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Review Article

# Validating a framework of women's experience of the perinatal period; a scoping review

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ABSTRACT

*Objective:* The aim of this paper is to identify and explain the factors that make up a woman's experience of the perinatal period. We accomplish this by validating a framework, described in an earlier study, that identifies the distinct dimensions of the perinatal experience.

*Design:* We conducted a scoping review, using five online databases, to identify and categorize studies that investigate women's experience of the perinatal period.

*Findings:* We found 251 publications that focused on the experience of the perinatal period. Our review confirmed the seven dimensions of our framework describing women's experiences of the perinatal period – the woman as unique individual, the woman as active participant in care, the responsiveness of maternity care and health services, the lived experience of being pregnant, giving birth and the postpartum period, communication and relationships with care providers, information and childbirth education, and support from social environment. One new dimension emerged from the studies we identified: societal influence. The resulting eight dimensions provide a comprehensive overview of the important aspects of women's experience of the perinatal period. While each dimension is distinct, there are significant overlaps and close relationships between them.

*Conclusion:* The framework is a useful guide for healthcare providers, researchers, and policy makers who wish to improve the experience of the perinatal period. It is important to remember, however, that the current framework is dynamic, open to new insights and further development and refinement.

## Introduction

In the last decades, the concept of woman- or family-centred care during pregnancy, childbirth and the postpartum period have received increasing attention, not only from caregivers, but from health care institutions, policymakers and women themselves. While "hard" clinical outcome measures – such as mortality, morbidity, and medical interventions – are important, they provide limited information about the experience of the perinatal period and its impact on, and significance for, women. The WHO recommendations for antenatal and intrapartum care explicitly mention the experience of care as a critical aspect of ensuring high-quality maternity care and improved woman-centred outcomes (WHO, 2018; WHO, 2016). A positive care experience is defined as one that fulfils or exceeds a woman's prior personal and sociocultural beliefs and expectations, i.e., care that is sensitive to women's needs, values, and preferences (Downe et al., 2016; 2018; Oladapo et al., 2018, and Tunçalp et al., 2017). All of these factors contribute to the effective transition to motherhood, a woman's sense of accomplishment, self-esteem, and well-being, and a woman's future reproductive choices (Parfitt and Ayers, 2009; Reisz et al., 2015; Shorey 2018)

A woman's experience of the perinatal period involves much more than just childbirth and the care offered before, during, and after birth. This period – a transition to motherhood – is highly personalized and involves a dynamic and continuous process with physical, psychological,

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and social aspects that shape a woman's experience (Prinds et al., 2014; Seefat-van Teeffelen et al., 2011; Larkin et al., 2009).

Despite a large and diverse body of literature documenting the experience of the perinatal period, a clear overview of the dimensions of a woman's experience of that important transition is lacking (Carquillat et al, 2016; Galle et al., 2015). Furthermore, the many factors that contribute to a woman's experience, and the inconsistent use of terminology to describe that experience, make accurate measurement difficult, limiting our understanding of the experience of the perinatal period. In an earlier study we addressed this knowledge gap by developing a framework that distinguishes the essential dimensions of the perinatal experience (Vogels-Broeke et al., 2020). The objective of this scoping review is to validate that framework, thereby giving broader and deeper insight into women's experiences of the perinatal period.

## Methods

To accomplish our objective we did a scoping review, a method that allows the inclusion of data derived from different study designs. We used the rigorous methodology proposed by Arksey and O'Malley (2005) and we analysed our data using the descriptive framework approach (Ritchie et al., 2003).

Ethical approval was not required for this study.

### *Identifying the research question*

This scoping review is a part of a larger research project. The goal of that larger project is to describe and understand the expectations, needs, experiences, choices, and decisions of pregnant women and women who recently gave birth in the Netherlands. In the process of developing a survey instrument for our study, it became clear that a comprehensive and concise description of the experience of the perinatal period was lacking. To guide our thinking, we constructed a framework that identifies the fundamental aspects of the perinatal experience (Vogels-Broeke et al., 2020). Recognising the need to validate that framework with data from existing studies of the perinatal period, we initiated this scoping review.

### *Identifying relevant studies*

In December 2016, we conducted a systematic search using five electronic databases (MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, SocINDEX and Psychology and Behavioral Sciences Collection). Our last update was done in August 2019.

We developed a unique search strategy for each database related to the subject headings of the database (a full account of the search strategy in each database is available in the appendix). Additionally, the reference lists of all included studies were scanned to identify further relevant publications. We also contacted experts in the field to check if relevant studies were missing.

Inclusion criteria were (1) primary research from peer-reviewed journals exploring women's experience of the perinatal period, and (2) full text availability in English or Dutch. To maximize the likelihood of identifying relevant studies, we did not impose a publication year. We excluded dissertations, non-original research, conference papers, and studies describing experiences or views of other stakeholders (for example healthcare workers, fathers or other family members). This scoping review is part of a larger study that explores women's experience of the perinatal period in the Netherlands – StEM, Stem en Ervaring van Moeders [Voice and experience of mothers]. For this reason, we decided to include only studies from high-income countries as defined by the World Bank list of economies (2018).

### *Study selection process*

All search results were entered into reference management software EndNote for initial screening. Titles were screened to identify and remove all duplicates and titles that were clearly irrelevant for the topic of our review. Subsequently, the abstracts were screened to identify studies that potentially met the inclusion criteria. The full text of potentially eligible studies were retrieved and independently assessed for eligibility by two authors. To ensure that the data collection method and analysis were robust, one author collected data and a second author independently audited the process. Any discrepancy was resolved through discussion. A third researcher was available for consultation if any issues remained unresolved, but this was not needed.

### *Data extraction and synthesis*

Data on the characteristics of the included studies were extracted into a datasheet. Extracted fields were reported in a table (available in appendix 2). Each paper that met the inclusion criteria was read in full by one researcher. As each paper was read, aspects related to experiences of the perinatal period were identified, and coded using NVivo12. We developed codes inductively through immersing ourselves in the text and deriving codes from the data itself. As coding progressed and the number of aspects grew, they were grouped together into broader key aspects. Similar key aspects were then linked in broader dimensions. As new insights emerged from our analysis of the data the coding index was refined. The data extraction and synthesis process was undertaken by the first author and monitored by, and discussed with, the senior authors.

### *Identified initial framework*

The descriptive framework approach we used, requires the charting and sorting findings from the literature against an a priori identified framework (Ritchie et al., 2003). Recognising this, we considered the frameworks presented in the Lancet series on midwifery (Renfrew et al., 2014) and in the standard set of outcome measures for pregnancy and childbirth offered by the International Consortium for Health Outcome Measurement (ICHOM, 2017). The Lancet series, however, lacks an explicit focus on women's experience during the entire perinatal period and the ICHOM measures do not include the larger environment of the woman, an important contributor to her experience of the perinatal period. We, therefore, broadened our search by looking for frameworks describing patients' experiences in other care contexts. We identified the Warwick Patient Experience Framework (WaPEF) (Staniszewska et al., 2014) as a suitable model and adapted it to the perinatal period (Vogels-Broeke et al., 2020). We used this framework to manage the process of synthesizing data and to compare and contrast the aspects of the perinatal experience found in this review, a procedure that would allow us to validate our framework.

### *Collating, summarizing, and reporting results*

The flowchart of study selection is shown in Fig. 1. The sample of full text publications was reduced by excluding publications that did not meet the inclusion criteria (n=51), focused on rare or severe physical (n=11) or mental conditions (n=8), or described the development of a survey (n=34). In total 251 publications published between 1979 and 2019 are included in this review and taken forward for analysis and synthesis of the data.

### *Characteristics of included studies*

The included publications focused mostly on obstetric related variables, including specific aspects of health care that women received, and psychological variables related mainly to expectations and experiences about childbirth. The studies included women from a wide range of sociodemographic groups. Among the 251 studies, only 14 explored the influence of cultural and social phenomena on women's experience.

The publications included studies conducted in Europe (n=137), Oceania (n=32), US and Canada (n=73), Asia (n=5), and intercontinental (n=4). The majority of included publications used quantitative

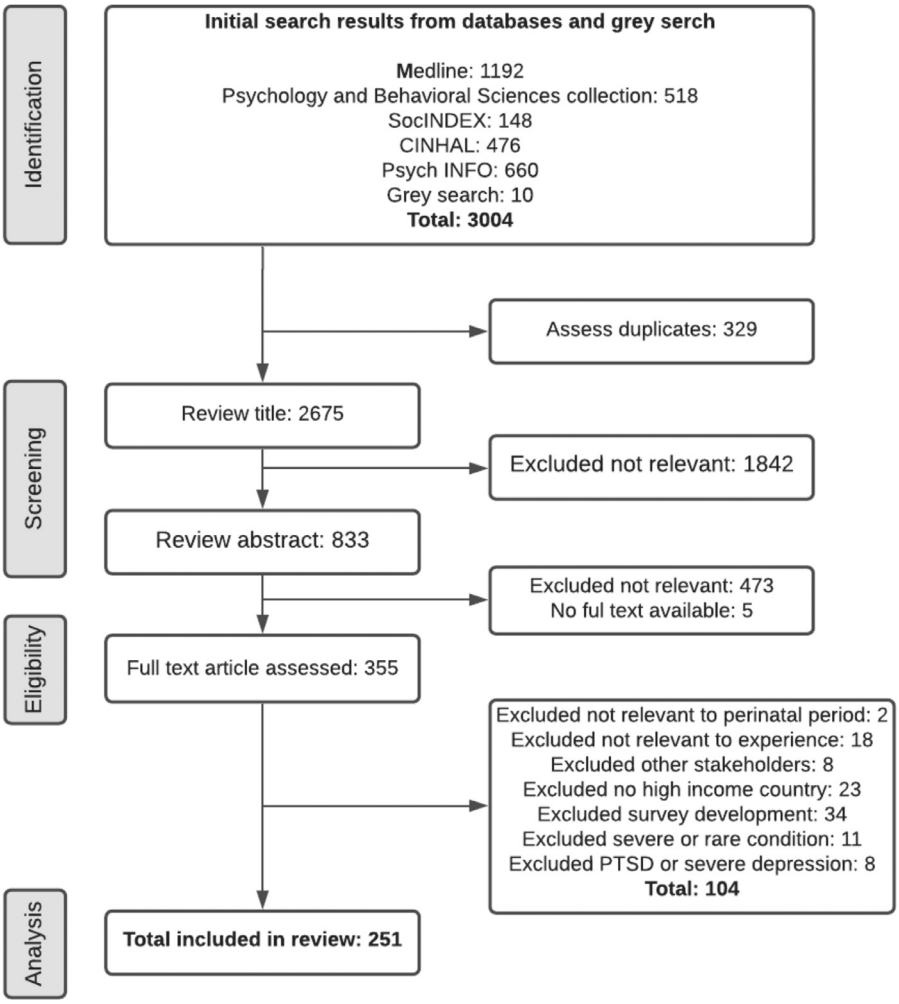


**Fig. 1.**

data techniques (n= 162), mainly cross-sectional designs with surveys, having sample sizes ranging from 31 to 15,276 women. Sixty-eight publications used qualitative data techniques, including both individual interviews and focus groups, and 21 used a mixed method design, and combined surveys with focus groups or interviews.

## Results

We briefly describe what we found in Table 1, followed by more detail about each dimension, examining how the data fit with our framework, and reflecting on an additional dimension that was uncovered in this scoping study.

We expand on each of the eight dimensions below. The numbers in parentheses refer to the reference list found in appendix 3.

### *The woman as unique individual (maternal characteristics)*

Numerous studies explored the influence of women's individual characteristics on their experience of childbirth, including socio-demographic background, physical and psychological wellbeing, expectations and preferences, and personal philsophy of birth.

#### *Socio-demographic background*

Some studies indicate that certain background characteristics such as age, income, level of education, marital status and ethnic background are related to the way in which women experience the perinatal period (1). However, the effect sizes are generally small and show contradictory effects even in similar populations. Several studies found no relationship with respect to these background characteristics (2).

#### *Physical and psychological wellbeing*

Women's general physical health appears to be correlated with a positive childbirth experience (3). Women in good health feel better prepared for childbirth and report lower levels of anxiety and more positive birth experiences (4). Having mental health problems increases the risk of a negative assessment of the childbirth experience. Woman with higher levels of anxiety, depressive symptoms or perceived stress have a higher chance of reporting less positive childbirth experiences (5), although a few studies did not find this relationship (6).

A wide range of previous constraining events, are associated with the experience of the perinatal period (7). These life events are frequently related to anxiety, worries, and depression (8). Which subsequently can affect the experience of the perinatal period.

#### *Expectations and preferences*

Several studies show that a woman's perception of her experience is related to the expectations and preferences she brings to the event (9). A woman's expectations and preferences are based on her previous experiences, her general state of health (both physical and psychological) and the perceptions toward pregnancy and childbirth in her social environment and society (10).

Several studies found that positive expectations were associated with positive experiences (13) and the reverse accounts for negative expectations (12). Fulfilment of expectations and preferences makes a positive

**Table 1**
The Maastricht Perinatal Framework
Dimensions of women's experiences of the perinatal period based on WaPEF Vogels-Broeke et al., 2020.

| The Maastricht Perinatal Framework (MPF) Dimensions | Narrative |
|---|---|
| **The woman as unique individual (maternal characteristics)** | A woman's experience of the perinatal is influenced by the unique combination of her characteristics and individual circumstances. Her values, birth beliefs and risk perceptions play a central role in her expectations, preferences and experiences of the perinatal period. |
| **Woman is an active participant in care.** | The woman is regarded as an active participant in her health care, co-creator and co-manager of her health and use of services. Enabling a woman to participate in decision-making tailored to her needs and wishes is important for her experience of care. Being an active participant is associated with issues of power and control, including a woman's right to her own body, responsibility for her health and wellbeing, active engagement in her use of services and maternity care. Internal and external attributes of empowerment are critical to fulfil this successfully. |
| **Responsiveness of maternity care and health services – an individualized approach** | The philosophy and model of maternity care affect a woman's experience, e.g. organizational aspects as continuity of care. The responsiveness of health services at all levels and the attitude of its care providers include seeing the woman as a person, recognizing her as an individual and tailoring services to respond to her needs, preferences and values. It evaluates how well services perform from a woman's perspective and satisfaction. |
| **Lived experience of being pregnant, giving birth and the postpartum period.** | The perinatal period is a dynamic and ongoing process with several phases: conception, pregnancy, childbirth, and the postpartum period. In the woman's experience each phase affects the subsequent others. Women's thoughts and emotions can be ambivalent and not always clear. The perinatal period is related to bonding with the baby and closeness to relatives. Women's transition to motherhood and her adaptation to the role as mother can bring shifts in perspectives and priorities. |
| **Communication and relationships with care providers** | Effective communication requires a two-way interaction and congruent verbal and nonverbal expression. Competent and compassionate care providers are required to facilitate a woman's feelings of safety, trust, confidence and reassurance. Women prefer a personal approach and continuity of care that is respectful, supportive and actively involves the woman in decision-making. A woman should have the opportunity to talk about their childbirth experience and have her questions answered. Good communication among care providers throughout the care system is needed to make sure that women get consistent information and advice. |
| **Information and childbirth education** | Appropriate and congruent information from inside and outside the maternity care system has a positive influence on a woman's experience. A woman needs personalized information at the right time. Information enable a woman to be an active participant in her care and is related to informed choice and shared decision-making. |
| **Support from social environment** | The perinatal period involves the woman's partner and her social network. She is part of a community that has its own cultural and/or religious traditions and values. Her personal environment and the larger society affect her experiences of becoming a mother and of maternity care. |
| **Societal influence** | The perinatal period is mediated by societal definitions that influence the perception and management of risk in pregnancy and childbirth, including what are acceptable choices and what are not. Political decisions, law, and regulations influence the organization of care, accessibility, and the allocation of resources available during the perinatal period. |

experience more likely (13). When a woman fails to realize her positive expectations, it colours her birth experience negatively (14) and this may lead to a sense of guilt or failure (15). Lower expectations are easier to realize, and as a consequence, women are more satisfied with their experience (16).

*Birth philosophy and risk perception*

Woman's risk perception and her basic beliefs about birth as a medical or natural process affects her preferences, expectations, decisions and experiences about care (17). Some studies report increased levels of anxiety or stress and low perceived control as a result of perceptions of high risk in pregnancy or childbirth (18).

Women with a more medical birth philosophy often see interventions as a way to minimize risk (19). When women expect medical interventions and their care provider intervenes, there is a sense of reassurance (20). While women who have confidence in their body to give birth naturally are more afraid of a cascade of interventions that can potentially create poorer outcomes. Those woman gain confidence and reassurance when their care providers take a more hands-off approach (21).

*Woman is an active participant in care*

The possibility for a woman to actively participate in her own care is an important factor in her experience of the perinatal period (22). To develop and sustain active participation, women need personal treatment and behaviour, consistent with their care providers offering respectful and supportive woman-centred approach and active involvement in decision-making (23).

*Control and decision-making*

A number of studies show that sense of control is a factor that influences the experience of the perinatal period. Women who felt that they were in control and had choices over procedures and the birth process report a more positive birth experience (24). Although, control is not always conceptualized in the same way. It includes two different dimensions, internal and external control. Both dimensions have an impact on women's feelings about the overall experience of the perinatal period. Internal, or personal control includes women's control of her own behaviour, emotions, pain and physical functioning (25). External control reflects a woman's desire to control circumstances, decisions, and procedures affecting the perinatal period (26).

Woman are more likely to evaluate the experience as positive if they are satisfied with their own behaviour (27). Loss of internal control is related to sense of personal failure and a negative evaluation of the experience (28).

Women frequently interpret external control as active involvement in decision-making (29). Women who are actively involved in the decision-making process reported having a higher sense of control, and are more positive about their childbirth experience (30), although the desired degree of involvement in the decision-making process may differ between women (31).

*Coping mechanism, self-confidence, and trust*

The perinatal period is a life-event marked by uncertainty. There is a congruence between maladaptive coping strategies with life-events and high levels of anxiety, worries, and depressive symptoms (32). Good coping mechanisms help a woman to face the uncertainties of the perinatal period, stressful situations and pain, and can contribute to a sense of internal control (33).

A woman's feelings of confidence, trust, and perceived self-efficacy are important factors in achieving positive birthing experiences (34). Trust and confidence in herself – physically and mentally – and in others, allow her to relax, feel safe, and in control (35) contributing to en-

hanced self-efficacy (36). While self-efficacy is important for achieving a positive experience of the perinatal period (37).

*Responsiveness of maternity care and health services – an individualized approach*

The organization of maternity care and the (type of) care provider (e.g. midwife or obstetrician) are related to the perinatal experience (38). Important factors in the organization of care include easy access, good time management, continuity of care and good facilities. Related to accessibility are the distance to care (traveling time), accessibility of the practice by telephone, visiting hours during hospitalization, access to care during the early onset of labour, and access for the partner (39).

*Taking Time*

Some studies showed that sufficient contact moments and time with care providers, including the time necessary to answer questions or to provide information and reassurance, contribute to a positive experience (40).

*Continuity of care*

Continuity of care improves the birth experience in various ways. Continuity of care gives a woman the possibility to build a personal relationship with her care provider and is associated with control and confidence (41). Three aspects seems relevant to continuity of care and a woman's experience: a) total number of care providers during the whole process from pregnancy to postnatal period, b) a known care provider during birth, and c) continuous support during birth (42).

A referral during the perinatal period can have a negative effect on the experiences of women. Several studies mention that good communication, interdisciplinary collaboration, and a known care provider – who stays to provide supportive care – decrease the risk of a negative recall in those situations (43).

*Lived-experience of being pregnant, giving birth and the postpartum period*

The experience of the perinatal period and a transition to being a new mother, is life changing (44). Women need time to adapt to their role as mother as the experience of bonding with her baby occurs gradually (45). Both objective and subjective experiences of the perinatal period are related to psychological outcomes and contribute to feelings of accomplishment, fulfilment, empowerment, joy, happiness, and pride (46). Although it can also have a negative impact leading to anger, guilt and disappointment and to feeling challenged, distressed, and traumatized (47). These emotional response can be ambiguous, as positive and negative feelings can exist at the same time (48). Many women described moments of fear for their own life or the life of their baby (49).

*Obstetric factors*

In general, severe pain and obstetric factors such as medical interventions are frequently related to negative feelings (50). However, studies contradict each other over the influence of mode of birth and medical interventions on the experience of childbirth. Some studies have found that mode of birth itself and medical interventions play a role in the final childbirth experience (51), while other studies have found no association (52). It appears that the way in which women *experienced* obstetric factors is more related to expectations, communication and relationships with their care provider, and a sense of control and self-efficacy rather than to the obstetric factors themselves (53).

*Changes over time*

Women's memory of childbirth changes over time. The overall perception of experiences during the perinatal period is expressed as a motion through time (54). During subsequent pregnancies and births, contrasting memories may exist (55). One study suggest that measuring woman's experience with the perinatal period soon after childbirth is influenced by a halo effect of euphoria and joy where the woman is relieved that she and her baby have come through the experience safely (56).

*Communication and relationships with care providers*

Establishing empathic, trustworthy, and reliable relationships between the woman and competent care providers is important for a fulfilling experience of the perinatal period (57). A good relationship between the care provider and a woman underpins her feelings of being in control and engagement, and results in a sense of security (58).

Key aspects of constructive communication in maternity care are: keeping women informed, willingness to respond to questions, dialogue about choices, involvement in the decision-making process, and allowing enough time to discuss woman's concerns (59). A relationship that lacks sympathy and comprehension increases the risk that a woman will report a negative experience (60), whereas a 'human approach' – defined as respectful, empathic, encouraging, reassuring and emotionally supportive – is likely to increase a positive experience of the perinatal period (61).

In many situations, maternity care is offered by multi-professional teams. This may lead to strains in the communications that may affect women's perception of the childbirth experience negatively (62). Good communication and collaboration between all care providers is needed to make sure that care providers give consistent information and explanation and even use the same approach in care (63). Woman-centred communication regarding decisions and procedures is essential for a positive experience, particularly when there are rapid or unexpected changes in clinical circumstances (64). Women want to be recognized and invited to talk about their childbirth experience, a process that is helpful for regaining control and strength to move on (65), as well as making them feel secure and more satisfied (66).

*Information and childbirth education*

Information is important to the experience of the perinatal period (67) and a woman's well-being (68).

*Knowledge*

A woman's response to the experience is shaped by what she "knows" and will be affected by what she believes to be possible (69). Women's experiences and preferences are shaped by knowledge about available options (70). Information and education have a positive impact on woman's knowledge and understanding of what is happening and can happen (71). A lack of knowledge is one of the reasons for not demanding more information or unquestioning acceptance of interventions that go against woman preferences (72).

*Personalized information*

Information can help decrease stress and anxiety, provide support, enhance self-esteem and internal control (73). However, if a woman desires more information than offered or if she feels overwhelmed by a flood of information, this can lead to feelings of disappointment or anxiety (74).

Information will influence the attitude, expectations, preferences, decisions and choices of women during the perinatal period (75). Therefore, it is important to have the right type and amount of information at the right time, acknowledging women's individual needs (76). Appropriate information and explanation about medical procedures are associated with positive experiences during the perinatal period (77). Studies show that inadequate information, either limited, contradictory or false, are related to feelings of limited control and opportunity to participate in decision-making (78).

Women are interested in receiving information from multiple sources, in and outside the maternity care system. This includes reading books and magazines, searching the internet, and attending antenatal classes (79).

*Support from the social environment*

Support from the woman's own social network enhances her sense of security and is an important aspect for a fulfilling experience (80). Social support provided by a woman's own network ranges from informational support to physical and emotional presence (81).

*Sociocultural context*

A woman's social environment also includes the sociocultural context that defines and shapes a woman's perceptions of pregnancy and childbirth (82). Every woman is part of a community that has its own cultural and religious traditions and values. Women emphasize the importance of maintaining their cultural traditions, wishes, rituals and religion during the perinatal period (83). Despite the fact that ethnic groups differ, most women of ethnic minority groups face barriers in communication and lack of cultural sensitive support from family members and health care providers, resulting in decreased satisfaction and less positive experiences (84).

*Societal influence*

The experience of the perinatal period needs to be understood in a woman's sociocultural context, including societies' values about pregnancy and childbirth (85). The strong emphasis on risk in some societies clearly influences women's expectations, preferences and experience of the perinatal period (86). Political decisions about the allocation of health resources and benefits such as paid maternity leave, also influence a woman's experience of the perinatal period (87). Therefore, we add an eighth dimension to our initial framework called "societal influence".

## Discussion

Our review represents a synthesis of evidence on the experience of the perinatal period and validates the dimensions of our previously published framework (Vogels-Broeke et al., 2020). The findings of our review support the multiple domains of the WHO Quality of Care Framework for Maternal and Newborn Health (Downe et al., 2018; Oladapo et al., 2018; Tunçalp et al., 2017) and the Lancet Quality of Maternal and Newborn Care Framework (Renfrew et al., 2014), but provide a broader and more holistic picture of the perinatal period by going beyond birth and care related aspects. Working from our framework, we defined the experience of the perinatal period as a woman's personal perception and interpretation of the physiological, psychological, and social processes during pregnancy, childbirth and the postpartum period.

The 7 themes of the patient experience framework of Warwick captured the perinatal experience. Not surprisingly, the WaPEF and our framework have common themes, but we found some unique and important aspects that should be considered. Upon reflection, we realized that the framework focuses on the meso- and micro-level aspects influencing women's experiences of the perinatal period, giving less consideration to the effects of the larger society. The experiences of the perinatal period need to be understood also on a macro-level, an element that was not present in the earlier defined dimensions. Although studies of this aspect were limited in number, they are highly relevant and now included in our eighth dimension.

Secondly, our work underscores the importance of understanding how women gather information especially living in the digital society. Social media play a substantial role in the lives of young women today (Baker and Yang, 2018; Wright et al., 2019), the preferred platform for seeking information, social support, and accounts of the experiences of others (Lupton et al., 2016; Lupton, 2016). This information is used to make, and validate, women's choices during the perinatal period. Our review demonstrates a gap in studies exploring women's use of social media and its influence on their experiences during the perinatal period. Using social media and internet can lead to a sense of empowerment and confidence, giving woman the possibility to build a supportive network (Baker and Yang, 2018; Sanders and Crozier, 2018; Wright et al., 2019), but it can also provide unreliable information (Baker and Yang, 2018; Sanders and Crozier, 2018; Wessberg et al., 2017).

In the publications we reviewed the concept of experience was often poorly defined, and used interchangeably with satisfaction. However, experience and satisfaction have different meanings and definitions (Berkowitz 2016, Jenkinson et al., 2002); experience is more than satisfaction (Wolf et al.,2014). A woman's experience incorporates interrelated physiological and psychological processes in the broader context of social, environmental, organizational, and health policy influences (Larkin et al., 2009). Satisfaction is the global evaluation and rating of different contextual components of an experience (Goodman 2004 et al., Price 2014 et al., Urden, 2002) and was frequently related to specific aspects of care in the publications we found. Due to its global evaluative nature, it is difficult to determine whether differences in scores on satisfaction reflect expectations, perceptions, definitions or experiences (Sofaer and Firminger, 2005). To fully understand women's satisfaction, it is important to evaluate different components of the childbirth experience, as a score for overall satisfaction may give an insufficient overview of the perinatal experience (Goodman et al., 2004, Hundley et al., 1997). Therefore, it is better to ask for experiences instead of just overall satisfaction when evaluating the perinatal period or childbirth (Rudman et al., 2007, Rudman et al., 2008). Satisfaction surveys ask, for instance, how did we do? While patient experience surveys ask, what happened?

The included studies identified direct, indirect, and contradictory effects of aspects of women's experience of the perinatal period, illustrating how complicated it is to understand the mechanisms implicated in a woman's experience of the perinatal period and how difficult it is to assess perinatal experiences. A woman not only reacts to myriad factors during pregnancy and birth, but there is continuous interaction between many of these factors and the woman. Findings from studies of the relationship between perinatal experiences and socio-demographic background characteristics are inconsistent, suggesting that these characteristics are probably a minor rather than a major predictor of perinatal experience. It is also possible that some factors, such as control, involvement in decision-making, support, and the relationship between care providers override the influence of background and other characteristics when women are asked to evaluate their experience of the perinatal period (Baas et al., 2017; Bryanton et al., 2008; Hodnett, 2002). Research methods also influence the findings of studies of perinatal experiences. The timing of the investigation (for example, direct postpartum or 6 months after birth), different sampling frames and contextual features, and the varied locations of the studies combine to make it difficult to describe the exact mechanisms at work. To address this complexity, future studies should take into account different dimensions simultaneously; the use of a longitudinal study design would also bring some clarity to the analysis of the perinatal experience.

*Strength and limitations*

A strength of our study is the systematic search and extensive use of publications on women's experience during the perinatal period. We tried to get a broad and holistic overview of the experiences during the perinatal period by including surrogate terms and concepts related to the experience of pregnancy, childbirth, and the postpartum period. The fact that we included studies using both qualitative and quantitative methods provided a comprehensive overview of the dimensions and aspects that are related to the perinatal experience. However, to keep the search results manageable, we did not include resources such as the grey and popular literature, an approach sometimes suggested as a benefit of a scoping review (Arksey and O'Malley, 2005). This may have limited our findings.

It is also possible that we missed relevant studies, especially related to the societal and cultural context of the experiences of the perinatal period. This may indicate a lacuna in the literature, or the need for a more specific search strategy for identifying these studies. Future research aiming to describe experiences during the perinatal period should incorporate more literature about the cultural and societal effect on the experience of pregnancy, childbirth and the postpartum period.

Our goal in this was to give an overview of the many factors that influence the perinatal experience. Because this is a scoping review, we cannot give insight into the strength of different effects or provide an overview of the most influential factors on the perinatal experience. Future studies should use what we have learned to pursue this information.

## Conclusion

Our results offer a useful overview of the important dimensions of women's experience of the perinatal period. While each dimension is distinct, there are significant overlaps and close relationships between them. We have taken the first steps toward creating and validating a framework that assesses the multidimensional and dynamic phenomenon of the perinatal experience. Our framework offers a lens for interpreting the large number of studies on the perinatal experience, but like all frameworks, it must be tested and adjusted as new studies appear and we learn more about women's' experiences.

As research in this field moves forward, it is critical to note that the majority of the studies we found focused on the biomedical and psychological aspects of the experience of the perinatal period. Societal and cultural issues have not (yet) received the same level of attention, in spite of their important contribution to a woman's experience. We are confident that this framework, and future iterations, will serve as useful guide for health care providers, researchers, and policy makers, providing information needed to improve a woman's experience of the perinatal period.

## Ethical Approval

Not applicable.

## Declaration of Competing Interest

None Declared.

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