

Table 1. Description of Reviewed Studies

Authors, Year	Study Purpose	Country	Study Design	Methods	Participants	Summary of Findings
1. Ebert et al., 2014	To understand the factors that impact participation in decision-making by socially disadvantaged women	Australia	Interpretive phenomenological	3 segregated focus groups Iterative analysis with elicited validation from participants	17 women of socially disadvantaged background and having given birth within 24 months	Women wanted to be involved in decision-making but felt that they did not belong and instead delegated decision-making to midwives. Three factors improved participation: (1) Feeling Safe, (2) Feeling Valued, (3) Being Available
2. Armstrong & Kenyon, 2017	To explore women's experiences of decision-making about augmentation with labor dystocia	United Kingdom	Constant comparative method contextualized in Annemarie Mol "Logic of Care"	Semi-structured interviews Thematic analysis	18 low-risk nulliparous women 2 weeks postpartum who received Pitocin for labor augmentation	Women went through a phase of acceptance as labor progressed slowly and choice receded. In coping, most women ceded control to trusted providers citing increased risk, exhaustion, and a lack of expertise. A few women withdrew completely. Some wanted to stay involved in decision-making and were unhappy to be excluded. Authors suggested that "logic of care" was a more appropriate model than choice as it emphasized the fluidity and uncertainty of medical decision-making.
3. Malacrida & Boulton, 2014	To explore women's expectations and experiences of choices in labor and birth.	Alberta, Canada	Feminist critical, Governmentality	Narrative interviews, analyzed thematically Foci for inquiry and analysis informed by emerging themes	22 middle class women who recently gave birth and preferred natural birth Snowball sampling	Disjuncture between expectations of choosing and planning a natural a birth as possible and their experiences of birth. Women made great efforts to achieve a natural birth. Women described getting on a "train" of medical interventions that limited choices. When birth did not go as expected, they tended to blame themselves.
4. Happel-Parkins & Azim, 2016	To understand and contextualize the childbirth experiences of first-time mothers planning natural childbirth	Mid-southern USA	Narrative-thematic analysis Feminist critique	Semi-structured life-story interviews Analyzed thematically based on Strauss and Corbin's method of coding	6 women, all middle-class and highly educated, seeking natural childbirth Snowball sampling	Four recurring themes: "Benefits and limitations of pre-labour self-education, laboring women's experiences of relationality, the importance of birth stories and expectations, and the creation of false dilemmas and complexities of "informed choice"". Authors identify false dilemmas in which a provider suggests mutually exclusive options, only one of which is desirable as a method of convincing women to accept intervention. They describe an inability of women

						to overcome medical model in the hospital despite significant education and birth planning.
5. Blix-Lindstrom et al., 2004	To describe women's experiences with decision-making of labor augmentation	Sweden	Modified grounded theory	Open-ended interviews 1-3 days after childbirth Analyzed thematically	20 women who received oxytocin augmentation during labor	Eight categories were identified: Women's satisfaction with decision-making (core category) Support and guidance from midwives Knowledge about giving birth Expectations about giving birth Information from midwives Confidence in one's own capacity Information from literature and friends 'Knowledge and expectations' and 'support and guidance from midwives' related to one another in four different patterns: women who participated in decision-making, women who were invited to participate but refrained, women who did not participate but wanted to, women who did not participate and did not want to. Only the third group was dissatisfied. Women's desire for information exceeded the desire for involvement in decision-making
6. Kjaergaard, Foldgast & Dykes, 2007	To gain understanding of women's experiences with prolonged or augmented labor and their care.	Sweden	Grounded theory	Open ended interviews. Analyzed thematically	Purposive sample of 10 nulliparous women who experienced prolonged labor and their partners 4-15 weeks after delivery	The core category was identified as Dialectical Birth Process. Three additional main categories were identified: balancing natural and medical delivery, interacting, losing and regaining control. Finally, acceptance and satisfaction were described as reconciliation after the physical and mental struggles of labor.
7. Nystedt, Hogberg & Lundman, 2006	To explore the experiences of women with prolonged labor ending in assisted delivery	Sweden	Qualitative descriptive	Thematic interviews 50-75 mins Qualitative content analysis for manifest and latent content	Purposive sample of 10 nulliparous low-risk women with spontaneous, prolonged labor and assisted delivery (Vacuum or CB)	Three categories with six subthemes were identified: being caught in labor', 'being possessed by pain', 'being possessed by fear', 'being out of control', 'being exhausted', 'being powerless', 'being dependent on others', 'being in need of midwifery care', 'being relieved from pain'
8. VandeVusse, 1999	To clarify the way that decisions are	United States	Explorative descriptive, narrative	Re-analysis of birth stories from qualitative	15 women with a variety of birth experiences	A model of control, method of decision-making and women's emotions was developed with four patterns of control and six corresponding methods of decision-making and related emotions:

	made during labor			study, unstructured interviews Narrative analysis	within 4 months of giving birth	unilateral but contested through refusal or adaptation, unilateral and uncontested through agreement, suspended/waiting through no active decision, shared/joint through explanations or requests.
9. Maher, 2008	To generate a framework to understand women's experience of time during labor	Australia	Descriptive qualitative	Semi-structured, in-depth interviews Narrative analysis	10 women 3-12 months postpartum	Women situate their birth experiences in temporal progress time from a complex combination of direct and overheard communication. Medical terminology was not used in these stories.
10. Meyer, et al., 2017	To develop a model of decision-making to transfer to the hospital in home and birth center birth in Switzerland by exploring midwives' and women's experiences	Switzerland	Grounded theory (Strauss & Corbin)	Open-ended interviews recorded and Translated into English. Open, axial and selective coding to identify categories and relationships, commitments	20 midwives with experiences of considering transfer to the hospital with planned home or birth center birth and 20 women identified by the midwives with similar experience	Central phenomenon: "defining/redefining decision as a joining commitment to healthy childbirth" Sub-indicators: safety, responsibility, mutual and personal commitments. Women's strategies included: "delegating a decision, making the midwife's decision her own, challenging a decision, or taking a decision driven by the dynamics of childbirth" Midwives strategies included: "remaining indecisive, approving a woman's decision, making an informed decision, or taking the necessary decision".
11. Carlton, 2005	To describe the experience of women who change from preferring unmedicated to medicated childbirth during labor	United States	Descriptive qualitative	Semi-structured interviews, Thematic analysis	33 women who indicated that they preferred unmedicated birth or a wait-and-see approach and later changed their minds in 3 different hospital settings	Four primary themes were identified: wanting an unmedicated birth, making a change in pain management, changing birth preferences, reconciling feelings about making that change
12. Dahlen, 2010	To describe the experiences of first-time mothers giving birth at home and in the hospital	Australia	Descriptive Qualitative	In-depth interviews analyzed using Grounded theory	17 nulliparous women 7 who gave birth at home, 7 at a tertiary hospital, 1 at a private	Three categories emerged: preparing for birth, the novice birthing, processing the birth

					hospital, and 2 at a birth center.	
13. Hauck, 2007	To explore the influence of expectations on women's perception of birth experience	Australia	Exploratory descriptive	In-depth interviews following up initial interviews conducted for an earlier study analyzed thematically	20 women in the postpartum period, 15 multiparas and 5 primiparas purposively sampled	Data supported themes identified in phase one of the study. Unfulfilled expectations of labor and birth resulted in negative birth experiences. Women with unfulfilled expectations adjusted their expectations for future birth to account more for the unexpected. Support from caring providers mitigated the effect of unmet expectations.
14. O'Brien, 2017	To explore women's understanding of informed choice during pregnancy and childbirth	Ireland	Participatory action research	In-depth interviews analyzed using the voice-centered relational method.	15 women in the postpartum period who gave birth in hospital	Five themes emerged: making the right choices for the baby, choice is contingent on having the right information, informed choice is defined by expectations, informed choice is defined by the self, informed choice is defined by relationships