


# Practicing Women-Centred Care: Perceptions of Women Who Have Experienced Childbirth at In-Hospital Midwifery Care Units

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## Abstract

The purpose of this study was to clarify whether the practice of "women-centred care" provides positive support for women, focusing on the words that midwives used with women during midwifery care practice in the in-hospital midwifery system. Japan qualitative research design using a semi-structured questionnaire. Between 2021 and 2023 (until the end of June), 95 women delivered their babies at a municipal hospital under the local government that operates an in-hospital midwifery system that provides continuous midwifery care based on a "women-centred care" model. We asked the women to answer freely about the care provided by midwives from pregnancy to labour and the postnatal period. Totally, 13 core ideas were extracted from the midwives' care and words to the women during pregnancy, labour, and the postpartum period, based on the four core concepts of "women-centred care": a. respect, b. assurance of safety, c. decision-making, and d. empowerment. The extracted concepts revealed that women who were cared for by midwives during pregnancy, labour, and the postpartum period were perceived as receiving positive support from the midwives. The midwife established a reliable relationship with the woman from pregnancy, during labour, and delivery until the postpartum period. Within the in-hospital midwifery system, a satisfactory birth experience may be achieved through continuous midwifery care throughout pregnancy, labour, and the postpartum period and reassurance that the mother is not left alone at any time.

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## Introduction

In midwifery practice, providing care that respects the woman and supports her decision-making is critical for the safety of the mother and child, and for a satisfying birth experience. A satisfying birth experience results from a comfortable birth environment for the woman, treating the woman with dignity, and providing care that minimises medical intervention [2]. In Europe, dignity-centred care for women by midwives during the perinatal period has been emphasized as "women-centred care" that leads to a reduction in medical intervention and maternal deaths [3]. The core concepts of "women-centred care" are "respect", "safety", "decision-making", and "empowerment" [4,5], and midwives have always been a profession associated "with woman" [6]. "With woman" [6] as the foundation of the profession, midwives are able to practice "women-centred care". In Japan, hospitals are equipped with a system called in-hospital midwifery, in which only midwives assist and care during childbirth. The target women were women with low-risk pregnancies and deliveries. In modern Japanese society, the number of obstetricians is decreasing despite an increase in the number of high-risk pregnancies and deliveries, as well as an increase in the age of first childbirth. In the past, obstetricians attended to all low-risk births and provided instructions, but due to the lack of manpower, midwives are now expected to autonomously provide care to low-risk pregnancies and deliveries. Given the above background, in-hospital midwifery care enables midwives to provide "women-centred care" in the hospital.

The importance of "women-centred care" emerged as a foundational model for midwifery practice in Europe, and the significance of the practice has been reported in Japan [7] but the concept is ambiguous, and few studies have clarified how the subject women recognize the "women-centred care" [8]. According to a study [9], midwives who are supposed to provide "women-centred care", sometimes negatively support women unnecessarily and and uncomfortably. If a woman feels uncomfortable with the care

provided by a midwife during the most important event in her lifetime, childbirth, she may not be able to trust a midwife who is supposed to be reliable, and her birth experience may become uncomfortable and traumatic. Negative support from healthcare professionals, even in areas other than perinatal care, negatively affects blood glucose control in patients with type 2 diabetes [10]. Based on these findings, we believe that positive, supportive words for the subject, along with the provision of midwifery care, can build a trusting relationship between the midwife and the woman and lead to a comfortable and satisfying childbirth experience. A satisfying birth experience positively affects postnatal mothers' role and reduces childcare-related anxiety and stress [1].

The purpose of this study was to clarify whether the practice of "women-centred care" was a positive support for women, focusing on the words that midwives used with women during midwifery care practice in the in-hospital midwifery system.

## Methods

### Research design

Qualitative research design using semi-structured questionnaire method.

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Questionnaires were administered to women receiving in-hospital midwifery care. To clarify the practice of women-centred care by midwives based on the perceptions of the women who have experienced in-hospital midwifery care, we asked them to freely describe the words and impressions they received from the midwives during the perinatal period and analysed the qualitative data. The data were collected in the form of a questionnaire because women may find it difficult to answer honestly when interviewed by a well-known midwife.

### In-hospital midwifery system

In January 2021, our hospital began operating an in-hospital midwifery system, in which three midwives work as a team to provide in-hospital midwifery care based on the "women-centred care" model. In addition, midwives provide continuous care for the mothers and babies both inside and outside of the hospital.

### Participants

Between 2021 and 2023 (until the end of June), 95 women who delivered their babies at a municipal hospital for local government that operates an in-hospital midwifery system that provides continuous midwifery care based on a "women-centred care" model.

#### (1) Selection Criteria

Women aged 18 years or older who gave birth in an in-hospital midwifery and can communicate easily in Japanese. Data were collected from women after delivery to describe midwifery care from pregnancy to the postpartum period. The subjects had to freely express their participation in the study at the time of participation and showed no signs of abnormalities in their maternal health during the postpartum period.

#### (2) Exclusion criteria

Women under 18 years of age and those undergoing treatment after childbirth due to medical complications were excluded.

### Questionnaire

We asked the women to freely describe the care provided by the midwife from pregnancy to labour and postnatal period by dividing the questionnaire into the pregnancy period (during the first visit and the pregnancy period), the labour period (during hospitalisation and delivery), and the postnatal period and asking them to "Please freely describe the care (including words from midwives) received by your midwife..." and asked them to complete the questionnaire during the postpartum hospitalisation period.

### Analysis method

The following factors were considered for analysis - whether the midwife's words and care correspond to the core concepts of "women-centred care": "respect", "safety", "decision-making", and "empowerment", as well as the basic attitudes that the health care provider must demonstrate through the midwife's words and care. Respect the woman as an individual, provide care that does not endanger the woman, work with the woman on equal standing (with the woman), and prioritize woman's wishes.

The data in this study were analysed using Consensual Qualitative Research (CQR), a method of qualitative analysis [4] that combines phenomenological elements, grounded theory, and comprehensive process analysis and allows the results of the analysis to be expressed through a deliberative process, ensuring the objectivity of the analysis results. In this study, the principal researcher and co-researchers aimed to specifically extract women-centred care from the concepts that were agreed upon through a collaborative process. The collected qualitative data were open-coded using NVivo 13.0, and the domains and core ideas were extracted.

### Ethical considerations

This study was conducted with the participants' free and voluntary cooperation. The interview by the midwife may have caused the participants to feel uncomfortable revealing their true feelings; therefore, the interview method for this study was not used, and the participants were asked to fill in the questionnaire freely without the presence of the researcher to minimise the possibility of psychological oppression. This study was approved by the Sanuki Municipal Hospital Ethical Review Committee (Approval No. R04-03).

### Findings

The three domains were classified as pregnancy, labour, and postpartum period. A total of 245 codes were extracted.

#### 1. The words from a midwife during the pregnancy period.

The care and words that women received from midwives during their pregnancy, labour, and postpartum periods. Overall, 17.1% of the qualitative data collected concerned the care and words received during gestation. The six core ideas, shown in Table 1, were extracted as core ideas during pregnancy.

For instance, the following are actual narratives from a woman as "Recognize the midwife as an excellent companion of childbirth" among the core ideas.

*"When I was doing my best to control my weight, she praised me by saying, "That's great", and "This is not easy to do", which encouraged me to continue to do my best to control my weight".*

#### 2. The words from a midwife during the labour and delivery period.

Overall, 63.9% of the qualitative data related to the care and words received during the labour and delivery periods were collected. The following seven core ideas were identified as care and words received by midwives during childbirth.

For instance, the following are actual narratives from a woman as "Recognize the midwife as an excellent companion of childbirth" among the core ideas.

*"The midwife was with me the whole time, rubbing my back and talking to me".*

*"There were three midwives and they were all women, so I wasn't nervous".*

*"It was reassuring to feel like I was on a team with the midwives, who gave me the right encouragement and made me feel like I was on a team with the midwives".*

| Core ideas agreed by all researchers                          | Domain   |                    |            |
|---|--|--------------------|------------|
|   | Pregnancy  | Labor and delivery | Postpartum |
|   | Number of codes and percentage of all narratives (%) |                    |            |
| Kindness  | 8(3.3)   | 6(2.4)             |            |
| Providing comfort and safety feeling                          | 5(6.1)   |                    |            |
| Recognize the midwife as an excellent companion of childbirth | 9(3.6)   | 68(27.9)           |            |
| Finding a trusted midwife                                     | 8(3.3)   |                    |            |
| Imagine labour and delivery                                   | 2(0.8)   |                    |            |
| Encourage the woman's ability to give birth                   |  | 31(12.7)           |            |
| Developing confidence as a mother                             |  | 12(5.0)            | 4(1.6)     |
| Relief of labour pains and relaxation                         |  | 34(13.8)           |            |
| Birth satisfaction  |  | 5(2.1)             |            |
| Promotes rest and relaxation                                  |  |                    | 31(12.6)   |
| Respect the woman   |  |                    | 2(0.8)     |
| Stimulate the feelings of baby's love                         |  |                    | 1(0.4)     |
| Support for Breastfeeding                                     |  |                    | 9(3.6)     |
| Total%  | 17.1   | 63.9               | 19.0       |

Table 1: Core ideas on pregnancy, delivery, and postpartum period

*"The same midwife was faithful to me even though the delivery time was longer".*

### 3. The words from a midwife during the postpartum period.

Overall, 19.0% of qualitative data related to care and words received during the postpartum period were collected. The following six core ideas were identified as the care and words the woman received from midwives during the postpartum period.

For instance, the following are actual narratives from a woman as "Promotes rest and relaxation" among the core ideas.

*"My midwife helped me to get a good rest".*

*"When I needed to relax, the midwife took care of my baby. I used to feel guilty about leaving my baby after birth, but I never felt such feelings here. When I wanted to relax, I could feel comfortable leaving my baby with the midwife and take my time".*

## Discussion

Midwifery is a profession that is always "with woman" [6]. To practice "women-centred care", a midwife must always be close to the woman and consider what care is necessary for the woman. However, midwives may provide negative support that leads to anxiety and traumatic events in the target women [9]. Negative support is defined as support that has negative consequences for the person receiving it, even if the intentions of the provider are positive and the midwife's words and care could be negative support [9]. Chiba [9] revealed that midwives who negatively supported had certain traits. Women in this study were found to be positive about all the care they received from their midwives. The midwives who cared for the women in this study were characterised by their ability to provide positive support.

The core ideas extracted from the words and care provided by the midwives to the target women during pregnancy, delivery, and the postpartum period were all positive concepts. "Kindness" was extracted as a core idea that is particularly characteristic of the pregnancy period. The midwife's kindness may have especially impressed the women during the pregnancy period, as they are mentally unstable due to hormonal effects, and the antenatal health examination includes health check-ups for both the foetus as well as the mother, which can be a stressful time for them. Moreover, accurately evaluating the situation, responding flexibly, and staying on the woman's side during the most difficult first stage of labour to provide comfort and palliative care during childbirth may indicate that this experience remained in the woman's heart. The most frequent core idea extracted during the delivery period was "Recognize the midwife as an excellent companion of childbirth". The extracted core ideas could be interpreted as midwives' care and words that inspire and maximise the woman's ability to give birth. The midwife, who accompanies the woman like a marathon runner during childbirth, helped give the woman the strength to give birth.

In the postpartum period, however, the core ideas of "Kindness" and "Recognize the midwife as an excellent companion of childbirth" could not be extracted. The unique core ideas extracted in the postpartum period were "promotes rest and relaxation", "Support for Breastfeeding" were. The extracted core ideas revealed that the women expressed appreciation for the midwife's care for helping them recover from exhaustion in an environment where they could feel relief after delivery. Furthermore, They also express appreciation for the satisfactory care and support received for breastfeeding. With such positive support from midwives, we expect the birth experience to be remembered as a satisfying experience for women. A satisfying birth experience has been reported to lead to a positive postpartum view of the mother's role and a reduction in parental anxiety and stress [2]. It may also help prevent postpartum depression.

In February 2018, the World Health Organization (WHO) released intrapartum care for a positive childbirth experience. To create a

positive birth experience for women, midwives must respect each individual and ethically respond to their needs. In this study, the practice of continuous care by midwives based on the "women-centred care" model in the in-hospital midwifery system and the team of three midwives who work as a team during childbirth lead to positive support for the woman and increases the satisfaction with childbirth. However, in order for midwives to be involved in ensuring that all women have a satisfying birth experience, the required skills of midwives must also be highly developed. This study is not clear how the midwives involved in in-hospital midwifery improved their skills. Future research questions include how to evaluate the specific competencies needed to practice women-centered care and how to brush up these competencies to enable them to be improved.

## Conclusion

Totally, 13 core ideas were extracted from the care and words that midwives provide to the women during pregnancy, labour, and the postpartum period, based on the four core concepts of "women-centred care": a. respect, b. assurance of safety, c. decision-making, and d. empowerment. The results revealed that women who were cared for by midwives during pregnancy, labour, and the postpartum period reported receiving positive support from midwives. The midwife established a reliable relationship with the woman from pregnancy, during labour, and delivery until the postpartum period. Within the in-hospital midwifery system, a satisfactory birth experience may be achieved through continuous midwifery care throughout pregnancy, labour, and the postpartum period and reassurance that the mother is not left alone at any time.

## Competing Interests

The authors declare that they have no competing interests.

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