time in hospital?	D2		5
12 During your stay in the hospital or during childbirth did any staff or anyone physically hurt you for example by doing any of the following: kicking, slapping, pushing, hitting, pressing hard on your abdomen, pinching you with fingers or any sharp instrument or cover your mouth or physically tie you up?	D2		
13 Did any healthcare worker make a flirting comment, or use inappropriate sexual language or requested you to have sex with them?	D2		
14 Do you feel that the care providers talked to you about your information out loud or in a way that other mothers or other health workers not involved in your care could hear?	D2		
15 During examinations in the ward, were you always covered up with a cloth or curtain so that you did not feel exposed?	D2		
16 At any time, did you have to share a bed/or mattress with another woman or women?	(B1)		
17 Immediately after birth, were you instructed to clean up your own blood, urine, feces or birth fluid from the birthing area/bed?			
18 Did healthcare providers suggest or ask you (or your family or friends) for a bribe, informal payment, or gift?	D2		
19 Did you receive information about the condition of your baby during labor and after birth?	D2, A3		
20 Was your baby separated from you after birth without information/explanation?	A3, D2		
21 Were you or your baby denied treatment due to inability to pay?	(B1)		
22 Do you think there was enough health staff in the facility to care for you?	D2		
23 Do you think the facility had a clean environment and good toilet and washing facilities?	B1		
24 Do you think there were enough medicines and supplies in the facility to care for you?	D2		
25 Would you recommend this facility to other women for giving birth?	too general		

21. Labor and Delivery Satisfaction Index (Lomas et al., 1987)

Questions	Dimensions		Covered?
1 I was very satisfied with the care we received during labor and delivery.	D2	A1	0
2 Sufficient attention was paid to the safety of mother and baby during labor and delivery.	D2	A2	0,5
3 The staff gave us all the care and attention they could during labor and delivery.	D2	A3	1
4 Some unnecessary interventions were carried out on mother or baby during labor and delivery.	B3	B1	0
5 Our wishes were always respected during labor and delivery.	A3	B2	1
6 I feel happy about this labor and delivery experience	(C2)	B3	1
7 I felt in control of what happened during labor and delivery	A3	C1	0
8 I felt that some mistakes were made in the care received from the staff during labor and delivery	B3	C2	0

9	If the staff had been more capable during labor and delivery I would have been happier with the care	D2	D1	0
10	I would be feeling better now if the staff had been more considerate during labor and delivery	D2	D2	1
11	The nurse gave us all the care and attention I wanted during labor and delivery	D2		4,5
12	The doctor gave all the attention needed during labor and delivery.	D2		
13	I would have liked the staff to have responded to me differently during labor and delivery	A3, D2		
14	Sufficient attention was paid to comfort during labor and delivery	D2		
15	I would have liked the management of labor and delivery to have been done differently.	B3, A3		
16	There was too much equipment used during labor and delivery.	B3		
17	The staff were sometimes rude to me during labor and delivery	D2		
18	There were too many staff or students involved in the labor and delivery	D2		
19	Staff treated me as if this was just one more delivery	D2		
20	The staff helped me to feel like this was a very special event	D2		
21	The appropriate amount of equipment was used to monitor the labor and delivery	B3		
22	There were occasions when no one explained to me what was going on	A3		
23	There were unnecessary restrictions on mother walking around during labor	A3		
24	The most comfortable position was used for the actual delivery	A3		
25	The things done to the baby immediately after birth were all necessary.	B3		
26	I held the baby as soon as I wanted	B3		
27	They tried to deliver the placenta too quickly	B3		
28	I was given all the information needed about progress in labor	A3, D2		
29	The nurse was with me as much as I wanted	A3		
30	I saw the doctor as often as I wanted	A3		
31	I was satisfied with the way pain was relieved during labor	B2		
32	I was dissatisfied with the way pain was relieved during delivery.	B2		
33	There were too many vaginal examinations	B3		
34	Our birth plans were ignored	A2, D2		
35	Recovery time in labor and delivery was too rushed	B3		
36	The nurse made the labor and delivery a better experience	D2		
37	I wish all doctors were as good as ours	D2		
38	The doctor made the labor and delivery a better experience	D2		

22. Wijma Delivery Expectancy/Experience Questionnaire – Version B (Wijma et al., 1998)

Questions	Dimensions		Covered?
How did you experience your labour and delivery as a whole?		A1	0
1 ... fantastic	(C2)	A2	0
2 ... frightful	C1	A3	0,5
How did you feel in general during the labour and delivery?		B1	0
3 ... lonely	D1, (D2)	B2	0,5
4 ... strong	(C2)	B3	0
5 ... confident	(C2)	C1	1
6 ... afraid	C1	C2	1
7 ... deserted	D1, (D2)	D1	1
8 ... weak	(C2)	D2	0,5
9 ... safe	D2, (B1)		4,5
10 ... independent	(C2)		
11 ... desolate	(C2)		
12 ... tense	(C2)		
13 ... glad	(C2)		
14 ... proud	C1		
15 ... abandoned	D1, (D2)		
16 ... composed	(C2)		
17 ... relaxed	(C2)		
18 ... happy	(C2)		
What did you feel during the labour and delivery?			
19 ... panic	C1		
20 ... hopelessness	C1		
21 ... longing for the child	(C2)		
22 ... self-confidence	(C2)		
23 ... trust	(C2)		
24 ... pain	(B2)		
What happened when labour was most intense?			
25 ... I behaved badly			

26	... I dared to surrender control to my body	(A3)			
27	... I lost control of myself	A3			
	How was the very moment you delivered the baby?				
28	... funny	(C2)			
29	... natural	(C2)			
30	... self-evident	(C2)			
31	... dangerous	C1			
	Had you, during the labour and delivery, fantasies like for example...				
32	... that your child would die during labour/delivery	C1			
33	... that your child would be injured during labour/delivery	C1			

23. Maternal Satisfaction Scale for Caesarean Section (Morgan et al., 1999)

Themes	Questions	Dimensions		Covered?
Anästhetic	1 I was pain free during my caesarean section.	B2	A1	0
	2 I felt the anaesthetic I received was safe for me.		A2	0
	3 I felt the anaesthetic I received was safe for my baby.		A3	1
Insertion of needle in the back	4 I had no pain when the needle was put into my back.	B2	B1	0,5
	5 The needle was put easily into my back.	B3	B2	1
	6 I was in a comfortable position when the needle was put into my back.	B3	B3	0,5
Side effects	During the caesarean section, I did NOT experience the following:		C1	0
	7 Shivering		C2	1
	8 Dry lips/mouth		D1	0,5
	9 Dry throat		D2	0
	10 A change in mood	C2		4,5
	After the caesarean section, I did NOT experience:			
	11 Back problems			
	12 Itchiness			
Atmosphere	In the operating room, during the surgery, I was able to:			
	13 Interact with my partner	D1		
	14 Bond with the baby			
	15 Have a sense of control	A3		
	16 Communicate with the staff			
	17 See the baby after delivery			
	18 Hold the baby after delivery			
	19 I knew what the staff were doing during the operation.	A3, D2		
	20 I found the atmosphere in the operating room comfortable.	B1		
	21 I was able to nurse my baby after delivery			
	22 I recovered quickly after my Caesarean section.			

24. Delivery Satisfaction Scale (Saisto et al., 2001)

Questions	Dimensions		Covered?
1 Was the labor painful?	B2	A1	0
2 Did you receive efficient pain relief during labor?	B2	A2	0,5
3 Was the delivery a positive experience?	(A2)	A3	1
4 Did you receive sufficient support from the obstetric ward personnel?	D2	B1	0
5 Did you receive sufficient support from your partner?	D1	B2	1
6 Did you feel safe during the labor?	D2	B3	0
7 Did you have enough influence on the treatment you received during labor?	A3	C1	0
8 Did the obstetric ward personnel patronize you too much during labor?	D2	C2	0
		D1	1
		D2	1
			4,5

25. Support and Control in Birth (Ford et al., 2009)

Themes	Questions	Dimensions		Covered?
Internal control	1 The pain was too great for me to gain control over it	B2	A1	0
	2 I was overcome by the pain	B2	A2	0
	3 I was able to control my reactions to the pain	B2	A3	1
	4 I was mentally calm	C2	B1	0
	5 I was in control of my emotions	C1, C2	B2	1
	6 I felt my body was on a mission that I could not control	C1	B3	0
	7 Negative feelings overwhelmed me	C1	C1	1
	8 I gained control by working with my body	A3	C2	0,5
	9 I could control the sounds that I was making	A3	D1	0
	10 I behaved in a way like not myself	(C2)	D2	1
External control	11 I had control over when procedures happened	A3		4,5
	12 I could influence which procedures were carried out	A3		
	13 I decided whether procedures were carried out or not	A3		
	14 The people in the room took control	A3, D2		
	15 I had control over the decisions that were made	A3		
	16 I could get up and move around as much as I wanted	A3		
	17 People coming in and out of the room was beyond my control	A3, D2		
	18 I chose whether I was given information or not	A3		
	19 I could decide when I received information	A3		
	20 I had control over what information I was given	A3		
	21 I felt I had control over the way my baby was finally born	A3		
Support	22 The staff helped me find energy to continue when I wanted to give up	D2		
	23 The staff seemed to know instinctively what I wanted or needed	D2		
	24 The staff went out of their way to try to keep me comfortable	D2		
	25 The staff encouraged me to try new ways of coping (such as breathing)	B2, D2		
	26 The staff realized the pain I was in	D2, B2		
	27 The staff encouraged me not to fight against what my body was doing	D2		
	28 I felt the staff had their own agenda	A3, D2		
	29 I felt like the staff tried to move things along for their own convenience	A3, D2		
	30 I was given time to ask questions	D2, A3		
	31 The staff helped me to try different positions	D2		
	32 The staff stopped doing something if I asked them to stop	A3, D2		
	33 The staff dismissed things I said to them	A3, D2		

26. Woman-centred Care during Labour and Childbirth Questionnaire (Overgaard et al., 2012)

Questions	Dimensions		Covered?
1 Overall, how would you describe your experience of giving birth?	too general	A1	0
2 Overall, how satisfied are you with the care you received during labour and birth?	too general	A2	0,5
3 How did you perceive the support the staff provided for your partner/birth companion during labour?	D2	A3	1
4 After giving birth, how was your opportunity to have undisturbed contact with you baby?	B3	B1	0
5 Do you feel that during labour, you were listened to by staff?	A3, D2	B2	1
6 How did you perceive the information that you were given during labour?	D2, A3	B3	0
7 How did you perceive the attention of your midwife/midwives towards your psychological needs?	D2, A3	C1	0
8 How helpful did you find your midwife's suggestions/initiatives to relieve your labour pain?	B2	C2	0
9 How was your opportunity to participate in decision-making when or if, you wanted to?	A3	D1	1
10 During labour, how was your possibility to have a midwife present, when you would like her to be with you?	D2	D2	1
11 How did you perceive the support and care that you received from your midwife/midwives during labour?	D2		4,5
12 How did you perceive consideration of staff for your wishes for birth?	D2, A2		
13 During labour, did you at any point have a feeling of loss of control over your body, behaviour or reactions?	A3		
14 During labour, did you at any point have a feeling of loss of control over staff actions or what was done to you?	A3		
15 How did you perceive the support your partner/birth companion was able to provide for you during labour?	D1		
16 Did you have any wishes for the birth beforehand?	A2		

27. Person-Centered Maternity Care Scale (Afulani et al., 2019)

Themes	Questions	Dimensions		Covered?
Dignity and respect	1 Did the doctors, nurses, or other staff at the facility treat you with respect?	D2	A1	0
	2 Did the doctors, nurses, or other staff at the facility treat you in a friendly manner?	D2	A2	0
	3 Did you feel the doctors, nurses, or other health-care providers shouted at you, scolded, insulted, threatened, or talked to you rudely?	D2	A3	1
	4 Did you feel like you were treated roughly like pushed, beaten, slapped, pinched, physically restrained, or gagged?	D2	B1	1
	5 During examinations in the labour room, were you covered up?	(B1)	B2	0,5
	6 Do you feel like your health information was or will be kept confidential at this facility?	(B1)	B3	0
Communication and Autonomy	7 During your time in the health facility did the doctors, nurses, or other health-care	(D2)	C1	0
	8 Did the doctors, nurses, or other health-care providers call you by your name?	D2	C2	0
	9 Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?	A3	D1	1
	10 During the delivery, do you feel like you were able to be in the position of your choice?	A3	D2	1
	11 Did the doctors, nurses, or other staff at the facility speak to you in a language you could understand?	D2, (B1)		4,5
	12 Did the doctors, nurses, or other staff at the facility ask your permission or consent before doing procedures on you?	A3		
	13 Did the doctors and nurses explain to you why they were doing examinations or procedures on you?	A3, D2		
	14 Did the doctors and nurses explain to you why they were giving you any medicine?	A3, D2		
	15 Do you feel you could ask the doctors, nurses, or other staff at the facility any questions you had?	A3, D2		
Supportive Care	16 How did you feel about the amount of time you waited?	B1		
	17 Did the doctors and nurses at the facility talk to you about how you were feeling?	D2		
	18 Did the doctors, nurses, or other staff at the facility try to understand your anxieties?	D2		
	19 When you needed help, did you feel the doctors, nurses, or other staff at the facility paid attention?	D2		
	20 Do you feel the doctors or nurses did everything they could to help control your pain?	B2		
	21 Were you allowed to have someone you wanted (outside of staff at the facility, such as family or friends) to stay with you during labour?	D1		
	22 Were you allowed to have someone you wanted to stay with you during delivery?	D1		
	23 Did you feel the doctors, nurses, or other staff at the facility took the best care of you?	D2		
	24 Did you feel you could completely trust the doctors, nurses, or other staff at the facility with regards to your care?			
	25 Do you think there were enough health staff in the facility to care for you?	(B1)		
	26 Thinking about the labour and postnatal wards, did you feel the health facility was crowded?	(B1)		
	27 Thinking about the wards, washrooms, and the general environment of the health facility, would you say the facility was very clean, clean, dirty, or very dirty?	B1		
	28 Was there water in the facility?	B1		
	29 Was there electricity in the facility?	B1		
	30 In general, did you feel safe in the health facility?	B1		

28. Quality of Respectful Maternity Care Questionnaire in Iran (Taavoni et al., 2018)

Themes	Questions	Dimensions		Covered?
Labor	1 Did the service providers introduce themselves to you?	D2	A1	0,5
	2 Did the staff address you with your name?	D2	A2	0
	3 Was the staff attitude with you politely?	D2	A3	1
	4 Did you have the right to choose?	A3	B1	0
	5 Did the staff request you to ask your questions?	D2, A3	B2	1
	6 Did the staff request your companion to ask your questions?	D1	B3	0,5
	7 Did the staff disagree with your beliefs?	A3, D2	C1	0
	8 Did the staff disagree with your companion's beliefs?	A3, D1	C2	0
	9 Did the staff speak to you in a language you easily understand?	D2	D1	0,5
	10 Any insults or threats happened against you?	D2	D2	1
	11 Any insults or threats happened against your companion?	D1		4,5
	12 Did you forced to do what you did not want?	A3		
	13 Did your companion forced to do what he/she did not want?	A3, D1		
	14 Were your questions answered politely?	D2		
	15 Have your questions answered honestly?	D2, A3		

	16	Did the staff screamed over you?	D2			
	17	Were you allowed to take the hands of the staff or touch them?	D2			
	18	Did the care provider and staff consider your comfort?	D2			
	19	Was your privacy maintained during the medical examinations using the curtain?	D2			
	20	Have you been told that your recorded information will be kept safe and secure (so that no one can access it)?	D2			
	21	Have you explained what to do?	A3			
	22	Did the staff explain what might have happened to you in the labor process?	A3			
	23	Did the staff explain to you before any action and practice?	A3			
	24	Did the staff ask for your permission before any action and practice?	A3			
	25	Did the staff have regular monitoring of your delivery progress?	B3			
	26	Did they limit your drinking?	A3			
	27	Did they limit your eating?	A3			
	28	Did they injure you physically?	A3			
	29	Have you forced to stay in your bed?	A3			
	30	Were you allowed to move?	A3			
	31	Were you allowed to choose your desired status on the bed or outside it?	A3			
	32	If the discomfort was felt, would the care providers fix it?	D2			
	33	If the pain was expressed, would the care providers resolve it?	B2			
	34	Did the staff use non-pharmacological pain relief methods (massage, heat therapy, hot water compression / ice compress / aroma therapy / pressure on the waist region) for you?	B2			
	35	Did the care provider use pain reliever (oxytocin) in your serum?	B2			
	36	Were you allowed to choose the type of delivery?	A3			
	37	Did the staff describe the benefits of your chosen delivery type?	A1, A3			
	38	Did the staff describe the disadvantages of your chosen delivery type?	A1, A3			
	39	Did the staff suggest you the physiological delivery (without intervention)?	A3			
	40	Did the staff offer you a cesarean?	A3			
	41	Were you discriminated because of ethnicity, race, economic situation and etc. from rest of admitted women?	D2			
Delivery	42	Did the staff describe to you about what you need to do?	A3			
	43	Did the staff explain to you about possible events that may have occurred in the process of delivery?	A1			
	44	Have you been allowed to choose your desired condition in the bed during childbirth?	A3			
	45	Did the staff manage your privacy using a curtain or parlor during the delivery, whether in the public room or in private?	D2			
	46	Have you been informed that you have permission to attend a trained female companion during childbirth?	A3			
	47	Did the staff ask for your permission before any action and practice?	A3			
	48	Was the skin of the baby contacted with your skin Immediately after birth?	B3			
	49	Was your tendency considered in case of skin contact with your baby Immediately after birth?	A3			
	50	Was the skin contact with your baby last for the first hour of the birth?	B3			
	51	Did you breastfeed your baby during the first hour?	B3			
Post Partum	52	Were you admitted to your baby during the whole day in a room?	pp.			
	53	Did the staff provide you necessary explanations for breastfeeding your baby?	pp.			
	54	Did the staff force you to breastfeed your baby?	pp.			
	55	Did the staff tell you to call them if you need help?	pp.			
	56	Were the staff quickly responding to your need in case of any help and information?	pp.			
	57	Have you ever been completely abandoned and keep alone?	pp.			
	58	Did you have permission to attend a companion with yourself?	pp.			
	59	Have you been hospitalized too much due to the delay or non-payment of the related costs?	pp.			

29. Respectful Maternity Care Scale (Dzomeku et al., 2020)

Questions	Dimensions	Covered?
1 I was detained in the facility because I don't have enough money to pay		A1 0
2 I was left alone after delivery	D2	A2 0
3 Service provision was delayed due to supplies even if it is available in the facility	B1	A3 0,5
4 I felt there was inappropriate touching of genital/thighs during an exam	D2	B1 0,5
5 The health worker didn't manage anything that he/she is performing	B3, D2	B2 0,5
6 The health workers shouted on me because I touched her hands during contraction	D2	B3 1
7 Some health workers insulted me or my birth companions	D2	C1 0
8 I felt like the health workers tried to move things along for their own convenience	A3, D2	C2 0

9	Some of the health workers do not treat me well because of some personal attribute	D2	D1	1
10	My treatment was delayed because I couldn't pay for the services	B1	D2	1
11	My companions were allowed to enter the delivery room during delivery	D1		4,5
12	Some health providers showed me an intimidating gesture	D2		
13	The health provider slapped me during delivery	D2		
14	The health provider used applied excessive force to pull the baby out	B3		
15	The health provider stitched me (applied episiotomy) without anaesthesia	B3		
16	I felt that I was physically abused during delivery	D2		
17	I felt that I was sexually abused during delivery	D2		
18	I was tied to delivery coach during delivery	A3		
19	I was uncovered unnecessarily	D2		
20	I was kept waiting for a long time before receiving service	B1		
21	The health workers show active involvement during contraction	D2		
22	The health workers provided coaching during breathing and relaxation	D2		
23	The health workers were talking positively about pain and relief	B2, D2		

30. Perinatal Experience Assessment Tool (Ellis et al., 2022)

Themes	Questions	Dimensions		Covered?
Communication/ verbal interaction	1 During your stay did the health workers speak to you in a respectful, polite manner?	D2	A1	0
	2 Were you respectfully greeted during your admission?	D2	A2	0
	3 Did the person who assisted you in childbirth introduce him/herself?	D2	A3	1
	4 Did someone explain to you about the processes of labour and delivery?	D2, A3	B1	0,5
	5 Did anyone explain to you the progress of your labour?	D2, A3	B2	0,5
	6 Did you express any concerns or ask questions? If yes, were they responded to?	A3	B3	0,5
	7 Were you spoken to in a language you could understand?	D2	C1	0
Supportive care	8 Did any health workers use aggressive, threatening language or were you shouted at, insulted or scolded during your labour or delivery?	D2	C2	0
	9 Did you feel the care you received met your cultural or religious wishes/values?	D2	D1	1
	10 Were you encouraged to stand up, walk or change positions during your labour?	D2, A3	D2	1
	11 Were you allowed to have a support person (husband, relative, friend, traditional healer) with you during labour and delivery?	D1		4,5
Physical abuse	12 Were you allowed to breastfeed your baby shortly following (within one hour) delivery?	B3		
	13 Were you given your baby immediately after delivering?	B3		
	14 During your labour or delivery, were you slapped, kicked, pushed or otherwise physically hurt?	D2		
	15 Did you at any time feel you were being inappropriately touched or sexually abused?	D2		
Non- consented care	16 Did you feel you were in any way physically maltreated or abused during your stay (physically restrained, tied down, etc.)?	D2		
	17 Did you have a tear or cutting of your vagina during delivery that required stitching? If yes, were you given something to take the pain away? If no, leave blank.	B2		
Non- confidential care	18 At any time, were you examined abdominally or vaginally without understanding the reasons for the exam?	A3		
	19 Was anything done to you without your understanding the reasons for it or not providing consent? Such as vaginal exam or episiotomy.	A3		
Stigma and discrimina- tion	20 Did you feel you were properly provided privacy during abdominal or vaginal examinations?	D2		
	21 When you were asked questions about your health or pregnancy was this done privately (where others could not hear)?	D2		
Abandon- ment/ neglect	22 Did you feel some providers did not treat you well/respectfully because of who you are? (personal attributes: ethnicity, race, religion, SES, age, HIV status, marital status).	D2		
	23 Did you feel you were denied services because of who you are?	B1		
	24 During your labour or delivery were there times when you needed help but no health worker (provider) was available?	A3, D2		
Detention/ inability to pay	25 During your labour or delivery did you ask that anything not be done but it was done anyway?	A3		
	26 During your labour or delivery did you feel your wishes were neglected?	A3		
	27 After your delivery were you or your baby not allowed to leave because you could not pay?			
	28 Were you or your baby forced to stay against your will for any other reason than your ability to pay?			
	29 At any time, were you asked to make informal payments by a health worker or other staff?			

Health facility conditions	30	During your stay, were you denied any services because you could not pay?			
	31	When you were examined was a separating partition or curtain to provide privacy provided between your bed and others?	B3		
	32	During your labour, did you have your own bed?	(B1)		
	33	Did you feel there were unnecessary delays in the care given to you?	B1		

31. Disrespect and Mistreatment during Childbirth Questionnaire (Suttora et al., 2025)

	Questions	Dimensions		Covered?
1	The staff was always available	D2	A1	0
2	I received the right support from the healthcare staff	D2	A2	0,5
3	I always knew whom to turn to in case of need	D2	A3	1
4	The healthcare staff understood my needs	D2	B1	0
5	I felt abruptly separated from my baby	B3	B2	0,5
6	My baby was as close to me as I desired	A3, B3	B3	1
7	After giving birth, I was not as close to my baby as I desired	A3, B3	C1	0,5
8	I wished for greater contact with my newborn	A3	C2	0
9	I could not see my baby for what I considered an excessive period of time	B3	D1	0
10	I felt subjected to unnecessary procedures	B3, A3	D2	1
11	I don't know why certain procedures were performed	A3, D2		4,5
12	I found some obstetric procedures I underwent excessively invasive	B3, A3		
13	I underwent obstetric procedures without prior notice	A3, D2		
14	I did not give consent for some procedures I received	A3		
15	The healthcare staff used vulgar language	D2		
16	I was insulted	D2		
17	During childbirth, I received demeaning remarks	D2		
18	I experienced more pain than I expected	A2, B2		
19	I feared I wouldn't make it because of the intense pain	C1, B2		
20	I felt capable of facing the experience	A2, C2		

32. Traumatic Childbirth Perception Scale for Men (Yalnız Dilcen et al., 2025)

Themes	Questions	Dimensions		Covered?
Anxiety	1 To what extent does it worry you to think that your spouse/partner did not receive adequate support from the midwife or healthcare team during the birth?	D2	A1	0
	2 To what extent does the thought of being unable to support your spouse/partner in labor sufficiently worry you?	D1	A2	1
	3 To what extent does the thought of your husband/partner giving birth prematurely worry you?	A2	A3	0
	4 To what extent does the thought of your spouse/partner having long labor worry you?	A2	B1	0
	5 To what extent are you afraid of the idea of your spouse/partner experiencing a lot of pain during labor?	B2	B2	0,5
	6 To what extent are you afraid of the risk of your spouse/partner dying in childbirth?	C1	B3	0
	7 When you imagine the birth of your spouse/partner, to what extent do you think it is difficult?	A2	C1	1
	8 To what extent does the thought of losing your baby at birth frighten you?	C1	C2	0
	9 To what extent do you experience changes in your body (heart palpitations, difficulty breathing, sweating, etc.) when something you watch about childbirth reminds you of the birth of your husband/partner?		D1	1
Trauma	10 How traumatized do you think your wife/partner is when you imagine her/his birth?	(C1)	D2	1
	11 To what extent do you avoid certain activities or situations as a reminder of your partner's birth?			4,5
	12 To what extent do you have difficulty falling asleep and staying asleep when you think about the birth of your partner?			
	13 To what extent do you find it difficult to pay attention to what you are doing when you think about the birth of your spouse/partner?			
	14 To what extent do you avoid talking about the birth of your spouse/partner?			
	15 To what extent do you have disturbing dreams about the birth of your spouse/partner?			
	16 When faced with a situation that reminds you of the birth of your spouse/partner, do you feel alienated or like you are watching from the outside?			
	17 When you imagine the birth of your spouse/partner, to what extent do you get carried away and experience it as if it were real?			

	18	To what extent do you feel constantly alert when you think about the birth of your spouse/ partner?			
Privacy	19	To what extent are you concerned about unnecessary exposure of my/my partner's body during labor?	D2		
	20	To what extent do you worry about the presence of a male person in the delivery room?			
	21	To what extent are you concerned about whether my/my partner's privacy will be respected during labor?	D2		
Comfort	22	How safe do you think your wife/partner will be in general during the birth?	D2		
	23	How happy do you generally feel during the birth of your spouse/partner?	(C2)		

33. Labour Agency Scale (Hodnett & Simmons-Tropea, 1987)

	Questions	Dimensions		Covered?
1	I felt competent	C2	A1	0
2	I was dealing with labor	B2	A2	0
3	Everything made sense	A3	A3	1
4	I felt very responsible	A3, C2	B1	0
5	I felt incomplete and like I was going to pieces	C1	B2	0,5
6	I felt secure	D2, C2	B3	0
7	I felt incapable	C2	C1	1
8	I experienced a sense of great anxiety	C1	C2	1
9	I felt adequate	C2	D1	0
10	I felt open and receptive	C2	D2	0,5
11	I felt good about my behavior during labor	C2		4
12	I felt powerless	C2		
13	I experienced a sense of being with others who care	D2, C2		
14	I didn't know what to expect from one moment to the next	A3, D2		
15	I experienced complete awareness of everything that was happening	A3, D2		
16	Everything some unclear and unreal	C2		
17	I felt relaxed	C2		
18	I experienced a sense of conflict	C2		
19	I felt fearful	C1		
20	I had a sense of not being in control	A3		
21	I felt important	C2		
22	Everything seemed wrong	A3, C1		
23	I felt victorious	C1		
24	I experienced a sense of active striving	C2		
25	I had a feeling of constriction and of being confined	A3, D2		
26	I felt awkward	C2		
27	Someone or something else was in charge of my labor	A3		
28	I experienced a sense of success	C2		
29	I had a sense of perspective on what was happening	D2, A3		

34. Service Quality Tool (Parasuraman et al., 1988)

Themes	Questions	Dimensions	Sut	Covered?
Tangibles	1 Using up-to-date equipment and technology	B1, B3	A1	0
	2 Having visually appealing physical facilities	B1	A2	0
	3 Maintaining a clean & comfortable labouring environment in the hospital (i.e., bed, delivery room, toilets)	B1	A3	1
	4 Having labour and delivery staff who are neat & well-dressed	B1, D2	B1	1
Reliability	5 Exhibiting consistency and dependability in solving patients' problems	D2	B2	0
	6 Giving periodic updates on status and progress of labour services	A3	B3	1
	7 Ensuring error-free & fast retrieval of documents		C1	0
	8 Performing the services right at the first time	B3, D2	C2	0
	9 Carrying out services at promised time	B3, D2	D1	0
Responsive-ness	10 Providing prompt performance of medical & nonmedical services	B3, D2	D2	1
	11 Telling when services will be performed	A3		4
	12 Demonstrating a willingness to help patients	D2		
	13 Attending patient's calls promptly	D2		
Assurance	14 Making patients feel safe and secure during interactions with the labour and delivery staff	D2		
	15 Having a trustworthy labour and delivery staff	D2		

Empathy	16	Dealing with patients politely	D2			
	17	Providing the patient with adequate support during labour	D2			
	18	Addressing patients' specific preferences, concerns, and emotions	A3			
	19	Understanding specific needs of patients	A3			
	20	Having patients' best interest at heart	A3, D2			
	21	Having operating hours convenient for the patient	B1			
	22	Customizing care to meet individual patients' needs and characteristics	A3, D2			

35. Survey of Bangladeshi Women's Experiences of Maternity Services (Duff, 2001)

Questions	Dimensions		Covered?
1 How satisfied were you with the person who helped you to deliver your baby ?	D2	A1	0
2 Did you have a choice about whether the person was a man or a woman?	A3	A2	0
3 Did you have a choice about whether the person was a doctor or a midwife?	A3	A3	1
4 Had you met any of the doctors or midwives who looked after you during your labour and delivery before you went in to have the baby?		B1	0
5 Did you have a choice about who or how many people kept you company during labour and delivery (eg. your partner or any other)?	A3	B2	1
6 Did the doctors or midwives looking after you explain enough about what was happening?	A3, D2	B3	0
7 Did you feel that you needed an interpreter during labor and delivery?	D1	C1	0
8 If yes, was someone with you to act as an interpreter for you during labour?	D1	C2	0
9 If yes, who was that person?		D1	1
10 Were you offered a choice about who should act as your interpreter during labour and delivery?	A3	D2	1
11 Who would you choose to act as your interpreter during labour and delivery?			4
12 During labour and delivery, how did you feel about the number of staff around?	D2		
13 During labour and delivery, did you feel that the doctors/midwives spent enough time with you?	D2		
14 During labour and delivery, did you feel you had a choice about how free you were to move around during the early stages of labour?	A3		
15 Would you like to have tried another position for the birth?	A3		
16 Thinking about what was done to help relieve the pain during labour, were you satisfied?	B2		
17 Were you (and your companion) left alone by the staff at a stage when it worried you to be alone?	D2		
18 Would you describe the way staff looked at you during labour and delivery as kind and understanding?	D2		
19 Thinking back now, how satisfied are you, overall, with the care you received during your labour and delivery?	D2		

36. Care in Obstetrics Measure For Testing Satisfaction Scale (Janssen et al., 2006)

Themes	Questions	Dimensions		Covered?
Confidence in newborn care	1 Know when the baby is ill	pp.	A1	0
	2 Know when the baby is full/hungry	pp.	A2	0
	3 Know that the baby is getting enough milk	pp.	A3	1
	4 Know how to position the baby to feed	pp.	B1	0.5
	5 Know how to cope when the baby cries	pp.	B2	1
	6 Know what to do if the baby gags or chokes	pp.	B3	0
	7 Know how to position the baby to sleep	pp.	C1	0
	8 Know how to give the baby a bath	pp.	C2	0
	9 Know how to find help in the community	pp.	D1	0.5
	10 Know how to care for the baby's cord	pp.	D2	1
Postpartum nursing care	11 Time nurse spent with you in the postpartum period was adequate to take care of your physical needs	pp.		4
	12 Time nurse spent teaching you in the postpartum period to care for yourself	pp.		
	13 Time nurse spent teaching you in the postpartum period to care for your baby	pp.		
	14 Time nurse spent with you in the postpartum period was adequate to take care of your emotional needs	pp.		
	15 Time nurse spent teaching your support person in the postpartum period to care for you and your baby	pp.		
	16 Nurse responded to your needs in the postpartum period in a timely manner	pp.		
	17 Time nurse spent helping you feed your baby	pp.		
	18 The information you received from different nurses was consistent	pp.		
Provision of choice	19 Satisfied with the extent to which caregivers gave you the information you needed to make informed choices about your care	A3, D2		

	20	Satisfied with the number of times caregivers asked for your opinion in planning your care	A3, D2			
	21	Satisfied with the degree to which caregivers supported your decisions	A3, D2			
	22	Satisfied with the assistance given by caregivers to support person	D2			
	23	Satisfied with how the birth experience was viewed	(A2)			
	24	Satisfied with the comfort measures you were given to deal with pain and discomfort of labor	B2			
	25	Satisfied with the comfort measures you were given to deal with pain and discomfort after the baby was born	B2			
	26	Your support person was comfortable	D1			
Physical environment	27	The lighting was adequate	B1			
	28	The room was spacious and adequate for your needs	B1			
	29	The food was acceptable in quantity	(B1)			
	30	The food was acceptable in quality	(B1)			
	31	You were able to find the supplies that you needed	(B1), pp.?			
Respect for privacy	32	The housekeeping staff respected your privacy	(B1), pp.?			
	33	The number of different physicians (including medical students) who looked after you during your hospital stay	D2			
	34	The number of hospital staff who came into your room during labor	D2			
	35	The number of hospital staff who came into your room during the postpartum period	pp.			
	36	The number of nurses who looked after you during your hospital stay	D2			
Labor/delivery nursing care	37	Respect shown by caregivers for your privacy needs	D2			
	38	Time nurse spent with you in labor was adequate to take care of emotional needs	D2			
	39	Time nurse spent with you in labor was adequate to take care of physical needs	D2			
	40	Nurse responded to your in labor needs in a timely manner	D2			

37. Women's Perception of Control during Childbirth (Oweis, 2009)

Questions	Dimensions		Covered?
1 I felt experienced with labour and birth	A1	A1	0
2 I coped with labour	C1, B2	A2	0,5
3 There was a logical reason for every thing that happened to me during labour and delivery	A2, A3	A3	1
4 I felt a responsibility during labour and birth	A3	B1	0
5 I felt safe during labour and birth	D2	B2	0,5
6 I felt helpless during labour and birth	C1	B3	0
7 I felt stress and tension during labour and birth	C1	C1	1
8 I interacted well with others during labour and birth	(D2)	C2	0
9 I was satisfied with my behaviour	(A2)	D1	0
10 I felt no pain during delivery	B2	D2	1
11 I understood how it feels to receive care from caring people			4
12 I was able to predict what would happen during labour and delivery	A3		
13 I felt like it was a dream	(A3, A2)		
14 I was relaxed during labour and birth	(C2)		
15 I learned what suffering means	B2, A2		
16 I felt scared during labour and birth	C1		
17 I felt like a human with a meaningful life during labour and birth	D2		
18 I felt there is something wrong all throughout the time of labour and birth	A3, B3		
19 I searched for assistance and help from people around me	D2		
20 I felt isolated during labour and birth	(C2)		
21 I felt I had no control over any thing during labour and birth	A3		
22 I felt successful after labour and birth	C2, A2		
23 I was aware of what was happening throughout labour and birth			

38. Birth Satisfaction Scale Revised (Hollins Martin & Martin, 2014)

Questions	Dimensions		Covered?
1 The delivery room staff encouraged me to make decisions about how I wanted my birth to progress.	A3	A1	0
2 I found giving birth a distressing experience.	C1	A2	0
3 I came through childbirth virtually unscathed.	B3	A3	1
4 I felt very anxious during my labour and birth.	C1	B1	0,5
5 I felt out of control during my birth experience.	A3	B2	0
6 I was not distressed at all during labour.	C1	B3	0,5
7 I thought my labour was excessively long.		C1	1
8 I felt well supported by staff during my labour and birth.	D2	C2	0

9	The staff communicated well with me during labour.	D2, A3	D1	0
10	The delivery room was clean and hygienic.	B1	D2	1
				4

39. Questionnaire for Assessing the Childbirth Experience – short version (Carquillat et al., 2017)

Themes	Questions	Dimensions		Covered?
Relation-ship with staff	1 Staff understood and fulfilled my wishes in a satisfactory manner	D2	A1	0
	2 I felt emotionally supported by the staff who took care of me	D2	A2	0,5
	3 The staff kept me informed of what was happening	D2, A3	A3	1
	4 I felt I could express myself and give my opinion about decisions about me	A3	B1	0
Emotional status	5 I felt worried	C1	B2	0
	6 I felt confident	(C2)	B3	0,5
	7 I felt secure	(A3)	C1	1
First moments with the newborn	8 I was able to see my baby for the first time in a satisfactory manner	(B3)	C2	0
	9 I held my baby for the first time when I felt like it	A3	D1	0
	10 First moments with my baby corresponded what I had imagined prior to giving birth	A2	D2	1
Feelings at one month postpartum	11 I am proud of myself	C1		4
	12 I feel regret	C1		
	13 I have a feeling of failure	C1		

40. Experiences of Maternity Care (Redshaw et al., 2019)

Questions	Dimensions		Covered?
1 Before my labour and birth I was well informed by my midwife/doctor about what would happen	A1	A1	1
2 Staff communicated well with me during labour and birth	D2	A2	0,5
3 My choices for labour and birth were not always respected	A3	A3	1
4 I needed more staff support during labour and birth	D2	B1	0
5 Everything was explained to me well during labour and birth	A3, D2	B2	0,5
6 I was treated as an individual by staff	D2	B3	0
7 I was not involved enough in decisions about procedures that were carried out (e.g. breaking waters, epidural, caesarean section)	A3	C1	0
8 Health professionals left me alone more than I would have liked	D2	C2	0
9 I felt that my pain relief needs were not managed well	B2	D1	0
10 I had already met the staff who looked after me during labour and birth	(A1)	D2	1
11 I felt safe in the labour and birth environment	D2		4
12 Staff did not listen to my requests in managing my labour and birth	A3, D2		
13 The staff could have done more to help me to feel in control of my labour and birth	A3, (B2)		
14 I had confidence and trust in the staff caring for me	D2		
15 Health professionals helped make labour and birth a really positive experience	D2		
16 The personal care I received could have been better during labour and birth	D2		
17 I did not mind being looked after by midwives or doctors I had not met before	D2		
18 The choices I wanted were not available to me	A3		
19 My labour and birth experience was not as I expected	A2		
20 I had the best possible care during labour and birth	D2		

41. Mistreatment Level of Women during Childbirth (Paiz et al., 2022)

Questions	Dimensions		Covered?
1 Did not have a companion during labor.	D1	A1	0
2 Did not have a companion at delivery.	D1	A2	0
3 Did not have a companion in the postpartum period.	D1	A3	1
4 Did not understand information given by health professionals.	A3, D2	B1	0,5
5 Did not have privacy at delivery.	D2	B2	0
6 Did not feel welcomed in the environment.	B1, D2	B3	0,5
7 Did not feel safe in the maternity environment.	D2, B1	C1	0
8 Did not feel comfortable asking questions to the health team.	D2, A3	C2	0
9 Did not participate in decisions about care.	A3	D1	1
10 Did not receive information about breastfeeding.	A3, D2	D2	1
11 Underwent fundal pressure maneuver without indication.	B3		4

42. Responsiveness and Respectful Treatment Questionnaire (Morris et al., 2025)

Themes	Questions	Dimensions		Covered?
Communication & supportive care	1 Did the providers introduce themselves to you with their names when they first came to see you?	D2	A1	0
	2 Did you feel the providers explained to you what had been done to you?	A3, D2	A2	0
	3 Did the provider ask you for permission before carrying out a vaginal examination?	A3, D2	A3	1
	4 Did the provider explain to you why they were carrying out examinations or procedures?	A3, D2	B1	1
	5 Did the provider explain to you why they were giving you any medicine?	A3, D2	B2	0
	6 Did you feel you could ask the provider at the hospital any questions you had?	A3, D2	B3	0
	7 Did the provider at the hospital talk to you about how you were feeling?	D2	C1	0
	8 Did the provider at the hospital address your anxieties and fears?	D2, C1	C2	0
	9 Were you encouraged to walk around during labour?	D2	D1	1
	10 Were you encouraged to eat and drink during labour?	D2	D2	1
	11 When you needed help, did you feel the providers at the hospital paid attention?	A3, D2		4
Hospital environment	12 Would you say the hospital was clean?	B1		
	13 Was there clean water in the hospital, e.g., for taking a shower?	B1		
	14 Were you able to access clean drinking water whenever you needed it?	B1		
Maintained respect & dignity	15 Did the providers at the hospital treat you with respect?	D2		
	16 Did the providers at the hospital treat you in a friendly manner?	D2		
	17 How would you describe the waiting time before you were admitted to the labour ward?	B1		
	18 Were you shouted or screamed at by a provider or other member of staff?	D2		
	19 Were you mocked at by a provider or other member of staff?	D2		
	20 Did you feel the providers at the hospital took the best care of you that they could?	D2, (B3)		
	21 Would you recommend a family member to give birth in the same hospital?	too general		
Social support	22 Were you allowed to have someone you wanted (family/friend) to stay with you during labour and contractions (1st stage of labour, the time before pushing)?	D1		
	23 Were you allowed to have someone you wanted (family/friend) to stay with you during birth (2nd stage of labour, pushing)?	D1		
Maintained privacy & confidential	24 My private or personal information was shared without my consent	D2		
	25 My physical privacy was violated e.g., being uncovered or having people in the delivery room without my consent	D2		
Lack of physical & verbal abuse	26 Were you slapped or pinched by a provider?	D2		
	27 Did a provider make any negative comments e.g., about age/marital status/ethnicity/religion/HIV status?	D2		
	28 Were you shouted at or told off because you did not bring items with you?	D2		
	29 Did any of the providers or other staff suggest or ask you (or your family) for a bribe, informal payment or gift?	D2		

43. Salmon's Item List (Salmon & Drew, 1992)

Questions	Dimensions		Covered?
1 Disappointed	(C2)	A1	0
2 Fulfilled	C1	A2	0
3 Enthusiastic	C1	A3	0,5
4 Satisfied	(C2)	B1	0
5 Delighted	C1	B2	1
6 Depressed	C1	B3	0
7 Happy	(C2)	C1	1
8 Excited	C1	C2	1
9 Good experience	too general	D1	0
10 Coped	(B2)	D2	0
11 Cheated	(C2)		3,5
12 In control	A3		
13 Enjoyable	(C2)		
14 Relaxed	(C2)		
15 Anxious	C1		
16 Painful	B2		
17 Easy	(B2)		
18 Time going slowly			
19 Exhausted	(C2)		
20 Confident	(C2)		

44. First Time Fathers' Questionnaire (Premberg et al., 2012)

Themes	Questions	Dimensions		Covered?
Worry	1 Worry about error	C2	A1	0,5
	2 Worry about child	C2	A2	0
	3 Worry about wife/girlfriend	C1	A3	0,5
	4 Worry about the unknown	C1	B1	0
	5 Worry not capable to support	C2	B2	0
	6 Worry about own reaction	C2	B3	0
	7 I was frighten	C1	C1	1
	8 Dispens to take part		C2	0,5
Informed	9 I felt well informed	D2, (A3)	D1	0
	10 I felt well prepared	A1	D2	1
	11 Enough information	D2, (A3)		3,5
	12 Missing some information	D2, (A3)		
Emotional support	13 Shown how to hold the baby	(B3)		
	14 Encouraged to hold the baby	(B3)		
	15 The HCPs* made sure I was okay	D2		
	16 The HCPs comforted me	D2		
	17 The HCPs gave me guidance in support	D2		
	18 The HCPs replaced me when I needed	D2, (D1)		
Acceptance	19 The HCPs received me well	D2		
	20 The HCPs received me well via telephone	D2		
	21 The HCPs gave me positive attention	D2		
	22 I feld accepted at the delivery ward	D2		

45. Instrument for Quality of Birth Care (Jeong et al., 2018)

Themes	Questions	Dimensions		Covered?
	The nurse...		A1	0
Family-centered care	1 Obtained my family's consent before treatment and care	(A3, D1)	A2	0
	2 Obtained my consent before treatment and care	A3	A3	1
	3 Explained how to care for myself.	D2, A3	B1	0
	4 Explained the progress of the delivery to my family	D2, D1	B2	0
	5 Helped my family support me in labor	D1	B3	0,5
	6 Allowed my husband see the baby right I gave birth.	D1	C1	0
	7 Allowed my husband to participate in the birth	D1	C2	0
	8 Let me rest comfortably.	D2	D1	1
	9 Was kind to my family	D2	D2	1
	10 Celebrated my baby's birth with great joy	D2		3,5
Personal care	11 Took care of my body gently	D2		
	12 Took care of me all the time	D2		
	13 Spent a lot of time with me during labor	D2		
	14 Responded appropriately to my needs	D2		
	15 Quickly helped me when I needed something	D2		
	16 Conducted vaginal examinations gently	D2		
	17 Listened to me carefully	D2, A3		
	18 Helped me get into comfortable positions	D2		
Emotional empowerment	19 Comforted me psychologically by staying by my side	D2		
	20 Encouraged me.	D2		
	21 Provided me with a comfortable environment.	D2, B1		
	22 Got to know me and helped me before telling me what I needed to do.	A3, D2		
	23 Gave me courage when I tried to give up	D2		
Information provision	24 Periodically checked the condition of my fetus.	B3		
	25 Told me how to push hard during labor	A3, D2		
	26 Explained how to help in the progress of my childbirth	A3, D2		
	27 Explained my delivery progress.	A3, D2		
	28 Fully answered all my questions.	A3, D2		

46. Birth Experience Questionnaire (Saxbe et al., 2018)

Themes	Questions	Dimensions		Covered?
Mother	1 Would you say you found the birth: stressful?	(C2)	A1	0
	2 overwhelming?	C1	A2	0,5
	3 painful?	B2	A3	0,5
	4 uncontrollable?	A3	B1	0
	5 The way you planned or expected to go?	A2	B2	0,5
	6 Did you fear for your baby's life?	C1	B3	0
	7 Did you fear for your own life?	C1	C1	1
	8 Was your partner involved with the birth in a helpful way?	D1	C2	0
	9 Did your partner's support make your birth experience easier?	D1	D1	1
	10 How would you rate your birth experience overall?	too general	D2	0
Father	1 Would you say you found the birth: stressful?	(C2)		3,5
	2 overwhelming?	C1		
	3 painful?	B2		
	4 uncontrollable?	A3		
	5 The way you planned or expected to go?	A2		
	6 Did you fear for your baby's life?	C1		
	7 Did you fear for your partner's life?	C1		
	8 Did you feel that you were helpful to your parnter during the birth?	D1		
	9 Did you feel that your support made the birth experience easier?	D1		
	10 How would you rate your birth experience overall?	too general		

47. Women's Delivery Experience Measures (Mannarini et al., 2013)

	Questions	Dimensions		Covered?
	1 Obstetric support	D2	A1	0
	2 Lonely	C2	A2	0
	3 Deserted	D2, C1	A3	0
	4 Weak	C2	B1	0
	5 Desolate	C1	B2	0
	6 Tense	C2	B3	0
	7 Glad	C2	C1	1
	8 Proud	C1	C2	1
	9 Abandoned	C1, D2	D1	0
	10 Happy	C2	D2	1
	11 Panic	C1		3
	12 Hopelessness	C1		
	13 Longing for the child	C2		
	14 Worry about baby's death	C1		
	15 Worry about baby's injury	C1		
	16 Safe	D2		
	17 Fantastic	C1		
	18 Terrible	C1		

48. Women's Satisfaction with Hospital-Based Intrapartum Care Scale (Mohammad, Shaban et al., 2014)

Themes	Questions	Dimensions		Covered?
Interpersonal care	1 When you arrived at the hospital, the staff were friendly and welcoming	D2	A1	0
	2 Doctors and midwives were encouraging and reassuring	D2	A2	0
	3 During labor and/or the birth, the midwives were helpful	D2	A3	1
	4 During labor and/or the birth, the doctors were helpful	D2	B1	1
	5 The overall care during labor and/or the birth was good	D2, B3	B2	0
Information and decision making	6 The midwives and doctors always kept you informed about what was happening during labor and/or the birth	A3, D2	B3	0
	7 During labor and/or the birth, decisions were made without taking your wishes into account	A3	C1	0
	8 You felt pressured to have the baby quickly	A3, D2	C2	0
	9 You felt labor was taken over by strangers and/or machines	A3	D1	0

Physical birth environment	10	The level of light was adequate	B1	D2	1
	11	The room was spacious and adequate for your needs	B1		3
	12	The level of noise was appropriate	B1		
	13	Tray and other equipment were clean	B1		
	14	You were able to find the supplies that you needed	B1		

49. Childbirth Perception Scale (Truijens, Wijnen et al., 2014)

	Questions	Dimensions	Sub	Covered?
1	My labour was a lot worse than I expected.	A2, B2	A1	0
2	After giving birth, I felt very lonely.	C1	A2	1
3	During my first postpartum week I felt very proud.	C1	A3	0
4	I felt safe during my labour.	D2, C2	B1	0
5	I often felt guilty during my first postpartum week.	C1	B2	0
6	When I was in labour I did many things wrong.	(D2)	B3	0
7	When I was in labour I doubted whether I would be able to do it.	A2	C1	1
8	I panicked during my labour.	C1	C2	0,5
9	I truly enjoyed the first week after delivery.	(C2)	D1	0
10	After giving birth, everything went completely different from how I wanted it.	A2	D2	0,5
11	I was able to relax during my labour.	(B2)		3
12	My first postpartum week was very pleasant.	(C2)		

50. Disrespect and Abuse Questionnaire (Asefa & Bekele, 2015)

	Questions	Dimensions		Covered?
1	The provider used physical force /slapped me/hit me	D2	A1	0
2	I was physically restrained	D2	A2	0
3	I was separated from my baby without medical indication	(B3)	A3	1
4	I was denied food or fluid in labor unless medically necessitated	A3	B1	0
5	I did not receive comfort/pain-relief as necessary	B2	B2	1
6	The providers did not demonstrate caring in a culturally appropriate way	D2	B3	0
7	The provider did not introduce himself/herself to me and my companion	D2	C1	0
8	The provider did not encourage me to ask questions	A3	C2	0
9	The provider did not respond to my questions with promptness, politeness, and truthfulness	D2	D1	0
10	The provider did not explain to me what is being done and what to expect throughout labor and birth	A3	D2	1
11	The provider did not give me periodic updates on status and progress of my labor	A3		3
12	The provider did not allow me to move about during labor	A3		
13	The provider did not allow to assume position of choice during birth	A3		
14	The provider did not obtain my consent or permission prior to any procedure	A3		
15	The provider did not use curtains or other visual barriers to protect me	D2		
16	The provider did not speak to me politely	D2		
17	The provider made insults, intimidation, threats, or coerced me	D2		
18	The provider spoke to me in a language and at a language-level that I cannot understand	D2		
19	The provider showed disrespect to me based on any specific attribute	D2		
20	The provider did not encourage me to call if needed	A3		
21	The provider did not come quickly when I called him/her	D2		
22	The provider left me alone or unattended	D2		
23	I was detained in health facility against my will	A3		

51. Labor and Delivery Index (Gärtner et al., 2015)

	Questions	Dimensions		Covered?
1	Presence of expert healthcare professionals during childbirth	D2	A1	0
2	Information given by the healthcare professionals during childbirth	A3, D2	A2	0
3	Taking your wishes seriously during childbirth	A3	A3	1
4	Emotional support by healthcare professionals during childbirth	D2	B1	0
5	Feeling of security during childbirth	D2	B2	0
6	Worries about the health of your child during childbirth	C1	B3	0,5
7	Time until the first contact with your child	B3	C1	0,5

			C2	0
			D1	0
			D2	1
				3

52. Responsiveness in Perinatal and Obstetric Health Care Questionnaire (Scheerhagen et al., 2015)

Themes	Questions	Dimensions		Covered?
Dignity	1 Respecting privacy	D2	A1	0
	2 Treating with respect	D2	A2	0
	3 Giving personal attention	D2	A3	1
	4 Treating with kindness	D2	B1	1
Autonomy	5 Involving client in decision-making	A3	B2	0
	6 Acceptance of treatment refusal	A3	B3	0
	7 Considering personal wishes regarding pregnancy and birth	A3	C1	0
	8 Offering Down's syndrome screening as free choice	not applicable	C2	0
	9 Involving client in decision-making on pain relief	A3, B2	D1	0
	10 Involving client in decision-making on setting of birth	A3, B1	D2	1
Confidentiality	11 Trustworthy as health professional	D2		3
	12 Secured provision of medical information to others			
Communication	13 Responsive to client questions	D2, (A3)		
	14 Consistency of advice across professionals	D2		
	15 Comprehensibility of explanation	D2		
	16 Provision of information while treated	D2, (A3)		
Prompt attention	17 Access for appointment/contact in urgent situations	B1		
	18 Access for appointment/contact in without urgency	B1		
	19 Waiting time for service	B1		
	20 Physical accessibility of setting	B1		
	21 Prompt phone response of health professional	B1		
Social consideration	22 Attention for family	D2		
	23 Taking into account of family duties when making appointments			
	24 Involvement of the partner in care provision	D1, D2		
Basic amenities	25 Decoration of setting	B1		
	26 Hygiene of setting	B1		
	27 Comfort of setting	B1		
	28 Playground children or other facilities	not applicable		
Choice and continuity	29 Making service time available on request of the client	D2		
	30 Continuity of care provision when change of individual professional (same discipline)	(D2), (B3)		
	31 Continuity of care provision when change of professional (across disciplines)	(D2), (B3)		
	32 Allowance for selecting a preferred type of health professional	A3		
	33 Being explicit on which health professional is actual in charge	D2		

53. Scottish Maternity Care Experience Survey (Cheyne et al., 2019)

Themes	Questions	Dimensions		Covered?
Care process	1 Able to move around in labour	A3	A1	0
	2 Help to cope with labour pain	B2	A2	0
	3 Skin-to-skin contact after birth	B3	A3	0,5
	4 Left alone when it worried you, early labour	D2	B1	0
	5 ... later labour	D2	B2	0,5
	6 ... during the birth	D2	B3	0
	7 ... shortly after the birth	D2	C1	0
	8 General rating of care in labour	D2	C2	0
Interpersonal care	9 Staff introduced themselves, in labour	D2	D1	1
	10 Concerns taken seriously, in labour	A3	D2	1
	11 Spoken to understandably, in labour	D2		3
	12 Treated with respect/dignity in labour	D2		
	13 Had confidence/trust in staff in labour	D2		
	14 Partner involvement, labour/birth	D1		
(birth related questions only)				

54. Fathers Questionnaire (Vischer et al., 2020)

Questions	Dimensions		Covered?
1 Was this the first time you attended child birth?		A1	1
2 What was your Motivation?	(A2)	A2	0
3 Did you know what to expect during child birth?	A1	A3	0
4 Did your expectation come true?	A1	B1	0
5 Did you feel involved?		B2	0
6 Did you have the impression that your presence was beneficial?	D1	B3	0
7 Did you have the impression, that your partner needs you?	D1	C1	1
8 Did you have the impression, that you were able to support your partner?	D1	C2	0
9 Did you feel helpless?	C1	D1	1
10 Were you overwhelmed	C1	D2	0
11 Did you feel fear?	C1		3
12 Did you feel happiness having attended child birth?	C1		
13 Did you feel traumatized?	C1		
14 Would you attend another child birth?			
15 What would have been nice to have during labor?			
16 Do you have any advice for a becoming father?			

55. Birth Satisfaction Scale Revised Indicator (Martin et al., 2017)

Questions	Dimensions		Covered?
1 I found giving birth a distressing experience.	C1	A1	0
2 I felt very anxious during my labour and birth.	C1	A2	0
3 I felt out of control during my birth experience.	A3	A3	1
4 I was not distressed at all during labour.	C1	B1	0
5 I felt well supported by staff during my labour and birth.	D2	B2	0
6 The staff communicated well with me during labour.	D2, A3	B3	0
		C1	1
		C2	0
		D1	0
		D2	1
			3

56. Women's Perception of Respectful Maternity Care Scale (Ayoubi et al., 2020)

Themes	Questions	Dimensions		Covered?
Providing comfort	1 My caregivers supported me emotionally.	D2	A1	0
	2 I was in a calm and quiet environment.	B1	A2	0
	3 My caregivers treated me in a friendly manner.	D2	A3	1
	4 My caregivers provided me with timely care based on my needs.	D2	B1	0,5
	5 My caregivers gave understandable answers to my questions.	D2	B2	0
	6 My caregivers preserved my privacy.	D2	B3	0
	7 My caregivers introduced themselves and showed me the labour unit.	D2	C1	0
Participatory care	8 My caregivers gave required information about care and procedures.	D2, A3	C2	0
	9 I was informed about the progress of my labour.	A3	D1	0,5
	10 My caregivers performed examinations and care with my permission.	A3, D2	D2	1
	11 I was free to choose my favorable position.	A3		3
	12 My relatives were informed of the progress of my labour.	D2		
	13 I was allowed to have companion of my choice during labour.	D1		
	14 I could freely ask questions.	A3, D2		
Mistreatment	15 I was threatened/ insulted.	D2		
	16 My caregivers beat me.	D2		
	17 My caregivers shouted at me if I would not follow their instructions.	D2		
	18 My caregivers treated all women equally.	D2		
	19 My caregivers spoke privately with his/her colleague in my presence.	D2		

57. Arabic Childbirth Care Satisfaction Survey (Al Nadabi et al., 2021)

Questions	Dimensions		Covered?
1 I felt that I had adequate control over my care	A3	A1	0
2 The staff responsible for my care were caring and compassionate	D2	A2	0
3 Problems arose were not dealt with effectively	B3, D2	A3	1
4 My needs have been addressed with appropriate consideration for my time	(D2)	B1	0
5 I felt involved in the procedures related to my care	A3	B2	0
6 The overall organization of my care has not been appropriate	B3, D2	B3	1
7 I would choose the same type of care for my next pregnancy	too general	C1	0
8 I felt safe at all times	D2	C2	0
9 I felt well informed due to good communication	A3, D2	D1	0
10 I felt I was treated with respect at all times	D2	D2	1
			3

58. Birth Trauma Scale (Zhang et al., 2023)

Questions	Dimensions		Covered?
1 I felt like no one could help me during childbirth	A3, D2	A1	0
2 I felt like no one cared about me during childbirth	D2	A2	0,5
3 I felt like no one understood my feelings during childbirth	A3, D2	A3	1
4 I felt like no one responded to my request during childbirth	A3, D2	B1	0
5 I felt like I cannot have a baby successfully during childbirth	A2	B2	0
6 I cannot control my emotions during childbirth	C2	B3	0
7 I cannot control my behaviour during childbirth	A3	C1	0
8 I get short of breath when I think of giving birth	pp.	C2	0,5
9 I sweat when I think of giving birth	pp.	D1	0
10 I get depressed when I think of giving birth	pp.	D2	1
11 I get nervous when I think of giving birth	pp.		3
12 My labor pains come from the baby	pp. (B2)		
13 My labor pains come from the medical staff	pp. (B2)		
14 This birth experience alienated me from my husband	pp.		
15 This birth experience made me refuse to breastfeed	pp.		

59. MORi supplement for Saudi Arabia (Alghamdi et al., 2023)

Questions	Dimensions		Covered?
When I had my baby I felt that I was treated poorly by my (midwife, doctor):		A1	0
... because of my race, ethnicity, cultural background or language	D2	A2	0
... because of my sexual orientation and/or gender identity	D2	A3	1
... because of my health insurance	D2	B1	0
... because of a difference in opinion with my caregivers about the right care for myself or my baby	D2	B2	0,5
Saudi-Arabian supplement:		B3	0,5
1 Did your doctor, midwife or nurse in the hospital ask for permission/consent before every procedure?	A3	C1	0
2 Were there people you did not know in the room during your labour without your consent?	A3	C2	0
3 Did your doctor, midwife, nurse or other staff in the hospital ask for bribes or favours to provide better care?		D1	0
4 Did you ever think that the healthcare professionals deliberately avoided sharing some information with you?	A3	D2	1
5 During your time in the hospital, did the doctor, midwife or nurse introduce themselves to you when they met you the first time?	D2		3
6 During your time in the hospital, did the doctor, midwife or nurse call you by your name and treat you warmly beyond professional courtesy?	D2		
7 During examinations in the birthing room, were you covered with a sheet, blanket or curtain so that you did not feel exposed?	D2		
8 Did you request a female doctor?			
9 If yes, were you treated by a female doctor?	A3		
10 During childbirth, were you able to change sides, walk or be in the position of your choice that made you comfortable?	A3		
11 Were you ever shouted at, scolded, insulted or treated rudely?	D2		
12 Did nurses, midwives or doctors ever use physical force against you, such as slapping, beating or harsh vaginal examination?	D2		

13	Did nurses, midwives or doctors threaten you with expulsion, discharge, withholding treatment or in other ways in order to force you to accept treatment that you did not want?	D2			
14	Have you ever been refused an analgesic without a good medical reason?	B2			
15	Have you ever been fingerprinted to accept responsibility for any risks?	(B3)			
16	Have you ever been asked to control your pain or to push during labour?	(A3)			
17	Have you ever felt that you did not trust your doctor, midwife or nurse over your care?	(D2)			
18	Have you ever experienced a medical mistake or examples of doctor, midwife or nurse negligence?	B3			
19	Have you ever felt uncomfortable in the room environment during labour or childbirth?	(C2)			

60. QUALI-DEC Birth Experience and Satisfaction Scale (Bohren et al., 2025)

Questions	Dimensions		Covered?
1 I am satisfied with my ability to cope with pain during labor	B2, C1	A1	0
2 I am satisfied with the amount of time that passed after the birth, before I first held my baby	B3	A2	0
3 I am satisfied with the amount of time that passed before I first fed my baby	B3	A3	1
4 I am satisfied with the amount of time the health workers spent with me during labor	D2	B1	0
5 I am satisfied with the attitude of health workers during labor and birth	D2	B2	0,5
6 During my stay at the hospital for childbirth, health workers informed me about decisions that they took regarding my care	D2, A3	B3	0,5
7 During my stay at the hospital for childbirth, I feel that I had the opportunity to discuss any fears or concerns I had with a health worker	A3, D2	C1	0
8 I had the opportunity to discuss my preferences or requests with a health worker during your stay in the hospital for birth	A3	C2	0
9 I feel that my privacy was respected during examinations and treatments	D2	D1	0
10 Overall, I felt well supported during labor and childbirth	D2	D2	1
			3

61. Six Simple Questions (Harvey et al., 2002)

Questions	Dimensions		Covered?
1 Experience has shown that I can have appropriate and adequate control over my care.	A3	A1	0
2 The person(s) responsible for my care are/were caring and compassionate.	D2	A2	0
3 Problems that have arisen up to now have not been dealt with effectively.	B3, D2	A3	1
4 My needs have been addressed with appropriate consideration for my time.	D2, B3	B1	0
5 The overall organization of my care has not been appropriate.	B3	B2	0
6 I would choose the same type of care for my next pregnancy.		B3	0,5
		C1	0
		C2	0
		D1	0
		D2	1
			2,5

62. Preterm Birth Experience and Satisfaction Scale (Sawyer et al., 2014)

Themes	Questions	Dimensions		Covered?
Staff professionalism and empathy	1 The staff put me at ease	D2	A1	0
	2 The staff made me feel cared for as an individual	D2	A2	0
	3 There was a pleasant atmosphere in the room	D2, B1	A3	1
	4 The staff were reassuring	D2	B1	0
	5 The staff took control of the situation	D2	B2	0
	6 The staff were encouraging	D2	B3	0
	7 The staff were warm and friendly	D2	C1	0
Information and explanation	8 I was given all the information I needed	A3, D2	C2	0
	9 The staff explained to me what would happen to my baby when he/she was born	A3, D2	D1	0,5
	10 There were occasions when no one explained to me what was going on	A3, D2	D2	1
	11 The staff explained to me what would happen during the birth	A3, D2		2,5
	12 The staff kept me informed of what was happening	A3, D2		
	13 I understood what was happening	D2		
	14 The staff explained everything really well	A3, D2		

Confidence in staff	15	I did not have confidence in the staff	D2, (B3)		
	16	The staff did not know how I was feeling	D2		
	17	The staff did not listen to what I had to say	A3, D2		
Partner involvement	18	The staff encouraged my partner's involvement	D1		
	19	The staff envolved my partner in what was going on	D2		

63. Water immersion Agency plus Expectations and Relief (Cooper et al., 2022)

Questions	Dimensions		Covered?
1 Water immersion was effective pain relief	B2	A1	0
2 I felt relaxed		A2	1
3 I had a positive birth experience	too general	A3	1
4 My baby was calm at birth		B1	0
5 My baby was alert		B2	0,5
6 I was able to move freely	A3	B3	0
7 I was able to adopt a comfortable position	A3	C1	0
8 I felt a sense of privacy	(D2)	C2	0
9 I felt safe	(D2)	D1	0
10 I had an easier birth than expected	A2	D2	0
11 Water immersion was soothing			2,5
12 I felt a sense of weightlessness			
13 I felt in control	A3		
14 I felt protected			
15 I had a quicker labour than I anticipated	A2		
16 I had less pain than I anticipated	A2, B2		
17 I would recommend water immersion to others			

64. Pregnancy and Childbirth Questionnaire (Truijens et al., 2014)

Questions	Dimensions		Covered?
1 Keeping informed on progress of birth	A3, D2	A1	0
2 Paid attention to partner during delivery	D1, D2	A2	0
3 Being aware of preferences and wishes	A3	A3	1
4 Communication with professionals during delivery	D2	B1	0
5 Communication between professionals	D2	B2	0
6 Clear who was in charge of care during delivery	D2, (B3)	B3	0
7 Involved in decision making regarding anesthesia	A3, (B2)	C1	0
		C2	0
		D1	0,5
		D2	1
			2,5

65. Satisfaction with Childbirth Care Scale (Mohammad et al., 2014)

Questions	Dimensions	Sub	Covered?
1 Doctors and midwives were encouraging/reassuring	D2	A1	0
2 Midwives/nurses were helpful	D2	A2	0
3 Doctors were helpful	D2	A3	1
4 Overall poor quality of care	D2	B1	0
5 Doctors and midwives always kept informed	A3, D2	B2	0
6 Decisions made without taking wishes into account	A3	B3	0
7 Felt pressured to have the baby quickly	D2	C1	0
8 Felt labour was taken over by strangers and/or machines	A3, C1	C2	0
		D1	0
		D2	1
			2

66. Scale of Women's Perception for Supportive Care Given During Labor (Uludağ & Mete, 2015)

Themes	Questions	Dimensions		Covered?
Comfort-able behaviors	1 She/He was gentle.	D2	A1	0
	2 She/He was respectful.	D2	A2	0
	3 She/He made my baby and me feel safe.	D2	A3	1
	4 She/He was encouraging.	D2	B1	0
	5 She/He made me feel important and valuable.	D2	B2	0
	6 She/He was genial.	D2	B3	0
	7 She/He tried to meet my requests.	D2, A3	C1	0
	8 She/He calmed me down.	D2	C2	0
	9 She/He made me comfortable.	D2	D1	0
	10 She/He protected my secrecy and privacy.	D2	D2	1
	11 She/He made me comfortable by touching me.	D2		2
	12 She/He respected my decisions.	A3, D2		
	13 She/He took care that the surroundings were clean.	D2, B1		
	14 She/He was calm and confident in herself.	D2		
	15 She/He encouraged me to ask questions.	D2, A3		
Education	16 She/He taught methods for me to feel the pain less.	D2, B2		
	17 She/He explained every implementation she made on me.	A3, D2		
	18 She/He taught me what I should do during labor.	D2		
	20 Her/His explanations were understandable.	D2		
	21 She/He taught me how to strain during labor.	D2		
	22 She/He taught me how to breathe during labor.	D2		
	23 She/He gave information at every stage.	A3, D2		
Disturbing behaviors	24 She/He was impolite.	D2		
	25 She/He was impatient.	D2		
	26 She/He was judgmental and accusatory.	D2		
	27 She/He was disinterested.	D2		
	28 She/He made me feel humiliated.	D2		
	29 She/He made me feel helpless.	D2, C1		
	30 She/He made me feel alone.	D2, C1		
	31 Her/His talks were discouraging.	D2		
	32 She/He made me feel inadequate.	D2		
	33 She/He turned a deaf ear to my questions.	A3, D2		

67. Respectful Maternity Care Scale (Sheferaw et al., 2016)

Themes	Questions	Dimensions		Covered?
Friendly Care	1 I felt that health workers cared for me with a kind approach	D2	A1	0
	2 The health workers treated me in a friendly manner	D2	A2	0
	3 The health workers talked positively about pain and relief	D2, B2	A3	0,5
	4 The health worker showed his/her concern and empathy	D2	B1	0,5
	5 All health workers treated me with respect as an individual	D2	B2	0
	6 The health workers spoke to me in a language that I could understand	D2	B3	0
	7 The health provider called me by my name	D2	C1	0
Abuse-free care	8 The health worker responded to my needs whether or not I asked	A3, D2	C2	0
	9 The health provider slapped me during delivery for different reasons	D2	D1	0
	10 The health workers shouted at me because I haven't done what I was told to do	D2	D2	1
Timely care	11 I was kept waiting for a long time before receiving service	B1		2
	12 I was allowed to practice cultural rituals in the facility	A3		
	13 Service provision was delayed due to the health facilities' internal problem	B1		
Discrimination-free care	14 Some of the health workers did not treat me well because of some personal attribute	D2		
	15 Some health workers insulted me and my companions due to my personal attributes	D2		

68. Mothers Autonomy in Decision Making (Vedam et al., 2017)

Questions	Dimensions		Covered?
1 My (midwife) asked me how involved in decision making I wanted to be.	A3	A1	0
2 My (midwife) told me that there were different options for my maternity care.	A3, D2	A2	0
3 My (midwife) explained the advantages and disadvantages of the maternity care options.	A3, D2	A3	1

4	My (midwife) helped me understand all the information.	A3, D2	B1	0
5	I was given enough time to thoroughly consider the different maternity care options.	A3, D2	B2	0
6	I was able to choose what I considered to be the best care option.	A3	B3	0
7	My (midwife) respected that choice.	D2, A3	C1	0
			C2	0
			D1	0
			D2	1
				2

69. Person-Centered Maternity Care Scale – short version (Afulani et al., 2019)

Themes	Questions	Dimensions		Covered?
Dignity/ respect	1 Did the doctors, nurses, or other staff at the facility treat you with respect?	D2	A1	0
	2 Did the doctors, nurses, or other staff at the facility treat you in a friendly manner?	D2	A2	0
	3 Did the doctors, nurses, or other health-care providers call you by your name?	D2	A3	1
Privacy	4 During examinations in the labour room, were you covered up?	(B1, D2)	B1	0
Autonomy	5 Did you feel like the doctors, nurses or other staff at the facility involved you in decisions about your care?	A3	B2	0
	6 During the delivery, do you feel like you were able to be in the position of your choice?	A3	B3	0
	7 Did the doctors, nurses, or other staff at the facility ask your permission or consent	A3	C1	0
Communi- cation	8 Did the doctors and nurses explain to you why they were doing examinations or procedures on you?	A3, D2	C2	0
	9 Did the doctors and nurses explain to you why they were giving you any medicine?	A3, D2	D1	0
	10 Did you feel you could ask the doctors, nurses, or other staff at the facility any questions you had?	A3, D2	D2	1
Supportive Care	11 Did the doctors and nurses at the facility talk to you about how you were feeling?	D2		2
	12 When you needed help, did you feel the doctors, nurses, or other staff at the facility paid attention?	D2		
Trust	13 Did you feel the doctors, nurses, or other staff at the facility took the best care of you?	D2		

70. Shared Decision Making Questionnaire (Simon et al., 2006)

Questions	Dimensions		Covered?
1 In the selection of the treatment method, my thoughts were taken into account just as much as the considerations of my doctor	A3	A1	0
2 There was enough time for questions	A3	A2	0
3 My doctor and I weighed up the different treatment options thoroughly	A3	A3	1
4 I was able to discuss the different treatment options with my doctor in detail	A3	B1	0
5 My doctor and I selected a treatment option together	A3	B2	0
6 I now know the advantages of the individual treatment options	A3	B3	0
7 I now know which treatment option is the best one for me	A3	C1	0
8 During the consultation, I felt included in the treatment decision	A3	C2	0
9 Through the consultation with the doctor, I felt jointly responsible for my further treatment	A3	D1	0
10 My doctor and I discussed the next steps of the treatment plan in detail	A3	D2	0
11 My doctor and I reached an agreement as to how we will proceed	A3		1

71. Perception of Care Adjective Checklist (Redshaw & Martin, 2009)

Themes	Questions	Dimensions		Covered?
Positive	1 Considerate	D2	A1	0
	2 Humorous	D2	A2	0
	3 Informative	D2	A3	0
	4 Polite	D2	B1	0
	5 Sensitive	D2	B2	0
	6 Supportive	D2	B3	0
	7 Warm	D2	C1	0
	8 Kind	D2	C2	0
Negative	9 Bossy	D2	D1	0
	10 Condescending	D2	D2	1
	11 Inconsiderate	D2		1

12	Insensitive	D2		
13	Offhand	D2		
14	Rude	D2		
15	Rushed	D2		
16	Unhelpful	D2		

72. Satisfaction with Childbirth Scale (Stevens et al., 2012)

Questions	Dimensions		Covered?
1 In most ways, my childbirth experience was close to my ideal.	A2	A1	0
2 My baby's birth did not go the way I wanted it to go.	A2	A2	1
3 The conditions of my childbirth experience were excellent.	too general	A3	0
4 If I could do it over, I would change some things about my childbirth experience.		B1	0
5 I am satisfied with the experience of my baby's birth.	too general	B2	0
6 I got what I wanted out of my childbirth experience.	A2	B3	0
7 If I could do it over, I would change almost nothing about my childbirth experience.		C1	0
		C2	0
		D1	0
		D2	0
			1

73. Consultation and Relational Empathy Measure – Midwifery (Schulz & Wirtz, 2021)

Questions	Dimensions		Covered?
Was the midwife...		A1	0
1 making you feel at ease	D2	A2	0
2 letting you tell your "story"	D2, A2	A3	0
3 really listening	D2	B1	0
4 being interested in you as whole person	D2	B2	0
5 fully understanding your concerns	D2	B3	0
6 showing care and compassion	D2	C1	0
7 being positive	D2	C2	0
8 explaining things clearly	D2, A3	D1	0
9 helpful with birth preparation	D2, A1	D2	1
10 making a plan of action with you	D2, A3		1

74. Perceived Control in Childbirth Scale (Stevens et al., 2012)

Questions	Dimensions		Covered?
1 I was able to participate in making decisions about how to manage my labor and birth.	A3	A1	0
2 I was given choices before procedures were decided upon.	A3	A2	0
3 I did not feel that I was in control of my birth environment.	A3	A3	1
During my labor and birth, when I was told about the procedures I felt...		B1	0
4 That I could not question my medical care provider's decisions.	A3	B2	0
5 That I did not have much influence over what procedures were done.	A3	B3	0
6 That I was in control of the situation.	A3	C1	0
7 That I could get all my questions answered.	A3	C2	0
8 That what I said or did made no difference in what occurred.	A3	D1	0
From the time I arrived at the hospital or birth center, I felt...		D2	0
9 At a loss to know what I would be experiencing.	A3		1
10 If I wanted to, I could change the procedures I was receiving.	A3		
11 I knew what the purpose and effects of the procedures were.	A3		
12 If I asked my medical care providers to do something differently during labor and delivery, they usually did it.	A3		

75. Mothers on Respect Index (Vedam et al., 2017)

Questions	Dimensions		Covered?
Overall while making decisions during my pregnancy I felt:		A1	0
1 ... comfortable asking questions	not applicable	A2	0
2 ... comfortable declining care that was offered	not applicable	A3	0
3 ... comfortable accepting the options for care that my (midwife, doctor) recommended	not applicable	B1	0
4 ... coerced into accepting the options my (midwife, doctor) suggested	not applicable	B2	0
5 ... I chose the care options that I received	not applicable	B3	0
6 ... my personal preferences were respected	not applicable	C1	0
7 ... my cultural preferences were respected	not applicable	C2	0
During a prenatal visit I held back from asking questions or discussing my concerns:		D1	0
8 ... because my (midwife, doctor) seemed rushed	not applicable	D2	1
9 ... because I wanted maternity care that differed from what my (midwife, doctor) recommended	not applicable		1
10 ... because I thought my (midwife, doctor) might think I was being difficult	not applicable		
When I had my baby I felt that I was treated poorly by my (midwife, doctor):			
11 ... because of my race, ethnicity, cultural background or language	D2		
12 ... because of my sexual orientation and/or gender identity	D2		
13 ... because of my health insurance	D2		
14 ... because of a difference in opinion with my caregivers about the right care for myself or my baby	D2		

C: List of non-applicable instruments

	Title	Abbreviation	Country of origin	Year	Author(s)	Reason for exclusion
1	Birth Experience Assessment Instrument		Korea	2017	Kim	availability
2	Birth Trauma Perception Scale for Women During Vaginal Delivery	BTPS-WVD	China	2025	Qin et al.	availability
3	Childbirth Experience Perception Scale	CEPS	Italy	2012	Bertucci et al.	availability
4	Childbirth Perception Questionnaire	CPQ	USA	1988	Padawer et al.	availability
5	Childbirth Satisfaction Scale	CBSS	USA	2002	Graham et al.	availability
6	Childbirth Schema Scale	CSS	USA	1994	Peirce	availability
7	Childbirth Trauma Index	CTI	USA	2011	Anderson	availability
8	Listening to Obstetric Violence Experiences Through Enunciations and Measurement	LOVE-THEM	Italy	2018	Ravaldi et al.	availability
9	Maternal welfare scale	BMSP2	Chile	2014	Uribe et al.	availability
10	Parental Satisfaction and Quality Indicators of Perinatal Palliative Care Instrument	PPC	USA	2015	Wool	availability
11	Patient-reported experience measure of obstetric racism	PREM-OB	USA	2022	VanGompel et al.	availability
12	Satisfaction with obstetrical care	SSO	F/Can/Senegal	2014	Ramanah et al.	availability
13	Traumatic Childbirth Perception Scale	TCPS	Turkey	2016	Yalniz et al.	availability
14	Women Satisfaction with Maternity Care	WSMC	France	2003	Gerbaud et al.	availability
15	Women's Experience in Childbirth Survey	WECS	USA	2016	Rini	availability
16	Patient Perception Score	PPS	UK	2009	Siassakos et al.	length
17	Childbirth Experience and Satisfaction Questionnaire	QESP	Portugal	2004	Costa et al.	length
18	Childbirth Experience Survey Part 2	CBEX	USA	2019	Gregory et al.	length
19	Pregnancy and Maternity Care Patients' Experiences Questionnaire	PreMaPEQ	Norway	2015	Sjetne et al.	length
20	Quality Maternal and Newborn Care Framework Index	QMNCFi	International	2023	Cummins & Symon	length
21	Birth Companion Support Questionnaire	BCSQ	Australia	2014	Dunne et al.	scope
22	Birth Memories and Recall Questionnaire	BirthMARQ	UK	2014	Foley et al.	scope
23	Birth Trauma Scale	BiTS	UK	2018	Ayers et al.	scope
24	Client Satisfaction Questionnaire	CSQ-8	USA	1979	Larsen et al.	scope
25	Early Labour Experience Questionnaire	ELEQ	Canada	2013	Janssen & Desmarais	scope
26	Experiences of Induction Tool	EXIT	Australia	2017	Beckmann et al.	scope
27	Listening to Mothers Surveys	LTM	USA	2002	Corry et al.	scope
28	Maternal perception of childbirth fatigue questionnaire	MCFQ	Brazil	2019	Delgado et al.	scope
29	Mistreatment Index (Giving Voice to Mothers)	MIST	USA	2019	Vedam et al.	scope
30	Obstetric Violence Scale	OVS	Turkey	2025	Kücüük et al.	scope
31	Oxford worries about labour scale	OWLS-9	UK	2009	Redshaw et al.	scope
32	PREM-OB Scale	Prem-OB	USA	2022	White VanGompel et al.	scope
33	Maternal satisfaction questionnaire	MSQ	Australia	2009	Fereday et al.	study design
34	Babies Born Better Survey 2	B3/BBB	European	2018		study design
35	Instrument for Assessing Postpartum Women's Satisfaction with Childbirth Care		Brazil	2023	Alves et al.	study design
36	Labor and Delivery Outcome Scale	LDOS	USA	2019	McCool et al.	target group

Eidesstattliche Erklärung

Hiermit versichere ich, Anke Gottwein, 
dass ich die vorliegende Bachelorarbeit mit dem Titel

Birth experience assessment tools covering key dimensions
of women's and their partners' experience of childbirth

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