

Table 2. Reciprocal Translation Table

Derived Categories and Subthemes	Study Numbers*	In Vivo Themes (as labeled in included studies)
<b>Transition from anticipated natural birth to medical delivery was:</b>		
superimposed on the transition to motherhood	1 (pg. 136), 3 (pg. 13), 7 (pg. 64), 12 (pg. 420)	Actions and reactions of midwives; Questions and blame: Reconciling birth expectations with experience, Novice birthing: reacting to the unknown
characterized by entering the sick role and experienced as suffering	2 (pg. 231), 7 (pg. 60, 63)	Coping with diminishing choice; Being caught up in labor; Being possessed by fear and pain
complicated by the necessity to transfer care location or provider	1 (pg. 135), 2 (pg. 229-230), 10 (pg. e274)	Actions and reactions of midwives; Choices had been made, but had to be revisited
<b>Expectations for labor and birth were:</b>		
developed through knowledge, preparation, and birth planning	2 (pg. 229-230), 3 (pg. 8), 4 (pg. 5), 5 (pg. 107), 12 (pg. 417-419), 14 (pg. 3)	Choices had been made but had to be revisited; Efforts to maximize natural 'chances'; The benefits and limitations of pre-labour self-education; Knowledge and expectations about giving birth; responsibility; choice is contingent on having the right information
framed by stories from family, friends, and the media	4 (pg. 6-7), 5 (pg. 107)	The importance of stories and expectations; Information from literature and friends
inclusive of fear of pain and the unknown	12 (pg. 419)	Expectations
based on inadequate knowledge, for some women	1 (pg. 135), 4 (pg. 5-6), 14 (pg. 4)	Insufficient and inadequate information; Pre-labour self-education: privileged, agentic, and inadequate; informed choice is defined by expectations
almost never realized, especially by first time mothers	12 (pg. 422), 13 (pg. 239)	positive birth experience: expectations achieved
<b>Awareness of the transition was:</b>		
experienced through symptoms of fear, pain, and fatigue	2 (pg. 230), 6 (pg. 4), 7 (pg. 60), 13 (pg. 240)	There came a point at which choice receded; Being possessed by fear and pain; birth is painful, long and hard
described as the body not co-operating with the desire of the mind for labor to progress	2 (pg. 230), 6 (pg. 4, 7)	There came a point at which choice receded; Balancing natural birth and medical birth
realized through cervical dilation over time as an objective measure	2 (pg. 230), 9 (pg. 134-135), 10 (pg. e275)	There came a point at which choice receded; Signs of progress; Safety commitment

gathered through overhearing providers or indirect communication	2 (pg. 230), 9 (pg. 134-136)	There came a point at which choice receded; Signs of progress, Mistimed communications
experienced in relationship to the anticipated time of labor	9 (pg. 133-134)	Time, communication and experience
<b>Loss of choice in labor was experienced as:</b>		
a change from focusing on natural birth to accepting medical delivery	2 (pg. 231), 6 (pg. 4, 7), 7 (pg. 61), 11 (pg. 148)	Coping with diminishing choice, there came a point at which choice receded; dialectical birth process; balancing natural and medical delivery; being exhausted; wanting an unmedicated birth, making a change in pain management, changing birth preference
being caught up in the physical experience of labor	6 (pg. 6), 11 (pg. 148)	Being caught up in labor, being possessed by pain; making a change in pain management
a perceived lack of choices related to increases in risk, especially a threat to the health of the baby	1 (pg. 136), 2 (pg. 226, 231, 233), 3 (pg. 12), 4 (pg. 7), 10 (e274-e275), 13 (pg. 240), 14 (pg. 3)	Actions and reactions of midwives; Coping with diminishing choice; 'On a train': medical interventions and choice; birth is a healthy baby; safety commitment, responsible commitment; making the right choices for the baby
being excluded from the process of decision making	1 (pg. 135), 2 (pg. 231, 233), 3 (pg. 8, 11), 5 (pg. 108), 14 (pg. 5)	Actions and reactions of midwives; Coping with diminishing choice; 'On a train': medical interventions and choice; Participated in decision making; informed choice is defined 'by the self'
dependency on trusted care providers	2 (pg. 231), 3 (pg. 13), 5 (pg. 108), 7 (pg. 61), 10 (pg. 276)	Coping with diminishing choice; Questions and blame: reconciling birth expectations with experience; Participated in decision making; Mutual commitment
a questioning of the fundamental concept of choice in labor	2 (pg. 231), (4, pg. 7), 3 (pg. 10, 15), 13 (pg. 245)	Efforts to maximize 'Natural choices', 'On a train': medical interventions and choice; Being dependent on others, Being in need of midwifery care
<b>Indicators of positive coping with process of the transition included:</b>		
feeling connected to one's support	4 (pg. 6), 6 (pg. 6), 9, 10 (pg. e276)	Labouring women's experiences of relationality; time, communication, and experience; interacting; mutual commitment
feeling safe and valued in positive interactions of caring by providers	1 (pg. 134-135), 6 (pg. 6), 7 (pg. 61), 13 (pg. 244), 14 (pg. 6)	Feeling safe, feeling valued, and being available; mutual commitment; the midwife approves of the woman's decision; being dependent on others; being in need of midwifery care; interacting; informed choice is relational; the importance of the woman-carer relationship
accepting necessity of medical intervention and feeling relieved by treatment	2 (pg. 234), 6 (pg. 4, 6), 7 (pg. 62), 8 (pg. 48), 9	being in need of midwifery care; being relieved from pain; signs of progress; coping with diminishing choice; balancing natural birth and medical birth

variety in the way women wanted to engage in decision making	5, (pg. 107-109), 6, 8 (pg45-48), 10 (pg. e276-e277)	Personal commitment, Indicators' influence on shared decision making
relief related to giving birth to a healthy baby	3 (pg. 13-14), 5 (pg. 109), 11 (pg. 148)	Questions and blame: reconciling birth expectations with experience; Reconciling feelings about making that change
high levels of satisfaction with the experience	3 (pg. 14), 5 (pg. 107-109), 8 (pg. 48)	level of satisfaction; women's expressed emotions; time, communication, and experience; questions and blame: reconciling birth expectations with experience
Support in reconciling expectations and experience	3 (pg. 13-14), 6 (pg. 5); 12 (pg. 422)	Questions and blame: reconciling birth expectations with experience; Acceptance, satisfaction and reconciliation; Reconciling feelings about making that change
<b>Indicators of negative coping with the process of transition included:</b>		
dissatisfaction and difficulty reconciling due to negative interactions with care providers, especially feeling excluded from decision making when they wanted to participate	1 (pg. 135), 3 (pg. 13-15), 4 (pg. 6), 7 (pg. 61), 9	actions and reactions of midwives; the midwife remains indecisive; mistimed communication; Being in need of midwifery care; labouring women's experiences of relationality
self-blame for the outcome	3 (pg. 13-15)	Questions and blame: reconciling birth expectations and experience
low levels of satisfaction with the experience	3 (pg. 14), 5 (107-109), 8 (pg. 48)	level of satisfaction; women's expressed emotions; time, communication, and experience; questions and blame: reconciling birth expectations with experience
Some women experienced trauma	2 (pg. 232), 4 (pg. 6), 7 (pg. 60-61), 12 (pg. 420)	Coping with diminished choice; Pre-labour self-education: privileged, agentic, and inadequate; Being possessed by fear

\*Study numbers correspond to table