

## The determinants of Maternal Satisfaction; A Systematic Review

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**Abstract:** *Maternal satisfaction is widely recognized as a key indicator of the quality of maternity care and an important determinant of women's future use of health services. It reflects women's perceptions of interpersonal care, clinical practices, and health system responsiveness across antenatal, intrapartum, and postnatal services. Despite growing attention to respectful and woman-centered care, evidence on the prevalence, determinants, and outcomes of maternal satisfaction remains fragmented across regions and service types. This systematic review synthesized existing evidence on the prevalence of maternal satisfaction with maternity care and identified its key behavioral, organizational, and contextual determinants, as well as its outcomes for women and health systems. A systematic literature search was conducted across multiple academic databases in accordance with PRISMA 2020 guidelines. Peer-reviewed empirical studies and systematic reviews addressing maternal satisfaction with antenatal, intrapartum, postnatal, or vaccination services were included. Studies were screened using predefined eligibility criteria, and data were extracted on study design, setting, sample characteristics, measurement tools, prevalence estimates, determinants, and reported outcomes. Due to heterogeneity in study designs and measurement instruments, a narrative synthesis approach was applied. The review revealed substantial variation in reported levels of maternal satisfaction across countries and care settings, with generally higher satisfaction in well-resourced facilities and lower satisfaction in settings characterized by long waiting times, inadequate privacy, and limited respectful care. Key determinants of satisfaction included quality of communication, respectful treatment, shared decision-making, waiting time, facility cleanliness, availability of supplies, mode of delivery, labor duration, and women's prior expectations and experiences. Maternal satisfaction was consistently associated with greater confidence in the maternal role, improved health-seeking behavior, and a higher likelihood of recommending services to others. Overall, maternal satisfaction is a multidimensional construct shaped by both interpersonal interactions and health system factors. Enhancing respectful maternity care, improving communication, and strengthening facility resources are critical strategies for improving women's experiences and promoting positive maternal and child health outcomes. Future research should adopt standardized measurement tools and comparative designs to enable stronger cross-country evidence synthesis.*

**Keywords:** Maternal satisfaction; Respectful maternity care; Systematic review; Quality of care; Childbirth experience.

### 1. Introduction

Maternal satisfaction with maternity care has become an essential indicator of healthcare quality and a central measure of patient-centered care in maternal health systems worldwide. Maternal satisfaction reflects how well maternity services meet women's expectations, needs, and values

during pregnancy, childbirth, and the postnatal period. It is widely used as a proxy for assessing the responsiveness, effectiveness, and humaneness of maternity care. Maternal satisfaction is not merely an emotional outcome but also a determinant of future healthcare utilization, adherence to medical advice, and trust in health systems. Recognizing its importance, researchers and policymakers increasingly emphasize maternal satisfaction as a critical component of quality improvement in maternity services (Prosen & Ličen, 2025). Empirical evidence shows that maternal satisfaction is influenced by both clinical and interpersonal dimensions of care. Women tend to report higher satisfaction when they experience respectful treatment, clear communication, emotional support, and involvement in decision-making during childbirth. Positive relationships with healthcare providers, a sense of control, and emotional safety are consistently identified as key contributors to a favorable birth experience. Conversely, inadequate staffing, poor communication, and limited support during the postnatal period reduce overall satisfaction (Doherty et al., 2023). These findings highlight that maternal satisfaction extends beyond medical outcomes to include relational and experiential aspects of care.

Satisfaction with labor and delivery is also shaped by obstetric and environmental factors. Mode of delivery, pain management, birth environment, and partner presence significantly influence women's perceptions of their childbirth experience. Vaginal birth and planned cesarean sections are generally associated with higher satisfaction compared to emergency cesarean sections. Timely newborn contact and respectful clinical care further enhance maternal satisfaction, whereas poor physical conditions in delivery settings can diminish it (Dönmez & Yeşil, 2024). Across different contexts, maternal satisfaction varies considerably depending on health system quality and service delivery conditions. In many low- and middle-income countries, satisfaction with antenatal and delivery care remains suboptimal due to long waiting times, inadequate privacy, and insufficient provider communication. In Ethiopia, fewer than half of women expressed satisfaction with antenatal care services, largely due to institutional barriers and limited patient-provider interaction (Bekele et al., 2023). Similarly, in public hospitals, delays in service provision, prolonged labor, and unplanned pregnancies are associated with lower satisfaction with delivery care (Kidane et al., 2023).

Postnatal care represents another critical but often neglected stage of maternal satisfaction. Although women generally perceive maternity care as high quality, many report only moderate satisfaction with postnatal services due to insufficient empathy, communication gaps, and limited emotional support from healthcare providers. Studies from Saudi Arabia demonstrate a significant gap between expected and perceived quality of postnatal care, emphasizing the need for improved compassionate care and regular satisfaction assessments (Al-Hussainy et al., 2022). At a broader level, systematic reviews reveal that maternal satisfaction with maternity services remains inconsistent across regions. In Ethiopia, pooled evidence suggests that only about two-thirds of parents are satisfied with maternal health services, with waiting time, provider attitude, and respectful interaction emerging as key determinants (Zelege et al., 2025).

In Nigeria, maternal satisfaction is primarily driven by positive client-provider relationships, affordability, and service accessibility, and is linked to women's willingness to seek future care and recommend services to others (Ope et al., 2025). Despite growing research, maternal satisfaction remains inconsistently defined and measured across studies, limiting comparability and generalizability. Different instruments, cultural contexts, and methodological approaches contribute to heterogeneous findings in the literature. Consequently, a comprehensive synthesis of existing evidence is necessary to clarify the determinants of maternal satisfaction and inform policy and

practice. This systematic review therefore aims to examine the determinants of maternal satisfaction across diverse healthcare settings, synthesize key influencing factors, and provide evidence-based recommendations to improve maternity care quality and women's experiences.

## 2. Methodology

This systematic review was conducted to synthesize existing evidence on the determinants of maternal satisfaction with maternity care across antenatal, intrapartum, and postnatal services. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines to ensure transparency, rigor, and reproducibility in study identification, selection, and reporting. The use of PRISMA provided a structured framework for documenting the review process from initial search to final inclusion of studies (Ope et al., 2025). A comprehensive literature search was performed across multiple electronic databases, including PubMed, Scopus, Web of Science, Embase, CINAHL, Google Scholar, and African Journals Online. Additional sources such as Cochrane Central Register of Controlled Trials and Maternity and Infant Care databases were also consulted to capture relevant peer-reviewed articles. Grey literature and reference lists of eligible studies were screened to minimize publication bias and ensure broad coverage of the topic (Kawish et al., 2023).

The search strategy used combinations of key terms related to maternal satisfaction, maternity care, childbirth experience, antenatal care, delivery services, postnatal care, respectful maternity care, and patient-centered care. Boolean operators such as "AND" and "OR" were applied to refine the search. Only studies published in English and conducted within the last 5 years were considered eligible to reflect contemporary maternity care practices and policies. Studies were included if they explicitly assessed maternal satisfaction as a primary or secondary outcome in relation to antenatal, intrapartum, or postnatal care. Eligible designs included cross-sectional studies, mixed-methods studies, and systematic reviews or meta-analyses that examined determinants or outcomes of maternal satisfaction. Studies that did not clearly define how satisfaction was measured or that focused solely on clinical outcomes without patient-reported experiences were excluded (Ope et al., 2025).

All retrieved records were imported into a reference management software, and duplicate entries were removed. The screening process involved two sequential stages: title and abstract screening followed by full-text review. Two independent reviewers assessed each study for relevance and eligibility based on predefined inclusion and exclusion criteria. Any disagreements were resolved through discussion or consultation with a third reviewer. Data extraction was performed using a standardized template that captured key study characteristics, including authors, year, country, study design, sample size, measurement tools, and main findings related to maternal satisfaction. Particular attention was given to reported determinants such as provider behavior, communication quality, waiting time, privacy, birth environment, and respectful care practices. Extracted data were narratively synthesized rather than pooled statistically due to methodological heterogeneity across studies (Kasaye et al., 2023).

Quality appraisal of included studies was conducted using appropriate tools depending on study design. Cross-sectional studies were assessed using the Joanna Briggs Institute (JBI) critical appraisal checklist, while systematic reviews were evaluated using established quality assessment frameworks. This process ensured that conclusions were based on methodologically sound evidence (Seyoum, 2022). The entire selection process is summarized in Figure 1: PRISMA 2020 Flow Diagram, which illustrates the number of records identified through database searching, screened after duplicate

removal, assessed for eligibility via full-text review, and ultimately included in the final synthesis. This flow diagram provides a transparent visual representation of how studies were filtered and selected for this review.

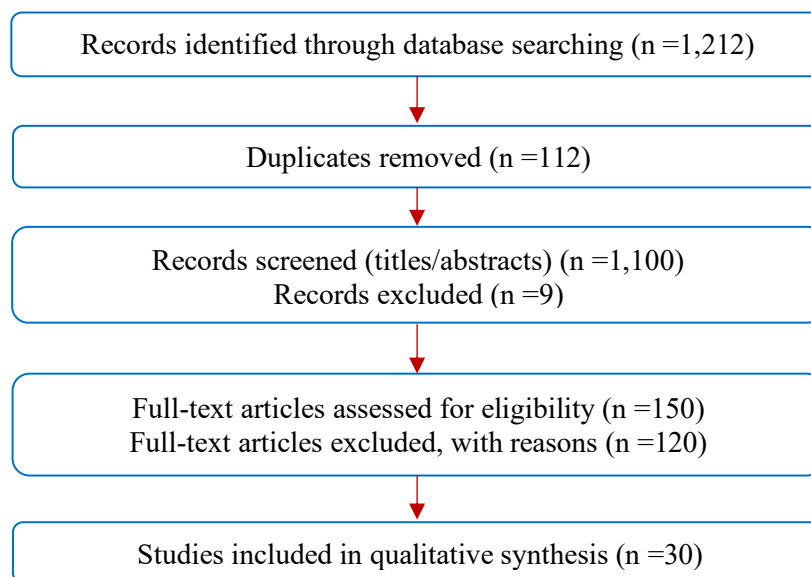


Figure 1. PRISMA 2020 Flow Diagram

### 3. Results

#### 3.1 Study Selection and Characteristics

The systematic search and screening process yielded a diverse body of empirical and review-based evidence on maternal satisfaction across antenatal, intrapartum, and postnatal care settings. After removal of duplicates and application of eligibility criteria, the final corpus comprised cross-sectional studies, mixed-methods investigations, and systematic reviews conducted in high-, middle-, and low-income contexts. The geographical distribution of the included studies reflects a strong concentration in sub-Saharan Africa, particularly Ethiopia and Nigeria, alongside contributions from Europe, the Middle East, South Asia, and North America, demonstrating the global relevance of maternal satisfaction as a quality-of-care indicator. Most primary studies employed facility-based cross-sectional designs with sample sizes ranging from approximately 300 to more than 700 participants, collected through structured interviewer-administered questionnaires or validated satisfaction scales such as the Birth Satisfaction Scale–Revised (BSS-R), the Women’s Views of Birth Labour Satisfaction Questionnaire (WOMBLSQ), or context-specific maternity satisfaction tools. Large-scale quantitative surveys were common in Ethiopia and Pakistan, reflecting a public health orientation toward measuring service quality and identifying modifiable determinants of satisfaction (Kidane et al., 2023). Similar approaches were observed in studies from Turkey and Slovenia, where standardized instruments were used to compare satisfaction across modes of birth and care environments (Prosen & Ličen, 2025).

A smaller subset of studies adopted mixed-methods or qualitative components, particularly those examining communication, shared decision-making, and emotional safety during childbirth. These studies integrated free-text responses or thematic content analysis to deepen understanding of women’s lived experiences beyond numerical satisfaction scores (Doherty et al., 2023). In contrast, rapid and full systematic reviews focused on synthesizing evidence across multiple countries, especially within low- and middle-income settings, and followed PRISMA guidelines for study

selection and reporting (Kawish et al., 2023). Across the included studies, maternal satisfaction was conceptualized primarily as a multidimensional construct encompassing interpersonal care (respect, empathy, communication), organizational factors (waiting time, staffing, privacy), and physical environment (cleanliness, water quality, facility conditions). Several studies explicitly linked satisfaction to specific service domains such as antenatal care, intrapartum care, postnatal care, or childhood vaccination services, rather than treating maternity care as a single undifferentiated category (Bekele et al., 2023).

Most quantitative studies relied on logistic regression or multivariable models to identify determinants of satisfaction, reporting adjusted odds ratios with 95% confidence intervals. Systematic reviews and meta-analyses employed random-effects models to estimate pooled prevalence of maternal satisfaction and used subgroup analyses to explore regional variation (Zelege et al., 2025). Quality appraisal tools such as the Joanna Briggs Institute checklist or ROBINS-I were applied in review studies to assess risk of bias and evidence certainty (Kasaye et al., 2023). Overall, the included literature represents a robust yet heterogeneous evidence base, characterized by variability in measurement tools, cultural contexts, and health system settings. This heterogeneity justified the use of narrative synthesis rather than statistical pooling for much of the evidence, while still allowing clear patterns to be identified regarding determinants and outcomes of maternal satisfaction. A detailed summary of each included study including country, design, sample size, measurement instrument, and key findings is presented in Table 1: Literature Review Matrix, which systematically organizes the characteristics and contributions of all selected studies.

**Table 1. Literature Review Matrix**

No	Author(s) & Year	Respectful care / mistreatment	Communication / shared decision-making	Waiting time	Privacy	Facility environment / cleanliness	Mode of delivery	Pain management	Provider attitude / support	Access / affordability	Health-system / policy factors
1	Prosen & Ličen (2025)	✓	✓			✓	✓	✓	✓		
2	Dönmez & Yeşil (2024)						✓				
3	Sadiku et al. (2024)										✓
4	Kidane et al. (2023)			✓	✓		✓				
5	Tolesa et al. (2023)			✓							
6	Bekele et al. (2023)		✓				✓		✓		✓
7	Al-Hussainy et al. (2022)		✓						✓		✓
8	Zelege et al. (2025)			✓					✓		✓
9	Jang et al. (2024)		✓			✓			✓		
10	Kasaye et al. (2023)	✓									✓
11	Ope et al. (2025)					✓			✓	✓	✓
12	Moryossef & Chen (2022)					✓			✓	✓	✓
13	Mohamoud (2023)	✓	✓		✓						✓

14	Halim et al. (2024)	✓					✓				✓
15	Bishaw et al. (2022)			✓	✓			✓		✓	✓
16	Öter et al. (2022)				✓	✓	✓	✓	✓		
17	Ahmadpour et al. (2022)										✓
18	Seyoum (2022)	✓		✓	✓						
19	Agbi et al. (2023)		✓						✓		✓
20	Ylilehto et al. (2022)						✓		✓		
21	Doherty et al. (2023)		✓						✓		
22	Kawish et al. (2023)	✓									✓
23	Shiferaw et al. (2022)			✓							
24	Dougherty et al. (2023)								✓		✓
25	Assimamaw et al. (2024)										✓
26	Hochman et al. (2023)						✓				
27	Scholten et al. (2025)		✓								
28	Abate et al. (2022)					✓					✓
29	Ilyas et al. (2023)	✓	✓					✓			
30	Tesfaye et al. (2023)		✓	✓					✓		

### 3.2 Prevalence and Determinants of Maternal Satisfaction

The prevalence of maternal satisfaction with maternity care varied widely across countries, care settings, and stages of the maternal continuum, reflecting differences in health system performance, measurement tools, and contextual conditions. Across Ethiopian studies, satisfaction ranged from moderate to high but remained consistently below optimal levels in many settings. For example, Abate et al. (2022) reported an overall satisfaction level of 85% with labor and delivery services in East Gojjam, while Kidane et al. (2023) found that 80% of mothers were satisfied with delivery services in public hospitals. In contrast, Bekele et al. (2023) identified much lower satisfaction with antenatal care, with only 46.7% of women reporting satisfaction, indicating substantial gaps in ANC quality. Similarly, Zeleke et al. (2025) estimated a pooled parental satisfaction level of 63.5% across maternal health services in Ethiopia, highlighting persistent systemic weaknesses. Determinants of maternal satisfaction consistently clustered around three broad domains: interpersonal care, service organization, and clinical and environmental conditions. Interpersonal factors such as respectful treatment, effective communication, and shared decision-making emerged as strong predictors of satisfaction across multiple contexts. Doherty et al. (2023) demonstrated that positive relationships with clinicians, perceived emotional safety, and opportunities for choice and control were central to highly positive birth experiences. Agbi et al. (2023) similarly emphasized that high-quality communication, empathy, and information sharing significantly enhanced maternal satisfaction and trust in care providers.

Service organization variables, particularly waiting time and privacy, were repeatedly associated with satisfaction levels. Shiferaw et al. (2022) found that waiting time under 15 minutes significantly increased the likelihood of maternal satisfaction with institutional delivery services. Seyoum (2022) further confirmed that waiting times below 60 minutes and maintenance of privacy were strong determinants of satisfaction with antenatal care services. Zeleke et al. (2025) also highlighted that shorter waiting times and welcoming approaches from providers were key predictors of parental satisfaction. Clinical and environmental conditions played a critical role in shaping maternal

perceptions of care quality. Abate et al. (2022) reported that perceived cleanliness of the delivery room and availability of essential drugs were among the strongest predictors of satisfaction. Jang et al. (2024) showed that satisfaction with hospital cleanliness, safety, and water quality significantly influenced maternal satisfaction in Tanzania. Al-Hussainy et al. (2022) further demonstrated a strong positive relationship between perceived quality of postnatal care and women's satisfaction, despite an observed gap between expected and received care.

Obstetric and individual characteristics also shaped maternal satisfaction. Prosen and Ličen (2025) found that satisfaction varied according to parity, mode of birth, pain management, and partner presence, with higher satisfaction associated with vaginal birth and planned cesarean sections compared to emergency cesareans. Hochman et al. (2023) identified cesarean delivery and immigration status as risk factors for negative birth experiences, while prior deliveries and prior abortions were associated with lower risk of dissatisfaction. Across studies, respectful maternity care emerged as a foundational determinant of satisfaction, particularly in low- and middle-income countries. Kawish et al. (2023) emphasized that respectful, rights-based care is essential to improving maternal experiences, yet remains inconsistently implemented. Kasaye et al. (2023) further demonstrated that multi-component interventions targeting provider attitudes, facility systems, and community engagement could meaningfully reduce mistreatment and improve perceptions of respectful care.

### 3.3 Outcomes of Maternal Satisfaction

Maternal satisfaction was consistently linked to meaningful behavioral, psychological, and health system outcomes across the reviewed studies. Higher satisfaction was associated with improved health-seeking behavior, greater service utilization, and stronger engagement with healthcare systems. Ope et al. (2025) demonstrated that women who reported positive maternity care experiences were more likely to recommend services to others and return for future care, reinforcing the role of satisfaction in continuity of care. Satisfaction was also associated with better maternal psychological well-being and postpartum adaptation. Ahmadpour et al. (2022) found a significant positive correlation between childbirth satisfaction and maternal role adaptation, indicating that positive birth experiences support women's confidence and adjustment to motherhood. The same study showed that maternal self-confidence and supportive family environments further strengthened this relationship. Intrapartum satisfaction influenced perceptions of care quality and future birth planning. Ylilehto et al. (2022) reported that women who experienced planned vaginal twin births generally described positive childbirth experiences, even in high-risk clinical contexts, suggesting that supportive care can buffer stress in complex deliveries.

Öter et al. (2022) further indicated that satisfaction with privacy, comfort, and respectful care contributed to overall positive evaluations of maternity services regardless of delivery mode. Maternal satisfaction was also connected to newborn and child health engagement, particularly in vaccination services. Tesfaye et al. (2023) found that mothers who were satisfied with childhood vaccination services were more likely to engage with providers and comply with immunization schedules. Assimamaw et al. (2024) similarly concluded that higher maternal satisfaction with vaccination services was critical for sustained child health service utilization in Ethiopia. At the health system level, maternal satisfaction functioned as a key quality indicator, informing policy and service redesign. Al-Hussainy et al. (2022) highlighted the importance of routine satisfaction assessments to identify service gaps and guide improvements in postnatal care. Kasaye et al. (2023) showed that system-level interventions aimed at respectful care could improve both women's experiences and

facility culture. Finally, satisfaction outcomes were shaped by gender dynamics and social context. Halim et al. (2024) demonstrated that gender inequality within households negatively affected women's satisfaction with maternal healthcare services, suggesting that broader social empowerment strategies are necessary to improve maternal experiences.

## 4. Discussion

### 4.1 Interplay of Behavioral, Organizational, and Contextual Determinants

Maternal satisfaction with maternity care is shaped by the dynamic interaction of behavioral, organizational, and contextual determinants rather than by any single factor in isolation. At the behavioral level, the attitudes, communication styles, and responsiveness of healthcare providers emerged as central to women's experiences of care. Doherty et al. (2023) demonstrated that respectful relationships, emotional safety, and shared decision-making were core elements of positive birth experiences, indicating that interpersonal care is as critical as clinical competence. Agbi et al. (2023) further emphasized that empathetic communication, active listening, and transparent information sharing strengthen trust and enhance satisfaction across the continuum of maternal care. Organizational determinants related to service delivery structures consistently influenced maternal perceptions of care quality. Waiting time, privacy, staffing adequacy, and availability of essential supplies were repeatedly associated with satisfaction levels across settings. Shiferaw et al. (2022) found that shorter waiting times significantly improved maternal satisfaction with institutional delivery services, suggesting that efficiency of care delivery is a key quality indicator.

Abate et al. (2022) similarly showed that cleanliness of delivery rooms and availability of drugs were among the strongest predictors of satisfaction, highlighting the role of basic service readiness. Jang et al. (2024) extended this argument by demonstrating that hospital environment, safety, and water quality substantially shaped maternal satisfaction in Tanzania. Contextual determinants including socio-demographic characteristics, cultural expectations, and gender relations also shaped maternal experiences in meaningful ways. Halim et al. (2024) revealed that gender inequality within households negatively affected women's satisfaction with maternal healthcare services, indicating that satisfaction is influenced by broader social structures beyond health facilities. Hochman et al. (2023) found that immigration status increased the risk of negative birth experiences, suggesting that language, integration, and cultural barriers may mediate women's perceptions of care. The interplay of these three domains suggests that maternal satisfaction is a multidimensional construct embedded within relational, institutional, and societal contexts. Behavioral factors shape how care is experienced at the interpersonal level, organizational factors determine the conditions under which care is delivered, and contextual factors influence expectations and power dynamics surrounding care.

### 4.2 Policy, Practical, and Theoretical Implications

From a policy perspective, the findings highlight the need for integrated strategies that move beyond clinical performance to address respectful, patient-centered maternity care. Kawish et al. (2023) emphasized that respectful maternity care is a fundamental human rights issue, particularly in low- and middle-income countries where care quality is often substandard. Kasaye et al. (2023) further demonstrated that multi-component interventions targeting provider behavior, facility systems, and community engagement can meaningfully reduce mistreatment and improve perceptions of respectful

care. These findings suggest that national maternal health policies should prioritize respectful care training, accountability mechanisms, and supportive working conditions for maternity staff. Practically, health facilities should implement routine maternal satisfaction assessments as a continuous quality improvement tool. Al-Hussainy et al. (2022) showed that regular evaluation of postnatal care satisfaction helps identify service gaps and guide targeted interventions, particularly in communication and empathy.

Seyoum (2022) indicated that ensuring privacy, reducing waiting times, and promoting respectful treatment are practical strategies that can substantially improve antenatal care satisfaction. Zeleke et al. (2025) similarly recommended capacity-building programs for healthcare workers to strengthen welcoming approaches and communication with mothers. Theoretically, the findings reinforce the conceptualization of maternal satisfaction as a multidimensional construct that integrates clinical, relational, and contextual dimensions of care. Ope et al. (2025) argued that satisfaction should not be interpreted solely as a reflection of service quality but must also account for measurement biases and cultural expectations. Ahmadpour et al. (2022) extended this perspective by linking childbirth satisfaction to maternal role adaptation, suggesting that satisfaction has psychological and developmental implications beyond immediate care experiences.

### 4.3 Comparison with Existing Reviews, Limitations, and Future Research

Compared with previous reviews, this systematic review provides a more comprehensive synthesis of determinants and outcomes of maternal satisfaction across antenatal, intrapartum, and postnatal care. Assimamaw et al. (2024) focused primarily on maternal satisfaction with childhood vaccination services in Ethiopia, identifying prevalence and predictors but not fully addressing broader maternity care experiences. In contrast, this review integrates evidence across multiple stages of maternal care and diverse geographic contexts. Similarly, Bishaw et al. (2022) examined women's satisfaction with skilled delivery care in Ethiopia, identifying key determinants such as waiting time, privacy, and pain management. While their meta-analysis provided valuable quantitative estimates, it did not explore the behavioral and contextual dimensions of satisfaction in depth. This review complements their findings by emphasizing the relational and systemic drivers of maternal experiences. Despite its contributions, this review has several limitations. First, many included studies relied on cross-sectional designs, limiting causal inference regarding determinants of satisfaction.

Prosen and Ličen (2025) and Hochman et al. (2023) highlighted associations but could not establish temporal relationships between care quality and satisfaction. Second, measurement tools varied widely across studies, ranging from BSS-R to SERVQUAL to locally developed questionnaires, making direct comparisons challenging. Ope et al. (2025) noted that high satisfaction ratings may sometimes reflect measurement biases rather than true quality of care. Future research should prioritize longitudinal and mixed-methods designs to better capture how maternal satisfaction evolves over time and influences long-term outcomes. Ylilehto et al. (2022) suggested that more research is needed on how complex clinical contexts, such as twin births, interact with care processes to shape maternal experiences. Additionally, Halim et al. (2024) indicated that future studies should more explicitly examine how gender norms and household power dynamics affect maternal satisfaction and care-seeking behavior. Finally, there is a need for standardized measurement frameworks that integrate clinical, interpersonal, and contextual dimensions of maternal satisfaction. Such tools would enhance comparability across studies and strengthen evidence for policy and practice.

## 5. Conclusion

Maternal satisfaction is a fundamental indicator of the quality, responsiveness, and effectiveness of maternity care systems. This systematic review demonstrates that satisfaction is not a single, isolated perception but a multidimensional construct shaped by interpersonal, organizational, and contextual factors across the continuum of care. Women's experiences of communication, respect, autonomy, and emotional safety are as influential as clinical procedures in determining how they evaluate maternity services. At the same time, structural elements such as waiting time, privacy, facility environment, availability of supplies, and staffing levels play a critical role in shaping perceptions of care quality. The review also highlights that maternal satisfaction extends beyond immediate childbirth experiences, influencing women's confidence in their maternal role, future health-seeking behavior, and willingness to use and recommend health services. In settings where respectful care is weak, inequities in access, gender relations, and social power further constrain women's ability to experience satisfactory maternity care. Overall, improving maternal satisfaction requires a holistic approach that integrates compassionate provider behavior, supportive health systems, and enabling social environments. Strengthening respectful maternity care, investing in health facility infrastructure, and fostering meaningful woman-centered communication are essential strategies for enhancing both maternal experiences and health outcomes. This review underscores the importance of viewing maternal satisfaction not merely as a measure of service performance but as a core component of safe, equitable, and high-quality maternity care.

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