INPLASY PROTOCOL

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Review Stage at time of this submission: Preliminary searches.

Conflicts of interest: None declared.

Women´s experiences during childbirth: a systematic review protocol

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Review question / Objective: General aim of this systematic review is to synthesize available evidence on women´s experiences during childbirth in health institutions and formal care settings. Specific objectives are to:
1. Describe women´s experiences during childbirth in institutional health centers.
2. Classify women´s experiences according to the Mother and Baby Friendly Birth Facility (MBFBF) criteria.
3. Describe prevalence of these experiences across different countries and cultures.
4. Determine the impact of childbirth experiences on self-perceived women's health on aspects related to physical, psychological and social domains.

Condition being studied: This review will be framed within the context of the Mother and Baby Friendly Birth Facility (MBFBF). Women´s experiences during childbirth will be classified according to the categories defined by the MBFBF. Other actions or experiences, as interventionism or different procedures applied during childbirth, will be also analyzed (Mena-Tudela et al., 2020).

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 20 April 2022 and was last updated on 20 April 2022 (registration number INPLASY202240123).

INTRODUCTION

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2. Classify women´s experiences according to the Mother and Baby Friendly Birth Facility (MBFBF) criteria.
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4. Determine the impact of childbirth experiences on self-perceived women's health on aspects related to physical, psychological and social domains.

Rationale: In the context of reproductive health and quality of care, women have the right to have positive birth experiences. Quality of care involves specific health facilities, skilled providers and effective interventions that ensure maternal and child safety, but preventing deaths and disabilities during the pregnancy and delivery should be framed in a human rights perspective (Miller & Lalonde, 2015; OHCHR, 2010, 2012). Women have the legal right to obtain information, to be treated with dignity and respect, to be protected from unnecessary, unconsented or not evidence-based practices, procedures, or interventions, to clarified consent with the possibility of refusal, receive professional care and have access to the highest possible level of health with autonomy and self-determination (da Silva, Marcelino, Rodrigues, Toro, & Shimo, 2014; Miller & Lalonde, 2015; OHCHR, 2010, 2012; World Health Organization, 2014, 2018a). Moreover, positive women´s experiences undergoing labor are related to motherhood adaptation and successful establishment of breastfeeding. Thus, women's body integrity and their emotional welfare should be considered as a relevant quality care outcome for the public health (Al Adib Mendiri, Ibáñez Bernáldez, Casado Blanco, & Santos Redondo, 2017; Sadler et al., 2016). Aiming at classifying a healthcare institution as being apt for attending mothers and newborns, a series of criteria and indicators, i.e. the Mother and Baby Friendly Birth Facility (MBFBF), were proposed by the World Health Organization (World Health Organization, 2014), along with the International Federation of Gynecology and Obstetrics (Miller & Lalonde, 2015), the International Confederation of Midwives (ICM), the International Pediatric Association (IPA) and the White Ribbon Alliance (WRA). This initiative is based on seven categories identified as: Physical abuse; non-consented care; non-confidential care; non-dignified care; discrimination based on

specific patient attributes; abandonment of care and detention in facilities (Mena-Tudela, Cervera-Gasch, Alemany-Anchel, Andreu-Pejó, & González-Chordá, 2020; Miller & Lalonde, 2015). Within this framework, this systematic review aims to synthesize available evidence on women´s experiences during childbirth in health institutions and formal care settings to classify them according to the MBFBF criteria when applicable, describe the prevalence of these experiences across different countries and culture, and identify the impact of these experiences on self-perceived women's health on aspects related to physical, psychological and social domains. Provided information will be helpful to understand women´s perspectives during childbirth, proposing strategies for improving women's protocols care, and map countries regarding childbirth practices.

Condition being studied: This review will be framed within the context of the Mother and Baby Friendly Birth Facility (MBFBF). Women´s experiences during childbirth will be classified according to the categories defined by the MBFBF. Other actions or experiences, as interventionism or different procedures applied during childbirth, will be also analyzed (Mena-Tudela et al., 2020).

METHODS

Search strategy: 1 "Parturition" [Mesh] OR "Natural Childbirth" [Mesh] OR "Trial of Labor" [Mesh] OR "Labor, Obstetric" [Mesh] OR "Delivery, Obstetric" [Mesh] OR obstetric* OR childbirth* OR childbearing OR birth* OR parturition OR deliver*
2 Perception* OR experience* OR view* OR preference* OR perspective* OR expectation*
3 "Delivery Rooms" [Mesh] OR "Hospitals, Maternity" [Mesh] OR "Birthing Centers" [Mesh] OR maternit*
4 "Neoplasms" [Mesh] OR "COVID-19" [Mesh] OR "COVID-19 Vaccines" [Mesh] OR "COVID-19 Testing" [Mesh] OR "COVID-19 Serological Testing" [Mesh] OR "SARS-CoV-2" [Mesh] OR "SARS Virus" [Mesh] OR

"Vaccines" [Mesh] OR "Students, Nursing" [Mesh] OR "Students, Health Occupations" [Mesh] OR "Education, Medical, Graduate" [Mesh] OR "Contraception"[Mesh] OR "Biopsy" [Mesh] OR "Fertility" [Mesh] OR "Fertility Preservation" [Mesh] OR "Abortion, Induced" [Mesh] OR "Abortion, Threatened" [Mesh] OR "Smoking" [Mesh] OR "Smoking Cessation" [Mesh] OR "Alcoholics" [Mesh] OR "Self-Testing" [Mesh] OR cancer* OR tumor* OR malignac* OR carcinom* OR COVID OR SARS OR "SARS-CoV-2" OR "covid-19" OR "COVID-19" OR vaccin* OR breast* OR stakehold* OR provid* OR student* OR graduat* OR undergraduat* OR educat* OR contracepti* OR biops* OR fertilit* OR abort* OR smok* OR alcoh* OR test*
5 "Systematic Review" [Publication Type] OR "Review Literature as Topic" [Mesh] OR "Meta-Analysis as Topic" [Mesh] OR "Guideline" [Publication Type] OR "Practice Guideline" [Publication Type] OR "Practice Guidelines as Topic" [Mesh] OR "Guidelines as Topic" [Mesh] OR "Guideline Adherence"[Mesh] OR "Clinical Protocols" [Mesh] OR "Organizational Case Studies"[Mesh] OR "Case Reports" [Publication Type] OR "Single-Case Studies as Topic" [Mesh] OR "Health Policy" [Mesh] OR "review*" OR "systematic review" OR "metareview" OR "meta-review" OR "metanalysis" OR "meta-analysis" OR protocol* OR guidelin* OR "case-stud*" OR "case-report" OR "single-stud*"
6 #1 AND #2 AND #3
7 #1 AND #2 AND #3 NOT #4
8 #7 NOT #5
9 Filter 10 years
10 Filter Language, English, Spanish.

Participant or population: Women who experienced childbirth in health institutions across different countries and cultures will be included. Providers, stakeholders, students, health personnel will be excluded.

Intervention: None.

Comparator: None.

Study designs to be included: Empirical primary studies as qualitative design studies (e.g., phenomenology, grounded theory, ethnography, interview studies), and quantitative design studies (e.g., trials, cross-sectional, cohorts, case-control) focus on reporting women's experiences during childbirth will be included.Case-studies series; single-case studies; psychometric studies focus on developing or validating an instrument; guidelines; protocols; opinion reports, and letters to the editor will be excluded.

Eligibility criteria: Participants: Women who experienced childbirth in health institutions across different countries and cultures will be included. Providers, stakeholders, students, health personnel will be excluded. Outcome/s: Experiences and opinions of women´s who have experienced childbirth. Settings: Different formal healthcare settings will be analyzed. Therefore, delivery rooms, birthing centers and maternity settings will be included. Community services and health promotion and prevention settings will be excluded. Additional inclusion or exclusion criteria: Filter 10 years, restricted by language (English and Spanish).

Information sources: A systematic review will be performed in PubMed, US National Library of Medicine, by the National Center for Biotechnology Information (NCBI); CINAHL, Cumulative Index to Nursing and Allied Health Literature, by EBSCOhost; PsycINFO, Psychological Information, by Proquest; WOS (Web of Science CORE) by Thomson Reuters. In addition, ProQuest Dissertations &Theses Global and Google (up to 500 results) will be used for searching grey literature. Search will consist of 3 filters composed of search terms for the following: 1) Childbirth (2) Women´s experiences (3) Labor-related settings. Additional group of terms preceded by the boolean operator NOT to improve the specificity of the search strategy will be added. All filters will be adapted for all databases, and search alerts will be set. To ensure the transparency of the search strategy we will follow the Preferred Reporting Items for

reporting Literature searches in Systematic Reviews (PRISMA-S) (Rethlefsen et al., 2021), and registering the searches in the Open Science Framework (OSF) platform, a free open source project manager tool that allows to manage files and sharing information (https://osf.io/).

Main outcome(s): Main outcomes will be related to the classification of women´s experiences during childbirth in labor health formal settings according to the Mother and Baby Friendly Birth Facility (MBFBF) criteria; description of the prevalence of these experiences across different countries and cultures, and description of the impact of these experiences on self-perceived women´s health on aspects related to physical, psychological and social domains. Provided information will be helpful to propose strategies aiming at improving women's care protocols, considering their expectations and wishes, with respect for the timing and the natural process of childbirth.

Additional outcome(s): None.

Data management: References identified by the search strategy will be entered into Mendeley bibliographic software, and duplicates will be removed automatically. Duplicates will be also removed by handsearching when applicable. Titles and abstracts will be screened independently by two reviewers (with a third reviewer where necessary). When decisions are unable to be made from title and abstract alone, the full paper will be retrieved. Full-text inclusion criteria will be screened independently by two reviewers. Discrepancies during the process will be resolved through discussion (with a third reviewer where necessary). Reference lists of included articles will be manually screened to identify additional studies and authors of eligible studies will be contacted to provide missing or additional data if necessary. Agreement between reviewers during the study selection will be analyzed by Cohen´s kappa (Cohen, 1960). Systematic review data repository (SRDR) (Brown Evidence-based Practice Center,

2021) developed for extracting data (https://srdrplus.ahrq.gov/) will be used. Extracted information of each selected study will include:
a) General information: author, year, country of origin of papers.
b) Methodological data: design, aim/s of the study; year of data collection; protocol registered; sampling method; data collection method; validated questionnaires when applicable, type of intervention when applicable.
c) Sample characteristics: mean/range age of participants, gestational age, race/ethnicity, education level, marital status, employment status, gravidity, parity, type of birth (eutocic/dystocic); if dystocic, type of intervention professional who attend the birth; companion during birth.
d) Healthcare institution characteristics: number of health institutions involved; source of payment (public, private or mixed); health care system model; geographic region, income level of the region, and Baby-Friendly accreditation.
e) Childbirth practices or routines, e.g. food deprivation, restriction of mobility, or multiple vaginal examinations (do Nascimento et al., 2016).
f) Women´s experiences classified into the seven categories of MBFBF by using the Disrespect and Abuse scale proposed by Ghimire et al. (2021). Those experiences that would not be able to be classified in these categories will be also reported establishing a new categorization.
g) Impact of these experiences on self-perceived women´s health on physical, psychological and social domains, e.g physical injured, mood disturbances, or impaired sexuality These experiences may be classified as Garcia (2020) proposed. Those experiences that would not be able to be classified will be also reported establishing a new categorization.

Quality assessment / Risk of bias analysis: Risk of bias (RoB) of the included studies will be assessed. Tools proposed by the Joanna Briggs Institute (JBI) for quasi-experimental studies (Tufanaru, Munn, Aromataris, Campbell, & Hoop, 2017), randomized controlled trials (Tufanaru, Munn, Aromataris, Campbell, & Hopp,

2017), cross-sectional and cohort studies (Moola et al., 2017), and qualitative studies (Lockwood, Munn, & Porrit, 2015) will be used. RoB will be assessed by two independent reviewers. Agreement during the RoB assessment process will be analyzed by Cohen´s kappa (Cohen, 1960). No studies will be excluded due to high RoB, but this will be considered in conclusions. To maximize quality of reporting of this systematic review protocol we will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Protocols Guidelines (PRISMA-P) (Moher et al., 2015). To maximize the quality of reporting of the systematic review we will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Guidelines (PRISMA)(Page et al., 2021).

Strategy of data synthesis: Data summaries will be presented in figures and tables. Narrative synthesis will be adopted. The synthetized results will be organized based on major aspects including description of general bibliographic data, methodological data, sample characteristics, healthcare institution characteristics, childbirth practices or routines, women´s experiences during the childbirth and classification of these experiences within the framework of MBFBF criteria, impact of childbirth experiences on self-perceived women's health on aspects related to physical, psychological and social domains. The synthesis will address limitations, strengths and recommendations for further research and clinical practices.

Subgroup analysis: Subgroup analysis will compare and women´s experiences according to: a) year of collecting data, because of the time-period evolution of the violence obstetric concept (Sadler et al., 2016; World Health Organization, 2014) b) healthcare attention, public, private or mixed, as the source of payment may determine different insurance plans (Leal et al., 2018; Mena-Tudela et al., 2021); c) health care system model according to the geographic region, because health facilities may be different across cultures (Leal et al., 2018; Mena-Tudela et al., 2021) d)

geographic and income level of the regions, because these characteristics may determine the available health facilities (Perrotte, Chaudhary, & Goodman, 2020); e) professional that attend the delivery, as depending on the professional category (e.g nurse, midwife, physician) different procedures and practices are conducted (Terán, Castellanos, González Blanco, & Ramos, 2013); f) companion (partner or family), as the emotional support may provide a more satisfactory experience of birth (Pereira Rodrigues et al., 2018); g) Baby Friendly institution accreditation, as this initiative supports the maternity and promotes breastfeeding, ensuring that qualified midwifes and professionals have the strong foundation of knowledge needed to support families (World Health Organization, 2018b).

Sensitivity analysis: Sensitivity analyses will be performed using relevant methodological characteristics, as design, sampling, data collection method, or risk of bias (RoB).

Language: Only documents published in English or Spanish will be considered for inclusion.

Country(ies) involved: Spain.

Keywords: Childbirth practices, Obstetric violence, Labor-related settings, Women´s experiences, Systematic review.

Dissemination plans: Results will be disseminated by its publication in a peer-reviewed journal and presented at a relevant conference.

Contributions of each author:
Author 1 - Marta Gorina conceived, designed and coordinated the review. She will manage data collection; data management; analysis of data; interpretation data; writing the protocol and the review manuscript.
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