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Conceptual Frameworks for Understanding Postnatal Mothers' Satisfaction with the Birthing Experience: A Narrative Review

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Abstract: Modern healthcare is increasingly emphasizing maternal satisfaction as the most important qualitative outcome of the childbirth experience. This narrative review aimed to categorize and evaluate the conceptual frameworks used to define and measure maternal satisfaction. A comprehensive search was conducted across electronic databases, including PubMed, EMBASE, and the Cochrane Library, supplemented by Google Scholar and Semantic Scholar. The AI tool Elicit was utilized to assist in screening scientific papers for thematic relevance. Search terms included satisfaction, conceptual frameworks, birthing experience, and postnatal mothers. This narrative review identifies a spectrum of frameworks varying in scope, focus and theoretical origin. The Donabedian framework remains the foundational model for quality, while the WHO quality of care framework for maternal and neonatal health provides a holistic policy perspective by elevating Respectful Maternity Care to a core dimension. The Hulton framework emphasizes institutional assessment. In contrast, the Hollins Martin and Dencker models are patient-driven, prioritizing internal, subjective experiences and patient-reported factors. The findings suggest a divide between the top down quality assurance models (Donabedian, Hulton, WHO) and bottom up, experience-based models (Hollins Martin, Dencker). No single framework provides a comprehensive multidimensional understanding of maternal satisfaction. This review suggests that researchers should consider integrating structural quality indicators with subjective patient-reported dimensions to fully capture the complexity of the birthing experience.

Keywords: Conceptual frameworks, satisfaction, birthing experience, postnatal mothers.

INTRODUCTION

While quality of healthcare has routinely been measured from the perspectives of health care professionals, modern healthcare perspectives are increasingly emphasizing patient satisfaction as a crucial indicator of quality [1]. In maternal and child health care, maternal satisfaction with birthing experience has also emerged as the most important qualitative outcome in assessing childbirth experience and is one construct which is central to assessing the quality and effectiveness of maternity services [2]. This shift aligns with the World

Health Organization's (WHO) recommendations for positive childbirth experiences, emphasizing maternal rights and the subjective evaluation of care received.

Maternal satisfaction with the birthing experience encompasses a woman's individual evaluation of her experience, including the quality of her interactions with healthcare professionals and the impact on her postpartum well-being [3]. It represents the cognitive appraisal of birth as a fulfilling, positive and gratifying experience [4, 5]. This assessment reflects the mothers’ overall well-being and emotional response, encompassing various psychosocial factors such as the provision of adequate social support and respectful treatment, which are integral to a positive childbirth experience and influence the birth process [6, 7]. Consequently, a comprehensive understanding of the conceptual frameworks underpinning maternal satisfaction with the birthing experience is essential. This narrative review provides a summation and analysis of available literature on conceptual frameworks pertaining to postnatal mothers’ satisfaction with the birthing experience.

METHODS

A search and research of literature was conducted on electronic databases, such as PubMed, EMBASE, and the Cochrane databases of systematic reviews and other open access papers. Google Scholar and Semantic scholar were also used. Key words included satisfaction, conceptual frameworks, birthing experience, postnatal mothers. Reference lists of related articles were also utilized. Elicit was used in the literature search to analyze scientific papers, and determine suitability of content to be included in the review. Salient statements from papers were extracted and a structured answer outline based on extracted quotes was synthesized. The review has been presented in sections namely; introduction, theoretical foundations and conceptual definitions, conceptual frameworks, core dimensions of satisfaction with birth experience and ends with highlighting the limitations and the strengths of the review. Finally, a conclusion has been drawn.

RESULTS AND DISCUSSION

Theoretical Foundations and Conceptual Definitions

The conceptual understanding of satisfaction with the birthing experience has evolved from narrow biomedical definitions to more comprehensive definitions that capture the multifaceted nature of the birthing experience. Birth satisfaction is now recognized as a complex unity of multiple variables that reflect various aspects of health care rather than being a mere aggregate of the separate variables [8]. This broader conceptualization acknowledges that satisfaction shows a dynamic coherence to be viewed as a complex structure of interacting moments such as communication, information, involvement in decision making, respect for privacy, support [8].

Birth satisfaction is defined as a personal evaluation of healthcare services and providers that reflects the personal preferences of the individual, the individual's expectations, and the realities of the care received [9]. A complementary definition notes that satisfaction comprises of multiple evaluations of distinct aspects of healthcare which are determined by the individual's perceptions, attitudes and comparison processes, highlighting the multidimensional nature of satisfaction [9].

However, the distinction between satisfaction with care and satisfaction with the birth experience itself remains a critical conceptual challenge. While these concepts are often combined in research, satisfaction with birth experience is a broader concept encompassing miscellaneous variables related to distinct aspects of a woman's overall perception of the event, with the quality of care representing one of its key components [8]. This broader view recognizes childbirth as an individual life event, incorporating interrelated subjective psychological and physiological processes, influenced by social, environmental, organizational and policy contexts [10]. However, efforts to conceptualize satisfaction with the birthing experience have clearly demonstrated that the concept is now understood to be deeply rooted in the relational and psychological aspects of care, rather than just the physical or medical ones.

Conceptual Frameworks for Satisfaction with the Birthing Experience

The study of satisfaction with the birth experience has been guided by several established frameworks that provide structured approaches to understanding the complex factors influencing the women's birthing experiences [11]. The Donabedian framework which categorizes quality into structure, process, and outcome, is the most widely adapted framework to understand maternal satisfaction [12]. This notable framework has been extensively used in studies assessing patient perception and provides a systematic way to organize the major determinants of satisfaction [11, 13]. In this context, structure refers to the settings of care which are the relatively stable characteristics of the environment in which care is provided. They include the physical environment which includes the cleanliness, hygiene, availability of infrastructure, water supply, electricity, adequate space in the room, seating arrangements, and privacy in the labor or delivery room. Deficiencies in these areas are consistently linked to dissatisfaction.

The process component refers to the delivery of care. This includes all activities involved in giving and receiving of care and directly shape the woman's birthing experience. It includes respectful, friendly, and empathetic behavior from healthcare providers. Disrespect and abuse are powerful negative predictors of satisfaction. Others include involvement and autonomy during labor and birth which allows the woman to be an active participant in decision making, respecting her birthing preferences and permitting birth companionship [12]. The outcome component of the Donabedian framework includes the clinical and behavioral outcomes of labor and birth. Clinical outcomes such as a perception of a normal delivery, a short duration of labor and favorable birth outcome with a live newborn are positively associated with higher maternal satisfaction. Behavioral outcomes entail that a satisfied mother is more likely to further utilize healthcare services, adhere to recommendations and recommend the facility to others, which are critical for achieving broader public health goals such as reducing maternal and neonatal mortality [12]. Research applying the Donabedian framework has found that while all three domains contribute to maternal satisfaction with the birthing experience, the process of care typically dominates as the primary determinant [11, 13, 14].

Building on the established Donabedian framework, specialized frameworks have been developed specifically for maternity care contexts. These frameworks often incorporate additional elements not specific to traditional quality models, such as convenience of access, socio-economic and cultural determinants, and maternal

characteristics [11]. Hulton and colleagues created a framework known as the Hulton framework specifically for quality of maternity care assessment within institutional contexts [15]. It is comprised of ten elements explaining maternal satisfaction. Six elements are related to the provision of care and include human and physical resources, the referral system, management and information system, the use of appropriate technologies, internationally recognized good practice and the management of emergencies. The other four aspects relate to the woman' experience of care and include availability of human and physical resources; cognition; respect, dignity and equity, and emotional support [15]. The framework has since been used alongside the Donabedian model to define themes and subthemes based on care experiences [11].

Another framework of satisfaction with care is the WHO Quality of Care Framework for Maternal and Newborn Health. It is a comprehensive model designed to guide countries in assessing, improving, and monitoring the quality of care provided to mothers and newborn in health facilities [16]. The WHO framework was built upon the classic Donabedian Model but is significantly expanded and tailored specifically for maternal and newborn care. It is driven by the vision that every pregnant woman and newborn should receive quality care. The WHO framework emphasizes two equally important, interlinked dimensions of quality namely provision of care and the experience of care, which is crucial for satisfaction, human rights, and encouraging facility-based births. The framework identifies eight domains of quality that should be targeted for assessment and improvement. By placing these experience-based elements within a quality framework that also includes essential clinical and structural requirements, WHO ensures that efforts to improve maternal outcomes are holistic and inherently human rights based.

Another most widely referenced conceptual framework for understanding birth satisfaction was developed by Hollins Martin and Fleming. They identified three themes through literature review and analysis of research based satisfaction statements [17]. These themes include service provision (home assessment, birth environment, support, relationships with health care professionals); personal attributes (ability to cope during labor, feeling in control, childbirth preparation, relationship with baby); and stress experienced during labor (distress, obstetric injuries, receiving sufficient medical care, obstetric intervention, pain, long labor and baby's health) [18]. This framework has been further refined to conceptualize birth satisfaction as a complex construct consisting of three core elements namely stress experienced, personal characteristics, and the quality of care received [19].

Another notable framework emerged from Dencker and colleagues' empirical work, which used factor analysis to identify four key dimensions of first-time mothers' childbirth experiences. These include the mothers' own capacity, professional support, perceived safety, and participation. This framework is said to account for 54% of the variance in childbirth experiences and provides a foundation for measuring different aspects of maternal satisfaction with labor and birth [20].

Other frameworks of birth satisfaction research are rooted in the fulfilment theories and discrepancy theories [9]. Fulfilment theories state that a person's satisfaction is determined by the outcome of the experience and previous expectations are not important. On the other hand, discrepancy theories argue that a person's satisfaction is determined by the differences between what is expected and what actually happens [9]. These theories

have informed the development of measures of satisfaction and provide the conceptual basis for understanding how women evaluate their birthing experiences.

An additional theoretical perspective comes from Subjective Well-being Theory, which conceptualizes satisfaction with childbirth as a cognitive evaluation of whether the birth experience matches the mother's personal preferences. Particularly, satisfaction is perceived with a fit between a mother's preferences and her birth environment [14]. The theoretical understanding emphasizes that knowing a woman's expectations regarding childbirth is an important predictor related to satisfaction, and that women need to be part of the process, having a sense of control during delivery, participating in decision-making, and being well informed about events.

More recently, researchers have proposed broader umbrella frameworks to address the growing evidence of sub-standard care during facility-based childbirth. The birth integrity multilevel framework represents a synthesis of various research approaches including obstetric violence, maternal satisfaction, disrespect or mistreatment during childbirth, and person-centered care. This six-field, macro-to-micro level framework helps analytically distinguish between interwoven contributing factors that influence the birth situation and the integrity of those giving birth [21].

Other recent theoretical developments include the Theory of Supportive Care Settings, which focuses specifically on environmental factors contributing to supportive birthing environments within healthcare settings [22]. This framework identifies five main components: service in the environment, recognizing oneself within the birthing space, creating connections with support systems, being welcomed into the birthing space, and feeling safe within the birthing environment [22]. This approach represents a new framework that balances already documented phenomena such as agency and control during birth with new findings, such as the necessity of a warm welcome into the birthing environment to promote trust, comfort, and empowerment [22].

In recent years, the concept of Respectful Maternity Care (RMC) has emerged as a central conceptual model, synthesizing many of the process components of satisfaction and framing them as a human right [23]. The RMC framework explains that maternal satisfaction is a direct consequence of receiving care that: maintains dignity and respect, ensures informed consent and choice, provides social and emotional support and focuses on communication. A modified RMC framework, for instance, integrates models like Kirkpatrick's Training Evaluation (linking provider training to RMC outcomes), Bowser & Hill's Landscape Analysis (categorising disrespect and abuse), and the Three Delays Model (addressing systemic barriers to care) [24]. This integrated approach provides an actionable tool by linking provider level factors (training, behaviour) to patient experience (autonomy, dignity) and systemic factors (resource requirements, infrastructure).

Another notable three-component framework has emerged in recent research, defining birth satisfaction as a complex construct consisting of three elements: stress experienced (SE), personal characteristics (PC), and the quality of care (QC) received [19]. This framework provides a structured approach to understanding how different factors interact to shape a woman's overall birthing experience.

It is important to note that modern conceptual frameworks emphasize the multidimensional nature of birth satisfaction, recognizing that women may be satisfied with some aspects of an experience and dissatisfied with others [25]. This understanding has led

researchers to develop more comprehensive assessment approaches that capture both positive and negative perceptions rather than relying on traditional satisfaction measures that often report homogenous levels of satisfaction [10].

Core Dimensions of Satisfaction with the Birthing Experience

It's important to note that satisfaction with the birthing experience is multidimensional. This means that mothers may be satisfied with some aspects of their experience while dissatisfied with others [25]. The variety of instruments and components used to assess satisfaction has made it challenging to find a common structure, with different questionnaires including varying numbers of dimensions and subscales [26]. However, there is currently no gold standard instrument for assessing satisfaction with labor or childbirth, highlighting the ongoing challenge in standardizing measurement approaches across different populations and settings [27].

However, research has consistently identified several core dimensions that comprise satisfaction with the birthing experience, though the specific categorizations vary across studies. The most comprehensive synthesis reveals that birth satisfaction encompasses both internal factors related to women's personal attributes and external factors related to care provision and environmental conditions [5]. Other research has identified multiple interconnected dimensions that influence maternal satisfaction with the birthing experience. Notable studies have established five core dimensions: the delivery experience (pain intensity, complications and length of labor), medical care, nursing care, information received and participation in decision-making, and physical aspects of the labor and delivery rooms [28]. Additional research has identified key features including explanation of procedures and maternal involvement in choosing them, support from partners and qualified hospital staff, and physical comfort of the postnatal ward [28].

Interpersonal and communication factors emerge as among the most critical dimensions across multiple frameworks. These include effective communication between women and care providers during labor and birth, providing opportunities for active participation, being able to choose among options, and being given information about why certain decisions are being made [25]. Multiple studies have identified dimensions related to information received, participation in decision-making processes, explanation of procedures, and involvement of mothers in choosing treatment options [18, 25, 28].

Professional support and care quality represent another fundamental dimension, encompassing support from caregivers, quality of caregiver-patient relationships, nursing care, medical care, and the presence of qualified hospital staff [28]. The Childbirth Experience Questionnaire specifically identifies professional support as one of four key factors that account for 54% of variance in childbirth experiences [20, 26].

Personal attributes and sense of control consistently appear as core dimensions, including women's ability to cope during labor, feeling in control, childbirth preparation, and their own capacity and strength [5, 18]. This dimension reflects internal factors that women bring to their birth experience and their sense of empowerment during the process.

Safety and security perceptions form another key dimension, with perceived safety being identified as a distinct factor in empirical analyses [20, 26]. The feeling of safety

promoted by a supportive environment is essential for gaining control during birth and focusing on coping techniques [5].

Stress and distress experienced represents a critical dimension encompassing distress, obstetric injuries, receiving sufficient medical care, obstetric interventions, pain, labor length, and baby's health [18]. Some instruments specifically measure distress and difficulty as separate subscales of the birth experience [26].

Environmental and physical factors include the birth environment, physical comfort of postnatal wards, privacy, and physical aspects of labor and delivery rooms [18, 28].

A systematic review of 137 reports identified four primary factors influencing women's evaluations of their childbirth experiences: personal expectations, the amount of support from caregivers, the quality of the caregiver-patient relationship, and involvement in decision-making [28]. These findings align with other research identifying support, information, intervention, decision-making, control, pain relief as key contributing factors to satisfying birth experiences [28].

Interpersonal factors emerge as particularly important determinants of satisfaction. Effective communication between women and care providers, providing opportunities for active participation during labor and birth, being able to choose among options, and receiving information about decisions being made are consistently associated with higher satisfaction [25]. Support from caregivers during childbirth, especially when professionals provide continuous and personalised support, along with accompaniment by a person of the woman's choice, have proven to be notable influencing factors [29, 30].

The importance of maternal control and empowerment represents a fundamental dimension underlying birth satisfaction. Women need to be part of the process, having a sense of control during delivery and participating in decision-making while being well informed about events [29, 31]. Research has identified sense of control and empowerment in childbirth as a fundamental need that encompasses seven main categories: physiological, psychological, informational, social and relational, esteem, security and medical needs [31].

Birth outcomes and interventions significantly affect satisfaction levels. The delivery outcome influences perceived satisfaction, with normal delivery improving satisfaction compared to instrumental delivery and caesarean section [29, 32]. Factors significantly associated with lower satisfaction include caesarean birth, pharmacologic pain management, continuous foetal heart rate monitoring, and episiotomy, while greater satisfaction is associated with accompaniment by a companion of choice during labor [30]. Medical interventions carried out at high rates have a negative impact on women's childbirth experience, with multiple interventions including induction, restriction of movement, delayed skin-to-skin contact, and lack of pharmacological pain control associated with lower satisfaction levels [33].

Early maternal-newborn contact represents a critical factor in birth satisfaction. The sooner that new mothers first saw, held, and fed their newborn after delivery, the more positive their childbirth experiences, with the first moments being crucial for implementing skin-to-skin contact [29, 34]. Being able to see, hold, and feed the baby as soon as possible creates a more satisfactory birth experience, while separation from the baby decreases satisfaction levels significantly [29, 34].

The role of expectations in shaping birth satisfaction cannot be understated. Knowing women's expectations regarding childbirth serves as an important predictor factor related to satisfaction [29]. Research demonstrates that a mismatch between birth expectations and experiences is associated with reduced birth satisfaction [35]. Birth-related psychological constructs such as optimism and positive appraisals are associated with greater birth satisfaction [4, 36].

Contemporary research using validated instruments has identified four key dimensions of the childbirth experience: Own capacity, Professional support, Perceived safety, and Participation [20]. These dimensions effectively discriminate between groups with different childbirth experiences and provide a comprehensive framework for understanding the multifaceted nature of birth satisfaction [20, 25].

The reviewed frameworks vary in scope and focus. While the Donabedian framework is the broadest foundational model often used to structure most research, the WHO framework is the most holistic policy model, specifically integrates quality and human rights for global public health. The Hulton framework is focused on institutional assessment of maternity care quality while the Hollins Martin and Dencker are conceptually focused on defining the experience itself based on patient-reported factors.

Additionally, frameworks like Donabedian, Hulton, and WHO originate from a quality assurance/system perspective, ensuring services are available, structured, and provided correctly. They dedicate specific dimensions to Structure and Provision of Care. On the other hand, frameworks like Hollins Martin and Dencker are patient-driven, assigning equal or greater weight to internal, subjective experiences (e.g., sense of control, own capacity, stress experienced) as core elements of satisfaction. While all modern frameworks agree that the process of care or the experience of care is the primary determinant of satisfaction, the WHO framework elevates RMC to a core quality dimension, making it central to quality improvement efforts. The Donabedian places communication and interpersonal quality within the process component, but the subsequent research confirms its independency. Further, it is worth noting that while no single framework is adequate for a comprehensive understanding and measurement of maternal satisfaction, the WHO Quality of Care Framework is the most robust starting point as it successfully integrates the Structure-Process-Outcome logic with the essential focus on Experience of Care as emphasised in the RMC framework. However, for in-depth measurement, the framework should be combined with the validated dimensions and a hybrid model would be more appropriate.

CONCLUSION

Maternal satisfaction with the birthing experience is a multidimensional and crucial indicator of the quality and efficiency of a health care system. Conceptually, it represents a mother's subjective evaluation a feeling of contentment resulting from the comparison between her expectations and the actual services received during labor and delivery. A review of the literature reveals that conceptual frameworks for maternal satisfaction with the birthing experience are largely centered on three overarching and interconnected domains: System structure, care process, and maternal characteristics often drawn from the Donabedian's Quality of Care model and increasingly emphasizing RMC. The prevailing understanding is that a fulfilling birthing experience and thus, high maternal satisfaction is

achieved through a combination of well-resourced facilities, clinically competent staff, and a culture of respect, communication, and emotional support, all of which must meet the individual's expectations and uphold her preferences. Together, these frameworks represent different, yet complementary, approaches to assessing and improving the quality of healthcare.

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