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Leinweber, Julia, Fontein-Kuipers, Yvonne, Karlsdottir, Sigfridur Inga, Ekström-Bergström, Anette, Nilsson, Christina, Stramrood, Claire and Thomson, Gillian

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Developing a woman-centered, inclusive definition of traumatic childbirth experiences: A discussion paper

Julia Leinweber PhD, RM[1] | **Yvonne Fontein-Kuipers PhD, RM**[2,3] | **Gill Thomson PhD**[4] | **Sigfridur Inga Karlsdottir PhD, RM, RN**[5] | **Christina Nilsson PhD, RM, RN**[6] | **Anette Ekström-Bergström PhD, RN, RM**[7] | **Ibone Olza PhD, MD**[8] | **Eleni Hadjigeorgiou PhD**[9] | **Claire Stramrood PhD, MD**[10]

[1]Institut of Midwifery, Charité—University Medicine Berlin, Berlin, Germany

[2]School of Midwifery, Health and Social Work, University College Antwerp, Antwerp, Belgium

[3]Edinburgh Napier University, School of Health and Social Care, Edinburgh, Scotland

[4]Maternal and Infant Nutrition & Nurture Unit, School of Community Health & Midwifery, University of Central Lancashire, Preston, UK

[5]School of Health Sciences, University of Akureyri, Akureyri, Iceland

[6]Faculty of Caring Science, Work Life and Social Welfare, University in Borås, Borås, Sweden

[7]Department of Health Sciences, University West, Trollhättan, Sweden

[8]European Institute of Perinatal Mental Health, Madrid, Spain

[9]Nursing Department, Faculty of Health Science, Cyprus University of Technology, Limassol, Cyprus

[10]Department of Obstetrics and Gynaecology, OLVG Hospital, Amsterdam, The Netherlands

Correspondence
Julia Leinweber, Institut of Midwifery, Charité—University Medicine Berlin, Oudenarder Strasse 16, 13347 Berlin, Germany.
Email: julia.leinweber@charite.de

Abstract

Introduction: Many women experience giving birth as traumatic. Although women's subjective experiences of trauma are considered the most important, currently there is no clear inclusive definition of a traumatic birth to help guide practice, education, and research.

Aim: To formulate a woman-centered, inclusive definition of a traumatic childbirth experience.

Methods: After a rapid literature review, a five-step process was undertaken. First, a draft definition was created based on interdisciplinary experts' views. The definition was then discussed and reformulated with input from over 60 multidisciplinary clinicians and researchers during a perinatal mental health and birth trauma research meeting in Europe. A revised definition was then shared with consumer groups in eight countries to confirm its face validity and adjusted based on their feedback.

Results: The stepwise process confirmed that a woman-centered and inclusive definition was important. The final definition was: "A traumatic childbirth experience refers to a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing."

Conclusions: This definition of a traumatic childbirth experience was developed through consultations with experts and consumer groups. The definition acknowledges that low-quality provider interactions and obstetric violence can traumatize individuals during childbirth. The women-centered and inclusive focus could help women to identify and validate their experiences of traumatic birth, offering benefits for practice, education, and research, as well as for policymaking and activism in the fields of perinatal mental health and respectful maternity care.

KEYWORDS
obstetric violence, postpartum, post-traumatic stress disorder, subjective, traumatic childbirth

1 | INTRODUCTION

1.1 | Experiencing birth as traumatic—epidemiology and risk factors

Childbirth is an existential experience for women, which can involve feelings of great happiness,[1] strengthening, and healing[2] but also suffering and despair.[3] Studies suggest that between 9% and 50% of women have traumatic experiences during childbirth.[4-6] Three to four percent of pregnant women in community samples and 15%-19% of women in high-risk samples, including women with complications of pregnancy or birth, will develop post-traumatic stress disorder (PTSD) after traumatic childbirth experiences.[7] This implies that the women who develop symptoms to an extend that satisfies the requirements for a diagnosis of PTSD after birth are part of a much larger group of women who experience giving birth as traumatic but whose symptoms do not meet the threshold for a formal PTSD diagnosis.[4,6]

A recent systematic review and meta-analysis identified antepartum, intrapartum, and postpartum risk factors for PTSD after childbirth.[8] Antepartum factors included depression in pregnancy, fear of childbirth, poor health or complications in pregnancy, and a history of PTSD; intrapartum risk factors were negative subjective birth experiences, having an operative birth (unplanned cesarean or assisted vaginal birth, ie, forceps or vacuum extraction), lack of support, and dissociation; postpartum risk factors were poor maternal coping, stress, and depression.[8] Evidence suggests that psychological and emotional aspects of birth are major influences on, and inseparable from, women's overall birth experiences.[9,10] The quality of their interactions with intrapartum caregiver(s) has been highlighted as primary influence on how women feel during labor and birth.[9,11-14] The need to receive intrapartum care that makes women feel supported, safe, and secure[15,16] may be a marker of the psychological processes involved in physiologic birth facilitated by neurohormones oxytocin and endorphins.[17] Furthermore, the neurohormonal scenario of birth in the maternal brain implies specific mechanisms underlying an altered state of consciousness that is critically sensitive to the environment. In this scenario, upsetting experiences during labor and birth, may stay imprinted in the maternal brain, which could facilitate vulnerability to PTSD.[17]

1.2 | The meaning of trauma in the context of childbirth

Many clinicians and researchers struggle with, and have opinions on, the meaning of "trauma" in the context of childbirth, and there is no clear consensus yet.[18-20] Two factors complicate this matter:

1. The terms *traumatic childbirth (experience)* and *postpartum/birth-related PTSD* are often used interchangeably, though they are *not* the same. It is important to recognize that the term *traumatic childbirth experience* should refer to events and interactions directly related to childbirth, whereas the term *birth-related PTSD (or postpartum PTSD)* should refer to the psychological symptoms that may develop after, or as a consequence of, having had a traumatic experience.[21]
2. Different terms implying something similar are being used. Research papers use various words and phrases including "traumatic birth",[22-34] "traumatic childbirth",[35-37] "birth trauma",[11,38-45] "traumatic (child)birth experience",[46] and "negative birth experience"[13,47-53] to indicate that women have experienced extreme emotional distress during labor and birth. "Birth trauma" is a confusing term for some, as it is also used in obstetric/medical literature to indicate physical trauma to the mother or the newborn. With the word "experience" added to the phrases, the importance of the subjective perception of the birthing woman appears highlighted. This is critical, as it signifies that the woman who went through the process determines how she labels the experience. For the purposes of this paper and in the definition itself, we therefore chose to use the term "traumatic childbirth experience" to recognize this point.

"Objective" criteria for a traumatic childbirth experience

Women's traumatic experiences directly related to labor and birth have been predominantly conceptualized and assessed using the PTSD diagnostic criteria in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM).[54,55] The definition of what constitutes a traumatic experience has, however, been subject to major changes across subsequent versions of the DSM.[21,55,56] In

its current version, DSM-5, PTSD is classified as a trauma and stressor-related disorder.[21] Using DSM-5 diagnostic event criteria, a traumatic birth is defined as: "The birthing woman was exposed to or witnessed (ie, related to the fetus or baby) death, threatened death, actual or serious injury, or actual or threatened sexual violence".[21] To meet the criteria for a DSM-V PTSD diagnosis, one would have to meet the above (trauma) event criterion and experience a range of symptoms from four different categories (re-experiencing, avoidance, negative alterations in cognition and mood, and arousal); these would need to be present for at least one month. Re-experiencing refers to phenomena such as flashbacks, nightmares, intrusive images, and physical reactions in response to trauma-related cues. Avoidance refers to staying away from situations or aspects related to the trauma, such as photos, conversations, social media, other pregnant women, or one's own future pregnancies. Negative alterations in cognition and mood refer to factors such as depressive symptoms, guilt, and shame. Arousal refers to reactions such as heightened awareness, easily being scared or angry, and trouble falling or staying asleep because of worrisome thoughts. In the DSM-5 version, the "emotional response" criterion was removed.[54,57] However, some researchers have argued that the emotional response is an important diagnostic criterion for assessing psychologically traumatic childbirth.[58] Other researchers have argued that the "threat to physical integrity"—aspect of the trauma criterion, which was also excluded in DSM-5—is particularly relevant to traumatic childbirth experiences.[46]

The DSM PTSD diagnostic framework has been widely used to screen and identify women for participation in research.[59] Advantages of using a systematic classification system such as the DSM are that assessment can be standardized, with homogenous application of definitions and inclusion criteria for research studies. Defining and assessing traumatic childbirth experiences relying only on the DSM PTSD framework, however, risks rendering women's experience and responses as abnormal by pathologizing[60] what may be an appropriate and normal response toward distressing and fear-inducing birth experiences. This highlights the need for an approach that is based on women's appraisals and emotions, rather than objectively defined criteria alone.

"Subjective" criteria for a traumatic childbirth experience

Many clinicians and researchers have followed Beck's[40] suggestion that what is experienced as traumatic during childbirth is "in the eye of the beholder," and emphasize "subjective" rather than "objective" aspects of a traumatic birth experience. The disadvantage of a subjective definition of traumatic childbirth is the lack of standardization. However, the rigidity and limited predictive power of DSM event criteria highlight the importance of subjective appraisal of the birth experience as well.[61,62]

A rapid review was undertaken after the WHO's "practical guide for rapid reviews".[63] The review focused on identifying research that explored women's experiences of a traumatic birth, to identify the key factors and concepts within their subjective accounts. For details about this rapid review, see Appendix S1. In the review, we identified some studies that used women's self-definition of traumatic birth as a strategy to recruit and select research participants.[26,64,65] For example: "If the participants deemed their experience traumatic, they were eligible for inclusion"[64] or: "We aimed to include women who self-identified their labour and birth as a psychologically distressing experience with an enduring effect".[65] In other studies, researchers provided a definition, description, or explanation to women and then left it to women to decide whether their birth met the predefined criteria.[66]

Only one rigorous definition emerged from the literature. Greenfield et al[32] undertook a concept analysis of a traumatic birth, including a systematic review of how a traumatic birth has been defined within the literature. They proposed the following definition: "The emergence of a baby from the body of its mother, in a way which may or may not have caused physical injury. The mother finds the events, injury or the care she received deeply distressing or disturbing. The distress is of an enduring nature." Although Greenfield et al's definition was meant to be operationalized for clinical and professional use, it is unclear whether the definition was meaningful in the context of women's subjectivity, that is, whether it resonated with women and was clear and understandable to them.

1.3 | Considerations for a woman-centered and inclusive definition of traumatic childbirth experiences

Formulating a woman-centered definition implies a focus on the experiences and needs of woman going through the process of labor and respect for the woman's experiential knowledge. In woman-centered care, the focus is on being a companion to the woman and advocating, facilitating her autonomy, and authenticity during the childbearing process.[67] We considered, in respect of this perspective, that a more distinct definition was needed which focused on the individuality of the woman's birth experience. Furthermore, although a shared definition is important

for health professionals, researchers, and policy, it needs to be understandable, meaningful, and valid for women.

Another important prerequisite for a subjective definition of traumatic birth is that, in order for women to recognize the definition as reflecting their experiences, the definition has to be applicable to a variety of experiences, expressions, timeframes, and consequences. For example, a traumatic birth experience can occur in relation to cesarean or a vacuum extraction/forceps birth or other major complications and interventions, but also following a spontaneous vaginal birth.[68] A distressing birth experience can also lead to women having none or only few symptoms of PTSD, or rather respond with symptoms of depression[69] or anxiety[70] or fear of childbirth,[71] but nevertheless experience an impact on their health and well-being.[72] This highlights the need for a definition that is inclusive of a range of experiences. We aimed to formulate a woman-centered, inclusive definition of women's traumatic childbirth experiences. Such a definition is essential for promoting identification and validation of women's experiences, directing them to appropriate care, and for informing education, research, policymaking, and activism.

2 | METHODS

This paper was written as part of the COST Action "Perinatal mental health and birth-related trauma: Maximizing best practice and optimal outcomes" project (www.cost.eu/actions/CA18211), which consists of researchers and clinicians from across Europe, as well as from Israel and Australia. A five-step approach was used to produce an inclusive definition of women's traumatic childbirth experiences. In the first step after the rapid review described in the introduction, the key elements, descriptions, and definitions of a traumatic childbirth experience were discussed between the authors—academics from different fields of research, including midwifery, psychology, obstetrics, and psychiatry. After this, additional central components, including a description of trauma event characteristics and emotional reactions, were agreed on, and a preliminary working definition was formulated (Appendix S2).

The second step involved presenting the draft definition to all 63 participants present at the COST Action meeting (January 2020) and inviting the members to discuss the different components of the definition. Almost all of the participants agreed to participate; they represented multiple, different professional backgrounds, including psychology, midwifery, obstetrics, psychiatry, sociology, nursing, child development who work in the field of birth trauma practice, and research. Participants formed 9 groups of 6-8 individuals. Each group was asked to consider the congruence of the elements based on their expertise on the topic. To guide the discussion and to receive feedback on the conceptual accurateness, completeness, and potential usability of the definition, each group was asked to discuss the following questions: (1) "Is the definition of a traumatic childbirth experience congruent with your knowledge and expertise of traumatic births?"; (2) "Which elements in the proposed draft definition need changing?"; (3) "Are there elements missing in the proposed draft definition?"; and (4) "Do you think the definition would be useful for your practice and/or research?" The group work was facilitated by the authors of this paper, who ensured that at the end of the allocated time (40 minutes), all groups had provided written comments and feedback for each of the questions.

TABLE 1 Summary of consumer organization/ women's feedback

Country	Name of consumer organization, No. of responses	I understand different elements of the definition		The definition reflects my experience	
		Yes	No	Yes	No
Belgium	Samen voor Respectvolle Geboorte (11)	11	0	10	1
Cyprus	Birth Forward (5)	5	0	4	1
Germany	Mother-Hood (6)	6	0	5	1
Netherlands	Geboortebeweging Stichting Bevallingstrauma (5)	3	0	2	1
Iceland	Marchmothers 2019 (6)	6	0	5	1
Sweden	Födelsehuset (The Birthing House) (6)	5	1	5	1
Spain	El Parto es Nuestro (5)	5	0	2	3
UK	Birth Trauma Association (8)	8	0	5	3

In step three, the authors held a series of online meetings between February and April (2020) to integrate the expert feedback and to refine the working definition (Appendix S2). In step four, to ensure that the refined working definition was representative of women's experiences, it was provided to consumer groups representing mothers in 8 countries (Belgium, Cyprus, Germany, Iceland, the Netherlands, Spain, Sweden, and the United Kingdom). They were asked to invite 5-7 of their members to provide written feedback on the following questions: (a) Do you understand the different elements of the definition? and (b) Does the definition reflect your experience of traumatic childbirth (Table 1).

As a final step, an iterative approach was taken whereby the answers and comments of 46 women who self-identified with having had a traumatic birth experience were compared, contrasted, interpreted, and integrated with the data that came from the previous steps. Elements that were adapted in response to women's feedback mainly concerned the inclusiveness of the definition as detailed in Appendix S2. Reasons to include or exclude certain suggestions from both experts or consumer groups are described in the results section of this paper.

3 | RESULTS AND DISCUSSION

Evidence collected via a rapid review and a stepwise process that included expert opinion and women's feedback was used to formulate the following definition of women's experiences of traumatic childbirth:

> A traumatic childbirth experience refers to a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing.

The definition is based on the acknowledgment that: (1) a woman's experience is primary; (2) the quality of provider interactions (QPIs) is crucial; (3) there are many possible events that may lead to a wide range of negative impacts on a woman's health and well-being, and as such the definition should be broad enough to be inclusive.

3.1 | Woman-centered approach

In line with current research, and feedback collected during our stepwise process, it was important for the definition to reflect that the experience of trauma is subjective, focusing the woman's experience, and therefore, only the woman who has given birth can classify her birth experience as traumatic. We debated, and subsequently avoided the terms "perception" and "appraisal," but rather, used "experience" and "reactions." The former terms were thought to suggest that it is in the woman's power to alter her experience, and that she is to blame for what she "perceives" or "appraises." Similarly, we avoided the terms "subjective," "self-defined" as these may also imply victim-blaming. Participants advocated for the use of the phrase: "a woman's experience" as a central tenet of the definition. Compared with Greenfield et al,[32] our definition expresses this concept more explicitly, by positioning this within the first line of the definition. As such, our definition emphasizes that traumatic or negative birth experiences need to be determined by the woman who experiences them.

We did not include the term "expectations" in the definition, as: (a) this could have put undue burden on the woman by communicating that she "was expecting too much" and (b) women can experience trauma, despite having very low expectations. Furthermore, feedback from experts from different countries in the EU highlighted the cultural variation in the perceptions of what may occur during childbirth (ie, highly medicalized care, laboring alone, being yelled at, procedures taking place without consent, etc).

In response to consumer group feedback, the verb "cause" was selected instead of the verb "induce" to avoid associations with induction of labor, and to indicate a cause-and-effect relationship between the interactions or events during labor and birth that are experienced as traumatic, and the emotions and impact thereafter. Although certain psychosocial risk factors may increase women's likelihood of experiencing a traumatic event,[8] participants argued that what happens during the birth can cause traumatic responses regardless of preexisting psychosocial factors.[44,73]

3.2 | Focus on quality of provider interaction

One of the key causal factors identified related to the quality of caregiver interactions. Women who experienced their birth as traumatic, referred to a limited or total lack of caring, personalized, and humanizing interactions.[11,28,44,52,64-66,74-77] Women used emotive language to describe their negative experiences with intrapartum caregivers, including being or feeling as though they were "at the lowest level of the hierarchy",[53(p.201)] "desolated",[67(p.33)] "disempowered",[53(p.202)] "suppressed",[53(p.202)] or "raped".[78(p.185)] Many also felt their most basic human rights were not respected.[79(p.25)]

To acknowledge the wealth of evidence that highlights the importance of the quality of provider interactions, we used the term "interactions." Participants debated over whether to refer directly to obstetric violence in the definition by using terms such as "negative provider interactions," "lack of caring interactions," "neglect," or "obstetric violence." However, ultimately stakeholders agreed that these terms might exclude other experiences such as when women feel threatened, judged, anxious, or helpless during interactions with care providers, but would not consider these forms of obstetric violence. Some noted that this term is stigmatized in many settings, and as such, can shut down conversations.[80]

During labor and birth, traumatic events may relate to obstetric complications and/or interventions. However, interpersonal trauma, which refers to trauma caused by interactions with others, has been found to be twice as likely to cause long-term PTSD symptoms relative to trauma tied to events.[81] Consumer groups also commented that low-quality provider interaction has the potential to traumatize women. Thus, we decided to emphasize the importance of "interactions" by placing it before "events" in the definition. During childbirth, care-related interpersonal trauma has been observed to be more (or at least as) prevalent as trauma in the form of obstetric interventions and emergencies.[43,64] The need to acknowledge low-quality provider interactions and obstetric violence as central to many women's traumatic childbirth experiences is urgent in view of mounting evidence for disrespectful and abusive maternity care as a worldwide phenomenon.[82-86]

3.3 | Focus on inclusiveness

We did not include the terms "complications" or "interventions" in the definition, as women with medically uneventful births can still have a traumatic experience, and not all women who have complications will experience such events as traumatic.[26] We also chose not to include the setting (eg, hospital, birth center, and home). Even though a traumatic birth is more likely to occur in a hospital, it can occur irrespective of the birth setting, and its likelihood is influenced by the complexity of care and interventions offered at a birthing facility.[6]

Events during pregnancy and the postpartum period, such as a miscarriage or infant admission to neonatal care, may be traumatic. Based on discussions with experts and mothers, we used the term "directly related to" childbirth, to include situations leading up to, or following directly from labor and delivery, such as feeling pressure to undergo induction or a planned cesarean birth or experiencing a postpartum hemorrhage. The definition does not include a time limit for the recognizing a birth as traumatic, as some women process their birth experiences only years after they have given birth.[87]

In response to expert feedback, we used the term "impact" instead of the term "effect" to allow for a wider range of consequences, while acknowledging the duration, magnitude, and extent of this impact is known to vary widely between women, and across situations. The women who reviewed our draft decision highlighted the need for the definition to include a variety of impacts that can be long and/or short term.[29,88]

Existing research highlights several ways that a traumatic birth experience may have a psychological, social, health, and/or cognitive impacts on women's well-being and their functioning. These include PTSD symptoms; emotional and/or intimate relationship with their partner; bonding with their infant; confidence in their body; confidence in other people and the health care system; and future reproductive choices.[29,89] As the types of impacts that women experience can vary, we used the WHO's definition of "health" and "well-being" to be more inclusive of the many ways trauma may manifest postbirth. In response to service user feedback, we replaced the adjective "intense" with "overwhelming" to highlight the magnitude of trauma responses, and to avoid confusion with positive emotions that can also be very intense. We used the word "distressing" to indicate potential adverse impacts on women's functioning.[29]

We also included the term "emotions" because emotional responses have been found to be particularly relevant in traumatic birth experiences.[58] "Emotions" was chosen over "feelings," as emotions were felt to be more immediate and to better reflect how bodies respond to external stimuli. Feelings, on the other hand, concern mental associations with these emotions and can be influenced by other prebirth factors, such as previous traumatic experiences.[8]

Instead of "woman" we considered using the term "person" in the definition, as not everyone who gives birth identifies as a woman, as was pointed out during the expert meeting in Amsterdam. However, to prevent possible confusion over who was being referred to in the definition, the consensus was to use the term "woman". Experts also pointed out that childbirth may be experienced as traumatic by partners,[90] and health care providers.[43,91] Participants acknowledged this and agree that further work is need to explore whether a similar or different definition(s) of a traumatic birth may be needed for these groups.

3.4 | Implications

This co-created definition has important global implications for service users, within clinical practice,

education and research in the fields of perinatal mental health, and for policymaking and activism around respectful maternity care. In clinical practice, this definition may help increase maternity care professionals' awareness of what constitutes a traumatic birth, and provide some language to facilitate meaningful conversations about how birth was experienced. The emphasis on women's own accounts as primary gives the opportunity for a woman to speak about her experience and how it has affected her.

This definition may also facilitate more widespread screening and referral to specialist mental health teams when needed. Future work should explore women's and health care professionals' experiences of using the definition, and whether the definition can operate as a valid and reliable assessment of a traumatic birth experience.

This definition also has implications for the education of health professionals who offer perinatal care and require training to understand the sources and impacts of birth trauma. Our definition could be used as part of a mandatory curriculum for maternity health professionals and used to help raise awareness of how a traumatic birth may be experienced by women. Such training could help promote emotionally attuned perinatal care for women and contribute to optimizing positive health and well-being.

From a research perspective, this definition offers the benefits of being understandable, meaningful, and valid for service users. It may also be useful in the recruitment and selection of participants for research studies, and to support the development of interventions.

For women, a clear and meaningful definition can help promote recognition of traumatic birth and may also aid in normalizing help-seeking for traumatic childbirth experiences. Finally, this definition will support consumer groups to promote human rights in childbirth and the provision of trauma informed care—both to prevent future birth-related trauma and to support those already living with it.

3.5 | Strength and limitations

A strength of this work is that it is based on research, yet was co-created and agreed on via contributions of multidisciplinary professionals (midwives, obstetricians, psychiatrists, and psychologists), academic experts working in the field of childbirth and perinatal mental health, and women with personal accounts of a traumatic birth. Although we recognize that the definition will be subject to further development and adaptation, this is the first woman-centered, inclusive definition that has been produced using a systematic, iterative, and interactive approach that included validation by women, as well as experts. One limitation is that we cannot draw any conclusions regarding the racial, ethnic, cultural and religious background or gender orientation of the consumer respondents, researchers and clinicians involved, and therefore do not know if these groups were adequately diverse and representative of the population. Future research should assess whether this definition is useful for childbirth-related trauma as experienced by a diverse, cross-cultural sample of individuals who give birth, partners, and clinicians, as well as whether it may be applied to experiences of trauma in the wider context of the perinatal period, including pregnancy, miscarriage, abortion, termination of pregnancy, and complications of the postpartum period.

4 | Conclusions

A rapid review followed by a systematic stepwise approach that included both expert and service user input was used to formulate a woman-centered definition of a traumatic birth experience that is respectful and inclusive. This definition puts women's experiences at the center and acknowledges that disrespectful and/or abusive provider interactions can traumatize women during childbirth. It also encompasses varied responses to trauma that do not necessarily meet a diagnostic threshold for PTSD, but are nonetheless experienced as traumatic. This definition, recognized by service users, clinicians and researchers, has implications for practice, education, research, public awareness, policymaking, and social activism. Although further research is needed to test the efficacy and usefulness of the definition, it offers an important starting point for enhanced discourses on the importance of positive birth experiences and respectful care.

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CONFLICT OF INTEREST

The authors report no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Julia Leinweber https://orcid.org/0000-0001-7287-1655
Eleni Hadjigeorgiou https://orcid.org/0000-0002-5834-4207

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SUPPORTING INFORMATION

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