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Research Article

Factors that Promote a Positive Childbearing Experience: A Qualitative Study

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Introduction: Experiences of pregnancy and birth are important and have long-term impacts on the well-being of women and their families. Perinatal services should aim for care that promotes a positive childbearing experience, as well as optimizing health outcomes for the woman and newborn. This study aimed to understand the health system factors that promote a positive childbearing experience.

Methods: Women who had a positive experience and had given birth in Australia in the previous 12 months were recruited for individual semistructured interviews. The interview guide focused on health system factors that participants credited with contributing to their positive experience of perinatal care. Interviews were conducted until data saturation was reached. Qualitative data were transcribed verbatim and analyzed using inductive thematic analysis.

Results: Data from 36 interviews were thematically analyzed, and 4 major themes were generated: health care provider attributes, health system attributes, communication and decision-making, and experience of care. The salient factors that promoted positive experiences included care that was respectful and individualized with effective communication, access to midwifery continuity of care models, and good integration between services. Competent and professional health care providers who facilitated shared decision-making were also essential.

Discussion: Although women often sought out care that promoted physiologic birth, they emphasized that the way they were cared for was more important than fulfilling specific birth aspirations. Quality maternity care has the capacity to support a woman's confidence in her own abilities and promote a positive, and sometimes transformative, childbearing experience.
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INTRODUCTION

The Global Strategy for Women's, Children's and Adolescent Health asserts that perinatal services should aim for transformative care that not only optimizes health outcomes but also promotes the opportunity for a positive childbearing experience.[1] A positive childbearing experience is defined as "one that fulfils or exceeds a woman's prior personal and sociocultural beliefs and expectations, including giving birth to a healthy baby in a clinically and psychologically safe environment with continuity of practical and emotional support from a birth companion(s) and kind, technically competent clinical staff."[2]

Experiences of pregnancy and birth are important and have long-term impacts on the well-being of women and their families.[3] There are now multiple studies that confirm women want not only a childbearing experience that ends with the birth of a healthy newborn but one that also fulfils their personal and sociocultural expectations.[4] However, approximately 10% to 30% of women report a negative birth experience.[5–7] This is associated with an increased risk of fear of childbirth,[5,8,9] posttraumatic stress disorder,[10] cesarean birth, and postpartum depression,[11] as well as negative consequences for breast feeding[12] and maternal-child bonding.[13]

The health care system that provides the woman's care has a significant influence on her experience. Seminal work undertaken for the development of the Quality Maternal and Newborn Care Framework reflects the complexity and describes the components within 5 groups: practice categories, organization of care, values, philosophy, and care providers.[14] Identifying the specific health care factors that support good outcomes is important for quality perinatal care[15]; however, the focus of research is often on critical incidents.[16] Furthermore, it is vital to appreciate that the woman's experience of her care has a significant contribution to these outcomes.[2,16–20] Most of the studies in this area examine labor and birth,[21] complex pregnancies,[22] and the negative aspects of care.[23,24] Yet, quality care also requires a thorough understanding of mechanisms that support positive experiences. In addition to its innate value, satisfaction with care is an important measure of quality and correlates with superior adherence, decreased use of services, and better health outcomes.[25]

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Quick Points

- The childbearing experience has long-term impacts on the health and well-being of women and their families.
- Many women report a negative childbearing experience.
- Women who have enjoyed a positive experience provide valuable insights that can inform health service improvements and promote quality care.
- To achieve a positive childbearing experience, the care a woman receives is more important than fulfilling her birth aspirations.
- Respectful, individualized care that is provided by competent health care professionals is essential for a positive childbearing experience.

Women who have enjoyed a positive experience can provide valuable insights about the factors that underpin quality perinatal care, which can inform future improvements.[26] A systematic review reporting on 6 qualitative studies considered multiple factors that contributed to a positive experience.[27] The studies were conducted in 4 Western countries (Norway, Sweden, United States, and the United Kingdom) and included data from 68 women who self-identified as having a positive birth. The findings of the review highlighted the importance of individualized care, and the authentic presence of the birth workers. The authors recommended further research that considers the perceptions of women in a variety of contexts. However, a recently published systematic review that aimed to identify the factors that contribute to a women's subjective account of childbirth confirmed a dearth of literature concerning positive experiences.[24] To address the knowledge gap, this study aimed to understand the health system factors that promote quality perinatal care, according to women who had a positive care experience.

METHODS

A qualitative exploratory design, underpinned by a constructivist paradigm, was used to understand women's perceptions of the health system factors that supported their positive care experience. The study was conducted in Australia, where women have access to free universal health care through the public health system, as well as private perinatal care through a user-pays insurance system.[28]

The majority of women in Australia use free perinatal care through the public system in a conventional hospital setting (75%), with a small proportion using birth centers (2.3%) or at home (0.3%).[29] The bulk of their care is provided by midwives, with oversight and intervention from doctors only when deemed necessary.[30] Most midwives and doctors work standard rostered shifts, which can result in fragmented care. However, there are some continuity of care models in the public system, including Midwifery Group Practice (caseload midwifery), which enable the woman to have care from the same midwife (or small team) throughout pregnancy, birth, and the postnatal period. There is also limited access to homebirths with a midwife through some public hospitals.[30]

The eligibility criteria included women who had given birth in the previous 12 months using the public system in Australia. We considered any woman who self-reported a positive experience of her perinatal care, regardless of her mode of birth. Women were excluded if they were younger than 18 years old or unable to read and converse in English. Participants were recruited within the community via advertising on social media sites designed for new mothers and via snowballing.

Table 1. Interview Guide

1	Why did you have a positive maternity care experience?
2	What maternity care practices supported your positive experience?
3	How did organizational factors of the health service influence your experience?
4	How did interactions between you and your health team influence your experience?
5	Was the philosophy of care significant for your experience?

Qualitative data were collected using semistructured interviews (in person or via telephone) between December 2019 and July 2020. The interview guide was developed by authors (H.H. and L.Y.) and based on previous studies (Table 1). Questions explored the women's perceptions of the health system factors that supported her positive experience (pregnancy until day 10 postnatally). Informed consent was obtained from all participants prior to the interview. Interviews took place at a time and location convenient to the participant and lasted up to one hour. With consent, interviews were recorded and later transcribed verbatim. Recruitment proceeded until data saturation was reached. All data were stored in a password-protected computer that was only accessible to the research team.

Transcripts were thematically analyzed by 3 researchers (H.H., J.K., and L.Y.), using the inductive approach as outlined by Braun and Clarke.[31] Using hard copies, the researchers identified initial codes that were organized into potential themes. Each theme was refined to reflect the central characteristics that emerged from the data. Any discrepancies between researchers' interpretations were discussed to reach a consensus. The final themes were then discussed with 2 participants to ensure the findings resonated with their experiences. The trustworthiness of the findings was supported

Table 2. Demographic Characteristics of the Study Participants	
Characteristic	**n (%)**
State of residence	
Victoria	15 (41.7)
Queensland	6 (16.7)
Western Australia	4 (11.1)
New South Wales	3 (8.3)
South Australia	3 (8.3)
Tasmania	3 (8.3)
Northern Territory	1 (2.8)
Australian Capital Territory	1 (2.8)
Education	
Year 12	2 (5.6)
Vocational	4 (11.1)
Diploma	3 (8.3)
Bachelor degree	14 (38.9)
Postgraduate diploma	9 (25)
Master degree	3 (8.3)
PhD	1 (2.8)
Marital status	
Married	27 (75)
De facto	9 (25)
Country of birth	
Australia	34 (94.4)
Germany	1 (2.8)
United Kingdom	1 (2.8)
Location	
Metropolitan	25 (69.4)
Regional/rural/remote	11 (30.6)
Annual household income (AUD)	
25-50,000	4 (11.1)
50-100,000	7 (19.4)
100-200,000	18 (50.0)
>200,000	7 (19.4)
Para	
1	16 (44.4)
2	11 (30.6)
3 or more	9 (25)
Last pregnancy	
Singleton	35 (97.2)
Twins	1 (2.8)
Health service location	
Metropolitan	27 (75)
Regional/remote	9 (25)
Time since last birth	
<3 mo	2 (5.6)
3-5 mo	4 (11.1)
6-9 mo	21 (58.3)
10-12 mo	9 (25)

(*Continued*)

Table 2. Demographic Characteristics of the Study Participants

Characteristic	n (%)
Mode of last birth	
Spontaneous vaginal	21 (58.4)
Instrumental vaginal	5 (13.9)
Elective (nonurgent) cesarean	3 (8.3)
Emergency cesarean	7 (19.4)
Model of care	
Hospital based midwifery-led care	12 (33.3)
Midwifery group practice	8 (22.2)
Shared care: hospital/primary care (GP)	8 (22.2)
Hospital based medical led care	5 (13.9)
Private obstetrician	1 (2.8)
Home birth (via Public Health system)	2 (5.6)
High-risk pregnancy	
Yes	13 (36.1)

Abbreviations: AUD, Australian dollars; GP, General Practitioner.

through adherence to 4 key criteria: credibility, transferability, dependability, and confirmability.[32]

Approval to conduct the study was received from Monash University Human Research Ethics Committee (16855). The research team comprised one consumer (M.M.) and 7 midwives. Four of the team members (H.H., L.Y., E.F., and S.S.) have a doctoral qualification with expertise in qualitative research. Pseudonyms are used throughout the results to preserve participants' anonymity.

RESULTS

Thirty-six women were interviewed. The mean (SD) age was 32.86 (3.89) years, and the majority were Australian born (94.4%) and metropolitan residing (69.4%) with a higher education qualification (94.4%). One participant was an Aboriginal woman; all others were white Australians or Europeans. Many women were primigravid (44.4%), and most (58.4%) had a spontaneous vaginal birth. The time since last birth was 6 to 9 months in 58.3% of women. All women received their care before coronavirus disease 2019 pandemic restrictions were in place in Australian hospitals. (Table 2). Thematic analysis of the interviews identified 4 major themes: *health care provider attributes*, *health system attributes*, *communication and decision-making*, and *experience of care*.

Health Care Provider Attributes

Staff have a pivotal role in the health care system and had a major impact on the woman's experience of her care. The first theme focuses on the characteristics of health care providers (HCPs) and is categorized into 2 subthemes: personal attributes and professional behaviors.

Personal Attributes

HCPs were typically described as approachable, reassuring, empathetic, and attentive. Women reported that they were treated respectfully and were supported in their decisions. Comments such as those from Stella were common: "I felt

that they were there for me, you know, positively supporting me.… they were really approachable … really warm." Likewise, Leanne said, "…everybody that I worked with including the midwives,… and the doctors … were all just so wonderful and calm and reassuring."

Women expressed how trusting relationships with HCPs supported their confidence and was vital to their positive experience. For example, Josie said "…the most important factor was having an open and trusting relationship with my midwife, that I really trusted her completely." Lydia commented "I found it very positive because … not only they were there for your support, but they also built confidence in you." Similarly, Caroline, who had a history of anxiety, said:

She [midwife] gave me … good information and told me some positive stories … which really helped make me feel confident.… She made me feel very comfortable and I had no fear leading up to the birth, I was very excited about my pregnancy.

Professional Behaviors

Participants highlighted professional behaviors and reported confidence in their HCP clinical expertise. The clinician's abilities were particularly appreciated in an emergency situation. For example, Chloe, who experienced a perinatal emergency, said, "I was just so impressed … I felt like all the staff were very capable at their jobs … I'm in really good hands." Participants also discussed specific behaviors that supported their positive experience. Most typically they highlighted the value of the HCP advocating for them. Charlotte reported her midwife "said, 'I'm your advocate…' she really cared about me and she stood up for me." Another woman who was uncomfortable with the suggestion of an early labor induction said the midwife "…negotiated between me and the doctor … it felt nice to have my midwife like, on my side, them advocating for me." (Josie). Accessibility and responsiveness of the HCP was also emphasized as an important aspect of a positive experience. Lydia's comments were characteristic of many:

I found that connection worthwhile.… I would be able to email or message her [midwife] any questions that I had.… she was just a bit more accessible … also her availability postnatal, she would come and see me every couple of days.

Health System Attributes

The next theme highlights institutional factors that were considered important for a positive care experience. Three subthemes emerged from the data: model of care, philosophy of care, health system resources.

Model of Care

Many participants asserted that continuity of care was pivotal to their positive experience. They repeatedly reflected that consistency of care providers, particularly midwives, was invaluable, as it assisted in building a trusting relationship and navigating the health care system. Bridie stated, "I think continuity of care should be available for everyone … The benefit of having someone involved in your care throughout … it is just invaluable." Likewise, Nancy said, "you feel more … like someone with a voice, like you form a friendship with them, you trust them.… you feel like you can rely on someone." Furthermore, some women who did not have continuity of care believed the lack of consistency undermined their satisfaction, despite an overall positive experience. For example, Joanna said, "I didn't see any of the same people at all through my care. There wasn't a continuity of people that I saw. That was a little bit hard."

Good integration between service providers was also identified as vital. Fatemah's words summarize this point: "I did half my appointments with my GP and then half my appointments with the hospital but I didn't feel like there was a disconnect … it was very consistent." Referral for appropriate postnatal care, which often occurred in the community, was also seen as important. For example, Annie was referred to breastfeeding support service and said "I was struggling to breastfeed.… it was nice to have somebody actually come in and sit with me."

Philosophy of Care

Most participants wanted care that aligned with their aim for a natural childbearing experience. For example, Kamilia stated "I think the midwives that I had were very supportive of that [natural birth], very supportive of trying things.… really engaged in trying to give us a natural birth." Abegail said:

I really wanted a normal birth.… one of the reasons why I wanted to go through MGP [Midwifery Group Practice] in the public system is because … they promote a more natural experience.… they allow women really to be a little bit more control and command of their birth and their pregnancy.

Interestingly, access to care that promoted physiologic childbearing was identified as important, even when natural birth was not obtained.

Health System Resources

This subtheme encompasses the institutional resources women reported to be necessary for a positive care experience, including a variety of physical facilities and services. Many women emphasized that having access to a private space, free from unnecessary interruptions and in a home-like environment, was important. Jennifer explained, "just having that private room and having some space and being able to have your partner stay … That, to me, was really important." When this was not available it detracted from the overall positive experience. For example, Bridie stated, "We had some sensitive medical discussions.… So that was quite stressful, and all those discussions happen in the shared room in front of the [other] family." In contrast, participants did not consider the esthetics of the hospital, such as modernity and décor, to be important. Kamila explained:

I think the hospital facility this time was old rundown compared to a beautiful luxurious private hospital that I had my first daughter, but the midwife care and the GP care this time was so much better and the overall experience was amazing.

Most of the discussion regarding health care services concentrated on accessibility to HCPs, flexibility with appointments, adequate time, and inclusivity of support people. Many participants reported a major factor contributing to their positive experience was their HCP gave them adequate time for

dialogue and informed decision-making. Rachael's comments were reflective of many: "…they were really good with the amount of time they gave as well. I didn't feel rushed." Similarly, Charli said, "She often really took her time, so I really appreciate that … she'd spent so much time talking through things with me." Participants often reported they had easy access to multiple appointments and felt that hospital staff were readily available. Additionally, women who required further assistance, due to varying circumstances, were allowed to prolong their stay and felt that hospital staff had a supportive attitude toward them and their partners. Kamila's words demonstrated service factors that many women thought were most significant: "…flexibility is important because, for me, my husband came to all the appointments, and I think that was a really supportive thing for me."

Shared Decision-Making and Communication

Theme 3 reflects the woman's perception of the approach to communication that was embedded within the organization's workplace culture. This theme encapsulates 2 major concepts that participants asserted were necessary for a positive experience: shared decision-making and effective communication.

Shared Decision-Making

Many women identified opportunity for shared decision-making as fundamental to their positive care experiences. Participants felt they "had a voice" and were well supported in making decisions. Sally explained, "…you know, at the end of the day,… you actually did make your own decision, you thought about it … I didn't feel yeah, pushed into anything." Participants frequently stated that they were well informed about their options and having this knowledge empowered them to make safe choices that aligned with their values and expectations. Kamila said, "I felt like the GP [doctor] and the midwives were really good at giving really good information so that we could choose what we wanted." Significantly, participants reported that respect for their decisions was evident even when they declined recommended treatments. For example, Rachael remarked, "…they explained what the risks were, but we're very happy to support my decision … I felt very supported and respected…. They understood and let me make the choice."

Effective Communication

Open, explicit communication with their HCP was frequently highlighted as important. For example, Charlotte said, "I could ask them anything … the communication was great. Fantastic." Likewise, Rachael commented, "…everything's explained really easily for me so I could understand … what was going on and what I needed to do." A number of participants also discussed how debriefing following their birth was imperative to their positive experience. Annie explained "…afterwards, we had one of the doctors come in and actually did a full debrief with me.… Which was, you know, really important for us." Effective communication between HCPs was also recognized as vital for a positive care experience. Jennifer remarked, "It was very cohesive between our GP and the midwife at the hospital.… I think that's really important. You don't want to be reiterating the same information to multiple people." When integration was lacking, and care became fragmented, the woman's perception of the quality of her care decreased. For example, Chloe said, "The only thing that possibly needed fixing was between my GP and the public system;… information wasn't usually getting back to my GP."

Experience of Care

The final theme captures women's personal experience of the care that they received from the health care system. Three subthemes emerged: a sense of control and safety, transformative and empowering, and individualized.

Sense of Control and Safety

It was evident from the data that participants had received care that supported them to develop a sense of safety and control throughout their childbearing journey. Charlie stated her care "…just felt really safe." Sophie explained; "I felt like my needs were met. I felt included.… I was in control of the situation." Dianne explained "I felt very confident with my midwife … that was part of why I felt so safe." Furthermore, this sense of safety had the power to heal past trauma for some women. For example, Abegail spoke about how the sense of control she experienced with her second child helped her to recover from the trauma of her first birth:

They explained things, they asked how I felt about the situation, they asked what I wanted to do going forward.… it was such a healing experience because I had control, and I didn't have any control with my firstborn.

Transformative and Empowering

Some participants reported a sense of personal autonomy and power as a result of the support and encouragement received from HCPs. Many stated the importance of believing in themselves and their own abilities. Tabetha stated:

I just felt really empowered … from the physical perspective, from an emotional perspective. I think feeling supported … all that kind of came together to set me up for good birth … going into it feeling confident made a big difference.

Sophie's comments highlight that a sense of empowerment achieved through pregnancy and birth had positive consequences for early motherhood:

I had a fantastic birth and I felt like I just went from strength to strength. After that breastfeeding was easy … the sleep deprivation was not that bad because I felt supported. I feel like I was just really set up.… that beginning has just set me up to like, believe in my abilities and just do what needs to be done.

Individualized

A sense of being at the center of care and feeling it was individualized to their specific needs was also described by many participants. Women commonly discussed how they received personalized care that aligned with their specific situation

and expectations. Cecila's words reflect a common sentiment among participants: "I guess because the midwife was so sensitive to you. And they … sort of adapt to how best to fit my situation. I think that's a wonderful skill for them to have." Likewise, Sue said, "I think the reason why I feel that my pregnancy and birth were positive is because I was able to get personalized care."

Importantly, our data indicate that feeling positive about the care received was more related to a sense of being the focus of care, and not dependent on fulfilling specific birth aspirations. Feeling their individual needs and decisions were respected was reported as more significant than any particular birth experience. For example, Amelia, who had an emergency cesarean birth, said, "I wanted a vaginal birth it didn't happen, but still I felt like I was listened to and you know, included in all the decisions.… and I suppose that's why it was a positive experience."

DISCUSSION

Our study sought to capture women's views regarding the health system factors that promoted their positive childbearing experience. These factors interconnect to culminate in the care the woman receives and include HCP behaviors and practices, models of care, resources, and more. Participants explained that although their care was not necessarily perfect, certain factors enabled them to enjoy a positive experience overall. This care enabled them to achieve a sense of safety and control and, for some women, to have a transformative childbearing experience.

The development of a respectful relationship was perceived as imperative for a positive childbearing experience. Our findings are consistent with multiple studies that affirm the relationship built between a woman and her HCP can facilitate either a positive or traumatic childbearing experience.[24] Being treated with respect has been identified as the number one health care priority for women and girls across the globe.[33]

Many participants asserted the importance of midwifery continuity of care and good collaboration across health services. In situations when care was fragmented, or communication was poor, the woman's experience was diminished. Midwifery-led continuity of care provides the opportunity to develop trusting, respectful relationships that participants from our study and others[34] identified as central for a positive childbearing experience. These models also support women to have appropriate time and access to known midwives. Multiple studies exploring the influence of organizational factors have found lack of time and fragmented care act as barriers to quality perinatal care.[35] Our findings are consistent with an abundance of research demonstrating midwife-led continuity of care models not only reduce the likelihood of complications but also contribute to a positive childbearing experience.[36,37]

Women who participated in our study perceived that their HCP were clinically competent and provided care that was individualized to their specific needs and values. Placing the woman at the center of her care and providing services that are responsive to her values, beliefs, and needs has been emphasized as fundamental to quality perinatal care.[4,38] A number of participants also expressed their appreciation for HCPs who included their support person in various aspects of their care. This is consistent with other research that found women value family-focused care.[39]

Good communication is essential for women to have trust and a sense of personal control.[15] Our findings echo earlier research that reports effective communication and decision-making are predictors of a positive birth experience.[6,40–43] Participants maintained that it was vitally important for them to understand their options, be actively involved in decision-making, and have their choices respected. This is in keeping with World Health Organization guidelines for a positive birth experience that assert women living in high-income countries value maintaining their personal agency, even when medical interventions are necessary.[2]

Similar to earlier research,[4] many of the women sought out models that promoted a natural childbearing philosophy. Yet, it is interesting to note that participants in our study clearly articulated their positive experience was not dependent on fulfilling their birth expectations. Even women who were unable to give birth as they had hoped spoke highly of their perinatal care experience. Other studies have also found that a positive experience is related to quality care, with no association to mode of birth.[43] In addition, although participants in our study often aimed for natural birth, they frequently described a sense of safety that emanated from having confidence in the clinical competence of their HCPs should obstetric intervention be necessary. Although it is difficult for consumers to evaluate the clinical competence of their HCP,[25] our findings indicate that having confidence in care givers' abilities is important for a positive experience.

Public health expenditures and access to HCPs play an important role for the patient satisfaction.[25] Participants in our study accessed the free public health system in Australia, and unsurprisingly, the financial aspects of care did not emerge as significant. However, resources, particularly time and space for privacy, were identified as important. Many women discussed the benefits of having adequate time for in-depth discussions with HCPs, which is consistent with previous research.[15] Adequate time provides the opportunity for the development of a trusting relationship and for the appropriate exchange of information, both central tenets of quality care. Privacy was also highlighted as essential, particularly when the provision of a single room was not possible. Maintaining the woman's privacy and confidentiality is fundamental to respectful care[44] and considered important by health care consumers in our study and others.[45,46] However, as with other research,[39] women did not consider the modernity of physical facilities important.

The findings from this qualitative study have important implications for practice, policy, and research. Women benefit when they have access to health systems and models of care that respect their individualized needs and preserve their agency. Midwifery-led continuity of care with good integration across services is an important enabler for a positive perinatal care experience. Expansion of these models should be a priority for policy makers and other key stakeholders. In addition, exploration of the experiences of diverse populations is required to improve outcomes for all women and their families. Future research should target women from different cultural, ethnic, and social circumstances to elicit the health

system factor that are important to them. Similarly, exploration of how HCPs view their ability to deliver factors that lead to a positive experience in light of system constraints would assist to progress the implementation of quality perinatal care.

Strengths and Limitations

A key strength of our study is that we collected data from women who had a variety of pregnancy complexities and modes of birth. The research design enabled women to identify the factors important to them. Furthermore, a perinatal care consumer (M.M.) with lived experience was part of our research team. Including consumers in research is an important strategy to enable women's voices to be included in the discourse surrounding quality care.

Our study also has limitations. Most of the participants were well educated, white women who received care in urban settings. As such, our findings may not reflect the experiences of women from diverse backgrounds or those in rural areas.

CONCLUSION

The impact of the health care system on women's experiences of childbearing is often not fully appreciated. Women in our study emphasized the way they were cared for was more significant than fulfilling specific birth aspirations. The salient factors for positive childbearing experience include being treated respectfully, effective communication, individualized care, access to midwifery continuity of care models, and good integration across services. Competent and professional HCPs who facilitate shared decision-making are also essential. These factors promote the woman's confidence in her own abilities and supported a positive, and sometimes transformative, childbearing experience. Future research should focus on the accounts of women from underrepresented groups and the factors that impede HCPs' abilities to deliver care that promotes a positive experience.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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