






Measuring experiences of facility-based care for pregnant women and newborns: a scoping review

Elysia Larson ^{1,2}, Jigyasa Sharma ², Khalidha Nasiri ^{3,4}, Meghan A Bohren ⁵, Özge Tunçalp ⁴

To cite: Larson E, Sharma J, Nasiri K, *et al.* Measuring experiences of facility-based care for pregnant women and newborns: a scoping review. *BMJ Global Health* 2020;5:e003368. doi:10.1136/bmjgh-2020-003368

Handling editor Seye Abimbola

► Additional material is published online only. To view, please visit the journal online (<http://dx.doi.org/10.1136/bmjgh-2020-003368>).

EL and JS are joint first authors.

Received 7 July 2020

Revised 23 September 2020

Accepted 14 October 2020



© Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY. Published by BMJ.

For numbered affiliations see end of article.

Correspondence to

Dr Elysia Larson;
el Larson@mail.harvard.edu

ABSTRACT

Background Access to high-quality, person-centred care during pregnancy and childbirth is a global priority. Positive experience of care is key in particular, because it is both a fundamental right and can influence health outcomes and future healthcare utilisation. Despite its importance for accountability and action, systematic guidance on measuring experience of care is limited.

Methods We conducted a scoping review of published literature to identify measures/instruments for experience of facility-based pregnancy and childbirth (abortion, antenatal, intrapartum, postnatal and newborn) care. We systematically searched five bibliographic databases from 1 January 2007 through 1 February 2019. Using a predefined evidence template, we extracted data on study design, data collection method, study population and care type as reported in primary quantitative articles. We report results narratively.

Results We retrieved 16 528 unique citations, including 171 eligible articles representing, 157 unique instruments and 144 unique parent instruments across 56 countries. Half of the articles (90/171) did not use a validated instrument. While 82% (n=141) of articles reported on labour and childbirth care, only one reported on early pregnancy/abortion care. The most commonly reported sub-domains of user experience were communication (84%, 132/157) and respect and dignity (71%, 111/157). The primary purpose of most papers was measurement (70%, 119/171), largely through cross-sectional surveys.

Conclusion There are alarming gaps in measurement of user experience for abortion, antenatal, postnatal and newborn care, including lack of validated instruments to measure the effects of interventions and policies on user experience.

Protocol registration details This review was registered and published on PROSPERO (CRD42017070867). PROSPERO is an international database of prospectively registered systematic reviews in health and social care.

INTRODUCTION

More people than ever before are going to facilities to receive healthcare during pregnancy, childbirth and postpartum. However, quality of care remains substandard globally: facility infrastructure is lacking, the provision

Key questions

What is already known?

- Positive experience of care is an essential aspect of quality of care: it is both a fundamental right and it can influence health outcomes and future healthcare utilisation.
- Yet, there is evidence from multiple countries that 20% to 42% of people are mistreated during childbirth, a particularly egregious type of poor user experience.
- To our knowledge there is one published systematic review that assesses validated measures for user experience during childbirth, and at least two reviews of methods to specifically measure mistreatment during childbirth.

What are the new findings?

- We included 171 articles from 56 countries globally.
- There are limited articles assessing how programmes or policies affect user experience and few that look at how user experience changes over time.
- Inequalities between and within different groups (such as adolescents, migrants, individuals with disabilities, minorities) are understudied. Further, there is extremely limited literature on user experience during abortion and newborn care.

What do the new findings imply?

- Many instruments exist for user experience during pregnancy, childbirth and postnatal periods and these instruments need to be consolidated, validated and expanded based on the purpose of the research, programme or accountability mechanism.
- Future research should apply these instruments to under-represented and under-served populations like adolescents and birthing people who are unmarried and across under measured areas in the care continuum, including abortion and newborn care.
- Positive experience of care is not a luxury, but a necessity; and therefore, as efforts to improve quality of care in low- and middle-income countries advance, they should include efforts to measure and improve experience of care as well.

of care fails to meet evidence-based standards and birthing people and their newborns are subject to mistreatment and neglect.^{1–4} Poor

quality of clinical care directly affects maternal morbidity and mortality and impedes the achievement of the Sustainable Development Goals by 2030.^{5–9} Furthermore, poor user experiences violate birthing people's rights to be treated with respect and dignity and can negatively affect their health outcomes and future health-seeking behaviours.^{1 10 11}

The WHO defines experience of care for pregnant people and newborns along three components: (1) effective communication; (2) respect and dignity; and (3) emotional support, and postulates a bidirectional relationship between experience and provision of care in determining key person-centred and health outcomes.¹² The recent Lancet Global Health Commission on High Quality Health Systems¹³ articulates an additional 'user focus' component, and the report 'Delivering quality health services; a global imperative for universal health coverage' highlights quality that is 'people-centred'.¹⁴ These definitions of experience of care illustrate the salience of user experience as an integral component of high quality care. However, despite theoretical advancements, there has been inadequate empirical work on assessing the level of, and improving, experience of care.¹⁵

Appropriately measuring user experience is critical for both accountability and action.¹³ However, because systematic guidance on measuring user experience is limited, it is likely that a diverse set of indicators and measurement methods are currently being used in maternal and newborn health. While recent reviews have focussed on measurement of one aspect of user experience in maternal health, mistreatment in childbirth,^{1 16 17} to our knowledge, there is only one systematic review reporting on quantitative instruments for measuring people's childbirth experience,¹⁸ and that review was limited to validated instruments.

In this context, we conducted a scoping review of measures and instruments currently in use globally to quantitatively assess experience of facility-based care for pregnant woman and newborns. More specifically, we aim to identify indicators and instruments across the four components of user experience as defined by the WHO and the Lancet Global Health Commission on High Quality Health Systems in the Sustainable Development Goal Era (HQSS), in order to inform future research, monitoring and implementation. This review is meant to provide a starting point for others who are seeking instruments to measure user experience and identify current gaps in measurement for research, action and accountability.

METHODS

Search strategy and selection criteria

This scoping review focusses on indicators and instruments used to measure one broad domain of person-centred care: user experience (box 1). User experience indicators focus on people's interactions with healthcare

Box 1 A note on terminology

Throughout the introduction and discussion of this paper we have chosen to use the term 'birthing people'. This is to recognise that not all individuals who get pregnant or go through childbirth are cisgender women, who were born and identify as female. In the methods and results we use the term 'women' as the literature we were scoping referenced women and thus likely largely represented women.³⁴ This in of itself may be a limitation in the field—that research is focussed on women and the experiences of transgender men and non-binary people who deliver may be missed in many of these studies.

We have also opted to use the term 'user experience' to describe an aspect of quality of care that is often referred to as 'patient experience' or 'interpersonal care'. We have opted for this term in order to use inclusive terminology and not over-medicalise childbirth.³⁵

providers and the healthcare system. Recognising the need to distinguish between user experience and user satisfaction,¹⁹ we began with a conceptual framework for user experience that is adapted from the WHO Quality of Care Framework for maternal and newborn health²⁰ and the Lancet Global Health Commission High Quality Health System framework.¹³ This led to four domains and 13 subdomains: (1) respect and dignity (respect and dignity, privacy, non-discrimination, autonomy, confidentiality, kindness), (2) effective communication (communication), (3) support (social and emotional support) and (4) user-centred health systems (user voice, affordability, choice of provider, appropriate wait times, ease of use of the system).

The primary inclusion criterion was articles that measured at least one of the above subdomains. Additional inclusion criteria were: articles published on or after 1 January 2007, original research (ie, not an editorial, comment or newspaper article), study participants are women who are/were pregnant and/or newborns, study reports on facility-based care for pregnant or postpartum women or newborns and results include those from a quantitative research study of any design. We note that the PROSPERO registration refers to 'pregnant women and newborns', which reflects the language of the WHO quality of care framework.²⁰ The WHO framework and this review include postpartum care, and as such we explicitly included postpartum period as part of the review. No language restrictions were imposed. We excluded articles where the only indicators of person-centred care were satisfaction with aspects of care, as satisfaction reflects a user's evaluation of the care received rather than their report of said care, and is affected by users' expectations.¹⁹

A scoping review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines.²¹ We searched five databases (PubMed, Embase, CINAHL, Web of Science and Global Index Medicus). Search terms were developed through consensus between authors (JS, EL, MAB and ÖT) and a

research librarian was consulted to define search strategy to identify all articles measuring user experience of care for maternal and newborn health. The complete search terms used in PubMed can be found in online supplemental appendix 1. The content terms included, but were not limited to, maternal health, patient-centred care, experience, satisfaction, support, provider choice, wait time, affordability, dignity, respect, privacy, confidentiality, discrimination, communication, abuse, mistreatment and perception. The search string was modified and adapted for use in all other databases. The initial search was conducted on 15 August 2017 and updated on 1 February 2019. We supplemented the database search with a bibliography search of key articles^{17 18} to identify additional relevant articles. Trial registries and data from unpublished articles were not included. Duplicate records were deleted first using the software (EndNote) and manually if any identified later.

Four researchers (MAB, EL, JS and ÖT) conducted abstract screening. Three researchers (EL, KN and JS) subsequently reviewed full-text articles and extracted data using a standardised form developed for this review. For each step (title/abstract review, full-text review and data extraction), only one reviewer independently reviewed each paper. However, to ensure consistency across different data extractors, prior to the full-text review, each researcher reviewed the same three articles as another researcher. Any discrepancies were discussed until consensus was reached. We extracted data on study design, data collection methods, study population, timing and care type and data collection instruments and indicator domains. The full abstraction tool and resulting data are available in the online supplemental appendix 2. During the review process at BMJ Global Health, insightful reviewers asked us to abstract two additional pieces of information from the included papers: if another form of quality of care was assessed and if representatives of the study population were involved in instrument creation or use. We looked at these variables for a random subset of articles (102). For manuscripts published in a language other than English, a co-author fluent in that language reviewed the manuscript. If none of the co-authors were fluent in the language of publication, then one of the researchers worked with a colleague at the WHO to review the article together. The study protocol was registered and published on PROSPERO (CRD42017070867, https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=70867).

Data synthesis

Data were abstracted using the mobile data collection platform SurveyCTO Dability, Inc 2020 and exported to Stata V.14 for synthesis and analysis. Data were cleaned and categorised. We grouped manuscripts by the measures and/or instrument they used, since not all measures are instruments and not all instruments are used consistently across different articles. For example, six articles reported using the ReproQ instrument and are grouped

in online supplemental appendix 3. Where the articles in a group report on using the same or similar questions from the instrument, resulting in the same subdomains of user experience represented, we only count the instrument once in the numerator and denominator of the report of subdomains. Where the articles differ in the parts of the instrument used, resulting in different subdomains of user experience represented, we maintain each article as a unique contribution to the description of the representation of user experience subdomains in the literature. So one 'unique parent instrument' may result in two 'unique instruments' resulting in two articles each.

We report summary statistics describing the aims, methods of data collection and domains of user experience. For each included article, the reported aims were assigned one of the following categories: instrument validation, measurement (eg, prevalence, determine correlates of user experience), evaluation (eg, of programme or policy) or measurement of a domain other than user experience (eg, utilisation). We further disaggregate by year of publication (published in 2007 to 2015 vs 2016 to 2019). The year of 2015 was determined as an appropriate cut-off, because it was the beginning of the Sustainable Development Goal Era which emphasised the importance of quality care and also the year the WHO published their 'vision' for the quality of care for pregnant women and newborns.²⁰ We report geographical variation through a heat map by country and again by frequency of publication for each World Bank designated country-income group.

We did not assess quality or risk of bias for the included articles as the objective of this review was to scope and describe the breadth of instruments and indicators used to measure experience of care and was not concerned with the magnitude or directionality of bias in any outcome variable.

This review is reported following the PRISMA-ScR statement guideline to enhance transparency in reporting scoping reviews.²¹ The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Patient and public involvement

This study specifically addresses measurement of user experience and thus the research question was informed by literature on patient, or user priorities, experiences and preferences. Patients or the public were not, however, directly involved in the design, or conduct, or reporting, or dissemination plans for this scoping review. Data were not collected directly from patients for the purposes of this research.

RESULTS

A total of 24 697 records were identified through the database search. An additional 61 were identified through additional search methods (figure 1). Of these, 171 records met eligibility criteria and were included

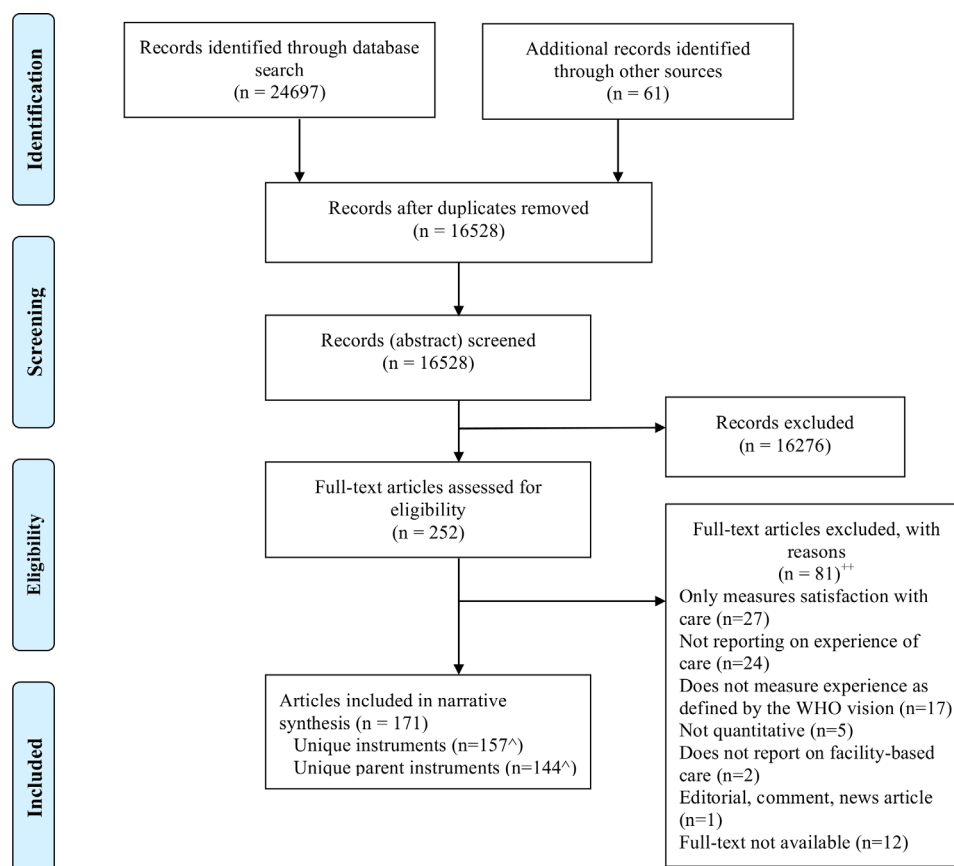


Figure 1 PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) Flow Diagram. ++ Articles could be excluded for more than one reason. Each article contributed one main instrument toward this count.

in the narrative synthesis. Authors, titles and publication descriptions are available in online supplemental appendix 3.

The stated primary aim for more than two-thirds of the articles fell into the category of measurement (eg, prevalence or determining correlates of user experience) and only 9% (15/171) of articles aimed to evaluate programmes or policies.

In half of the articles (50%), the authors did not specify a clear conceptual framework for their choice of user experience domains. The most frequently cited frameworks included the WHO Quality of Care framework²⁰ and Valentine *et al*'s work on the responsiveness of health systems.²² Other commonly cited publications included two on mistreatment during childbirth (Bowser and Hill²³ and Bohren *et al*¹) and Donabedian's framework for quality of care.²⁴ The most commonly reported domains were 'respect and dignity' in 83% (130/157) of instruments and 'communication' in 84% (132/157) of instruments (figure 2). Of the 13 subdomains we assessed, the median number of domains reported on was four. Two-thirds of articles (66/102) assessed an additional form of quality, such as aspects of structural quality or indicators of competent care.

The number of articles per year reporting on user experience increased from 2 in 2007 to 38 in 2018 (figure 3). Most of the articles assessed user experience

during labour and childbirth (82%, 141/171) with only one study reporting on early pregnancy or abortion care (table 1). More than one-fourth of articles (44/165) excluded women with stillbirths and 41/165 excluded women with high-risk births and/or complications. Europe had the largest representation in articles (by source of data collection); the number of articles using data collection from sub-Saharan Africa increased the most from the 2007 to 2015 to 2016 to 2019 period (from 16 articles to 33 articles) (figure 4).

Almost all articles included data collected through a self-administered (47%, 80/171) and/or interviewer-administered (52%, 89/171) survey. Observations were conducted in 8% (13/171) of articles. Almost all of the articles (91%, 155/171) were cross-sectional and only 5% (8/171) were longitudinal or cohort studies. Most (11%, 18/171) of the articles used data from primary research studies rather than from large-scale surveys (for example, regionally representative data sets such as the 'Having a Baby in Queensland survey' or multinational data sets such as the Service Provision Assessments).

More than half (53%, 90/171) of studies did not use a validated instrument and/or validation was not an objective of the study. Most articles reported using one measure/instrument (89%, 153/171) and the primary measure/instrument had a median of 21 questions (range 1, 200). Only 18% (18/102) of articles clearly report that

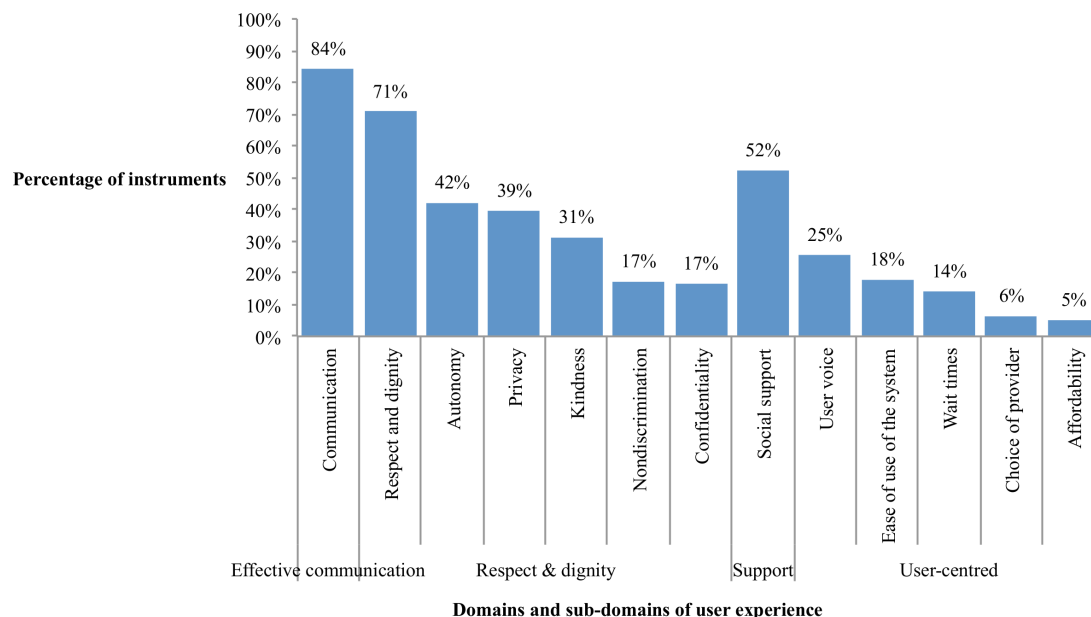


Figure 2 Percentage of identified measures and instruments reporting by domain and subdomain of user experience (n=157).

they used feedback from the study population (usually through preliminary in-depth interviews or focus group discussions) in the process of developing or choosing their instruments. Others may have done the same, but did not explicitly state it in their methods section.

DISCUSSION

This scoping review included 171 articles reporting on aspects of user experience of pregnant women and newborns during the perinatal period. We identified an increase in articles over the past 12 years, likely reflecting an increased global interest in quality of care generally, and user experience specifically. This review aimed to give a comprehensive review of the current state of measures and instruments used in research on user experience and

can be used to guide researchers and implementers on both available instruments and gaps in area of study.

The primary aim of most of the articles was to describe the state of user experience. From these descriptive articles we know that user experience is often suboptimal and that some groups (eg, adolescents, migrants, individuals with disabilities and minorities) have worse experiences than others.^{4 25} However, very few articles included in our review had as their main aim the evaluation of programmes or policies that may be designed to address/mitigate the gaps in user experience. Furthermore, few articles reported on user experience longitudinally, either through a cohort study or repeat cross sections. This focus on a single episode of care leads to a limited understanding of how experiences at one point may affect decision-making and health of the individual, how perceptions or experiences may change over time (such as throughout a pregnancy, or at different time points between the time of birth and throughout the postpartum period) or which policies or programmes could be most effective in its improvement. For instance, poor experience of antenatal care may influence a woman's choice of facility or provider, or in absence of options, decision to forgo facility-based childbirth care altogether.¹⁰

There was no single, comprehensive, validated instrument for measuring all aspects of user experience. Therefore, while the research in this area is exploding, comparability is limited—only four articles reported on data from multiple countries and only 11% used data from large-scale surveys. Notably, more than half of papers included in this review were based on instruments that have not been validated. Others used instruments that were adapted from validated instruments, meaning they are no longer valid. We identified 45 unique, validated instruments measuring various domains of experience of care. Lack of validated comprehensive instruments

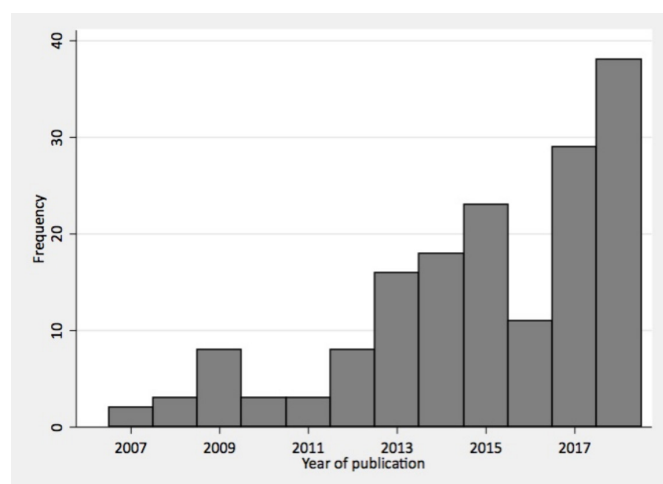


Figure 3 Number of articles by year⁺ of publication. +An additional nine articles from 2019 were not included in the graph, because we did not include all months from 2019 in the search.

Table 1 Summary of articles included in the final analysis (n=171)

| | Published 2007 to 2015 | Published 2016 to 2019 | Total |
|---|---------------------------|---------------------------|--------------------|
| | N (%) | N (%) | N (%) |
| Purpose | | | |
| Main study aim | | | |
| Instrument validation | 22 (26.2) | 12 (13.8) | 34 (19.9) |
| Measurement* | 54 (64.3) | 65 (74.7) | 119 (69.6) |
| Evaluation (eg, of programme or policy) | 7 (8.3) | 8 (9.2) | 15 (8.8) |
| Other† | 1 (1.2) | 2 (2.3) | 3 (1.8) |
| Participants | | | |
| Number of study participants‡ | 430 (21 to 26 325) | 875 (25 to 20 094) | 585 (21 to 26 325) |
| Timing in continuum of care | | | |
| Early pregnancy and/or abortion | 0 (0) | 1 (1.1) | 1 (0.6) |
| Antenatal care | 36 (42.9) | 28 (32.2) | 64 (37.4) |
| Labour and childbirth | 63 (75.0) | 78 (89.7) | 141 (82.5) |
| Postnatal care | 21 (25.0) | 21 (24.1) | 42 (24.6) |
| Newborn care | 2 (2.4) | 10 (11.5) | 12 (7.0) |
| Unclear | 7 (8.3) | 0 (0) | 7 (4.1) |
| Location: country income status§ | | | |
| Low income | 9 (10.7) | 23 (26.4) | 32 (18.7) |
| Lower middle income | 14 (16.7) | 21 (24.1) | 35 (20.5) |
| Upper middle income | 9 (10.7) | 13 (14.9) | 22 (12.9) |
| High income | 52 (61.9) | 30 (34.5) | 82 (48.0) |
| Data collection methods | | | |
| Reported validation | | | |
| Validation study | 22 (26.2) | 9 (10.3) | 31 (18.1) |
| Used validated instrument | 17 (20.2) | 16 (18.4) | 33 (19.3) |
| Has components of validated instrument | 13 (15.5) | 4 (4.6) | 17 (9.9) |
| Instrument not validated | 32 (38.1) | 58 (66.7) | 90 (52.6) |
| Timing¶ | | | |
| During facility stay or immediately after discharge | 25 (29.8) | 29 (33.3) | 54 (31.6) |
| Within 1 week | 11 (13.1) | 6 (6.9) | 17 (9.9) |
| 8 days to 6 weeks | 7 (8.3) | 5 (5.7) | 12 (7.0) |
| 7 weeks to 1 year | 25 (29.8) | 29 (33.3) | 54 (31.6) |
| More than 1 year | 4 (4.8) | 12 (13.8) | 16 (9.4) |
| Unclear | 12 (14.3) | 6 (6.9) | 18 (10.5) |
| Total number of articles | 84 | 87 | 171 |

*For example, measuring prevalence of aspects of user experience and/or determining correlates of user experience.

†The primary aim of these articles was to measure something other than user experience (eg, utilisation).

‡Median (range).

§World Bank country income status at the time of publication.

¶After delivery in the case of childbirth, or date of services rendered in the case of outpatient care.

for measuring all domains could partly explain this phenomenon of multiple instruments. Failure to use validated instruments even when the option exists limits researchers' ability to conduct comparative studies across populations, contexts and time. It also suggests that subjectivity and appropriateness of the tool may not have

been addressed.¹⁹ Additionally, we observe a geographical and time trend in use of validated instruments: prior to 2015, most studies were conducted in high-income country settings and a higher proportion among them employed validated instruments or were validation studies, whereas post-2015, despite the increase in studies



Figure 4 Distribution of articles by country.

in low- and middle-income settings, only a small proportion of studies used validated instruments. While this indicates the possibility for an expanded use of validated instruments, it is also important to note that when quantitative instruments are translated between languages and cultures, even validated tools may require additional work such as cognitive interviewing to ensure data quality, cultural appropriateness of measures and the validity of findings.²⁶ This review highlights a pressing need for developing, or using if it already exists, validated instruments for measuring various domains of experience of care. The importance of developing a coordinated approach to appraising and communicating available evidence on better measurement in global maternal and newborn health has been discussed elsewhere,²⁷ our review, documenting the widespread use of multiple, non-validated instruments, provides further evidence to support this call to action.

The timing of data collection for these studies was varied, with about one-third of the studies collecting data during the users' stay or immediately on exit, and most of the remaining occurring several days to 1 year after the point of care. There are advantages and disadvantages to both measuring close to the receipt of care and a while after care. Immediately after a person receives care, they may feel a sense of relief (eg, in the case where they are bringing home a new, healthy baby), despair (eg, in the case where they have just received a terminal diagnosis) or anything in between, affecting how they interpret the care received. The review of methods for measuring prevalence of disrespect and abuse during childbirth by Sando and colleagues gives a nice discussion of the tradeoffs, including risk of courtesy bias when assessed close to the receipt of care, and risk of priming (the individual has more time to think about their care and be primed by other experiences or questions to think of it as more or less favourably), recall bias and lower response rates at later time points.¹⁷ Recognising this trade-off, and in absence of a perfect, reference measure, one must consider methodological rigour together with logistical constraints and weigh each of these considerations in their interpretation of the indicators obtained. For example, facility exit surveys may be more feasible for routine quality improvement efforts given that community

follow-up can be resource intensive. However, facility exit surveys are conducted close to the time of care and typically within or close to the location of care, which may affect the participant responses in two key ways: (1) less likely to report negative experiences; and (2) less time to process and reflect on the care received.

An additional source of potential bias in many of the studies comes from the participant inclusion/exclusion criteria. Who we measure user experience for matters. One in four manuscripts excluded women with stillbirths and one in four excluded women with high-risk births or complications. In addition, as described in the box, this review and the article in it do not explicitly stratify by gender. These people may have different experiences of care; in one of the reviewed papers where high-risk people were included, they perceived quality and responsiveness as higher than people with a healthy birth.²⁸ Systematic exclusion of a subset of the population from studies translates into a non-generalisable sample, with any measure of experience of care thus derived not representative of all pregnant people. Furthermore, lack of evidence on experience of pregnant people across the spectrum of risk will mean that any policies that are based on available evidence will fail to address the unique needs, if any, of the high risk population subset.

This scoping review had some limitations. First, categorisation of instruments into different domains and subdomains was subjective. Operational definitions were lacking in many articles and, where available, were not consistent across articles. Therefore misclassification across categories is possible. In addition, in the case of at least communication, there may be some overlap between user experience and competent care. For example, while a provider asking about symptoms is a form of communication, it is directly related to her provision of competent care. One framework disaggregates care between interpersonal and informative care,²⁹ touching on the potential overlap communication may play over the two broad areas of quality of care. Second, 17 articles were excluded for not measuring user experience as defined our framework, which merged the WHO vision and HQSS framework.^{13 20} We may be missing an area of care experience that some people consider an important aspect of user experience. However, given that the frameworks used were based on prior evidence and contain broad categories, it is unlikely that major areas were missed. Third, in this review we did not assess community participation in the design, implementation or receipt of funding of these studies. In order to assess and achieve equity in user experience, research must be done with cultural rigour, otherwise, as noted by Scott, Bray and McLemore, results may lack "clarity and cultural relevance to community identified research priorities".³⁰ Finally, the terms used in identifying the articles were selected to ensure comprehensiveness and precision of the search; despite efforts to reduce such occurrence, we could have missed some relevant articles that did not mention any of the terms included in the search string.

This scoping review also has several strengths. First, the review includes articles that include both validated and non-validated measures and/or instruments for user experience, allowing us to review a broad scope of what is functionally being used in measurement. Second, the review included literature from both high income and low- and middle-income countries without a language restriction, creating a comprehensive mapping of current state of experience of care measurement to identify gaps and inform future research. Finally, this review assessed measures and/or instruments across the spectrum of care from pregnancy to postpartum, including abortion care, which is an important but often neglected aspect of reproductive healthcare.

Given these findings, there are clear implications for future research. First, instruments exist for user experience during pregnancy, childbirth and postnatal periods and these instruments need to be consolidated, validated and expanded based on the purpose of the research, programme or accountability mechanism. The consistent reporting of conceptual frameworks and processes used to identify domains including operational definitions will be important to analyse and interpret the findings across studies. The next step in understanding the current state of user experience is to use similar instruments across multiple populations. This could be accomplished by beginning with one (or more) of the validated instruments identified in this review adapting it as needed to cover the full range of user experience and be validated within the countries under study, and then adding the instrument to one of the large-scale surveys, such as the Service Provision Assessment, Demographic and Health Surveys, WHO multi-country surveys, which would enable harmonisation across such tools reducing measurement burden.³¹ The same, or tailored versions of these instruments could also be used for quality improvement and evaluation purposes. The process of identifying and using comparable instruments should take into consideration the study purpose and how both validity and subjectivity will be addressed.¹⁹ Second, future research needs to adapt and apply these instruments to populations marginalised by systems of power, such as Black and Indigenous populations, people from migrant and refugee backgrounds, adolescents and birthing people who are unmarried. Using participatory methods to engage with these communities is essential to ensure evaluations of user experiences are inclusive of and responsive to cultural practices.³⁰ Similarly, as the review points, despite the growing number of studies conducted in low- and middle-income countries (LMICs), measurement of user experience appears concentrated in high-income settings. Positive experience is not a luxury, but a necessity; and therefore, as efforts to improve quality of care in LMICs advance, they should include efforts to measure and improve experience of care as well. Third, instruments need to be assessed for their validity in capturing experience of care across the continuum, particularly in currently under-measured areas such as during abortion and newborn care.^{32 33}

CONCLUSION

There are a growing number of articles that assess user experience during the maternal and perinatal period using different measures and instruments. From our review we found that most papers were descriptive. Future descriptive work should target larger and more diverse populations, for example, through incorporating validated instruments into large-scale surveys and focusing on under-represented populations, such as people having abortions, minority groups and adolescents. Few studies measured how user experience changes over time, demonstrating a need to measure user experience longitudinally and assess how programmes and policies can affect user experience.

Author affiliations

¹Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

²Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, Massachusetts, USA

³Schulich School of Medicine and Dentistry, London, Ontario, Canada

⁴Department of Sexual and Reproductive Health and Research, including UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), WHO, Geneva, Switzerland

⁵Centre for Health Equity, University of Melbourne School of Population and Global Health, Melbourne, Victoria, Australia

Correction notice This article has been corrected since it published online to include the missing acknowledgements section.

Twitter Elysia Larson @ElysiaLarson, Jigyasa Sharma @s_jigyasa, Khalidha Nasiri @knkhali, khalidhanaln, Meghan A Bohren @meghanbohren and Özge Tunçalp @otuncalp

Acknowledgements We extend our thanks to Dr. Paul Bain, Research and Instruction Librarian at the Countway Library of Medicine, Harvard Medical School for his input in defining and implementing the search strategy. We also thank Miss Sia Mbatia for her diligent work reviewing abstracted data. Finally, we also thank the two babies who were born to the co-authors during the writing of this article and without whom the scoping review would have been completed much sooner.

Contributors EL, JS, ÖT and MAB conceived of the study. JS conducted the literature search. EL, JS, MAB and ÖT conducted abstract screening. EL, KN and JS subsequently reviewed full-text articles and extracted data using a standardised form developed for this review. EL and KN cleaned and analysed the data. All authors contributed to data interpretation. EL and JS drafted the manuscript. All authors edited the manuscript and approved of the final version for publication.

Funding This review was made possible by the support of the American People through the United States Agency for International Development (USAID) and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Department of Sexual and Reproductive Health and Research, WHO and through the NIH 5T32AI007358-30.

Disclaimer The contents of this article are the sole responsibility of the authors and do not necessarily reflect the views of their individual institutions.

Map disclaimer The depiction of boundaries on this map does not imply the expression of any opinion whatsoever on the part of BMJ (or any member of its group) concerning the legal status of any country, territory, jurisdiction or area or of its authorities. This map is provided without any warranty of any kind, either express or implied.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available upon request.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been

peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution 4.0 Unported (CC BY 4.0) license, which permits others to copy, redistribute, remix, transform and build upon this work for any purpose, provided the original work is properly cited, a link to the licence is given, and indication of whether changes were made. See: <https://creativecommons.org/licenses/by/4.0/>.

ORCID iDs

Elysia Larson <http://orcid.org/0000-0002-4099-536X>
Jigyasa Sharma <https://orcid.org/0000-0001-8860-0710>
Khalidha Nasiri <http://orcid.org/0000-0003-0753-1085>
Meghan A Bohren <http://orcid.org/0000-0002-4179-4682>
Özge Tunçalp <https://orcid.org/0000-0002-5370-682X>

REFERENCES

- Bohren MA, Vogel JP, Hunter EC, *et al*. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. *PLoS Med* 2015;12:e1001847.
- Kruk ME, Leslie HH, Verguet S, *et al*. Quality of basic maternal care functions in health facilities of five African countries: an analysis of national health system surveys. *Lancet Glob Health* 2016;4:e845–55.
- Knight HE, Self A, Kennedy SH. Why are women dying when they reach hospital on time? A systematic review of the 'third delay'. *PLoS One* 2013;8:e63846.
- Bohren MA, Mehtash H, Fawole B, *et al*. How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys. *Lancet* 2019;394:1750–63.
- Leslie HH, Fink G, Nsona H, *et al*. Obstetric facility quality and newborn mortality in Malawi: a cross-sectional study. *PLoS Med* 2016;13:e1002151.
- Kruk ME, Larson E, Twum-Danso NAY. Time for a quality revolution in global health. *Lancet Glob Health* 2016;4:e594–6.
- Bhutta ZA, Das JK, Bahl R, *et al*. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? *Lancet* 2014;384:347–70.
- Chou D, Daelmans B, Jolivet RR, *et al*. Ending preventable maternal and newborn mortality and stillbirths. *BMJ* 2015;351:h4255.
- Countdown to 2030 Collaboration. Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health. *Lancet* 2018;391:1538–48.
- Bohren MA, Hunter EC, Munthe-Kaas HM, *et al*. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. *Reprod Health* 2014;11:71.
- Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open* 2013;3:e001570.
- World Health Organization. Standards for improving quality of maternal and newborn care in health facilities. Geneva, Switzerland; 2016.
- Kruk ME, Gage AD, Arsenault C, *et al*. High-Quality health systems in the sustainable development goals era: time for a revolution. *Lancet Glob Health* 2018;6:e1196–252.
- The World Bank. Delivering quality health services: a global imperative for universal health coverage; 2018.
- Ahmed F, Burt J, Roland M. Measuring patient experience: concepts and methods. *Patient* 2014;7:235–41.
- Afulani PA, Buback L, McNally B, *et al*. A rapid review of available evidence to inform indicators for routine monitoring and evaluation of Respectful maternity care. *Glob Health Sci Pract* 2020;8:125–35.
- Sando D, Abuya T, Asefa A, *et al*. Methods used in prevalence studies of disrespect and abuse during facility based childbirth: lessons learned. *Reprod Health* 2017;14:127.
- Nilvér H, Begley C, Berg M. Measuring women's childbirth experiences: a systematic review for identification and analysis of validated instruments. *BMC Pregnancy Childbirth* 2017;17:203.
- Larson E, Sharma J, Bohren MA, *et al*. When the patient is the expert: measuring patient experience and satisfaction with care. *Bull World Health Organ* 2019;97:563–9.
- Tunçalp Ö, Were WM, MacLennan C, *et al*. Quality of care for pregnant women and newborns-the who vision. *BJOG* 2015;122:1045–9.
- Tricco AC, Lillie E, Zarin W, *et al*. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* 2018;169:467–73.
- Valentine N, Darby C, Bonsel GJ. Which aspects of non-clinical quality of care are most important? Results from WHO's general population surveys of "health systems responsiveness" in 41 countries. *Soc Sci Med* 2008;66:1939–50.
- Bowser DHK. *Exploring evidence for disrespect and abuse in facility-based childbirth; report of a landscape analysis: USAID*, 2010.
- Donabedian A. The quality of care. *JAMA* 1988;260:1743–8.
- Vedam S, Stoll K, Taiwo TK, *et al*. The giving voice to mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reprod Health* 2019;16:77.
- Scott K, Gharai D, Sharma M, *et al*. Yes, no, maybe so: the importance of cognitive interviewing to enhance structured surveys on respectful maternity care in northern India. *Health Policy Plan* 2019;14.
- Benova L, Moller A-B, Moran AC. "What gets measured better gets done better": The landscape of validation of global maternal and newborn health indicators through key informant interviews. *PLoS One* 2019;14:e0224746.
- Oskay Ümran, Güngör I, Başgöl S. Evaluation of patients' satisfaction with nursing students' care on a perinatology ward. *J Nurs Educ* 2015;54:696–703.
- Oikawa M, Sonko A, Faye EO, *et al*. Assessment of maternal satisfaction with facility-based childbirth care in the rural region of Tambacouda, Senegal. *Afr J Reprod Health* 2014;18:95–104.
- Scott KA, Bray S, McLemore MR. First, do no harm: why philanthropy needs to re-examine its role in reproductive equity and racial justice. *Health Equity* 2020;4:17–22.
- Brizuela V, Leslie HH, Sharma J, *et al*. Measuring quality of care for all women and newborns: how do we know if we are doing it right? A review of facility assessment tools. *Lancet Glob Health* 2019;7:e624–32.
- Sudhinaraset M, Landrian A, Montagu D, *et al*. Is there a difference in women's experiences of care with medication vs. manual vacuum aspiration abortions? determinants of person-centered care for abortion services. *PLoS One* 2019;14:e0225333.
- Sacks E. Defining disrespect and abuse of newborns: a review of the evidence and an expanded typology of respectful maternity care. *Reprod Health* 2017;14:66.
- Zampas C, Amin A, O'Hanlon L, *et al*. Operationalizing a human Rights-Based approach to address mistreatment against women during childbirth. *Health Hum Rights* 2020;22:251–264.
- Snowden JM, Guise J-M, Kozhimannil KB. Promoting inclusive and person-centered care: starting with birth. *Birth* 2018;45:232–5.

(maternal health[tiab] OR maternal service[tiab] OR maternity care[tiab] OR maternal care[tiab] OR maternity service*[tiab] OR "Maternal Health"[mesh] OR "Maternal Health Services"[mesh])*

AND

(experience[tiab] OR experiences[tiab] OR patient-centered[tiab] OR woman centered[tiab] OR women centered[tiab] OR client centered[tiab] OR satisfaction[tiab] OR social support[tiab] OR emotional support*[tiab] OR provider choice[tiab] OR choice of provider[tiab] OR wait time*[tiab] OR affordability[tiab] OR dignity[tiab] OR respect[tiab] OR privacy[tiab] OR confidentiality[tiab] OR discrimination[tiab] OR communication[tiab] OR disrespect[tiab] OR abuse[tiab] OR mistreatment[tiab] OR perception*[tiab])*

| Question | Response options |
|---|--|
| IDENTIFICATION | |
| 1. Reviewer name | |
| 2. Date of data entry | |
| 3. Publication type | 1 Journal article 2 Dissertation |
| 4. Record source | 1 Database search 2 Hand search |
| 5. Authors <Please list author's last name first> | |
| 6. Title | |
| 6a. Year of publication | |
| 6b. Endnote citation <Copy and paste the full Endnote citation as is> | |
| ELIGIBILITY | |
| 7. Is the study eligible for inclusion | 1 Yes 0 No |
| 7a. If not, excluded based on title/abstract or full-text review? | 1 Title/abstract 2 Full-text review |
| 7b. If not, reason for exclusion <Select first one that applies> | 1 Is an editorial, comment, newspaper article or other form of popular media 2 Study participants are not women or newborns 3 Does not report on facility-based care for pregnant women or newborns 4 Does not report on the experience of facility-based care for pregnant women or newborns 5 Does not report on a quantitative research study 6 Does not measure experience of care as defined in the WHO Quality of Care framework (effective communication, respect and dignity, access to the social and emotional support of her choice) or HQSS Commission framework (choice of provider, short wait times, social support, affordability, ease of use of system, dignity, privacy, nondiscrimination, autonomy, confidentiality, clear communication, patient voice – being heard) 7 Only measures of experience of care is "satisfaction" with limited response options such as "satisfied with care - yes/no" or satisfaction with care - Likert scale" |
| SETTINGS & DEMOGRAPHICS | |
| 8. Location of study <e.g. city, district, state, country> | |
| 9. Urban or rural | 1 Rural 2 Urban 3 Both 4 Unclear |
| 10. Language of the manuscript | 1 English 2 French 3 Spanish 4 Other (please specify) |
| 11. Study population | |

| | |
|---|---|
| <Please provide succinct description, preferably as reported in the abstract> | |
| 12. Number of study participants <Sample size for assessment of measures related to experience of care> | |
| STUDY DESIGN & OBJECTIVES | |
| 13. Study aims or objectives | |
| 14. Is this a validation study? | 1 Yes 0 No |
| 15. Study design <For measuring user experience> | |
| 16. Data source | 1 Primary research data 2 Large scale survey (please specify on next page) |
| 16a. (Large scale survey) please specify the survey country, name year, e.g. Kenya SPA 2010 or Nepal DHS 2014 | |
| 17. Are the start and end date of data collection recorded? <Select 'yes' if at least the month and years are recorded> | 1 Yes 0 No |
| 17a. Start date of the study data collection <Please enter 01 if DD not reported> | |
| 17b. End date of the study data collection <Please enter 30 if DD not reported> | |
| 18. What time period in the continuum of care is the article reporting on as it relates to experience of care? Please select all that apply (other example = triage) 1 Early pregnancy and/or abortion 2 Antenatal care 3 Labor and childbirth care 4 Postnatal care 5 Newborn care | |
| DATA COLLECTION TOOLS & METHODOLOGY | |
| 19. Identification of study population including selection of facilities <e.g. all woman living within the catchment population of select community health centers in Rajasthan, India> | |
| 20. Study participant exclusion and/or inclusion criteria <e.g. woman aged at least 15 years who delivered in dispensaries in Pwani region, Tanzania within 6-12 months prior to data collection were eligible for participation> | |
| 21. Data collection method <e.g. self-administered survey; interview (meaning interviewer administered survey); observation; facility records. Focus on measuring user experience> | |
| 22. Timing of data collection <e.g. upon discharge from health facility, within six months from receipt of facility-based care; record for time points when patient experience was measured> | |
| 23. Place for data collection <Please indicate any consideration for privacy/confidentiality of the respondent or other ethical concerns> | |
| 24. Response time, report if applicable <e.g. 45 minutes to complete the semi-structured survey; record for time points when patient experience was measured> | |
| 25. Is the instrument measuring overall experience of care? <This is asking if the study uses an index to measure experience of care. For example, an additive index of different components which the authors choose to present as an overall index of experience of care.> | |
| 26. What domains/dimensions/subscales within experience of care is the instrument measuring? <Please list all that apply> | |

| |
|--|
| 1 Access to the social and emotional support of her choice |
| 2 Affordability |
| 3 Autonomy |
| 4 Choice of provider |
| 5 Communication |
| 6 Confidentiality |
| 7 Dignity |
| 8 Ease of use of the system |
| 9 Nondiscrimination |
| 10 Patient voice |
| 11 Privacy |
| 12 Respect and dignity |
| 13 Social support |
| 14 Wait times |
| 15 Kindness |
| 16 Overall satisfaction |
| -99 Unclear or NA |
| 27. How many instruments are used for measuring experience of care or select domains? |
| <Please complete 28-36 for each instrument used (repeat 27a XX times as reported in item 27)> |
| 28. Name (and the acronym, if applicable) of the instrument |
| 29. What is the instrument measuring? <e.g. experience of care, or a specific domain within it> |
| 30. What is the source of information for this instrument? <e.g. woman, health records, observers> |
| 31. Please provide a brief description of the data collectors <e.g. midwives, doctors, etc.> |
| 32. Is the instrument validated? |
| 1 Yes |
| 0 No |
| 32a. If validated, please provide the reference for validation study. Indicate NA, if citation not provided/available. |
| 32b. If the instrument is not validated, does it have some components of a validated tool? |
| 1 Yes |
| 0 No |
| 32bi. If "yes" in 32.b, please briefly describe/list the validated tool used. |
| 32bc. Please provide the reference for validation study. Indicate NA, if citation not provided/available. |
| 33. Do the authors describe theoretical/conceptual frameworks underpinning the instrument? |
| 1 Yes |
| 0 No |
| 33a. Please briefly describe/list the theoretical framework used. |
| 34. Number of items <e.g. number of questions or observation categories> |
| 35. Is the instrument available? |
| 1 Yes |
| 0 No |
| 35a. Please list the questions asked or items assessed by this instrument. |
| 36. What is the response scale? |
| Select all that apply: |
| 1 Likert scale - 3 point |
| 2 Likert scale - 4 point |
| 3 Likert scale - 5 point |
| 4 Multiple choice options |
| 5 Yes/no |
| 6 Other (specify) |
| 6. OUTCOMES |

| | |
|---|---------------|
| 37. What is the response rate reported by the authors? <Please record percentage, e.g. 97.5 for 97.5%. Indicate -99 if not provided> | |
| 38. Briefly describe the main findings on experience of care related outcomes reported in this study. <e.g. prevalence of disrespect and abuse> | |
| 39. Is any association investigated between experience of care (or a domain within it) and other covariates (ex. demographic predictors, or health outcomes)? | 1 Yes 0 No |
| 39a. Please report the covariates. | |
| METHODOLOGICAL REMARKS | |
| 40. What were the limitations that the authors discussed regarding measuring experience of care or its domains? | |
| 41. What were the strengths that the authors regarding their approach to measuring experience of care or its domains? | |
| REVIEWER COMMENTS | |
| 42. Did you use any additional references from the record to complete the extraction form? | 1 Yes 0 No |
| 42a. Please provide the citation used to complete this form | |
| 43. Please briefly describe any additional remarks you have regarding measurement of experience of care reported in this record. | |
| 44. Any additional reviewer comments? | |

| First author | Title | Year of publication | Main study aim | Country of data collection | Period of care | Instrument validation | Domains |
|--------------|---|---------------------|---------------------------|----------------------------|---------------------------------|---------------------------|---|
| Freedman | Eye of the beholder? Observation versus self-report in the measurement of disrespect and abuse during facility-based childbirth | 2018 | Instrument validation | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, social support, affordability |
| Kruk | Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey | 2018 | Measurement | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, confidentiality |
| Kujawski | Community and health system intervention to reduce disrespect and abuse during childbirth in Tanga Region, Tanzania: A comparative before-and-after study | 2017 | Program/Policy evaluation | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, confidentiality, social support |
| Kujawski | Association Between Disrespect and Abuse During Childbirth and Women's Confidence in Health Facilities in Tanzania | 2015 | Measurement | Tanzania | labor and childbirth | Used validated instrument | respect & dignity |
| Kingston | Comparison of adolescent, young adult, and adult women's maternity experiences and practices | 2012 | Measurement | Canada | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, ease of use of the system |
| Smarandache | Predictors of a negative labour and birth experience based on a national survey of Canadian women | 2016 | Measurement | Canada | labor and childbirth | Instrument not validated | communication, ease of use of the system |
| Dencker | Childbirth experience questionnaire (CEQ): development and evaluation of a multidimensional instrument | 2010 | Instrument validation | Sweden | labor and childbirth | Validation study | communication, respect & dignity, autonomy, social support, user voice |
| Turkmen | Post-partum duration of satisfaction with childbirth | 2018 | Measurement | Sweden | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, social support, user voice |

| | | | | | | | |
|---------------|---|------|---------------------------|---------------------|---|--|--|
| Walker | Childbirth experience questionnaire: validating its use in the United Kingdom | 2015 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity, autonomy, social support, kindness, user voice, choice of provider |
| Bertucci | Assessing the perception of the childbirth experience in Italian women: A contribution to the adaptation of the childbirth perception questionnaire | 2012 | Instrument validation | Italy | labor and childbirth | Validation study | autonomy, social support |
| Henderso n | Experiencing maternity care: the care received and perceptions of women from different ethnic groups | 2013 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, kindness, social support, choice of provider |
| Redshaw | Women with disability: the experience of maternity care during pregnancy, labour and birth and the postnatal period | 2013 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, kindness, social support, choice of provider, user voice |
| Henderso n | Change over time in women's views and experiences of maternity care in England, 1995-2014: A comparison using survey data | 2017 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Has components of validated instrument | communication, respect & dignity, autonomy, social support |
| Henderso n | Who is well after childbirth? Factors related to positive outcome | 2013 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Has components of validated instrument | communication, respect & dignity, autonomy, kindness |
| Kruk | Evaluation Of A Maternal Health Program In Uganda And Zambia Finds Mixed Results On Quality Of Care And Satisfaction | 2016 | Program/Policy evaluation | Multi-Uganda,Zambia | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy |
| Larson | Determinants of perceived quality of obstetric care in rural Tanzania: a cross-sectional study | 2014 | Measurement | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, affordability |
| Vedam | Patient-led decision making: Measuring autonomy and respect in Canadian maternity care | 2019 | Measurement | Canada | antenatal, labor and childbirth, postnatal, newborn | Used validated instrument | communication, respect & dignity, autonomy, user voice, nondiscrimination |

| | | | | | | | |
|---------|--|------|---------------------------|---------------------------|---|---------------------------|--|
| Vedam | The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care | 2017 | Instrument validation | Canada | antenatal, labor and childbirth, postnatal, newborn | Validation study | communication, respect & dignity, autonomy, user voice |
| Ford | Are women birthing in New South Wales hospitals satisfied with their care? | 2015 | Measurement | Australia | labor and childbirth | Used validated instrument | communication, respect & dignity |
| Todd | "Very Good" Ratings in a Survey of Maternity Care: Kindness and Understanding Matter to Australian Women. | 2017 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, kindness, autonomy, social support, user voice, ease of use of the system |
| Afulani | Predictors of person-centered maternity care: the role of socioeconomic status, empowerment, and facility type | 2018 | Measurement | Kenya | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, confidentiality, social support, wait time |
| Afulani | Can an integrated obstetric emergency simulation training improve respectful maternity care? Results from a pilot study in Ghana | 2019 | Program/Policy evaluation | Ghana | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, social support, wait time |
| Afulani | Development of a tool to measure personcentered maternity care in developing settings: validation in a rural and urban Kenyan population | 2017 | Instrument validation | Kenya | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, social support, wait time |
| Afulani | Validation of the person-centered maternity care scale in India | 2018 | Instrument validation | India | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, social support, ease of use of the system, wait time |
| Afulani | Person-centred maternity care in low-income and middle-income countries: analysis of data from Kenya, Ghana, and India | 2019 | Measurement | Multi-Kenya, Ghana, India | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, wait time |

| | | | | | | | |
|--------------------|--|------|---------------------------|-------------|--|---------------------------|---|
| Afulani | Companionship during facility-based childbirth: results from a mixed-methods study with recently delivered women and providers in Kenya | 2018 | Measurement | Kenya | labor and childbirth | Instrument not validated | social support |
| Truijens | The Effect of Multiprofessional Simulation-Based Obstetric Team Training on Patient-Reported Quality of Care | 2015 | Program/Policy evaluation | Netherlands | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, confidentiality, social support |
| Truijens | Development of the Pregnancy and Childbirth Questionnaire (PCQ): evaluating quality of care as perceived by women who recently gave birth | 2014 | Instrument validation | Netherlands | labor and childbirth | Validation study | communication, respect & dignity, autonomy, confidentiality, kindness, social support |
| Sjetne | Do experiences with pregnancy, birth and postnatal care in Norway vary by the women's geographic origin? a comparison of cross-sectional survey results | 2017 | Measurement | Norway | antenatal, labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, kindness, social support, user voice, choice of provider, ease of use of the system |
| Sjetne | A questionnaire to measure women's experiences with pregnancy, birth and postnatal care: instrument development and assessment following a national survey in Norway | 2015 | Instrument validation | Norway | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, kindness, social support, ease of use of the system |
| Donate-Manzanar es | Cross-cultural adaptation and validation of the psychometric properties of the Quality from the Patient's Perspective I Questionnaire translated into Spanish | 2017 | Instrument validation | Spain | labor and childbirth | Validation study | communication, respect & dignity, autonomy, kindness, social support, user voice |
| Gamedze-Mshayisa | Factors associated with women's perception of and satisfaction with quality of intrapartum care practices in Swaziland | 2018 | Measurement | eSwatini | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, social support, user voice, wait time |

| | | | | | | | |
|--------------|--|------|-----------------------|-------------|--|--|--|
| Redshaw | Young women's recent experience of labour and birth care in Queensland | 2014 | Measurement | Australia | labor and childbirth, newborn | Has components of validated instrument | communication, respect & dignity, privacy, autonomy, kindness, social support |
| Mander | Perceived Safety, Quality and Cultural Competency of Maternity Care for Culturally and Linguistically Diverse Women in Queensland | 2016 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, social support, user voice, choice of provider, ease of use of the system |
| Wyles | Does it get better with age? Women's experience of communication in maternity care | 2019 | Measurement | Australia | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, user voice |
| Scheerhagen | Measuring clients' experiences with antenatal care before or after childbirth: it matters | 2018 | Instrument validation | Netherlands | antenatal, labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, ease of use of the system, wait time |
| Scheerhagen | Measuring client experiences in maternity care under change: development of a questionnaire based on the WHO Responsiveness model | 2015 | Instrument validation | Netherlands | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, wait time |
| Scheerhagen | Applicability of the ReproQ client experiences questionnaire for quality improvement in maternity care | 2016 | Instrument validation | Netherlands | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, wait time |
| van der Kooy | Quality of perinatal care services from the user's perspective: a Dutch study applies the World Health Organization's responsiveness concept | 2017 | Measurement | Netherlands | antenatal, labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, wait time, ease of use of the system |

| | | | | | | | |
|--------------|---|------|---------------------------|----------------|--|---------------------------|--|
| van der Kooy | Validity of a questionnaire measuring the world health organization concept of health system responsiveness with respect to perinatal services in the Dutch obstetric care system | 2014 | Instrument validation | Netherlands | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, social support, choice of provider, wait time, ease of use of the system |
| van Stenus | Client experiences with perinatal healthcare for high-risk and low-risk women | 2018 | Measurement | Netherlands | labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, wait time, ease of use of the system |
| Colley | Women's perception of support and control during childbirth in The Gambia, a quantitative study on dignified facility-based intrapartum care | 2018 | Measurement | Gambia, The | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, social support, kindness, user voice |
| Ford | Measurement of Maternal Perceptions of Support and Control in Birth (SCIB) | 2009 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, social support, user voice |
| Inci | The Turkish version of perceived support and control in birth scale | 2015 | Instrument validation | Turkey | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, social support, kindness, user voice |
| Thyagarajan | Parental perceptions of hypothermia treatment for neonatal hypoxic-ischaemic encephalopathy | 2018 | Measurement | United Kingdom | newborn | Instrument not validated | communication, social support |
| Abuya | The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya | 2015 | Program/Policy evaluation | Kenya | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, autonomy |
| Abuya | Exploring the prevalence of disrespect and abuse during childbirth in Kenya | 2015 | Instrument validation | Kenya | labor and childbirth | Validation study | communication, respect & dignity, privacy, confidentiality, autonomy |
| Abuya | Measuring mistreatment of women throughout the birthing process: implications for quality of care assessments | 2018 | Measurement | Kenya | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, autonomy, kindness |

| | | | | | | | |
|-----------|---|------|-----------------------|---------------|---------------------------------|--|--|
| Alzyoud | Exposure to verbal abuse and neglect during childbirth among Jordanian women | 2018 | Measurement | Jordan | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, kindness, social support |
| Anderson | Construct Validity of the Childbirth Trauma Index for Adolescents | 2011 | Instrument validation | United States | labor and childbirth | Validation study | kindness, social support |
| Asefa | Prevention of mother-to-child transmission (PMTCT) of HIV services in Adama town, Ethiopia: clients' satisfaction and challenges experienced by service providers | 2014 | Measurement | Ethiopia | antenatal, other | Instrument not validated | communication, privacy, wait time |
| Asefa | Status of respectful and non-abusive care during facility-based childbirth in a hospital and health centers in Addis Ababa, Ethiopia | 2015 | Measurement | Ethiopia | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, nondiscrimination, privacy |
| Ashraf | Assessing women's satisfaction level with maternity services: Evidence from Pakistan | 2012 | Measurement | Pakistan | labor and childbirth | Has components of validated instrument | communication, wait time |
| Attanasio | Factors influencing women's perceptions of shared decision making during labor and delivery: Results from a large-scale cohort study of first childbirth | 2018 | Measurement | United States | labor and childbirth | Instrument not validated | respect & dignity, autonomy, user voice |
| Attanasio | Patient-reported Communication Quality and Perceived Discrimination in Maternity Care | 2015 | Measurement | United States | antenatal, labor and childbirth | Instrument not validated | communication, nondiscrimination |
| Avortri | Predictors of satisfaction with child birth services in public hospitals in Ghana | 2011 | Measurement | Ghana | labor and childbirth | Has components of validated instrument | communication, respect & dignity, privacy, autonomy, social support, wait time |
| Azhar | Disrespect and abuse during childbirth in district Gujrat, Pakistan: A quest for respectful maternity care | 2018 | Measurement | Pakistan | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, social support |

| | | | | | | | |
|--------------|--|------|---------------------------|----------------------|----------------------|---------------------------|---|
| Banks | Jeopardizing quality at the frontline of healthcare: prevalence and risk factors for disrespect and abuse during facility-based childbirth in Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality, kindness |
| Bashour | The effect of training doctors in communication skills on women's satisfaction with doctor-woman relationship during labour and delivery: A stepped wedge cluster randomised trial in Damascus | 2013 | Program/Policy evaluation | Syrian Arab Republic | labor and childbirth | Used validated instrument | communication, respect & dignity, kindness |
| Bernitz | Evaluation of satisfaction with care in a midwifery unit and an obstetric unit: a randomized controlled trial of low-risk women | 2016 | Program/Policy evaluation | Norway | labor and childbirth | Used validated instrument | ease of use of the system |
| Bhattacharya | Silent voices: institutional disrespect and abuse during delivery among women of Varanasi district, northern India | 2018 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality, social support |
| Bohren | Methodological development of tools to measure how women are treated during facility-based childbirth in four countries: labor observation and community survey | 2018 | Measurement | Ghana | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support |
| Brandao | Childbirth experiences related to obstetric violence in public health units in Quito, Ecuador | 2018 | Measurement | Ecuador | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality |
| Colombar a | Institutional Delivery and Satisfaction among Indigenous and Poor Women in Guatemala, Mexico, and Panama | 2016 | Measurement | Multi-Guat, Mex, Pan | labor and childbirth | Instrument not validated | respect & dignity, autonomy |

| | | | | | | | |
|--------------|---|------|-------------|------------|---|---------------------------|---|
| Creanga | Is quality of care a key predictor of perinatal health care utilization and patient satisfaction in Malawi? | 2017 | Measurement | Malawi | antenatal, labor and childbirth, postnatal, newborn | Instrument not validated | communication, respect & dignity, privacy, kindness |
| da Silva | Quality of care for labor and childbirth in a public hospital network in a Brazilian state capital: patient satisfaction | 2017 | Measurement | Brazil | antenatal, labor and childbirth, newborn | Instrument not validated | communication, respect & dignity, privacy, kindness, social support, user voice, ease of use of the system, wait time |
| Dauletyarova | Are Women of East Kazakhstan Satisfied with the Quality of Maternity Care? Implementing the WHO Tool to Assess the Quality of Hospital Services | 2016 | Measurement | Kazakhstan | antenatal, labor and childbirth, postnatal, newborn | Instrument not validated | communication, respect & dignity, autonomy, social support |
| Devkota | Do experiences and perceptions about quality of care differ among social groups in Nepal?: A study of maternal healthcare experiences of women with and without disabilities, and Dalit and non-Dalit women | 2017 | Measurement | Nepal | antenatal, labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, kindness, ease of use of the system |
| Dey | Discordance in self-report and observation data on mistreatment of women by providers during childbirth in Uttar Pradesh, India | 2017 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, nondiscrimination, ease of use of the system |
| Dynes | Client and provider factors associated with companionship during labor and birth in Kigoma Region, Tanzania | 2019 | Measurement | Tanzania | labor and childbirth | Instrument not validated | social support |
| Dynes | Patient and provider determinants for receipt of three dimensions of respectful maternity care in Kigoma Region, Tanzania April-July, 2016 | 2018 | Measurement | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, kindness, social support, user voice, wait time |

| | | | | | | | |
|--------------|---|------|---------------------------|-------------------|--|--|---|
| Feinstein | Antenatal and delivery services in Kinshasa, Democratic Republic of Congo: care-seeking and experiences reported by women in a household-based survey | 2013 | Measurement of other | Congo, Dem. Rep. | antenatal | Instrument not validated | communication, respect & dignity, privacy, wait time |
| Fisseha | Quality of the delivery services in health facilities in Northern Ethiopia | 2017 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication |
| Garrard | Assessing obstetric patient experience: a SERVQUAL questionnaire | 2013 | Program/Policy evaluation | United Kingdom | antenatal | Has components of validated instrument | communication, respect & dignity, privacy, autonomy, kindness |
| Gartner | Good reliability and validity for a new utility instrument measuring the birth experience, the Labor and Delivery Index | 2015 | Instrument validation | Netherlands | labor and childbirth | Validation study | communication, respect & dignity, social support, user voice |
| Gebremichael | Mothers' experience of disrespect and abuse during maternity care in northern Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, confidentiality, privacy, social support, user voice |
| Haines | The role of women's attitudinal profiles in satisfaction with the quality of their antenatal and intrapartum care | 2013 | Measurement | Sweden | antenatal, labor and childbirth | Used validated instrument | communication, autonomy, social support, user voice |
| Hall | Dignity and respect during pregnancy and childbirth: a survey of the experience of disabled women | 2018 | Measurement | Multi-UK, Ireland | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, ease of use of the system |
| Halperin | A comparison of Israeli Jewish and Arab women's birth perceptions | 2014 | Measurement | Israel | labor and childbirth | Used validated instrument | communication, respect & dignity, user voice |
| Hameed | Women's experiences of mistreatment during childbirth: A comparative view of home- and facility-based births in Pakistan | 2018 | Measurement | Pakistan | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support, user voice |

| | | | | | | | |
|-----------|--|------|-----------------------|-----------|--|--|--|
| Heaman | Quality of prenatal care questionnaire: instrument development and testing | 2014 | Instrument validation | Canada | antenatal | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, ease of use of the system, wait time |
| Heatley | Women's Perceptions of Communication in Pregnancy and Childbirth: Influences on Participation and Satisfaction With Care | 2015 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, autonomy |
| Hulton | Applying a framework for assessing the quality of maternal health services in urban India | 2007 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, kindness, ease of use of the system |
| Igarashi | Immigrants' experiences of maternity care in Japan | 2013 | Measurement | Japan | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, kindness |
| Iida | The relationship between women-centred care and women's birth experiences: A comparison between birth centres, clinics, and hospitals in Japan | 2012 | Measurement | Japan | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, social support |
| Ijadunola | Lifting the veil on disrespect and abuse in facility-based child birth care: findings from South West Nigeria | 2019 | Measurement | Nigeria | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support |
| Kambala | Perceptions of quality across the maternal care continuum in the context of a health financing intervention: Evidence from a mixed methods study in rural Malawi | 2017 | Measurement | Malawi | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, privacy, autonomy, confidentiality, social support, user voice |
| Karkee | Women's perception of quality of maternity services: a longitudinal survey in Nepal | 2014 | Measurement | Nepal | labor and childbirth | Has components of validated instrument | respect & dignity, kindness |

| | | | | | | | |
|-------------------|---|------|---------------------------|----------------|--|---------------------------|--|
| Kifle | Predictors of Women's Satisfaction with Hospital-Based Intrapartum Care in Asmara Public Hospitals, Eritrea | 2017 | Measurement | Eritrea | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, autonomy, social support, ease of use of the system |
| Kigenyi | Quality of intrapartum care at Mulago national referral hospital, Uganda: clients' perspective | 2013 | Measurement | Uganda | labor and childbirth | Instrument not validated | respect & dignity, privacy, autonomy, confidentiality, wait time |
| Lacaze-Masmonteil | Perception du contexte linguistique et culturel minoritaire sur le vécu de la grossesse | 2013 | Measurement | Canada | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, social support, ease of use of the system, wait time |
| Lee | Efficacy of Warm Showers on Labor Pain and Birth Experiences During the First Labor Stage | 2013 | Program/Policy evaluation | Taiwan | labor and childbirth | Used validated instrument | autonomy, social support |
| Lewis | Development and validation of a measure of informed choice for women undergoing non-invasive prenatal testing for aneuploidy | 2016 | Instrument validation | United Kingdom | antenatal | Validation study | autonomy |
| Liabsuetrakul | Health system responsiveness for delivery care in Southern Thailand | 2012 | Measurement | Thailand | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, social support, choice of provider |
| Lin | Comparison between pregnant Southeast Asian immigrant and Taiwanese women in terms of pregnancy knowledge, attitude toward pregnancy, medical service experiences and prenatal care behaviors | 2008 | Measurement | Taiwan | antenatal | Instrument not validated | communication, ease of use of the system |
| Lindquist | Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey | 2015 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, ease of use of the system |

| | | | | | | | |
|------------|--|------|---------------------------|----------------|---|--|--|
| Macfarlane | Survey of women's experiences of care in a new freestanding midwifery unit in an inner city area of London, England. 1: Methods and women's overall ratings of care | 2014 | Program/Policy evaluation | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | respect & dignity, privacy |
| Macfarlane | Survey of women's experiences of care in a new freestanding midwifery unit in an inner city area of London, England: 2. Specific aspects of care | 2014 | Measurement | United Kingdom | labor and childbirth | Instrument not validated | communication, respect & dignity |
| Mahar | Quantity and quality of information, education and communication during antenatal visit at private and public sector hospitals of Bahawalpur, Pakistan | 2012 | Measurement | Pakistan | antenatal | Has components of validated instrument | communication |
| Malouf | Access and quality of maternity care for disabled women during pregnancy, birth and the postnatal period in England: data from a national survey | 2017 | Measurement | United Kingdom | abortion, antenatal, labor and childbirth, postnatal, newborn | Instrument not validated | communication, respect & dignity, kindness, social support, user voice, ease of use of the system, wait time |
| Mannarini | A Rasch-based dimension of delivery experience: spontaneous vs. medically assisted conception | 2013 | Measurement | Italy | labor and childbirth | Instrument not validated | respect & dignity |
| Martin | Midwives' perceptions of communication during videotaped counseling for prenatal anomaly tests: how do they relate to clients' perceptions and independent observations? | 2015 | Instrument validation | Netherlands | antenatal | Validation study | communication, autonomy |
| McLachlan | A randomised controlled trial of caseload midwifery for women at low risk of medical complications (COSMOS): Women's satisfaction with care | 2012 | Program/Policy evaluation | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, social support, user voice |

| | | | | | | | |
|-------------------|---|------|-------------|--------------------|--|--|---|
| Mohammad | Jordanian women's dissatisfaction with childbirth care | 2013 | Measurement | Jordan | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, kindness, user voice |
| Molina | Delivery practices and care experience during implementation of an adapted safe childbirth checklist and respectful care program in Chiapas, Mexico | 2019 | Measurement | Mexico | labor and childbirth | Instrument not validated | communication, privacy, social support |
| Molloy | Improving practice: women's views of a maternity triage service | 2010 | Measurement | United Kingdom | other | Instrument not validated | communication, respect & dignity, wait time |
| Montesinos-Segura | Disrespect and abuse during childbirth in fourteen hospitals in nine cities of Peru | 2017 | Measurement | Peru | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support |
| Moosavivat | Comparison of maternity care quality in teaching and non-teaching hospitals in Khorram Abad, Islamic Republic of Iran | 2011 | Measurement | Iran, Islamic Rep. | labor and childbirth, postnatal, newborn | Used validated instrument | communication, privacy |
| Mukamuri go | Associations between perceptions of care and women's childbirth experience: a population-based cross-sectional study in Rwanda | 2017 | Measurement | Rwanda | labor and childbirth | Has components of validated instrument | communication, respect & dignity, social support |
| Mulherin | Weight stigma in maternity care: women's experiences and care providers' attitudes | 2013 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, kindness, social support |
| Mutaganzwa | Advancing the health of women and newborns: predictors of patient satisfaction among women attending antenatal and maternity care in rural Rwanda | 2018 | Measurement | Rwanda | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, affordability, ease of use of the system, wait time |
| Na | An early stage evaluation of the Supporting Program for Obstetric Care Underserved Areas in | 2014 | Measurement | Korea, Rep. | labor and childbirth | Instrument not validated | kindness |

| Korea | | | | | | | |
|-----------|--|------|---------------------------|------------|---|--|---|
| Nababan | Improving quality of care for maternal and newborn health: a pre-post evaluation of the Safe Childbirth Checklist at a hospital in Bangladesh | 2017 | Program/Policy evaluation | Bangladesh | labor and childbirth | Has components of validated instrument | communication, social support |
| Nnebue | Clients' knowledge, perception and satisfaction with quality of maternal health care services at the primary health care level in Nnewi, Nigeria | 2014 | Measurement | Nigeria | antenatal, labor and childbirth, postnatal, other | Instrument not validated | wait time |
| Oikawa | Assessment of maternal satisfaction with facility-based childbirth care in the rural region of Tambacouda, Senegal | 2014 | Measurement | Senegal | labor and childbirth | Instrument not validated | communication, privacy, kindness, social support |
| Okafor | Disrespect and abuse during facility-based childbirth in a low-income country | 2015 | Measurement | Nigeria | labor and childbirth | Used validated instrument | communication, respect & dignity, nondiscrimination, autonomy, confidentiality, privacy, social support |
| Oladapo | Quality of antenatal services at the primary care level in southwest Nigeria | 2008 | Measurement | Nigeria | antenatal | Has components of validated instrument | communication, respect & dignity, privacy, nondiscrimination, autonomy, kindness, social support, wait time |
| Onyeajam | Antenatal care satisfaction in a developing country: a cross-sectional study from Nigeria | 2018 | Measurement | Nigeria | antenatal | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, kindness, affordability, wait time |
| Oskay | Evaluation of Patients' Satisfaction With Nursing Students' Care on a Perinatology Ward | 2015 | Measurement | Turkey | antenatal, labor and childbirth, other | Used validated instrument | communication, respect & dignity, kindness, social support |
| Overgaard | The impact of birthplace on women's birth experiences and perceptions of care | 2012 | Measurement | Denmark | labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, social support, user voice |

| | | | | | | | |
|-------------------|---|------|-------------|----------------|--|--|---|
| Oweis | Jordanian mother's report of their childbirth experience: findings from a questionnaire survey | 2009 | Measurement | Jordan | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, nondiscrimination, autonomy, social support, ease of use of the system |
| Paul | Improving satisfaction with care and reducing length of stay in an obstetric triage unit using a nurse-midwife-managed model of care | 2013 | Measurement | United States | other | Has components of validated instrument | communication, wait time |
| Phaladi-Digamela | Community-physician-based versus hospital-based antenatal care: A comparison of patient satisfaction | 2014 | Measurement | South Africa | antenatal | Used validated instrument | communication, respect & dignity, user voice, wait time |
| Pinidiyapathirage | Antenatal care provided and its quality in field clinics in Gampaha District, Sri Lanka | 2007 | Measurement | Sri Lanka | antenatal | Instrument not validated | communication |
| Qureshi | Patient satisfaction at tertiary care hospitals in Kashmir: a study from the Lala Ded Hospital Kashmir India | 2009 | Measurement | India | other | Instrument not validated | communication, ease of use of the system |
| Rabbani | Service quality in contracted facilities | 2015 | Measurement | Pakistan | antenatal | Has components of validated instrument | communication |
| Raj | Associations Between Mistreatment by a Provider during Childbirth and Maternal Health Complications in Uttar Pradesh, India | 2017 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, nondiscrimination |
| Raleigh | Ethnic and social inequalities in women's experience of maternity care in England: results of a national survey | 2010 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Has components of validated instrument | communication, respect & dignity, autonomy, social support, choice of provider, ease of use of the system |
| Ratcliffe | Mitigating disrespect and abuse during childbirth in Tanzania: an exploratory study of the effects of two facility-based interventions in a large public hospital | 2016 | Measurement | Tanzania | labor and childbirth | Has components of validated instrument | respect & dignity |

| | | | | | | | |
|--------------|---|------|---------------------------|----------------|--|--|--|
| Redshaw | Validation of a perceptions of care adjective checklist | 2009 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity, kindness, social support |
| Ribeiro | CONTENTMENT OF PUERPERAL WOMEN ASSISTED BY OBSTETRIC NURSES | 2018 | Measurement | Brazil | labor and childbirth | Instrument not validated | communication, respect & dignity, kindness, social support |
| Robertson | Comparison of centering pregnancy to traditional care in Hispanic mothers | 2009 | Measurement | United States | antenatal | Has components of validated instrument | user voice |
| Roosevelt | Psychometric assessment of the Health Care Alliance Questionnaire with women in prenatal care | 2015 | Instrument validation | United States | antenatal | Validation study | communication, respect & dignity, confidentiality, autonomy, kindness, social support |
| Rubashkin | Assessing quality of maternity care in Hungary: expert validation and testing of the mother-centered prenatal care (MCPC) survey instrument | 2017 | Instrument validation | Hungary | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, nondiscrimination, autonomy, user voice, affordability, choice of provider |
| Rudman | Evaluating multi-dimensional aspects of postnatal hospital care | 2008 | Measurement | Sweden | postnatal | Instrument not validated | communication, respect & dignity, kindness |
| Sabanaya gam | Attitudes and perceptions of pregnant women with CHD: results of a single-site survey | 2017 | Measurement | United States | antenatal, postnatal | Instrument not validated | communication, choice of provider |
| Saggurti | Effect of health intervention integration within women's self-help groups on collectivization and healthy practices around reproductive, maternal, neonatal and child health in rural India | 2018 | Program/Policy evaluation | India | labor and childbirth | Instrument not validated | social support |
| Saima | Assessing patient satisfaction in gynaecology and obstetrics in tertiary care hospital | 2015 | Measurement | Pakistan | other | Has components of validated instrument | communication, respect & dignity, nondiscrimination, autonomy |

| | | | | | | | |
|------------------|--|------|-----------------------|----------------|----------------------|--------------------------|---|
| Saizonou | Quality Assessment of Refocused Antenatal Care Services at the District Hospital of Suru-Léré in Benin | 2014 | Measurement | Benin | antenatal | Instrument not validated | communication, respect & dignity, affordability, ease of use of the system |
| Sapountzi-Krepia | Mothers' experiences of maternity services: internal consistency and test-retest reliability of the Greek translation of the Kuopio Instrument for Mothers | 2009 | Instrument validation | Greece | labor and childbirth | Validation study | communication, respect & dignity, autonomy |
| Sawyer | Measuring parents' experiences and satisfaction with care during very preterm birth: a questionnaire development study | 2014 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, kindness, social support, user voice |
| Sebastian | Associations Between Maternity Care Practices and 2-Month Breastfeeding Duration Vary by Race, Ethnicity, and Acculturation | 2019 | Measurement | Mexico | labor and childbirth | Instrument not validated | communication, ease of use of the system |
| Sethi | The prevalence of disrespect and abuse during facility-based maternity care in Malawi: evidence from direct observations of labor and delivery | 2017 | Measurement | Malawi | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, social support, user voice |
| Sharma | An investigation into mistreatment of women during labour and childbirth in maternity care facilities in Uttar Pradesh, India: a mixed methods study | 2019 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, social support |
| Sheferaw | Development of a tool to measure women's perception of respectful maternity care in public health facilities | 2016 | Instrument validation | Ethiopia | labor and childbirth | Validation study | communication, respect & dignity, autonomy, privacy, social support, nondiscrimination, kindness, wait time |
| Shferaw | Respectful maternity care in Ethiopian public health facilities | 2017 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, social support, user voice |

| | | | | | | | |
|----------------|--|------|-----------------------|--------------------|--|---------------------------|---|
| Shimizu | Maternal perceptions of family-centred support and their associations with the mother-nurse relationship in the neonatal intensive care unit | 2018 | Measurement | Japan | postnatal, newborn | Used validated instrument | communication, respect & dignity, autonomy, social support, user voice, ease of use of the system |
| Sholeye | Client perception of antenatal care services at primary health centers in an urban area of Lagos, Nigeria | 2013 | Measurement | Nigeria | antenatal | Instrument not validated | communication, autonomy |
| Siassakos | A simple tool to measure patient perceptions of operative birth | 2009 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity |
| Sigurdardottir | The predictive role of support in the birth experience: A longitudinal cohort study | 2017 | Measurement | Iceland | antenatal, labor and childbirth, postnatal | Instrument not validated | social support |
| Soheily | A Comparative Study of Satisfaction of Midwives and Mothers of Adherence to Patient Rights | 2017 | Measurement | Iran, Islamic Rep. | antenatal, labor and childbirth | Instrument not validated | communication, privacy, autonomy, user voice |
| Spira | Improving the quality of maternity services in Nepal through accelerated implementation of essential interventions by healthcare professional associations | 2018 | Measurement of other | Nepal | labor and childbirth | Instrument not validated | social support |
| Stojanovski | The Influence of Ethnicity and Displacement on Quality of Antenatal Care: The Case of Roma, Ashkali, and Balkan Egyptian Communities in Kosovo | 2017 | Measurement | Kosovo | antenatal | Instrument not validated | communication |
| Sword | Quality of prenatal care questionnaire: psychometric testing in an Australia population | 2015 | Instrument validation | Australia | antenatal | Validation study | communication, respect & dignity, autonomy, kindness, social support |
| Takacs | Social psychological predictors of satisfaction with intrapartum and postpartum care - what matters to women in Czech maternity | 2015 | Measurement | Czech Republic | labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, autonomy |

hospitals?

| | | | | | | | |
|------------|---|------|---------------------------|----------------|---------------------------------|--------------------------|---|
| Tan | Investigating factors associated with success of breastfeeding in first-time mothers undergoing epidural analgesia: a prospective cohort study | 2018 | Measurement of other | Singapore | labor and childbirth | Instrument not validated | social support |
| Tancred | Using mixed methods to evaluate perceived quality of care in southern Tanzania | 2016 | Measurement | Tanzania | labor and childbirth | Instrument not validated | respect & dignity, social support |
| Tocchioni | Socio-demographic determinants of women's satisfaction with prenatal and delivery care services in Italy | 2018 | Measurement | Italy | antenatal, labor and childbirth | Instrument not validated | communication, social support |
| Tomlinson | Improved management of stillbirth using a care pathway | 2018 | Program/Policy evaluation | United Kingdom | labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, social support, user voice |
| Tougher | Effect of a multifaceted social franchising model on quality and coverage of maternal, newborn, and reproductive health-care services in Uttar Pradesh, India: a quasi-experimental study | 2018 | Program/Policy evaluation | India | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, social support, affordability |
| Truijens | Development of the Childbirth Perception Scale (CPS): perception of delivery and the first postpartum week | 2014 | Instrument validation | Netherlands | labor and childbirth, postnatal | Validation study | respect & dignity, social support |
| Ulfsdottir | The association between labour variables and primiparous women's experience of childbirth; a prospective cohort study | 2014 | Measurement | Sweden | labor and childbirth | Instrument not validated | social support |
| Uludag | Development and Testing of Women's Perception for the Scale of Supportive Care Given During Labor | 2015 | Instrument validation | Turkey | labor and childbirth | Validation study | communication, respect & dignity, privacy, kindness, social support, user voice |

| | | | | | | | |
|------------|--|------|-----------------------|-------------|--|---------------------------|---|
| Vedam | The Mothers on Respect (MOR) index: measuring quality, safety, and human rights in childbirth | 2017 | Instrument validation | Canada | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, nondiscrimination, autonomy, choice of provider |
| Vinturache | Recall of Prenatal Counselling Among Obese and Overweight Women from a Canadian Population: A Population Based Study | 2017 | Instrument validation | Canada | antenatal | Instrument not validated | communication, user voice |
| Wang | Perceived Needs of Parents of Premature Infants in NICU | 2018 | Measurement | China | postnatal, newborn | Used validated instrument | communication, respect & dignity, social support, ease of use of the system |
| Wassihun | Prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality, social support, user voice |
| Wassihun | Compassionate and respectful maternity care during facility based child birth and women's intent to use maternity service in Bahir Dar, Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, nondiscrimination, confidentiality, kindness, wait time |
| Wesson | Provider and client perspectives on maternity care in Namibia: results from two cross-sectional studies | 2018 | Measurement | Namibia | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support, affordability, ease of use of the system |
| Wiegers | The quality of maternity care services as experienced by women in the Netherlands | 2009 | Measurement | Netherlands | antenatal, labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, user voice |
| Ziabakhsh | Voices of Postpartum Women: Exploring Canadian Women's Experiences of Inpatient Postpartum Care | 2018 | Measurement | Canada | postnatal, newborn | Instrument not validated | communication, kindness, social support, user voice |

(maternal health[tiab] OR maternal service[tiab] OR maternity care[tiab] OR maternal care[tiab] OR maternity service*[tiab] OR "Maternal Health"[mesh] OR "Maternal Health Services"[mesh])*

AND

(experience[tiab] OR experiences[tiab] OR patient-centered[tiab] OR woman centered[tiab] OR women centered[tiab] OR client centered[tiab] OR satisfaction[tiab] OR social support[tiab] OR emotional support*[tiab] OR provider choice[tiab] OR choice of provider[tiab] OR wait time*[tiab] OR affordability[tiab] OR dignity[tiab] OR respect[tiab] OR privacy[tiab] OR confidentiality[tiab] OR discrimination[tiab] OR communication[tiab] OR disrespect[tiab] OR abuse[tiab] OR mistreatment[tiab] OR perception*[tiab])*

| Question | Response options |
|---|--|
| IDENTIFICATION | |
| 1. Reviewer name | |
| 2. Date of data entry | |
| 3. Publication type | 1 Journal article 2 Dissertation |
| 4. Record source | 1 Database search 2 Hand search |
| 5. Authors <Please list author's last name first> | |
| 6. Title | |
| 6a. Year of publication | |
| 6b. Endnote citation <Copy and paste the full Endnote citation as is> | |
| ELIGIBILITY | |
| 7. Is the study eligible for inclusion | 1 Yes 0 No |
| 7a. If not, excluded based on title/abstract or full-text review? | 1 Title/abstract 2 Full-text review |
| 7b. If not, reason for exclusion <Select first one that applies> | 1 Is an editorial, comment, newspaper article or other form of popular media 2 Study participants are not women or newborns 3 Does not report on facility-based care for pregnant women or newborns 4 Does not report on the experience of facility-based care for pregnant women or newborns 5 Does not report on a quantitative research study 6 Does not measure experience of care as defined in the WHO Quality of Care framework (effective communication, respect and dignity, access to the social and emotional support of her choice) or HQSS Commission framework (choice of provider, short wait times, social support, affordability, ease of use of system, dignity, privacy, nondiscrimination, autonomy, confidentiality, clear communication, patient voice – being heard) 7 Only measures of experience of care is "satisfaction" with limited response options such as "satisfied with care - yes/no" or satisfaction with care - Likert scale" |
| SETTINGS & DEMOGRAPHICS | |
| 8. Location of study <e.g. city, district, state, country> | |
| 9. Urban or rural | 1 Rural 2 Urban 3 Both 4 Unclear |
| 10. Language of the manuscript | 1 English 2 French 3 Spanish 4 Other (please specify) |
| 11. Study population | |

| | |
|---|---|
| <Please provide succinct description, preferably as reported in the abstract> | |
| 12. Number of study participants <Sample size for assessment of measures related to experience of care> | |
| STUDY DESIGN & OBJECTIVES | |
| 13. Study aims or objectives | |
| 14. Is this a validation study? | |
| | 1 Yes 0 No |
| 15. Study design <For measuring user experience> | |
| 16. Data source | |
| | 1 Primary research data 2 Large scale survey (please specify on next page) |
| 16a. (Large scale survey) please specify the survey country, name year, e.g. Kenya SPA 2010 or Nepal DHS 2014 | |
| 17. Are the start and end date of data collection recorded? <Select 'yes' if at least the month and years are recorded> | |
| | 1 Yes 0 No |
| 17a. Start date of the study data collection <Please enter 01 if DD not reported> | |
| 17b. End date of the study data collection <Please enter 30 if DD not reported> | |
| 18. What time period in the continuum of care is the article reporting on as it relates to experience of care? | |
| | Please select all that apply (other example = triage) 1 Early pregnancy and/or abortion 2 Antenatal care 3 Labor and childbirth care 4 Postnatal care 5 Newborn care |
| DATA COLLECTION TOOLS & METHODOLOGY | |
| 19. Identification of study population including selection of facilities <e.g. all woman living within the catchment population of select community health centers in Rajasthan, India> | |
| 20. Study participant exclusion and/or inclusion criteria <e.g. woman aged at least 15 years who delivered in dispensaries in Pwani region, Tanzania within 6-12 months prior to data collection were eligible for participation> | |
| 21. Data collection method <e.g. self-administered survey; interview (meaning interviewer administered survey); observation; facility records. Focus on measuring user experience> | |
| 22. Timing of data collection <e.g. upon discharge from health facility, within six months from receipt of facility-based care; record for time points when patient experience was measured> | |
| 23. Place for data collection <Please indicate any consideration for privacy/confidentiality of the respondent or other ethical concerns> | |
| 24. Response time, report if applicable <e.g. 45 minutes to complete the semi-structured survey; record for time points when patient experience was measured> | |
| 25. Is the instrument measuring overall experience of care? <This is asking if the study uses an index to measure experience of care. For example, an additive index of different components which the authors choose to present as an overall index of experience of care.> | |
| 26. What domains/dimensions/subscales within experience of care is the instrument measuring? <Please list all that apply> | |

| |
|--|
| 1 Access to the social and emotional support of her choice |
| 2 Affordability |
| 3 Autonomy |
| 4 Choice of provider |
| 5 Communication |
| 6 Confidentiality |
| 7 Dignity |
| 8 Ease of use of the system |
| 9 Nondiscrimination |
| 10 Patient voice |
| 11 Privacy |
| 12 Respect and dignity |
| 13 Social support |
| 14 Wait times |
| 15 Kindness |
| 16 Overall satisfaction |
| -99 Unclear or NA |
| 27. How many instruments are used for measuring experience of care or select domains? |
| <Please complete 28-36 for each instrument used (repeat 27a XX times as reported in item 27)> |
| 28. Name (and the acronym, if applicable) of the instrument |
| 29. What is the instrument measuring? <e.g. experience of care, or a specific domain within it> |
| 30. What is the source of information for this instrument? <e.g. woman, health records, observers> |
| 31. Please provide a brief description of the data collectors <e.g. midwives, doctors, etc.> |
| 32. Is the instrument validated? |
| 1 Yes |
| 0 No |
| 32a. If validated, please provide the reference for validation study. Indicate NA, if citation not provided/available. |
| 32b. If the instrument is not validated, does it have some components of a validated tool? |
| 1 Yes |
| 0 No |
| 32bi. If "yes" in 32.b, please briefly describe/list the validated tool used. |
| 32bc. Please provide the reference for validation study. Indicate NA, if citation not provided/available. |
| 33. Do the authors describe theoretical/conceptual frameworks underpinning the instrument? |
| 1 Yes |
| 0 No |
| 33a. Please briefly describe/list the theoretical framework used. |
| 34. Number of items <e.g. number of questions or observation categories> |
| 35. Is the instrument available? |
| 1 Yes |
| 0 No |
| 35a. Please list the questions asked or items assessed by this instrument. |
| 36. What is the response scale? |
| Select all that apply: |
| 1 Likert scale - 3 point |
| 2 Likert scale - 4 point |
| 3 Likert scale - 5 point |
| 4 Multiple choice options |
| 5 Yes/no |
| 6 Other (specify) |
| 6. OUTCOMES |

| | |
|---|---------------|
| 37. What is the response rate reported by the authors? <Please record percentage, e.g. 97.5 for 97.5%. Indicate -99 if not provided> | |
| 38. Briefly describe the main findings on experience of care related outcomes reported in this study. <e.g. prevalence of disrespect and abuse> | |
| 39. Is any association investigated between experience of care (or a domain within it) and other covariates (ex. demographic predictors, or health outcomes)? | 1 Yes 0 No |
| 39a. Please report the covariates. | |
| METHODOLOGICAL REMARKS | |
| 40. What were the limitations that the authors discussed regarding measuring experience of care or its domains? | |
| 41. What were the strengths that the authors regarding their approach to measuring experience of care or its domains? | |
| REVIEWER COMMENTS | |
| 42. Did you use any additional references from the record to complete the extraction form? | 1 Yes 0 No |
| 42a. Please provide the citation used to complete this form | |
| 43. Please briefly describe any additional remarks you have regarding measurement of experience of care reported in this record. | |
| 44. Any additional reviewer comments? | |

| First author | Title | Year of publication | Main study aim | Country of data collection | Period of care | Instrument validation | Domains |
|--------------|---|---------------------|---------------------------|----------------------------|---------------------------------|---------------------------|---|
| Freedman | Eye of the beholder? Observation versus self-report in the measurement of disrespect and abuse during facility-based childbirth | 2018 | Instrument validation | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, social support, affordability |
| Kruk | Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey | 2018 | Measurement | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, confidentiality |
| Kujawski | Community and health system intervention to reduce disrespect and abuse during childbirth in Tanga Region, Tanzania: A comparative before-and-after study | 2017 | Program/Policy evaluation | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, confidentiality, social support |
| Kujawski | Association Between Disrespect and Abuse During Childbirth and Women's Confidence in Health Facilities in Tanzania | 2015 | Measurement | Tanzania | labor and childbirth | Used validated instrument | respect & dignity |
| Kingston | Comparison of adolescent, young adult, and adult women's maternity experiences and practices | 2012 | Measurement | Canada | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, ease of use of the system |
| Smarandache | Predictors of a negative labour and birth experience based on a national survey of Canadian women | 2016 | Measurement | Canada | labor and childbirth | Instrument not validated | communication, ease of use of the system |
| Dencker | Childbirth experience questionnaire (CEQ): development and evaluation of a multidimensional instrument | 2010 | Instrument validation | Sweden | labor and childbirth | Validation study | communication, respect & dignity, autonomy, social support, user voice |
| Turkmen | Post-partum duration of satisfaction with childbirth | 2018 | Measurement | Sweden | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, social support, user voice |

| | | | | | | | |
|---------------|---|------|---------------------------|---------------------|---|--|--|
| Walker | Childbirth experience questionnaire: validating its use in the United Kingdom | 2015 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity, autonomy, social support, kindness, user voice, choice of provider |
| Bertucci | Assessing the perception of the childbirth experience in Italian women: A contribution to the adaptation of the childbirth perception questionnaire | 2012 | Instrument validation | Italy | labor and childbirth | Validation study | autonomy, social support |
| Henderso n | Experiencing maternity care: the care received and perceptions of women from different ethnic groups | 2013 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, kindness, social support, choice of provider |
| Redshaw | Women with disability: the experience of maternity care during pregnancy, labour and birth and the postnatal period | 2013 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, kindness, social support, choice of provider, user voice |
| Henderso n | Change over time in women's views and experiences of maternity care in England, 1995-2014: A comparison using survey data | 2017 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Has components of validated instrument | communication, respect & dignity, autonomy, social support |
| Henderso n | Who is well after childbirth? Factors related to positive outcome | 2013 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Has components of validated instrument | communication, respect & dignity, autonomy, kindness |
| Kruk | Evaluation Of A Maternal Health Program In Uganda And Zambia Finds Mixed Results On Quality Of Care And Satisfaction | 2016 | Program/Policy evaluation | Multi-Uganda,Zambia | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy |
| Larson | Determinants of perceived quality of obstetric care in rural Tanzania: a cross-sectional study | 2014 | Measurement | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, affordability |
| Vedam | Patient-led decision making: Measuring autonomy and respect in Canadian maternity care | 2019 | Measurement | Canada | antenatal, labor and childbirth, postnatal, newborn | Used validated instrument | communication, respect & dignity, autonomy, user voice, nondiscrimination |

| | | | | | | | |
|---------|--|------|---------------------------|---------------------------|---|---------------------------|--|
| Vedam | The Mother's Autonomy in Decision Making (MADM) scale: Patient-led development and psychometric testing of a new instrument to evaluate experience of maternity care | 2017 | Instrument validation | Canada | antenatal, labor and childbirth, postnatal, newborn | Validation study | communication, respect & dignity, autonomy, user voice |
| Ford | Are women birthing in New South Wales hospitals satisfied with their care? | 2015 | Measurement | Australia | labor and childbirth | Used validated instrument | communication, respect & dignity |
| Todd | "Very Good" Ratings in a Survey of Maternity Care: Kindness and Understanding Matter to Australian Women. | 2017 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, kindness, autonomy, social support, user voice, ease of use of the system |
| Afulani | Predictors of person-centered maternity care: the role of socioeconomic status, empowerment, and facility type | 2018 | Measurement | Kenya | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, confidentiality, social support, wait time |
| Afulani | Can an integrated obstetric emergency simulation training improve respectful maternity care? Results from a pilot study in Ghana | 2019 | Program/Policy evaluation | Ghana | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, social support, wait time |
| Afulani | Development of a tool to measure personcentered maternity care in developing settings: validation in a rural and urban Kenyan population | 2017 | Instrument validation | Kenya | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, social support, wait time |
| Afulani | Validation of the person-centered maternity care scale in India | 2018 | Instrument validation | India | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, social support, ease of use of the system, wait time |
| Afulani | Person-centred maternity care in low-income and middle-income countries: analysis of data from Kenya, Ghana, and India | 2019 | Measurement | Multi-Kenya, Ghana, India | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, wait time |

| | | | | | | | |
|--------------------|--|------|---------------------------|-------------|--|---------------------------|---|
| Afulani | Companionship during facility-based childbirth: results from a mixed-methods study with recently delivered women and providers in Kenya | 2018 | Measurement | Kenya | labor and childbirth | Instrument not validated | social support |
| Truijens | The Effect of Multiprofessional Simulation-Based Obstetric Team Training on Patient-Reported Quality of Care | 2015 | Program/Policy evaluation | Netherlands | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, confidentiality, social support |
| Truijens | Development of the Pregnancy and Childbirth Questionnaire (PCQ): evaluating quality of care as perceived by women who recently gave birth | 2014 | Instrument validation | Netherlands | labor and childbirth | Validation study | communication, respect & dignity, autonomy, confidentiality, kindness, social support |
| Sjetne | Do experiences with pregnancy, birth and postnatal care in Norway vary by the women's geographic origin? a comparison of cross-sectional survey results | 2017 | Measurement | Norway | antenatal, labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, kindness, social support, user voice, choice of provider, ease of use of the system |
| Sjetne | A questionnaire to measure women's experiences with pregnancy, birth and postnatal care: instrument development and assessment following a national survey in Norway | 2015 | Instrument validation | Norway | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, kindness, social support, ease of use of the system |
| Donate-Manzanar es | Cross-cultural adaptation and validation of the psychometric properties of the Quality from the Patient's Perspective I Questionnaire translated into Spanish | 2017 | Instrument validation | Spain | labor and childbirth | Validation study | communication, respect & dignity, autonomy, kindness, social support, user voice |
| Gamedze-Mshayisa | Factors associated with women's perception of and satisfaction with quality of intrapartum care practices in Swaziland | 2018 | Measurement | eSwatini | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, social support, user voice, wait time |

| | | | | | | | |
|--------------|--|------|-----------------------|-------------|--|--|--|
| Redshaw | Young women's recent experience of labour and birth care in Queensland | 2014 | Measurement | Australia | labor and childbirth, newborn | Has components of validated instrument | communication, respect & dignity, privacy, autonomy, kindness, social support |
| Mander | Perceived Safety, Quality and Cultural Competency of Maternity Care for Culturally and Linguistically Diverse Women in Queensland | 2016 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, social support, user voice, choice of provider, ease of use of the system |
| Wyles | Does it get better with age? Women's experience of communication in maternity care | 2019 | Measurement | Australia | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, user voice |
| Scheerhagen | Measuring clients' experiences with antenatal care before or after childbirth: it matters | 2018 | Instrument validation | Netherlands | antenatal, labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, ease of use of the system, wait time |
| Scheerhagen | Measuring client experiences in maternity care under change: development of a questionnaire based on the WHO Responsiveness model | 2015 | Instrument validation | Netherlands | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, wait time |
| Scheerhagen | Applicability of the ReproQ client experiences questionnaire for quality improvement in maternity care | 2016 | Instrument validation | Netherlands | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, wait time |
| van der Kooy | Quality of perinatal care services from the user's perspective: a Dutch study applies the World Health Organization's responsiveness concept | 2017 | Measurement | Netherlands | antenatal, labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, choice of provider, wait time, ease of use of the system |

| | | | | | | | |
|--------------|---|------|---------------------------|----------------|--|---------------------------|--|
| van der Kooy | Validity of a questionnaire measuring the world health organization concept of health system responsiveness with respect to perinatal services in the Dutch obstetric care system | 2014 | Instrument validation | Netherlands | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, social support, choice of provider, wait time, ease of use of the system |
| van Stenus | Client experiences with perinatal healthcare for high-risk and low-risk women | 2018 | Measurement | Netherlands | labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, wait time, ease of use of the system |
| Colley | Women's perception of support and control during childbirth in The Gambia, a quantitative study on dignified facility-based intrapartum care | 2018 | Measurement | Gambia, The | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, social support, kindness, user voice |
| Ford | Measurement of Maternal Perceptions of Support and Control in Birth (SCIB) | 2009 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, social support, user voice |
| Inci | The Turkish version of perceived support and control in birth scale | 2015 | Instrument validation | Turkey | labor and childbirth | Validation study | communication, respect & dignity, privacy, autonomy, social support, kindness, user voice |
| Thyagarajan | Parental perceptions of hypothermia treatment for neonatal hypoxic-ischaemic encephalopathy | 2018 | Measurement | United Kingdom | newborn | Instrument not validated | communication, social support |
| Abuya | The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya | 2015 | Program/Policy evaluation | Kenya | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, autonomy |
| Abuya | Exploring the prevalence of disrespect and abuse during childbirth in Kenya | 2015 | Instrument validation | Kenya | labor and childbirth | Validation study | communication, respect & dignity, privacy, confidentiality, autonomy |
| Abuya | Measuring mistreatment of women throughout the birthing process: implications for quality of care assessments | 2018 | Measurement | Kenya | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, autonomy, kindness |

| | | | | | | | |
|-----------|---|------|-----------------------|---------------|---------------------------------|--|--|
| Alzyoud | Exposure to verbal abuse and neglect during childbirth among Jordanian women | 2018 | Measurement | Jordan | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, kindness, social support |
| Anderson | Construct Validity of the Childbirth Trauma Index for Adolescents | 2011 | Instrument validation | United States | labor and childbirth | Validation study | kindness, social support |
| Asefa | Prevention of mother-to-child transmission (PMTCT) of HIV services in Adama town, Ethiopia: clients' satisfaction and challenges experienced by service providers | 2014 | Measurement | Ethiopia | antenatal, other | Instrument not validated | communication, privacy, wait time |
| Asefa | Status of respectful and non-abusive care during facility-based childbirth in a hospital and health centers in Addis Ababa, Ethiopia | 2015 | Measurement | Ethiopia | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, nondiscrimination, privacy |
| Ashraf | Assessing women's satisfaction level with maternity services: Evidence from Pakistan | 2012 | Measurement | Pakistan | labor and childbirth | Has components of validated instrument | communication, wait time |
| Attanasio | Factors influencing women's perceptions of shared decision making during labor and delivery: Results from a large-scale cohort study of first childbirth | 2018 | Measurement | United States | labor and childbirth | Instrument not validated | respect & dignity, autonomy, user voice |
| Attanasio | Patient-reported Communication Quality and Perceived Discrimination in Maternity Care | 2015 | Measurement | United States | antenatal, labor and childbirth | Instrument not validated | communication, nondiscrimination |
| Avortri | Predictors of satisfaction with child birth services in public hospitals in Ghana | 2011 | Measurement | Ghana | labor and childbirth | Has components of validated instrument | communication, respect & dignity, privacy, autonomy, social support, wait time |
| Azhar | Disrespect and abuse during childbirth in district Gujrat, Pakistan: A quest for respectful maternity care | 2018 | Measurement | Pakistan | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, social support |

| | | | | | | | |
|--------------|--|------|---------------------------|----------------------|----------------------|---------------------------|---|
| Banks | Jeopardizing quality at the frontline of healthcare: prevalence and risk factors for disrespect and abuse during facility-based childbirth in Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality, kindness |
| Bashour | The effect of training doctors in communication skills on women's satisfaction with doctor-woman relationship during labour and delivery: A stepped wedge cluster randomised trial in Damascus | 2013 | Program/Policy evaluation | Syrian Arab Republic | labor and childbirth | Used validated instrument | communication, respect & dignity, kindness |
| Bernitz | Evaluation of satisfaction with care in a midwifery unit and an obstetric unit: a randomized controlled trial of low-risk women | 2016 | Program/Policy evaluation | Norway | labor and childbirth | Used validated instrument | ease of use of the system |
| Bhattacharya | Silent voices: institutional disrespect and abuse during delivery among women of Varanasi district, northern India | 2018 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality, social support |
| Bohren | Methodological development of tools to measure how women are treated during facility-based childbirth in four countries: labor observation and community survey | 2018 | Measurement | Ghana | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support |
| Brandao | Childbirth experiences related to obstetric violence in public health units in Quito, Ecuador | 2018 | Measurement | Ecuador | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality |
| Colombar a | Institutional Delivery and Satisfaction among Indigenous and Poor Women in Guatemala, Mexico, and Panama | 2016 | Measurement | Multi-Guat, Mex, Pan | labor and childbirth | Instrument not validated | respect & dignity, autonomy |

| | | | | | | | |
|--------------|---|------|-------------|------------|---|---------------------------|---|
| Creanga | Is quality of care a key predictor of perinatal health care utilization and patient satisfaction in Malawi? | 2017 | Measurement | Malawi | antenatal, labor and childbirth, postnatal, newborn | Instrument not validated | communication, respect & dignity, privacy, kindness |
| da Silva | Quality of care for labor and childbirth in a public hospital network in a Brazilian state capital: patient satisfaction | 2017 | Measurement | Brazil | antenatal, labor and childbirth, newborn | Instrument not validated | communication, respect & dignity, privacy, kindness, social support, user voice, ease of use of the system, wait time |
| Dauletyarova | Are Women of East Kazakhstan Satisfied with the Quality of Maternity Care? Implementing the WHO Tool to Assess the Quality of Hospital Services | 2016 | Measurement | Kazakhstan | antenatal, labor and childbirth, postnatal, newborn | Instrument not validated | communication, respect & dignity, autonomy, social support |
| Devkota | Do experiences and perceptions about quality of care differ among social groups in Nepal?: A study of maternal healthcare experiences of women with and without disabilities, and Dalit and non-Dalit women | 2017 | Measurement | Nepal | antenatal, labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, kindness, ease of use of the system |
| Dey | Discordance in self-report and observation data on mistreatment of women by providers during childbirth in Uttar Pradesh, India | 2017 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, nondiscrimination, ease of use of the system |
| Dynes | Client and provider factors associated with companionship during labor and birth in Kigoma Region, Tanzania | 2019 | Measurement | Tanzania | labor and childbirth | Instrument not validated | social support |
| Dynes | Patient and provider determinants for receipt of three dimensions of respectful maternity care in Kigoma Region, Tanzania April-July, 2016 | 2018 | Measurement | Tanzania | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, kindness, social support, user voice, wait time |

| | | | | | | | |
|--------------|---|------|---------------------------|-------------------|--|--|---|
| Feinstein | Antenatal and delivery services in Kinshasa, Democratic Republic of Congo: care-seeking and experiences reported by women in a household-based survey | 2013 | Measurement of other | Congo, Dem. Rep. | antenatal | Instrument not validated | communication, respect & dignity, privacy, wait time |
| Fisseha | Quality of the delivery services in health facilities in Northern Ethiopia | 2017 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication |
| Garrard | Assessing obstetric patient experience: a SERVQUAL questionnaire | 2013 | Program/Policy evaluation | United Kingdom | antenatal | Has components of validated instrument | communication, respect & dignity, privacy, autonomy, kindness |
| Gartner | Good reliability and validity for a new utility instrument measuring the birth experience, the Labor and Delivery Index | 2015 | Instrument validation | Netherlands | labor and childbirth | Validation study | communication, respect & dignity, social support, user voice |
| Gebremichael | Mothers' experience of disrespect and abuse during maternity care in northern Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, confidentiality, privacy, social support, user voice |
| Haines | The role of women's attitudinal profiles in satisfaction with the quality of their antenatal and intrapartum care | 2013 | Measurement | Sweden | antenatal, labor and childbirth | Used validated instrument | communication, autonomy, social support, user voice |
| Hall | Dignity and respect during pregnancy and childbirth: a survey of the experience of disabled women | 2018 | Measurement | Multi-UK, Ireland | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, ease of use of the system |
| Halperin | A comparison of Israeli Jewish and Arab women's birth perceptions | 2014 | Measurement | Israel | labor and childbirth | Used validated instrument | communication, respect & dignity, user voice |
| Hameed | Women's experiences of mistreatment during childbirth: A comparative view of home- and facility-based births in Pakistan | 2018 | Measurement | Pakistan | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support, user voice |

| | | | | | | | |
|-----------|--|------|-----------------------|-----------|--|--|--|
| Heaman | Quality of prenatal care questionnaire: instrument development and testing | 2014 | Instrument validation | Canada | antenatal | Validation study | communication, respect & dignity, privacy, autonomy, confidentiality, kindness, social support, user voice, ease of use of the system, wait time |
| Heatley | Women's Perceptions of Communication in Pregnancy and Childbirth: Influences on Participation and Satisfaction With Care | 2015 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, autonomy |
| Hulton | Applying a framework for assessing the quality of maternal health services in urban India | 2007 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, kindness, ease of use of the system |
| Igarashi | Immigrants' experiences of maternity care in Japan | 2013 | Measurement | Japan | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, kindness |
| Iida | The relationship between women-centred care and women's birth experiences: A comparison between birth centres, clinics, and hospitals in Japan | 2012 | Measurement | Japan | labor and childbirth | Used validated instrument | communication, respect & dignity, autonomy, social support |
| Ijadunola | Lifting the veil on disrespect and abuse in facility-based child birth care: findings from South West Nigeria | 2019 | Measurement | Nigeria | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support |
| Kambala | Perceptions of quality across the maternal care continuum in the context of a health financing intervention: Evidence from a mixed methods study in rural Malawi | 2017 | Measurement | Malawi | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, privacy, autonomy, confidentiality, social support, user voice |
| Karkee | Women's perception of quality of maternity services: a longitudinal survey in Nepal | 2014 | Measurement | Nepal | labor and childbirth | Has components of validated instrument | respect & dignity, kindness |

| | | | | | | | |
|-------------------|---|------|---------------------------|----------------|--|---------------------------|--|
| Kifle | Predictors of Women's Satisfaction with Hospital-Based Intrapartum Care in Asmara Public Hospitals, Eritrea | 2017 | Measurement | Eritrea | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, autonomy, social support, ease of use of the system |
| Kigenyi | Quality of intrapartum care at Mulago national referral hospital, Uganda: clients' perspective | 2013 | Measurement | Uganda | labor and childbirth | Instrument not validated | respect & dignity, privacy, autonomy, confidentiality, wait time |
| Lacaze-Masmonteil | Perception du contexte linguistique et culturel minoritaire sur le vécu de la grossesse | 2013 | Measurement | Canada | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, social support, ease of use of the system, wait time |
| Lee | Efficacy of Warm Showers on Labor Pain and Birth Experiences During the First Labor Stage | 2013 | Program/Policy evaluation | Taiwan | labor and childbirth | Used validated instrument | autonomy, social support |
| Lewis | Development and validation of a measure of informed choice for women undergoing non-invasive prenatal testing for aneuploidy | 2016 | Instrument validation | United Kingdom | antenatal | Validation study | autonomy |
| Liabsuetrakul | Health system responsiveness for delivery care in Southern Thailand | 2012 | Measurement | Thailand | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, social support, choice of provider |
| Lin | Comparison between pregnant Southeast Asian immigrant and Taiwanese women in terms of pregnancy knowledge, attitude toward pregnancy, medical service experiences and prenatal care behaviors | 2008 | Measurement | Taiwan | antenatal | Instrument not validated | communication, ease of use of the system |
| Lindquist | Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey | 2015 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, ease of use of the system |

| | | | | | | | |
|------------|--|------|---------------------------|----------------|---|--|--|
| Macfarlane | Survey of women's experiences of care in a new freestanding midwifery unit in an inner city area of London, England. 1: Methods and women's overall ratings of care | 2014 | Program/Policy evaluation | United Kingdom | antenatal, labor and childbirth, postnatal | Instrument not validated | respect & dignity, privacy |
| Macfarlane | Survey of women's experiences of care in a new freestanding midwifery unit in an inner city area of London, England: 2. Specific aspects of care | 2014 | Measurement | United Kingdom | labor and childbirth | Instrument not validated | communication, respect & dignity |
| Mahar | Quantity and quality of information, education and communication during antenatal visit at private and public sector hospitals of Bahawalpur, Pakistan | 2012 | Measurement | Pakistan | antenatal | Has components of validated instrument | communication |
| Malouf | Access and quality of maternity care for disabled women during pregnancy, birth and the postnatal period in England: data from a national survey | 2017 | Measurement | United Kingdom | abortion, antenatal, labor and childbirth, postnatal, newborn | Instrument not validated | communication, respect & dignity, kindness, social support, user voice, ease of use of the system, wait time |
| Mannarini | A Rasch-based dimension of delivery experience: spontaneous vs. medically assisted conception | 2013 | Measurement | Italy | labor and childbirth | Instrument not validated | respect & dignity |
| Martin | Midwives' perceptions of communication during videotaped counseling for prenatal anomaly tests: how do they relate to clients' perceptions and independent observations? | 2015 | Instrument validation | Netherlands | antenatal | Validation study | communication, autonomy |
| McLachlan | A randomised controlled trial of caseload midwifery for women at low risk of medical complications (COSMOS): Women's satisfaction with care | 2012 | Program/Policy evaluation | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, autonomy, kindness, social support, user voice |

| | | | | | | | |
|-------------------|---|------|-------------|--------------------|--|--|---|
| Mohammad | Jordanian women's dissatisfaction with childbirth care | 2013 | Measurement | Jordan | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, autonomy, kindness, user voice |
| Molina | Delivery practices and care experience during implementation of an adapted safe childbirth checklist and respectful care program in Chiapas, Mexico | 2019 | Measurement | Mexico | labor and childbirth | Instrument not validated | communication, privacy, social support |
| Molloy | Improving practice: women's views of a maternity triage service | 2010 | Measurement | United Kingdom | other | Instrument not validated | communication, respect & dignity, wait time |
| Montesinos-Segura | Disrespect and abuse during childbirth in fourteen hospitals in nine cities of Peru | 2017 | Measurement | Peru | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support |
| Moosavivat | Comparison of maternity care quality in teaching and non-teaching hospitals in Khorram Abad, Islamic Republic of Iran | 2011 | Measurement | Iran, Islamic Rep. | labor and childbirth, postnatal, newborn | Used validated instrument | communication, privacy |
| Mukamuri go | Associations between perceptions of care and women's childbirth experience: a population-based cross-sectional study in Rwanda | 2017 | Measurement | Rwanda | labor and childbirth | Has components of validated instrument | communication, respect & dignity, social support |
| Mulherin | Weight stigma in maternity care: women's experiences and care providers' attitudes | 2013 | Measurement | Australia | antenatal, labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, privacy, kindness, social support |
| Mutaganzwa | Advancing the health of women and newborns: predictors of patient satisfaction among women attending antenatal and maternity care in rural Rwanda | 2018 | Measurement | Rwanda | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, confidentiality, affordability, ease of use of the system, wait time |
| Na | An early stage evaluation of the Supporting Program for Obstetric Care Underserved Areas in | 2014 | Measurement | Korea, Rep. | labor and childbirth | Instrument not validated | kindness |

| Korea | | | | | | | |
|-----------|--|------|---------------------------|------------|---|--|---|
| Nababan | Improving quality of care for maternal and newborn health: a pre-post evaluation of the Safe Childbirth Checklist at a hospital in Bangladesh | 2017 | Program/Policy evaluation | Bangladesh | labor and childbirth | Has components of validated instrument | communication, social support |
| Nnebue | Clients' knowledge, perception and satisfaction with quality of maternal health care services at the primary health care level in Nnewi, Nigeria | 2014 | Measurement | Nigeria | antenatal, labor and childbirth, postnatal, other | Instrument not validated | wait time |
| Oikawa | Assessment of maternal satisfaction with facility-based childbirth care in the rural region of Tambacouda, Senegal | 2014 | Measurement | Senegal | labor and childbirth | Instrument not validated | communication, privacy, kindness, social support |
| Okafor | Disrespect and abuse during facility-based childbirth in a low-income country | 2015 | Measurement | Nigeria | labor and childbirth | Used validated instrument | communication, respect & dignity, nondiscrimination, autonomy, confidentiality, privacy, social support |
| Oladapo | Quality of antenatal services at the primary care level in southwest Nigeria | 2008 | Measurement | Nigeria | antenatal | Has components of validated instrument | communication, respect & dignity, privacy, nondiscrimination, autonomy, kindness, social support, wait time |
| Onyeajam | Antenatal care satisfaction in a developing country: a cross-sectional study from Nigeria | 2018 | Measurement | Nigeria | antenatal | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, kindness, affordability, wait time |
| Oskay | Evaluation of Patients' Satisfaction With Nursing Students' Care on a Perinatology Ward | 2015 | Measurement | Turkey | antenatal, labor and childbirth, other | Used validated instrument | communication, respect & dignity, kindness, social support |
| Overgaard | The impact of birthplace on women's birth experiences and perceptions of care | 2012 | Measurement | Denmark | labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, autonomy, social support, user voice |

| | | | | | | | |
|-------------------|---|------|-------------|----------------|--|--|---|
| Oweis | Jordanian mother's report of their childbirth experience: findings from a questionnaire survey | 2009 | Measurement | Jordan | labor and childbirth | Used validated instrument | communication, respect & dignity, privacy, nondiscrimination, autonomy, social support, ease of use of the system |
| Paul | Improving satisfaction with care and reducing length of stay in an obstetric triage unit using a nurse-midwife-managed model of care | 2013 | Measurement | United States | other | Has components of validated instrument | communication, wait time |
| Phaladi-Digamela | Community-physician-based versus hospital-based antenatal care: A comparison of patient satisfaction | 2014 | Measurement | South Africa | antenatal | Used validated instrument | communication, respect & dignity, user voice, wait time |
| Pinidiyapathirage | Antenatal care provided and its quality in field clinics in Gampaha District, Sri Lanka | 2007 | Measurement | Sri Lanka | antenatal | Instrument not validated | communication |
| Qureshi | Patient satisfaction at tertiary care hospitals in Kashmir: a study from the Lala Ded Hospital Kashmir India | 2009 | Measurement | India | other | Instrument not validated | communication, ease of use of the system |
| Rabbani | Service quality in contracted facilities | 2015 | Measurement | Pakistan | antenatal | Has components of validated instrument | communication |
| Raj | Associations Between Mistreatment by a Provider during Childbirth and Maternal Health Complications in Uttar Pradesh, India | 2017 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, nondiscrimination |
| Raleigh | Ethnic and social inequalities in women's experience of maternity care in England: results of a national survey | 2010 | Measurement | United Kingdom | antenatal, labor and childbirth, postnatal | Has components of validated instrument | communication, respect & dignity, autonomy, social support, choice of provider, ease of use of the system |
| Ratcliffe | Mitigating disrespect and abuse during childbirth in Tanzania: an exploratory study of the effects of two facility-based interventions in a large public hospital | 2016 | Measurement | Tanzania | labor and childbirth | Has components of validated instrument | respect & dignity |

| | | | | | | | |
|--------------|---|------|---------------------------|----------------|--|--|--|
| Redshaw | Validation of a perceptions of care adjective checklist | 2009 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity, kindness, social support |
| Ribeiro | CONTENTMENT OF PUERPERAL WOMEN ASSISTED BY OBSTETRIC NURSES | 2018 | Measurement | Brazil | labor and childbirth | Instrument not validated | communication, respect & dignity, kindness, social support |
| Robertson | Comparison of centering pregnancy to traditional care in Hispanic mothers | 2009 | Measurement | United States | antenatal | Has components of validated instrument | user voice |
| Roosevelt | Psychometric assessment of the Health Care Alliance Questionnaire with women in prenatal care | 2015 | Instrument validation | United States | antenatal | Validation study | communication, respect & dignity, confidentiality, autonomy, kindness, social support |
| Rubashkin | Assessing quality of maternity care in Hungary: expert validation and testing of the mother-centered prenatal care (MCPC) survey instrument | 2017 | Instrument validation | Hungary | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, nondiscrimination, autonomy, user voice, affordability, choice of provider |
| Rudman | Evaluating multi-dimensional aspects of postnatal hospital care | 2008 | Measurement | Sweden | postnatal | Instrument not validated | communication, respect & dignity, kindness |
| Sabanaya gam | Attitudes and perceptions of pregnant women with CHD: results of a single-site survey | 2017 | Measurement | United States | antenatal, postnatal | Instrument not validated | communication, choice of provider |
| Saggurti | Effect of health intervention integration within women's self-help groups on collectivization and healthy practices around reproductive, maternal, neonatal and child health in rural India | 2018 | Program/Policy evaluation | India | labor and childbirth | Instrument not validated | social support |
| Saima | Assessing patient satisfaction in gynaecology and obstetrics in tertiary care hospital | 2015 | Measurement | Pakistan | other | Has components of validated instrument | communication, respect & dignity, nondiscrimination, autonomy |

| | | | | | | | |
|------------------|--|------|-----------------------|----------------|----------------------|--------------------------|---|
| Saizonou | Quality Assessment of Refocused Antenatal Care Services at the District Hospital of Suru-Léré in Benin | 2014 | Measurement | Benin | antenatal | Instrument not validated | communication, respect & dignity, affordability, ease of use of the system |
| Sapountzi-Krepia | Mothers' experiences of maternity services: internal consistency and test-retest reliability of the Greek translation of the Kuopio Instrument for Mothers | 2009 | Instrument validation | Greece | labor and childbirth | Validation study | communication, respect & dignity, autonomy |
| Sawyer | Measuring parents' experiences and satisfaction with care during very preterm birth: a questionnaire development study | 2014 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, kindness, social support, user voice |
| Sebastian | Associations Between Maternity Care Practices and 2-Month Breastfeeding Duration Vary by Race, Ethnicity, and Acculturation | 2019 | Measurement | Mexico | labor and childbirth | Instrument not validated | communication, ease of use of the system |
| Sethi | The prevalence of disrespect and abuse during facility-based maternity care in Malawi: evidence from direct observations of labor and delivery | 2017 | Measurement | Malawi | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, social support, user voice |
| Sharma | An investigation into mistreatment of women during labour and childbirth in maternity care facilities in Uttar Pradesh, India: a mixed methods study | 2019 | Measurement | India | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, social support |
| Sheferaw | Development of a tool to measure women's perception of respectful maternity care in public health facilities | 2016 | Instrument validation | Ethiopia | labor and childbirth | Validation study | communication, respect & dignity, autonomy, privacy, social support, nondiscrimination, kindness, wait time |
| Shferaw | Respectful maternity care in Ethiopian public health facilities | 2017 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, social support, user voice |

| | | | | | | | |
|----------------|--|------|-----------------------|--------------------|--|---------------------------|---|
| Shimizu | Maternal perceptions of family-centred support and their associations with the mother-nurse relationship in the neonatal intensive care unit | 2018 | Measurement | Japan | postnatal, newborn | Used validated instrument | communication, respect & dignity, autonomy, social support, user voice, ease of use of the system |
| Sholeye | Client perception of antenatal care services at primary health centers in an urban area of Lagos, Nigeria | 2013 | Measurement | Nigeria | antenatal | Instrument not validated | communication, autonomy |
| Siassakos | A simple tool to measure patient perceptions of operative birth | 2009 | Instrument validation | United Kingdom | labor and childbirth | Validation study | communication, respect & dignity |
| Sigurdardottir | The predictive role of support in the birth experience: A longitudinal cohort study | 2017 | Measurement | Iceland | antenatal, labor and childbirth, postnatal | Instrument not validated | social support |
| Soheily | A Comparative Study of Satisfaction of Midwives and Mothers of Adherence to Patient Rights | 2017 | Measurement | Iran, Islamic Rep. | antenatal, labor and childbirth | Instrument not validated | communication, privacy, autonomy, user voice |
| Spira | Improving the quality of maternity services in Nepal through accelerated implementation of essential interventions by healthcare professional associations | 2018 | Measurement of other | Nepal | labor and childbirth | Instrument not validated | social support |
| Stojanovski | The Influence of Ethnicity and Displacement on Quality of Antenatal Care: The Case of Roma, Ashkali, and Balkan Egyptian Communities in Kosovo | 2017 | Measurement | Kosovo | antenatal | Instrument not validated | communication |
| Sword | Quality of prenatal care questionnaire: psychometric testing in an Australia population | 2015 | Instrument validation | Australia | antenatal | Validation study | communication, respect & dignity, autonomy, kindness, social support |
| Takacs | Social psychological predictors of satisfaction with intrapartum and postpartum care - what matters to women in Czech maternity | 2015 | Measurement | Czech Republic | labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, autonomy |

hospitals?

| | | | | | | | |
|-------------|---|------|---------------------------|----------------|---------------------------------|--------------------------|---|
| Tan | Investigating factors associated with success of breastfeeding in first-time mothers undergoing epidural analgesia: a prospective cohort study | 2018 | Measurement of other | Singapore | labor and childbirth | Instrument not validated | social support |
| Tancred | Using mixed methods to evaluate perceived quality of care in southern Tanzania | 2016 | Measurement | Tanzania | labor and childbirth | Instrument not validated | respect & dignity, social support |
| Tocchioni | Socio-demographic determinants of women's satisfaction with prenatal and delivery care services in Italy | 2018 | Measurement | Italy | antenatal, labor and childbirth | Instrument not validated | communication, social support |
| Tomlinson | Improved management of stillbirth using a care pathway | 2018 | Program/Policy evaluation | United Kingdom | labor and childbirth, postnatal | Instrument not validated | communication, respect & dignity, social support, user voice |
| Tougher | Effect of a multifaceted social franchising model on quality and coverage of maternal, newborn, and reproductive health-care services in Uttar Pradesh, India: a quasi-experimental study | 2018 | Program/Policy evaluation | India | antenatal, labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, social support, affordability |
| Truijens | Development of the Childbirth Perception Scale (CPS): perception of delivery and the first postpartum week | 2014 | Instrument validation | Netherlands | labor and childbirth, postnatal | Validation study | respect & dignity, social support |
| Ulfssdottir | The association between labour variables and primiparous women's experience of childbirth; a prospective cohort study | 2014 | Measurement | Sweden | labor and childbirth | Instrument not validated | social support |
| Uludag | Development and Testing of Women's Perception for the Scale of Supportive Care Given During Labor | 2015 | Instrument validation | Turkey | labor and childbirth | Validation study | communication, respect & dignity, privacy, kindness, social support, user voice |

| | | | | | | | |
|------------|--|------|-----------------------|-------------|--|---------------------------|---|
| Vedam | The Mothers on Respect (MOR) index: measuring quality, safety, and human rights in childbirth | 2017 | Instrument validation | Canada | antenatal, labor and childbirth, postnatal | Validation study | communication, respect & dignity, nondiscrimination, autonomy, choice of provider |
| Vinturache | Recall of Prenatal Counselling Among Obese and Overweight Women from a Canadian Population: A Population Based Study | 2017 | Instrument validation | Canada | antenatal | Instrument not validated | communication, user voice |
| Wang | Perceived Needs of Parents of Premature Infants in NICU | 2018 | Measurement | China | postnatal, newborn | Used validated instrument | communication, respect & dignity, social support, ease of use of the system |
| Wassihun | Prevalence of disrespect and abuse of women during child birth and associated factors in Bahir Dar town, Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, autonomy, privacy, nondiscrimination, confidentiality, social support, user voice |
| Wassihun | Compassionate and respectful maternity care during facility based child birth and women's intent to use maternity service in Bahir Dar, Ethiopia | 2018 | Measurement | Ethiopia | labor and childbirth | Instrument not validated | communication, respect & dignity, nondiscrimination, confidentiality, kindness, wait time |
| Wesson | Provider and client perspectives on maternity care in Namibia: results from two cross-sectional studies | 2018 | Measurement | Namibia | labor and childbirth | Instrument not validated | communication, respect & dignity, privacy, nondiscrimination, confidentiality, social support, affordability, ease of use of the system |
| Wiegers | The quality of maternity care services as experienced by women in the Netherlands | 2009 | Measurement | Netherlands | antenatal, labor and childbirth, postnatal | Used validated instrument | communication, respect & dignity, user voice |
| Ziabakhsh | Voices of Postpartum Women: Exploring Canadian Women's Experiences of Inpatient Postpartum Care | 2018 | Measurement | Canada | postnatal, newborn | Instrument not validated | communication, kindness, social support, user voice |