Dimensions in women's experience of the perinatal period

Maaike Vogels-Broeke[a], Raymond de Vries[b], Marianne Nieuwenhuijze[c,*]

[a] *PhD student Research Centre for Midwifery Science, Zuyd University, Maastricht, the Netherlands / Care and Public Health Research Institute (CAPHRI), Maastricht University, the Netherlands*

[b] *Associate Director Center for Bioethics and Social Sciences in Medicine, University of Michigan, USA / Professor Midwifery Science at CAPHRI School for Public Health and Primary Care, University of Maastricht, Maastricht, the Netherlands*

[c] *Professor of Midwifery and Head of the Research Centre for Midwifery Science, Zuyd University, Universiteitssingel 60, 6229 Maastricht, ER, the Netherlands*

Abstract

A positive experience of the perinatal period is significant for women in midwifery care. The literature on women's experiences of the care in this period is extensive. However, a clear overview of the dimensions important for women's experiences is lacking. Consequently, care providers and researchers may ignore aspects significant to women's experience. In this short communication, we present a framework identifying the dimensions relevant for women's experiences of the perinatal period.

Introduction

A woman's positive experience of pregnancy and childbirth is a significant outcome of maternity care. Along with a focus on reducing maternal and perinatal mortality and morbidity, WHO-recommendations for antenatal and intrapartum care explicitly mention the *experience* of care as a critical aspect of ensuring high-quality maternity care and improved woman-centred outcomes (WHO, 2018, 2016). WHO defines a positive care experience as one that fulfils or exceeds a woman's prior personal and sociocultural beliefs and expectations, i.e., care that is sensitive to women's needs, values and preferences. However, a woman's experience of pregnancy and childbirth involves more than the care she receives in the perinatal period. This period as a transition to motherhood, implicates a dynamic process with physical, psychological and social aspects that shape women's experiences (Seefat-van Teeffelen et al., 2011; Larkin et al., 2009).

Although, the literature on women's experiences of pregnancy, childbirth and the postnatal period is extensive, a clear overview of the dimensions important for women's experiences of this period is lacking, which may imply that aspects significant to women may be ignored. This short communication presents our ideas of a framework identifying the dimensions relevant for women's experiences of the perinatal period.

The perinatal experience as a concept

Pregnancy and childbirth are both universal and unique to each woman. Women highly value the recognition of this uniqueness (Seefat-van Teeffelen et al., 2011; Larkin et al., 2009). Repeatedly, women have described the perinatal experience as an intense powerful and changing life-event that affects their whole being (Olza et al., 2018; Halldorsdottir and Karlsdottir, 1996). The nature of the experience has short and long-term implications for the woman herself, her family, and society (Bishanga et al., 2019; McKenzie-McHarg et al., 2015; Larkin et al., 2009) and it leaves indelible lifelong memories (Simkin, 1992).

A woman's perinatal experience is shaped by her beliefs and values - the personal lens through which she sees and understand the world. These beliefs and values are created by her experiences during the years prior to her pregnancy, during the perinatal period itself and by interactions with her surroundings, including stories from her mother, other family members, friends and public images in the media. This shapes her preferences and expectations. Expectations play an important part in a woman's experience of the perinatal period. Lower expectations are associated with poor psychological outcomes, while higher expectations and clear preferences are associated with achieving goals and with higher satisfaction (Nieuwenhuijze et al., 2013; Green et al., 1990). Evidence contradicts the stereotype of a woman with high expectations who is bound to be disappointed.

Experience needs to be distinguished from satisfaction. These terms are often used interchangeably in the literature, but Larkin et al. (2009) pointed out that satisfaction is not adequate as a surrogate for experience. *Satisfaction* is in fact the global evaluation and rating of different contextual components of an event (Price et al., 2014; Goodman et al., 2004; Urden, 2002). It includes a cognitive evaluation and emotional reaction (Urden, 2002). While *experience* refers to an observable process (Price et al., 2014). It incorporates subjective, psychological and physiological processes and is influenced by a broader context of societal, environmental, organizational factors (Larkin et al., 2009). Evaluation of an experience is more concrete and offers a starting point for optimization (Goodman et al., 2004). To gain a deeper understanding of what e.g. childbirth means to women, they must be asked to describe their experience and not just their level of satisfaction (Larkin et al., 2009; Rudman et al., 2008, 2007).

Aspects relevant for a positive experience

A growing body of evidence offers insight into aspects that are relevant for a woman's positive experience of the perinatal period. Studies from all over the world, show that women include physical elements (the course of the pregnancy and birth), emotional elements (their feelings, thoughts and behaviour) and social elements (the interaction with their surroundings, e.g. their partner and professionals) when evaluating their experiences (Downe et al., 2018, 2016). It seems that most research focuses on aspects of the maternity care offered to women or on the relation between a woman's psychological health and the experience of the perinatal period. Only a smaller number of studies seems to explore how the perinatal experience is influenced by a woman's connectedness with others and her direct social support system, as well as the larger society – via legislation, regulations, work and (social) media. In their concept analysis of the experience of labour and birth, Larkin et al. (2009) indicated that the experience incorporates interrelated subjective psychological and physiological processes, influenced by societal, environmental, organisational and policy contexts. Their analysis makes clear that the experience of the perinatal period involves more than what happens at the event itself.

The need for an overview of dimensions

Women's experience of the perinatal period is clearly a multidimensional concept that is broader than just childbirth and the care offered during this period. However, a clear conceptualization of what is involved in the experience of the perinatal period and an overall view of the relevant dimensions is lacking. This gap creates possible blind spots, limiting our understanding of the pregnancy and childbirth experience.

We decided that such an overview was necessary for the study we are currently conducting, which explores women's experience of the perinatal period in the Netherlands – STEM, **St**em en **E**rvaring van **M**oeders [Voice and experience of mothers]. We began our study with a search for a conceptual framework describing the relevant dimensions of the experience of the perinatal period that could serve as a guide for our research. We wanted a framework that went beyond the care aspect of childbirth to include the psychological, cultural and social dimensions that shape women's experience. Such a framework would help to explore all aspects that matter to women in this transition to becoming a mother. After an exhaustive search, however, we concluded that a framework outlining the experiential aspects of the perinatal period did not exist. Leaving us with the challenge of creating our own framework.

The first logical step in building a framework for analysing the perinatal experience is to collect and categorize the available studies of women's experience of maternity care and the perinatal period. However, we wanted go beyond the existing literature to uncover the unidentified aspects of women's experiences. Therefore, we decided to look at frameworks describing what is relevant for assessing the quality of maternity care and at frameworks for patients' experiences outside the perinatal period, to gain inspiration for a framework on women's experiences of the perinatal period.

Dimensions relevant for the experience of the perinatal period

In our search for frameworks linked to quality of maternity care, we considered the framework of the Lancet paper Midwifery 1 (Renfrew et al., 2014). This framework, describing quality maternal and newborn care, gives an indication of what is involved in care for all childbearing women and their babies. However, it lacks a focus on women's experiences during the perinatal period. Still, it is useful as a contribution to building a framework for the dimensions of the experience of the perinatal period. Another framework we considered was the Standard Set of outcome measures of the International Consortium for Health Outcome Measurement (ICHOM Pregnancy and Birth, 2017). ICHOM develops Standard Sets of outcome measures that focus on patient-centred results. The intent of ICHOM is to provide an internationally agreed upon method for measuring outcomes that enables comparison of performance globally, leading to improvement in the quality of care. In their Standard Set for Pregnancy and Birth, they include experience-related dimensions, such as role transition, mental health, satisfaction with care, healthcare responsiveness, and birth experience. They recommend assessing the birth experience with the Birth Satisfaction Scale-Revised (BSS-R). The BSS-R measures three distinct but correlated domains: (1) quality of care provision, (2) women's personal attributes, and (3) stress experienced during labour (Hollins Martin et al., 2014). This framework opens up more dimensions of experience, but does not include the larger environment of the woman that also plays a role in her experience of the perinatal period (Aune et al., 2015; Goodman et al., 2004; Oakley et al., 1996).

Our search for frameworks of dimensions of patients' experiences outside the perinatal period, lead us to the Warwick Patient Experiences Framework (WaPEF) (Staniszewska et al., 2014). The WaPEF was developed using a systematic review of key electronic databases including research papers that focus on exploring or identifying patient experiences in adult services in three clinical areas: cardiovascular disease, diabetes, and cancer. The authors identified seven dimensions: (1) patient as active participant, (2) responsiveness of services and an individualized approach, (3) lived experience, (4) continuity of care and relationships, (5) communication, (6) information and (7) support.

While the WaPEF is intended as a generic framework, it is designed based on three clinical areas that are far removed from maternity care and the perinatal period. Nevertheless, the framework gave us insight into relevant dimensions of care experiences that seemed transferable to maternity care. We decided to use it as a start for building a conceptual framework of women's experiences of the perinatal period. We translated the WaPEF-dimensions for the perinatal period and checked this with the frameworks from Renfrew et al. (2014) and ICHOM Pregnancy and Birth (2017). This resulted in a framework with seven dimensions that appear relevant for women's experiences of the perinatal period (Table 1).

The next step

The current framework is a dynamic outline, open for new insights and further development. We are validating the framework with a scoping review of published studies on women's experience of the perinatal period and focus groups with women. Additionally, we have developed a survey for women in the Netherlands to fill out during pregnancy and within the first months after birth. This will help to validate the framework further and give broader insights into women's experiences of the perinatal period in the Netherlands.

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Conclusion

The presented framework offers a valuable overview of the dimensions involved in women's experience of the perinatal period. It gives a conceptual foundation to our StEM study, and can offer guidance to healthcare providers, researchers, and policy-makers on aspects that need attention when wanting to improve women's experiences of the perinatal period.

Table 1. Dimensions for women's experiences of the perinatal period based on WaPEF (Staniszewska et al., 2014).

Perinatal framework	
Dimensions	Narrative
1. The woman as unique individual (maternal characteristics) *Not in WaPEF*	A woman's experience of the perinatal is influenced by the unique combination of her characteristics and individual circumstances. Her values, birth beliefs and risk perceptions play a central role in her expectations, preferences and experiences of the perinatal period.
2. Woman is an active participant in care. *Based on dimension 1 of WaPEF*	The woman is regarded an active participant in her health care, co-creator and co-manager of her health and use of services. Enabling a woman to participate in decision-making tailored to her needs and wishes is important for her experience of care. Being an active participant is associated with issues of power and control, including a woman's right to her own body, responsibility for her health and wellbeing, active engagement in her use of services and maternity care. Internal and external attributes of empowerment are critical to fulfil this successfully.
3. Responsiveness of maternity care and health services – an individualized approach *Based on dimension 2 of WaPEF*	The philosophy and model of maternity care affect a woman's experience, e.g. organizational aspects as continuity of care The responsiveness of health services at all levels and the attitude of its care providers include seeing the woman as a person, recognizing her as an individual and tailoring services to respond to her needs, preferences and values. It evaluat how well services perform from a woman's perspective and satisfaction.
4. Lived experience of being pregnant, giving birth and the postpartum period. *Based on dimension 3 of WaPEF*	The perinatal period is a dynamic and ongoing process with several phases: conception and pregnancy, childbirth and postpartum period. In the woman's experience each phase affects the subsequent others. Women's thoughts and emotions can be ambivalent and not always clear. The perinatal period is related to bonding with the baby and closeness to relatives. Women's transition to motherhood and her adaptation to the role as mother can bring shifts in perspectives and priorities.
5. Communication and relationships with care providers *Based on dimension 4 and 5 of WaPEF*	Effective communication requires a two-way interaction and congruent verbal and nonverbal expression. Competent and compassionate care providers are required to facilitate a woman's feelings of safety, trust, confidence and reassurance. Women prefer a personal approach and continuity of care that is respectful, supportive and actively involves the woman in decision-making. A woman should have the opportunity to talk about their childbirth experience and have her questions answered. Good communication among care providers throughout the care system is needed to make sure that women get consistent information and advice.
6. Information and childbirth education *Based on dimension 6 of WaPEF*	Appropriate and congruent information from inside and outside the maternity care system has a positive influence on a woman's experience. A woman needs personalized information at the right time. Information enable a woman to be an active participant in her care and is related to informed choice and shared decision-making.
7. Support from social environment *Based on dimension 7 of WaPEF*	The perinatal period involves the woman's partner and her social network. She is part of a community that has its own cultural and/or religious traditions and values. Her personal environment and the large society affect her experiences of becoming a mother and of maternity care.

Ethical approval

Not applicable.

Declaration of Competing Interest

None.

CRediT authorship contribution statement

Maaike Vogels-Broeke: Conceptualization, Data curation, Formal analysis, Funding acquisition, Writing - original draft, Writing - review & editing.

Raymond de Vries: Conceptualization, Data curation, Formal analysis, Funding acquisition, Writing - original draft, Writing - review & editing.

Marianne Nieuwenhuijze: Conceptualization, Data curation, Formal analysis, Funding acquisition, Writing - original draft, Writing - review & editing.

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