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Review

The conceptualisation and evolution of psychological birth trauma in the absence of identifiable risk factors: A scoping review

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ABSTRACT

Background: Psychological birth trauma is an emerging area of childbirth research lacking a universally accepted definition. This scoping review explores how psychological birth trauma has been conceptualised in the literature, focusing on perinatal women without identifiable risk factors (e.g., physical injury, maternal morbidity risk, or prior vulnerabilities).

Objective: To understand the conceptualisation and evolution of psychological birth trauma according to the research literature, map the existing literature on psychological birth trauma, identify key elements and research gaps, and provide insights into the conceptual evolution of psychological birth trauma in the absence of identifiable risk factors.

Methods: Seven databases (MEDLINE, CINAHL, PsycInfo, Scopus, Cochrane, Informit, Emcare) were searched for published, peer-reviewed studies on psychological birth trauma without identifiable risk factors. A scoping review following Arksey and O'Malley's framework synthesised findings from 231 articles. Data were charted to identify key elements and patterns.

Results: Five key elements central to psychological birth trauma were identified: variables of psychological trauma, long-term psychological effects, relational and social dynamics, subjective appraisals, and cultural influences. Psychological birth trauma is distinct from broader terms like "birth trauma" or "traumatic childbirth," given its emphasis on emotional and psychological consequences.

Conclusion: Conceptual frameworks for psychological birth trauma and traumatic childbirth may guide future refinement and standardised terminology. Unique psychological dimensions are apparent in women who describe childbirth as traumatic despite lacking identifiable risk factors. This review underscores the need for multidisciplinary research to refine definitions and lays the groundwork for advancing conceptualisations and supporting women's wellbeing in childbirth.

Introduction

For the majority of women, birth is a positive experience. For some women, it can also be confronting and is frequently described as "traumatic". Self-reported rates of birth trauma are increasing and the reasons for this are unclear. Research suggests that one-third of women describe their birth experience as traumatic [1,2]. Other studies indicate the rates may be higher, experienced by up to 45 % [3], 55 % [4], and even over 60 % of birthing women [5–7]. This variability may be due to the absence of a universally accepted definition of birth trauma, making research in this area inherently complex. Research variability also complicates the ability to compare studies and draw reliable conclusions from the research data. This ambiguity makes it difficult to evaluate the effectiveness of individual therapeutic interventions and more broadly, to inform policy and other initiatives.

While many studies have attempted to better understand birth trauma [8–13], a considerable number focus on "trauma" as a result of birth injury: a physical injury sustained during childbirth [14–18]. Other research is aimed at understanding the phenomenon of birth trauma and how it impacts the infant [19–23]. In addition, each discipline describes the concept of birth trauma differently. For example, midwifery tends to view birth trauma through the lens of the overall

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birthing experience, encompassing the physical and emotional support provided to the mother, in addition to the physical environment where the birth occurs [24–28]. Obstetrics and gynaecology literature tends to focus on the physical aspects of birth trauma, particularly as it relates to the health and wellbeing of the mother during and immediately following childbirth [6,29]. In neonatology and paediatrics, birth trauma typically relates to the immediate and long-term impact on the newborn infant, particularly in terms of physical injuries [30–33] and the developmental impact for the infant [34–37]. Psychiatry and psychology primarily focus on the mental health and relational implications of birth trauma [38–42].

There are also various philosophical delineations regarding birth trauma. Medical perspectives of birth trauma consider the physical injury or damage that occurs, or may occur, as a result of childbirth [42]. Psychological perspectives of childbirth trauma consider the emotional distress or emotional harm as a consequence of childbirth [43], typically through the lens of mental ill-health. Societal perspectives of birth trauma understand it through the lens of individual experiences in comparison to social norms and expectations [43–45]. An anthropological perspective of birth trauma might explore it through the context of cultural practices, beliefs and rituals [46,47]. Recent efforts to define birth trauma have explored a woman-centred definition that recognises distressing interactions and events and the impact of these on a woman's health and wellbeing [48,49]. In common parlance or mainstream culture, birth trauma is increasingly defined as "… whatever the woman says it is" [50].

The purpose of this scoping review is to explore the conceptualisation of psychological birth trauma in the absence of identifiable risk factors as a distinct concept, separate from the broader category of birth trauma, distinguishing the current review from existing literature on the broader topic of birth trauma. The review has a particular focus on understanding the impact of psychological birth trauma on women who do not present with identifiable risk factors, such as prenatal factors, fear of childbirth, maternal morbidity and/or physical injuries, vicarious experiences, obstetric violence, neonatal death, NICU admissions and broader postpartum issues. The rationale is to explore how psychological distress might emerge in a subset of women who, from a clinical perspective, may appear at lower risk, acknowledging that the presence or absence of risk factors is not always clear. Therefore, this scoping review focuses on a narrow perspective of birth trauma, known as psychological birth trauma, that conceptualises the psychological, emotional and physical pain experienced by women as a result of childbirth, and not simply as a result of birth injury. While terms such as "birth trauma", "traumatic childbirth" and "psychological birth trauma" are often used interchangeably in the literature, this review does not seek to establish rigid distinctions to delineate these terms. Instead, the current review aims to explore how the literature characterises and conceptualises the psychological dimensions of birth trauma, particularly among those women who may not have identifiable physical or psychosocial risk factors and whose birthing experiences may be less frequently represented in the literature. The current review also aims to better understand whether there are key elements or research gaps identified within this body of work. The results from this scoping review will inform further literature search initiatives.

Method

Methodological framework

The purpose of the review was to understand the conceptualisation and evolution of psychological birth trauma according to the research literature, map the existing literature, identify key elements and research gaps, and provide insights into the conceptual evolution of psychological birth trauma in the absence of identifiable risk factors. Therefore, a scoping review was deemed appropriate, as it aligns with the exploratory objectives of this study of mapping the conceptual landscape of psychological birth trauma in the absence of identifiable risk factors within the literature.

This scoping review followed the five-stage methodological framework proposed by Arksey and O'Malley [51] and further developed by Levac, Colquhoun, and O'Brien [53], with a slight modification. The five stages include: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) summarising and reporting the results [51,53]. A modification to the third stage was made to provide additional depth to the exploration of birth trauma within the literature. During the third stage, systematic categorisation of the excluded literature was included to provide a comprehensive overview and thematic understanding of birth trauma literature. This stratification provided a nuanced understanding of birth trauma as a conceptual entity separate to psychological birth trauma within the academic literature, highlighting the diversity of perspectives and definitions.

Search strategy

The search strategy collated published, peer-reviewed studies relating to psychological birth trauma. A comprehensive search strategy using a combination of keywords, MeSH terms and subject headings was undertaken to identify articles on the topic of psychological birth trauma. This was followed by analysis of the text words contained in the titles and abstracts and of the index terms used to describe these articles. Seven databases were searched (MEDLINE, CINAHL, PsycInfo, Informit, Emcare, Scopus and Cochrane Library) from inception until November 2023. A full search strategy, including the MeSH terms, keywords and Boolean operators that were used is detailed in Appendix 1.

Selection criteria and rationale

This scoping review considered all study types that included women who have given birth to a live infant where the birthing experience was described as being traumatic (or a variation of the word). Exclusion criteria regarding participant characteristics were defined and applied in this review to ensure the specificity and relevance of the study population, and support the selection of high-quality, peer-reviewed research. The exclusion criteria were further designed to ensure the review focused specifically on the psychological dimensions of birth trauma without confounding factors. By deliberately excluding studies related to variables such as prenatal factors, fear of childbirth, maternal morbidity, non-human subjects, vicarious experiences, adolescent pregnancies, obstetric violence, breastfeeding, neonatal death, NICU admissions and broader postpartum issues, the unique psychological experiences of birth trauma were able to be isolated, ensuring a more precise enumeration.

Exclusion criteria:

- Duplicate studies to maintain the uniqueness of each selected work;
- Non-peer-reviewed materials, such as book chapters and book reviews, to uphold academic rigour and fidelity;
- Grey literature and unpublished studies, including texts of a prescriptive rather than investigative nature, such as manuals, guidelines, and legislative documents, to uphold academic rigour and fidelity;
- Secondary sources, such as literature reviews, systematic reviews, and scoping reviews, to focus on primary research contributions and avoid duplication and/or redundancy in data synthesis;
- Studies where a full-text version of the research paper was not accessible;
- Interviews, conference papers, magazine articles, editorials, commentaries, and other opinion pieces, as these sources often lack the empirical research focus required for this review;

- Studies that focused on the impact of trauma on infants, rather than on the experiences of mothers or pregnant women, to concentrate on the maternal perspective;
- Research that focused on the experiences of individuals other than the mother or pregnant woman, including but not limited to fathers, non-birthing partners, and healthcare professionals (e.g.,

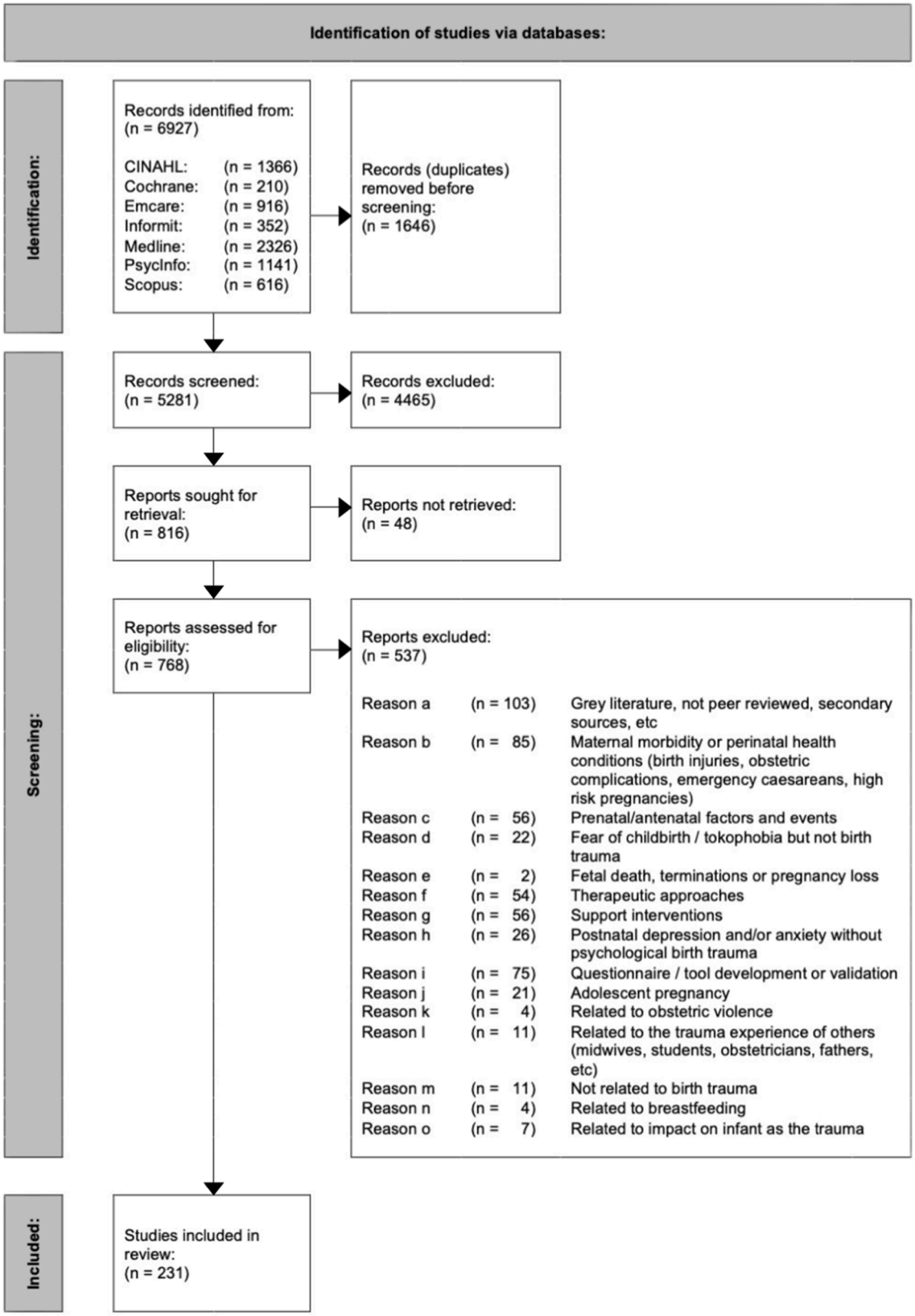

Fig. 1. PRISMA diagram.

obstetricians, midwives, nurses, and students), to maintain a focus on maternal experience;
- Studies examining tokophobia and other fears related to childbirth during the antenatal period, as this was considered separate from the birthing experience;
- Research involving non-human subjects (e.g. animal studies) to ensure the applicability of findings to human maternal health;
- Research relating to maternal morbidity or perinatal health conditions to maintain the focus on the psychological dimensions of birth trauma;
- Antenatal factors and events to ensure the focus of the psychological trauma directly related to childbirth;
- Studies relating to fetal death and pregnancy loss to disentangle from the experience of grief;
- Studies relating to therapeutic approaches, support interventions, or questionnaire development and validations to maintain the focus on the experience of psychological birth trauma rather than treatments or measurement tools;
- Research relating to postnatal anxiety and depression to ensure the focus remained on birth trauma and not broader postpartum issues;
- Research involving adolescent pregnancy and adolescent participants as this cohort has specific psychosocial and developmental vulnerabilities; and
- Studies relating to obstetric violence or breastfeeding to ensure the focus remained on birth trauma without introducing extraneous variables.

This scoping review considered international literature with a focus on the emotional or psychological experience of childbirth, as described by the birthing mother. The review included studies conducted in any setting (e.g. clinical, community, healthcare). Studies from non-English speaking countries were included where an English translation of the full text article was available. No date range exclusions were applied.

Data mapping

Full text screening was conducted by MF with subsequent reviews by CN, KG and COB. Disagreements in screening were resolved through discussion until consensus was reached. The extracted data is presented in diagrammatic form consistent with a PRISMA 2020 flow diagram [54] as seen in Fig. 1.

Results

Selection of sources

The search identified 6927 articles. This was reduced to 5281 after duplicates were removed. A further 4465 articles were removed after being identified as being out of scope of the review during title and abstract screening. Forty-eight articles were excluded after the full-text articles were unable to be located despite attempts to obtain a copy from the primary author, efforts to locate them through two tertiary institution electronic library searches, and comprehensive online searches. A further 537 articles were excluded following full-text screening, leaving 231 articles in the review.

The majority of the research was from the United Kingdom (22.51 %), the United States (16.88 %), Australia (6.06 %) and Israel (6.06 %). The studies included 160 quantitative, 62 qualitative, and 9 mixed-methods studies. Table 1 summarises the research literature characteristics. Psychological birth trauma has been identified in the literature as early as 1995, although research in this area was scarce for the first decade. As shown in Fig. 2, research interest reached a peak in 2006, 2012 and 2015, and with the exception of 2019, has steadily grown since 2018.

The articles were reviewed for how each article defined, described or referred to psychological birth trauma. Key elements were identified through a deductive synthesis of the psychological birth trauma definitions found in the included articles (n = 231). Five key elements were identified in the definitions, representing key aspects and elements of psychological birth trauma and acknowledging the complex and multifaceted nature of this research topic: variables of psychological trauma (n = 213; 92.21 %); long term psychological effects (n = 70; 30.30 %); relational and social dynamics (n = 55; 23.81 %); subjective appraisals (n = 47, 20.35 %); and cultural and societal influences (n = 9; 3.90 %). This process underscores the complex interplay of subjective and contextual factors that shape psychological birth trauma in perinatal women. A narrative summary and conceptualisation of the article definitions and definition elements of psychological birth trauma and traumatic childbirth is attached and marked as Appendix 2.

Table 1
Literature characteristics summary.

Variable	Included papers (N = 231), *n*	Frequency (%)
Type:		
Quantitative research	160	69.26
Qualitative research	62	26.84
Mixed methods research	9	3.90
Study origin:		
Israel	14	6.06
UK	52	22.51
Australia	14	6.06
Italy	6	2.60
USA	39	16.88
Sweden	10	4.33
Nigeria	2	0.87
Canada	6	2.60
Switzerland	9	3.90
Netherlands	8	3.46
France	9	3.90
Japan	2	0.87
New Zealand	1	0.43
Brazil	1	0.43
Iran	10	4.33
Austria	1	0.43
Norway	7	3.03
South Africa	2	0.87
Germany	8	3.46
Serbia	1	0.43
Turkey	8	3.46
Ireland	2	0.87
Indonesia	1	0.43
Spain	5	2.16
Portugal	1	0.43
China	2	0.87
Sri Lanka	1	0.43
India	1	0.43
Ethiopia	1	0.43
Denmark	1	0.43
Tunisia	1	0.43
Croatia	1	0.43
Palestine*	1	0.43
Macedonia	1	0.43
Finland	2	0.87

** This designation is used here to remain consistent with the terminology used in the original research*

Variables of psychological birth trauma

The most prevalent theme in the definitions was the inclusion of specific variables associated with psychological birth trauma (213/231 articles; 92.21 %). This theme examined the specific factors and characteristics that contribute to the development of psychological trauma following childbirth. Fear and loss of control were central elements of psychological birth trauma identified in the literature [8,14], particularly when compounded by a perceived threats to maternal or neonatal life. Fear was found to be exacerbated by severe complications, medical

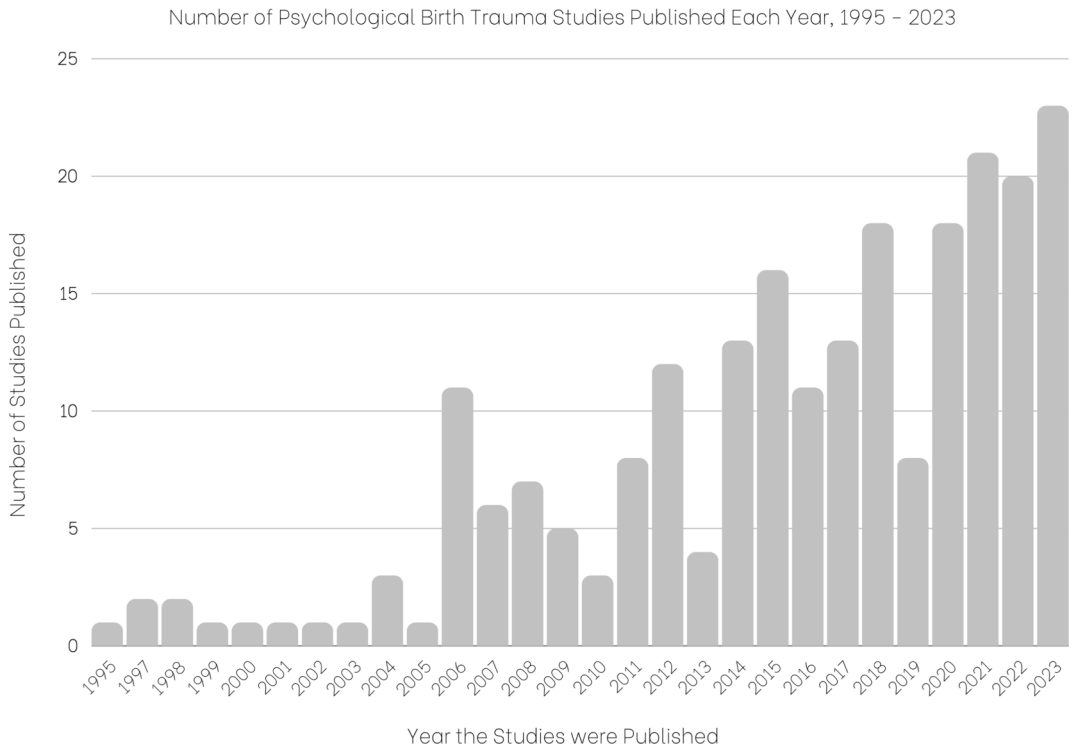

Fig. 2. Number of articles published each year pertaining to psychological birth trauma.

interventions, poor consent practices and lack of consent [55,56]. Women who reported a loss of agency, commonly identified in the literature as feeling powerless or excluded from decision-making opportunities, were more likely to report experiences of psychological birth trauma [57]. Medical interventions during childbirth were also commonly identified as contributing to psychological birth trauma (58/213 articles). Emergency caesareans, instrumental deliveries and other obstetric interventions, particularly when they were poorly explained or communicated, were predictors of psychological birth trauma [6,28,58,59]. The subjective belief of a threat was sufficient to trigger psychological birth trauma, underscoring the centrality of perception in these experiences [8,14]. Threats did not need to be objectively verified. These findings highlight that both physical and psychological experiences contribute to the overall perception of psychological birth trauma.

Long term psychological effects

This theme focussed on the enduring mental health and psychological consequences that can arise from experiences of psychological birth trauma. Seventy articles (30.30 %) included long-term psychological effects of psychological birth trauma in their descriptions. Psychological and emotional consequences of psychological birth trauma included posttraumatic stress symptoms and/or posttraumatic stress disorder, depression and hyperarousal [55,56,60,61], anger and isolation [14,62]. The impact on future reproductive decisions and future pregnancies was also identified [57,63]. Psychological birth trauma was also described in terms of its influence on relationships with partners and family members [64], as well as maternal-infant bonding [62,65–67], highlighting the interconnectedness of psychological birth trauma on relational health and the long term effect that psychological birth trauma can have on a woman's life.

Relational and social dynamics

This theme referred to the influence of interpersonal relationships and social contexts on the perception and impact of psychological birth trauma. Several articles included the role of relationship and social dynamics in shaping psychologically traumatic childbirth experiences (55/231 articles; 23.81 %). Concepts such as interactions with maternity care providers, self-image and informed consent were central to the trauma experience during childbirth [6,68–70]. Negative interactions with healthcare providers were also frequently mentioned in the definitions. The quality of communication, support, and respect shown by maternity care providers and healthcare professionals were frequently identified as factors shaping women's perceptions of their childbirth experiences [45,68–73]. Positive relationship dynamics and respectful care were considered protective against trauma. Respectful and empathic communication and maternity practices that promote birthing women feeling heard, supported and empowered during birth were described as contributing to reducing the risk of psychological birth trauma [74–76].

Subjective appraisals

Around one-fifth of the articles highlighted the subjective nature of trauma in their description of psychological birth trauma (47/231 articles; 20.35 %). This theme explored how women perceive and interpret their childbirth experiences and how the subjective appraisal of childbirth plays a crucial role in the development of psychological birth trauma, irrespective of the objective severity of the circumstances [8,14,59,76–78]. The subjective perception of threat and injury was found to be central to the development of psychological birth trauma [79–81]. Individual factors such as personality factors, history of sexual trauma, social support, pain, feelings of powerlessness, unmet expectations, medical intervention, emotional vulnerability, coping mechanisms and interactions with maternity care providers also contributed to a woman's perception of psychological birth trauma [6,57,59,68,76,82].

Cultural and societal factors

This theme explored the influence of broader cultural norms, social

expectations and healthcare systems on the experience and understanding of psychological birth trauma. While not as prominent as the other elements, some definitions (9/231 articles; 3.90 %) included the influence of cultural and societal factors in shaping perceptions of psychological birth trauma. For example, narratives of "natural birth" may stigmatise medical interventions [72] or contribute to feelings of failure, disappointment and inadequacy when these ideals were not met [69], leading to mismatched expectations, the discrepancy between a woman's expectations of childbirth and their actual experience [76].

The review also identified the terms "birth trauma" and "traumatic childbirth" are being conflated in the literature and are broad in their descriptions. Including a wide range of experiences weakens the specificity and clinical utility of the terms. While "traumatic childbirth" often serves as a precursor to psychological birth trauma, the two constructs are distinct. Traumatic childbirth emphasises the childbirth event as being perceived as traumatic, including both objective factors and subjective interpretations. Conversely, psychological birth trauma focuses on the psychological and emotional consequences of childbirth, such as how the birth is emotionally processed and its long-term impact on women's mental health and relationships. Both are multifaceted phenomena shaped by the interplay of subjective appraisals of the childbirth experience, relational and social dynamics, psychological factors and cultural and societal factors, as well as objective experiences.

Included as an interest point and to provide a comprehensive overview and thematic understanding of the broader birth trauma literature, systematic categorisation of the excluded literature (literature excluded during the title and abstract search and during the full-text screening) was completed. These articles were excluded specifically because they did not explore psychological birth trauma, a criterion that is central to this scoping review. The categorisation of these excluded articles, as shown in Fig. 3 demonstrated the heterogeneity of birth trauma research and how it does not converge on a singular focus. As identified in Fig. 3, there were 25 categories of excluded subject matter directly relating to birth trauma identified. For ease of understanding, they have been grouped according to thematic variables of predisposing risk factors, pregnancy-related risk factors, postpartum impacts, interventions and approaches, research and methodology, and other trauma impacts. Recognising the broad conceptual framework of birth trauma in the literature highlights the need for a clear delineation of psychological birth trauma as a distinct construct in the literature.

Discussion

The results of this scoping review provide important insights into how the literature conceptualises and characterises psychological birth trauma, drawing on findings from 231 articles to map the key concepts. The findings demonstrate the complex and multifaceted nature of psychological birth trauma and interplay of psychological, relational, cultural, and societal factors. The findings of this review also provide a foundation for identifying future research priorities.

Synthesis and interpretation of findings

The five elements identified in the review, variables of psychological trauma, long-term psychological effects, relational and social dynamics, subjective appraisals, and cultural and societal influences, underscore the multifaceted nature of psychological birth trauma. The centrality of fear and loss of control, compounded by perceived threats to maternal or neonatal life, aligns with prior studies emphasising the significance of subjective perceptions in trauma experiences. Furthermore, the findings reveal that psychological birth trauma is not solely determined by the objective severity of childbirth complications but is profoundly influenced by individual appraisals, interactions with maternity care providers, and broader cultural narratives.

While the primary aim of this review is to explore psychological birth trauma, the findings highlight ongoing conflation of the terms "birth trauma", "traumatic childbirth" and psychological birth trauma" in the literature. A key conceptual contribution of this review is that it demonstrates how traumatic childbirth often includes both objective and subjective elements of a traumatic experience, whereas psychological

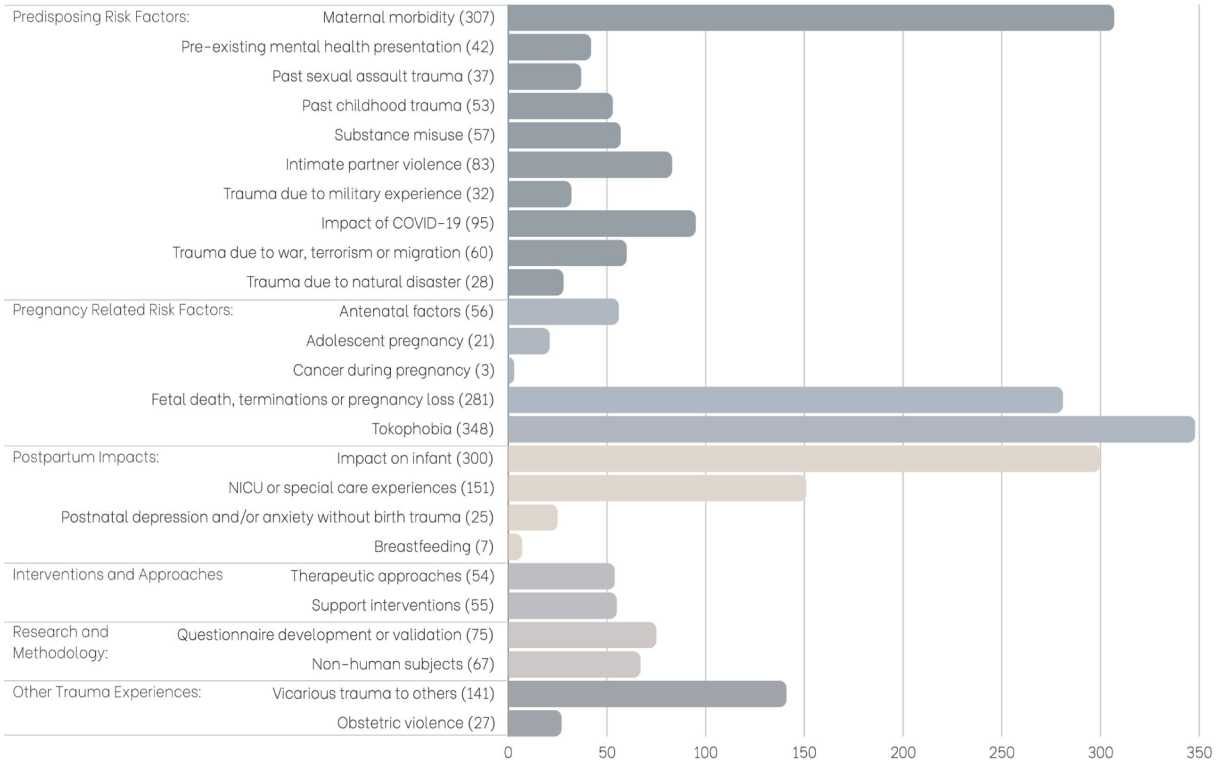

Fig. 3. Graph of the categories of excluded subject matter directly relating to birth trauma.

birth trauma focuses specifically on the emotional and psychological aftermath. This conceptual distinction may be clinically relevant for targeted interventions and support strategies for women who experience childbirth induced psychological trauma. Although the aim of this scoping review was not to formulate a universal definition for psychological birth trauma or traumatic childbirth, the scope and relevance of the findings prompted the development of conceptual frameworks that may contribute to future definitional refinement. While this extends beyond the original scope of the study, the inclusion of this work is warranted due to the potential significance in contributing to the broader understanding of psychological birth trauma and the implications this may have in the research field. The conceptual framework for traumatic childbirth broadens the previously established woman-centred definition offered by Leinweber et al [49]. By expanding the list of contributing factors to include specific stressors, the conceptual framework offers an informative account of the potential long-term impacts on mental health, relationships and attachment while narrowing its scope to better align with a clinical and diagnostic framework. The following conceptual frameworks are proposed:

Psychological birth trauma

Psychological birth trauma (PBT) refers to the severe emotional distress experienced by some women during or after childbirth. This type of trauma can result from various factors, such as complications during childbirth, lack of control, intense pain, fear of injury or death to oneself or the baby, and negative interactions with care providers. The psychological impact may lead to symptoms consistent with a diagnosis of posttraumatic stress disorder (PTSD), such as re-experiencing the traumatic event through flashbacks or nightmares, avoidance of childbirth-related stimuli, heightened arousal, and negative emotional states, such as anger, anxiety, and depression. This trauma can affect the mother's mental health and wellbeing, self-worth, relationships, attachment to her infant, future childbirth experiences, and overall quality of life.

Traumatic childbirth

Traumatic childbirth (TC) refers to the childbirth experience being perceived as highly distressing by the mother. This perception can stem from actual or perceived threats to the physical integrity or life of the mother or her infant, severe pain, unexpected medical interventions, feelings of helplessness, and loss of agency. The experience of traumatic childbirth can lead to immediate and long-term psychological effects, including the development of psychological birth trauma. Key factors contributing to traumatic childbirth experiences include the level of obstetric intervention, the quality of intrapartum care, and the mother's subjective appraisal of the birth experience. It may also include a perception of inadequate support from healthcare providers, poor communication between the mother and her healthcare providers, and a mismatch between the mother's expectations and the actual birth process.

Acknowledging conceptual overlaps

Despite the conceptual overlap between psychological birth trauma and traumatic childbirth, differentiating these conceptual constructs is both clinically and academically valuable. Both definitions centre on the profound distress that can arise in relation to the childbirth experience, whether instigated by threats to maternal or neonatal wellbeing, overwhelming pain, or unanticipated medical interventions. Both concepts also acknowledge the importance of the mothers' subjective perceptions and appraisals of their birth experiences, highlighting how elements such as loss of control, lack of agency, and insufficient support from healthcare providers can influence psychosocial outcomes.

Consequently, these shared characteristics underscore the multifaceted nature of childbirth and emphasise the need for a nuanced understanding of how childbirth experiences may precipitate adverse psychological outcomes. Notwithstanding their similarities, conceptual clarity in differentiating psychological birth trauma from traumatic childbirth may have important clinical implications. While traumatic childbirth primarily refers to the experience of childbirth itself being perceived as distressingly traumatic, psychological birth trauma focuses on the resulting psychological impacts that may emerge after the birthing event. In other words, traumatic childbirth might be viewed as the critical event or trigger, whereas psychological birth trauma could represent the potential psychological aftermath of such an event.

Theoretical and conceptual contributions

This scoping review contributes to the field by mapping the conceptualisation of psychological birth trauma and synthesising key elements from the literature. While the findings highlight the conflation of terms such as "psychological birth trauma", "birth trauma" and "traumatic childbirth", the review does not try to definitively resolve these conceptual overlaps. Instead, it offers a preliminary exploration that underscores the need for future research to refine these constructs and explore their implications for clinical practice and policy. By identifying key elements, research gaps and proposing new directions for future inquiry, this review provides a foundation for advancing understanding in this complex and evolving area of research. This review advances the theoretical understanding of psychological birth trauma by delineating its distinct characteristics and identifying key elements in its conceptualisation. The differentiation between psychological birth trauma and traumatic childbirth provides a clearer framework for future research and clinical practice, emphasising the importance of subjective experiences and long-term psychological outcomes. Furthermore, addressing the conflation of terminology in the literature enhances the clinical utility and specificity of these constructs, paving the way for more effective interventions.

Comparison with existing literature

This review aligns with prior studies in emphasising the importance of subjective perceptions in psychological trauma [77,78]. The role of relational dynamics, particularly respectful and empathetic communication by maternity care providers, echoes earlier findings [68,69]. The temporal trends identified in this review, with peaks in research activity in 2006, 2012, and 2015, and steady growth since 2018, suggest a growing recognition of the importance of psychological birth trauma. The prominent concentration of studies in Westernised countries (the United Kingdom, the United States and Australia) suggests a need for more globally representative research, particularly in countries that may be less influenced by the Western world.

Research gaps and future directions

This review highlights gaps in the literature that warrant further exploration. The limited focus on cultural and societal factors suggests a need for research that examines how diverse cultural contexts influence perceptions of psychological birth trauma. The review also identified that the relationship between psychological birth trauma and adult attachment styles has been minimally examined in the literature and warrants further exploration. The systematic categorisation of excluded literature revealed the heterogeneity of birth trauma research and underscored the need for greater conceptual clarity. Future reviews should build on this work to delineate the boundaries of psychological birth trauma more precisely and explore its intersections with other aspects of perinatal health.

Furthermore, due to this being a scoping review, an in-depth thematic analysis of the definitions presented in Appendix 2 was not undertaken. A thematic analysis of the definitions in Appendix 2 may have provided stronger support for the proposed definitions of "psychological birth trauma" and "traumatic childbirth". Future research by the authors

may explore this.

Strengths and limitations

This review's strengths include its comprehensive synthesis of 231 articles and the systematic categorisation of excluded literature, which provided valuable insights into the broader birth trauma research landscape.

There are inherent limitations that are characteristic of all scoping reviews. The goal of this review was to map the available literature and identify gaps in the research, rather than to provide an in-depth evaluation or assessment of the evidence, which is more characteristic of a systematic review [51]. Undertaking quality assessments is controversial for scoping reviews [83]. Given the aim of this review, a quality assessment was not considered. The decision not to undertake a quality assessment reflects the focus on mapping the conceptual landscape of psychological birth trauma, rather than evaluating the quality of individual studies. This limitation is acknowledged. Future research employing systematic review methodologies, such as a Delphi study, could offer more focused evaluations of the literature, better addressing the diverse needs of clinical practice and research. The insights provided in the review may provide a foundational basis for informing future research efforts. Despite these limitations, this scoping review was guided by an established theoretical framework for rigour with no restrictions placed on date, language, study design and methodology on the included articles, and was considered representative of a peer-reviewed journal. Moreover, as birth trauma is recognised by many professional disciplines, the scoping review has provided a multidisciplinary perspective of the literature.

Language acknowledgement

In exploring the complex and multifaceted nature of psychological birth trauma, the evolving landscape of gender identity and gender diversity is recognised. Acknowledging that language plays a pivotal role in reflecting and respecting these identities, terms such as 'birthing' and 'non-birthing' parents have been used alongside traditional references to 'mums/mothers', 'dads/fathers', and 'partners'. The use of gender-specific terms such as 'women' and 'men' is maintained where relevant to the existing literature. This choice of terminology is not intended to be exclusionary or discriminatory. Rather, it reflects the academic discourse on the subject, which the authors acknowledge may not fully encapsulate the breadth of human experience.

Statement of Significance:

Problem or Issue:	Psychological birth trauma is an emerging field of research with no universally accepted definition. The lack of a universally accepted definition complicates research efforts, making it difficult to evaluate the effectiveness of therapeutic interventions and individual risks, and develop and inform policies and other initiatives.
What is Already Known:	The terms "birth trauma" and "traumatic childbirth" are often used interchangeably in academic and social contexts, typically adopting a woman-centred perspective that defines trauma based on the individual's perception of the event. Psychological birth trauma is distinct in its focus on emotional and psychological consequences, particularly in women without identifiable risk factors.
What this Paper Adds:	This scoping review synthesises findings from 231 studies, proposing conceptual frameworks for psychological birth trauma and traumatic childbirth. The paper identifies five key elements central to psychological birth trauma and highlights the need for research to refine these constructs. The paper underscores the importance of clarity in conceptualisation to support women at risk of experiencing psychological birth trauma without identifiable risk factors and guide future research. The findings of this review also provide a foundation for identifying future research priorities.

Declaration of the use of Artificial Intelligence (AI)

During the preparation of this work the authors used ChatGPT in order to organise the narrative summary and article definitions into chronological order, after attempts to do so in Microsoft Excel were ineffective. After using this tool/service, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

CRediT authorship contribution statement

Melissa Freestun: Writing – original draft, Resources, Project administration, Methodology, Investigation, Conceptualization. **Kendall George Midwife:** Writing – review & editing, Methodology, Software. **Cecelia O'Brien:** Writing – review & editing, Supervision, Methodology. **Cate Nagle Midwife:** Writing – review & editing, Methodology, Supervision.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

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