

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

Elysia Larson <sup>1,2</sup>, Jigyasa Sharma <sup>2</sup>, Khalidha Nasiri <sup>3,4</sup>,  
Meghan A Bohren <sup>5</sup>, Özge Tunçalp <sup>4</sup>

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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.<sup>1-4</sup> Poor

quality of clinical care directly affects maternal morbidity and mortality and impedes the achievement of the Sustainable Development Goals by 2030.<sup>5–9</sup> 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.<sup>1 10 11</sup>

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.<sup>12</sup> The recent Lancet Global Health Commission on High Quality Health Systems<sup>13</sup> 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'.<sup>14</sup> 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.<sup>15</sup>

Appropriately measuring user experience is critical for both accountability and action.<sup>15</sup> 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,<sup>1 16 17</sup> to our knowledge, there is only one systematic review reporting on quantitative instruments for measuring people's childbirth experience,<sup>18</sup> 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.<sup>34</sup> 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.<sup>35</sup>

providers and the healthcare system. Recognising the need to distinguish between user experience and user satisfaction,<sup>19</sup> we began with a conceptual framework for user experience that is adapted from the WHO Quality of Care Framework for maternal and newborn health<sup>20</sup> and the Lancet Global Health Commission High Quality Health System framework.<sup>13</sup> 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.<sup>20</sup> 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.<sup>19</sup>

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.<sup>21</sup> 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<sup>17 18</sup> 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](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.<sup>20</sup> 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.

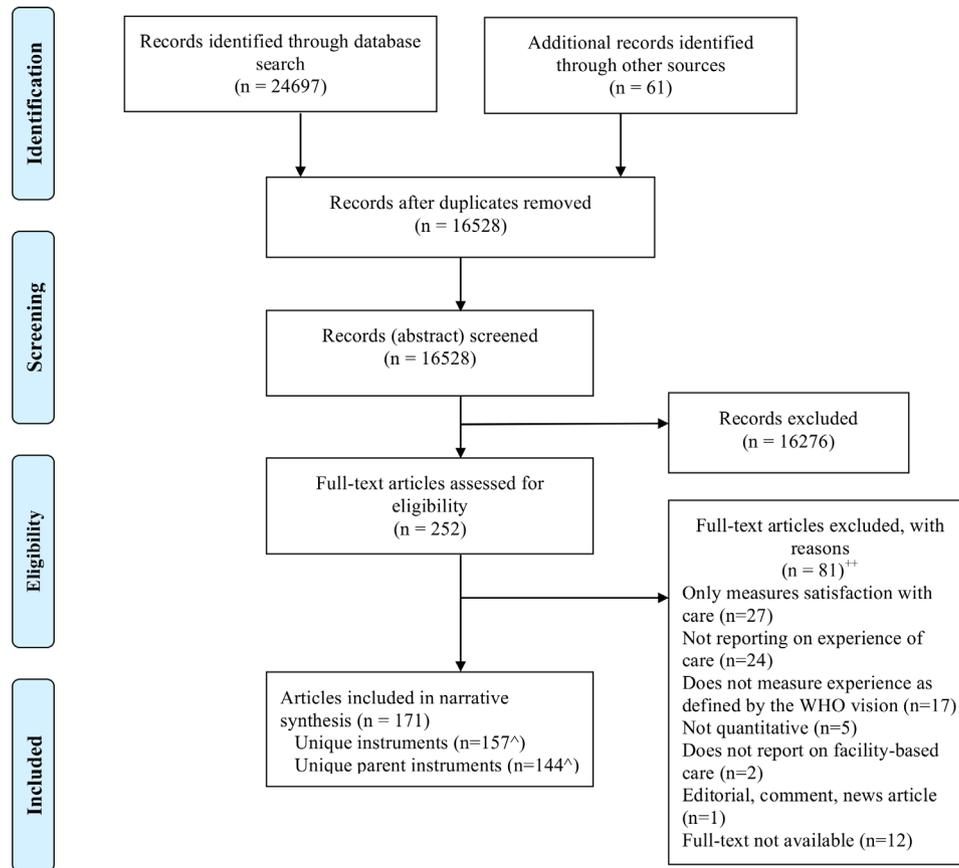
This review is reported following the PRISMA-ScR statement guideline to enhance transparency in reporting scoping reviews.<sup>21</sup> The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

### 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.

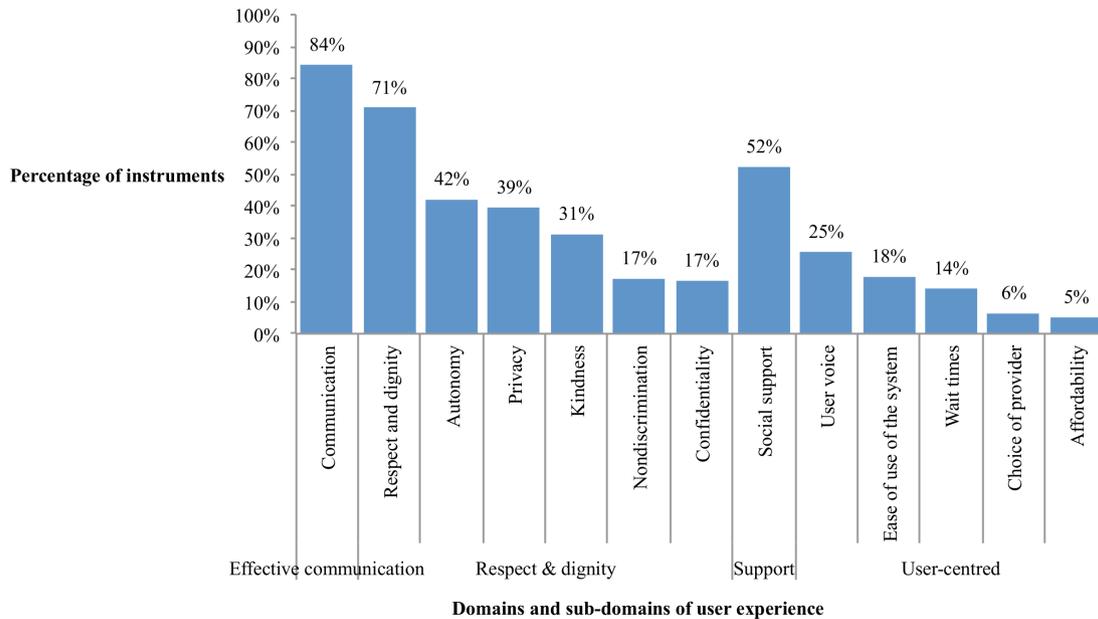
In half of the articles (50%), the authors did not specify a clear conceptual framework for their choice of user experience domains. The most frequently cited frameworks included the WHO Quality of Care framework<sup>20</sup> and Valentine *et al's* work on the responsiveness of health systems.<sup>22</sup> Other commonly cited publications included two on mistreatment during childbirth (Bowser and Hill<sup>23</sup> and Bohren *et al's*) and Donabedian's framework for quality of care.<sup>24</sup> 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

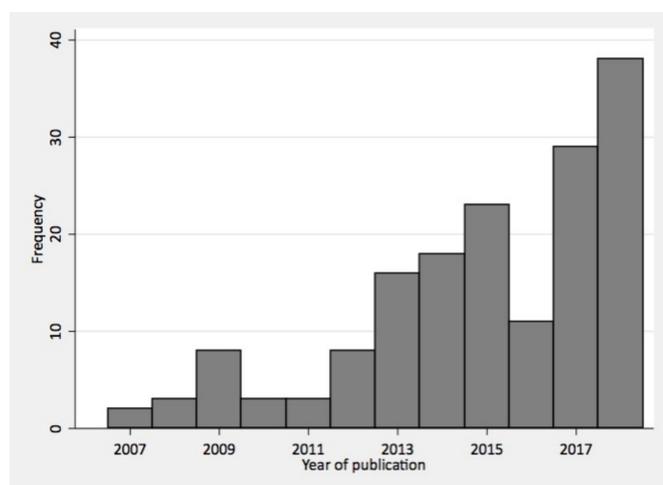


**Figure 2** Percentage of identified measures and instruments reporting by domain and subdomain of user experience (n=157).

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



**Figure 3** Number of articles by year<sup>+</sup> 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.

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.<sup>4 25</sup> 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.<sup>10</sup>

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

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

	Published 2007 to 2015	Published 2016 to 2019	Total
	N (%)	N (%)	N (%)
<b>Purpose</b>			
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)
<b>Participants</b>			
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)
<b>Data collection methods</b>			
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.<sup>19</sup> 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.<sup>26</sup> 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,<sup>27</sup> 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.<sup>17</sup> 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.<sup>28</sup> 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,<sup>29</sup> 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.<sup>13 20</sup> 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".<sup>30</sup> 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.<sup>31</sup> 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.<sup>19</sup> 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.<sup>30</sup> 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.<sup>32 33</sup>

## 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

<sup>1</sup>Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center, Boston, Massachusetts, USA

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

<sup>3</sup>Schulich School of Medicine and Dentistry, London, Ontario, Canada

<sup>4</sup>Department 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

<sup>5</sup>Centre 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

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#### 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>

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*(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
<b>IDENTIFICATION</b>	
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>	
<b>ELIGIBILITY</b>	
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"	
<b>SETTINGS &amp; DEMOGRAPHICS</b>	
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>	
<b>STUDY DESIGN &amp; OBJECTIVES</b>	
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
<b>DATA COLLECTION TOOLS &amp; METHODOLOGY</b>	
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
Henderson	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
Henderson	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
Henderson	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-Manzanas	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
Colombaro	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-Masmontel	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
<b>IDENTIFICATION</b>	
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>	
<b>ELIGIBILITY</b>	
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"	
<b>SETTINGS &amp; DEMOGRAPHICS</b>	
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>	
<b>STUDY DESIGN &amp; OBJECTIVES</b>	
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
<b>DATA COLLECTION TOOLS &amp; METHODOLOGY</b>	
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
Henderson	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
Henderson	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
Henderson	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