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Maternity care: A narrative overview of what women expect across their care continuum

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ABSTRACT

Objectives: to provide a narrative overview of the values schema underpinning women's expectations of public maternity-care services using an episodes-of-care framework.
Design: focus-group discussions and in-depth interviews were undertaken with Western Australian women who had opted for public maternity care to determine the values schema apparent in their expectations of their care.
Setting: public maternity-care services in metropolitan (i.e. Armadale, Osborne Park and Rockingham) and regional (i.e. Broome, Geraldton, Bunbury) Western Australia.
Findings: women interviewed were found to have consistent values schema underpinning their maternity-care expectations and evaluations.
Conclusions: the current study suggests that while women's choices and experiences of maternity care may differ on a range of dimensions, the values schema underlying their care expectations and subsequent evaluations are similar.

The study findings resonate with past Australian research regarding women's expectations of public maternity care, but complement it by providing a coherent narrative of core underpinning stage-specific values schema. These may assist maternity-care policy makers, practitioners and researchers seeking to better understand and comprehensively respond to women's maternity-care expectations.

Introduction

Birthing numbers in Australia are rising, with 297,126 women giving birth to 301,810 babies in 2011. This was an increase of 2247 births (i.e. 0.8%) on the previous year and represented a total increase of 18.3% since 2002 (Li et al., 2013). In 2008, the Australian Government's Department of Health and Ageing (DHA, 2008) signalled maternity services should recognise the differing needs and preferences of women in relation to pregnancy, childbirth and the postnatal care. The Department undertook a subsequent review canvassing a range of issues relevant to maternity services, including antenatal services, birthing options, postnatal services up to six weeks after birth, and peer and social support for women in the perinatal period (DHA, 2009). The report generated from this review contained a variety of recommendations pertaining to issues like the safety, quality, equity, access, and range of models of maternity care as well as the information and support available to women. The importance of taking full account of consumer preferences was also highlighted. It concluded that while Australia was one of the safest countries in which to give birth or to be born, maternity care was not meeting the needs of all Australian women. Issues emphasised by consumers of maternity care included 'the limited availability of models of care consistent with their expectations; the impacts upon themselves, their babies and their families from the type of maternity care they experienced…' (DHA, 2009, p. 4).

A subsequent response was the 2010 release of National Guidance on Collaborative Maternity Care by the Australian National Health and Medical Research Council (2010). This aimed to assist maternity-care providers to establish and maintain collaborative arrangements appropriate to local contexts and models of care.

Despite the above, unpacking or teasing out the elements of woman-centred care was suggested to be laden with potential pitfalls (Green, 2012). To overcome this, Green advocated charting the terrain of women's preferences for maternity care with the aid of theoretical models, giving emphasis to establishing the values that underpinned them. Research attempting to do this in a broader context of the continuum of maternity care appeared to be a gap in the literature, which instead focussed on the development of more limited sets of episode-specific measures, settings and issues (Jenkins et al., 2014). Encouragingly, Hart (1999) had

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suggested common beliefs and values were likely to be in play across consumer services more generally and this seemed to have been affirmed in the more specific case of maternity care by Harriott and Williams (2005).

Consequently, seeking to establish broader, values-based descriptions characterising what women were seeking across the maternity-care continuum seemed a useful contribution (Jenkins et al., 2014) particularly because this had the potential to enable coherent guidance to be given to those working across the different settings in which maternity care is delivered. This coherence appeared relevant to policy makers, practitioners and researchers alike if each was to be adequately equipped to attend to women's deep rooted views' of their maternity care (Green, 2012). Redshaw (2008) had argued this kind of information was critical to establishing 'a richer and more realistic picture of the care' (p. 75) women received.

In accordance with this goal, the current study sought to interpret the maternity care values most commonly at play among the three-in-five Australian women who opt to birth in public hospitals (Jenkins et al., 2014) and to communicate this within a narrative frame taking account of the entire antenatal–early postnatal span.

The current study formed part of a *Women's Views of their Maternity Experience Project*, conducted during 2013, which included consultations with women across rural and metropolitan areas of Western Australia about their maternity-care expectations. The ultimate objective of this broader multistage Project was to develop valid and reliable measures of users' perspectives of public maternity care that addressed the issues and criticisms associated with patient satisfaction measurement generally (Sitzia and Wood, 1997) and those more specifically related to maternity care (Sawyer et al., 2013).

The broader Project was underpinned by Image Theory (Beach and Mitchell, 1987). This is a 'schema theory' of decision making, which, in the context of interpreting women's maternity-care preferences, is consistent with Green's (2012) contention that underlying values play a critical role. Notably, the schematic architecture of Image Theory also resonated with widely-accepted conceptualisations of the drivers of patient satisfaction such as those elaborated by Sofaer and Firminger (2005), Carr-Hill (1992) and Linder-Pelz (1982).

According to Image Theory, a woman's expectancies, choices, and subsequent evaluation of her maternity care experience can be understood by ascertaining her underlying schema or '*images*' pertaining to the issue (Beach et al., 1988). One of these schema (the '*values*' image) was described as encompassing an individual's values, ethics, morals and guiding beliefs (Beach et al., 1988).

While Beach et al. pointed to *values images* deriving from an individual's pool of cognitive material (i.e. values, ethics, etc. that individuals apply to all areas of decision making) these were nevertheless referred to as context-specific. Thus, an individual could be expected to have many values images, albeit that each would have some level of commonality with its counterparts.

This *intra*-personal commonality in values images also appeared likely to extend to the *inter*-personal level, because personal values are to some degree a product of broader socio-cultural environments and institutions (Schwartz, 2011). Illuminating the shared dimension of women's maternity care '*values images*' seemed of particular value to policy makers, practitioners and researchers because, reflecting Pieterse et al. (2013) it seemed it might identify widely-held care preferences across the maternity continuum. Schwartz et al.'s (2013) research seemed to encourage this possibility, finding that values were far more important predictors of decision making than socio-demographic variables.

In the first stage of the *Women's Views of their Maternity Experience Project*, an Episodes of Maternity Care Framework was elaborated. This Framework was the result of consultations with women and reflected what appeared to be the typical structural partitioning women cognitively applied to the maternity-care experience from their standpoint as consumers. The Framework comprised 12 distinct 'episodes' across the maternity-care continuum (see Table 1). From a theoretical stand point, a corollary of the 12 episodes was that the same number of corresponding maternity care '*values images*' were at play. Notably, given the 12 episodes aligned with the '*real-world*' configuration of provider, time and locational sequencing of maternity care typically provided to public patients in Western Australia, they were taken to both have sound face and criterion validity.

As indicated, the goal of the second stage of the overall project was to populate the Episodes of Maternity Care Framework with the shared content of women's '*values images*' pertaining to each episode of care. The results of this are the focus of this paper.

Methods

This research comprised a qualitative investigation comprising group discussions and in-depth interviews with women within each of the three domains of experience identified in the Episodes of Maternity Care Framework. Thus, women interviewed were respectively in the late stages of pregnancy (i.e. >30 weeks); in the early postnatal stage (i.e. between days 1–3 on the hospital ward); or in the later postnatal period (i.e. three to four months after the birth). In the case of the latter two groups, only women who had had live-born children were approached. No other exclusion criteria were applied.

Ethics approval came from the North and South Metropolitan Health Services and Western Australian Country Health Service Ethics Committees. Permission was also received from the Western Australia's Child and Adolescent Community Health Service.

Women aged 18 years and over were recruited ($n=56$) from six locations across metropolitan and rural areas of Western Australia. Group discussions with antenatal mothers were held in two rural and two metropolitan locations ($n=24$), individual interviews were conducted for the intrapartum and immediate post-birth domain (at or around days 1–2 postnatal) in all six locations ($n=11$) and small group postnatal interviews were conducted in three rural and one metropolitan location ($n=21$).

Table 1
Episodes of Maternity Care Framework.

Domain	Episode
1: Antenatal	1a. Early confirmation (of pregnancy) 1b. Pregnancy (ongoing care) with health-care provider 1c. Antenatal testing 1d. Booking-in, tours and education sessions
2: Intrapartum and immediate post-birth period	2a. Early labour attendance/ admission (at hospital) 2b. Established labour 2c. Birth 2d. Immediate post-birth care (labour ward)
3: Postnatal (postnatal ward/home and discharge from maternity care)	3a. Early postnatal care (in hospital/home) 3b. Discharge to home 3c. Postnatal care at home (first week) 3d. Postnatal care (second week to universal home visit)