ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 8 (August 2026)

The Journey of the Stork: A Narrative Experiences of Mothers Under Midwifery Care

Krizzia Alona Eloi M. Ramos [1*] and Kenneth John C. Babaran [1]
[1] *Graduate School, University of La Salette*
[*] *krizziaalonaeloi.ramos@qsu.edu.ph, kennethjhonbabaran@gmail.com*

Date Submitted:
July 13, 2026

Date Accepted:
July 27, 2026

Date Published:
August 11, 2026

DOI:
10.5281/zenodo.21888959

ABSTRACT

This qualitative study examines mothers' lived experiences of receiving midwifery care during the antenatal, intrapartum, and postpartum periods, from conception through delivery and the first few months after delivery (Diffun, Quirino). Anchored with Kristen Swanson's Theory of Caring and the Midwifery Model of Care, which was used along with Narrative Inquiry and Thematic Analysis to collect and analyze the qualitative data. The purposive maximum variation sampling method was used to select 20 mothers who delivered within the past three months and received care from licensed midwives. Qualitative data were collected through semi-structured, open-ended interviews, translated into English, and then analyzed using NVivo 12 Pro software. The findings of the study identified the following main themes of maternal experience along the maternal journey. The antenatal phase is characterized by the following themes regarding midwives: (1) All mothers referred to midwives as a source of comfort and support for themselves and their partners; (2) Midwives communicated effectively with all mothers concerning their needs and care; (3) Midwives provided safety and reassurance to mothers; (4) Midwives educated mothers about their health, especially correct information regarding their misconceptions about pregnancy, childbirth and postpartum experiences. The intrapartum phase of the maternal experience was characterized by midwives providing compassion and support for mothers; (2) Midwives had the clinical skills to help mothers to give birth and to provide clinical management for any complications that may occur during the labor and delivery process; and (3) Midwives supported family companionship during labor and provided emotional support to family members. The postpartum phase of the maternal experience consisted of (1) midwives helping mothers with early newborn care (skin-to-skin contact), (2) Midwives provided support for breastfeeding mothers, (3) Midwives supported mothers through monitoring of their postpartum recovery, (4) Midwives provided family planning counselling, (5) Midwives provided education to mothers on caring for their newborns. The study showed that midwifery care is holistic and continuous, and midwifery care focuses on building relationships. Therefore, midwifery care is the bridge between low-cost access to maternal health services and high-quality maternal health services. Midwifery care reduces maternal anxiety, improves mothers' confidence, and facilitates safe and respectful childbirth experiences. Recommendations for this study include supporting midwives with communication and transportation, providing additional training for prenatal education, and implementing inclusive policies that support midwifery care in rural areas.

Keywords: *Midwife, Midwifery Care, Lived Experiences, Maternal Health, Antenatal Care, Intrapartum Care, Post-partum Care, Newborn Care, Woman-Centered Care, Respectful Maternity Care*

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
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INTRODUCTION

Better health care for mothers and infants is among the MDG priorities that remain unfulfilled and is also one of the top priorities in the context of the SDGs. In addition, the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) acknowledged the importance of good health for all women, children, and adolescents, as well as access to health care and health care professionals. (Nove et al., 2020).

Midwives are the primary providers in the delivery of health care services within the country, and they represent the primary contact for the provision of local health services through the barangay level (Homer et al., 2014). In addition, Philippine midwives follow the country's Maternal, Neonatal, and Child Health Nutrition (MNCHN) Strategy. This strategy seeks to strengthen the delivery of local health services such that every woman has a desirable pregnancy, every pregnancy is successfully managed, every birth takes place in an appropriate health facility, and every mother and child get proper post-partum and post-natal care (Felipe-Dimog et al., 2023).

In other words, the midwives are the ones who are one of the grassroots and first contact of the healthcare system in our community due to the range of activities that they do and their deployment sites. The midwives represent all the health policies and programs that have been implemented at both the national and local level, wherein Filipinos feel the push towards good health (or poor health) from different agencies and individuals (Antonio, 2023). The main focus on midwifery professionals lies in their skill set regarding the support of women before, during, and after pregnancy. Hence, the skills in midwifery professionals according to the International Confederation of Midwives mainly include the skills to assess and provide care to women and the fetus/newborn/infant during the period before and during pregnancy, labor, and the postnatal/postpartum period (ICM, 2019). The presence of midwifery professionals in the community has enabled women, particularly the poor ones, to seek professional assistance related to childbirth, as is evident from the survey conducted for the National Demographic and Household Survey (PSA, 2018).

Quality care is the right of all women and babies whereby they are entitled to a positive childbirth experience through respect and dignity, the presence of a support person, communication by maternity care providers, pain relief measures, mobility during childbirth, and freedom of choosing birthing positions. Midwives play a critical role in the delivery of quality care anywhere in the world (WHO, 2022).

Woman-centered care is among the key tenets of the midwifery models of care. Women are aware that every pregnancy and childbirth experience of each women vary due to personal beliefs, preferences, and values. It is the midwife who applies active listening skills and engages the woman in making decisions together in order to provide individualized care according to the woman's specific needs and requirements. Thus, besides respecting the autonomy of the woman, this woman-centered midwifery care will help to develop a mutual trust and improve the communication between the midwife and the woman (Cutts B, 1999). Continuity of care is one more unique element of the midwifery model, which implies providing the woman with the care from the same midwife or a group of midwives through all stages of pregnancy, labor and the puerperium period. This model will help the midwife to have a detailed information about the woman's needs and preferences and provide the care from the position of trust and confidence. There are many benefits of continuity of care such as decreased risk of unnecessary interventions during childbirth, positive maternal and infant outcomes and increased satisfaction of the mother with the childbirth process (Duan XF, 2016).

Informed choice is an aspect in which midwives ensure that women get adequate and reliable information regarding their health care options. Women are provided with all information on the possible dangers and advantages of each option, which gives them freedom to make autonomous decisions based on their preferences and beliefs. Joint decision-making is a partnership between a woman and her midwife in making choices according to her unique needs.

Antenatal care helps the women maintain good health practices, allowing them to learn the information and skills needed during delivery. Adequate and quality antenatal care in pregnancy guarantees

ISSN: 3116-3475
International Journal
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continuity of care. Satisfaction of the woman is very important in ensuring continuity of care, which consists of service provision throughout the world to help reduce the morbidity and mortality due to pregnancy. The maternal mortality rate is very high in sub-Saharan Africa, particularly Ethiopia. There are differences in maternal mortality depending on the region, ranging from 12 to 546 deaths for every 100,000 live births in high-income countries and low-income countries, respectively (Ayalew et al., 2021). There are 412 maternal deaths for every 100,000 live births in Ethiopia, which is way higher than the global goal of below 70 maternal deaths for every 100,000 live births by 2030 (Kea et al., 2022). Shahinfar (2021) examines the experiences of pregnancy, childbirth, and motherhood that form memorable life stories of women. Maternity experiences affect women's lives in such a way that either empower them, resulting in feelings of self-respect and self-esteem, or cause negative consequences in terms of maternal health like postpartum depression and post-traumatic stress disorder. Maternity care quality is the key factor in this context, and midwives play an important part in delivering high-quality care for positive childbirth experiences of women and their families.

Maternal mortality, defined as a pregnancy-related death of a woman during pregnancy, childbirth, or the postpartum period, is a major public health concern worldwide; approximately 830 women die every day from preventable causes related to pregnancy and childbirth (WHO, 2025). Satisfaction of women regarding maternal health care services can be determined using different dimensions like structure (physical environment, presence of enough human resources, medicine, and other supplies), process (interaction, confidentiality, timeliness, cognitive care, competence of service providers, and emotional support), and outcome (health condition of the mother and newborn). The degree of women's satisfaction regarding ANC service varies from one country to another. The degree of women's satisfaction regarding ANC services lies between 80% and 90% in Asian countries. In Africa, studies revealed that 42.94% of women were satisfied with ANC services (Ayalew et al., 2021).

Midwives have been frontline health practitioners in grassroots organizations, particularly in rural areas. They were not only involved in providing primary care services to mothers and children but rather were given more responsibilities to provide services in primary health care provision. Although midwifery practices were broadened, there have been few studies on midwifery professional practices in rural Philippines (Felipe-Dimog et al., 2022). In rural communities, next to physicians who assist 46.1% of childbirths, midwives are the second top healthcare provider that assists deliveries at 27.9%—followed by nurses (12.2%), traditional birth attendants (11.4%), friends/relatives/others (2.2%), no one (0.2%), and barangay (village) health workers (0.1%) (PSA and ICF 2023). Midwives in the Philippines are committed to providing healthcare services in various communities and remain the main implementers of various public health programs despite low work status—including lower monthly salaries, limited permanent positions, and slow promotion rates (Canila and Hipolito 2018).

Although midwifery care is generally recognized for positive impacts on maternal and neonatal well-being, there are significant gaps in understanding the complex experiences of mothers receiving midwifery care across diverse contexts and healthcare systems (Wilhelmová et al., 2022). There is a limited focus on the lived experiences of mothers under midwifery care. Primarily, present research focuses on clinical outcomes such as a reduction in rates of maternal and neonatal mortality, without touching the subjective, emotional, and cultural aspects of the experiences that mothers have in the provision of midwifery care (Prosen & Ličen, 2025; Wilhelmová et al., 2022). The role of midwives who are involved with the women from the beginning to the end of their pregnancy, and how their involvement affects the mothers both physically and emotionally, has not been fully explored (Pelak et al., 2023). There is still insufficient focus on how these mental health conditions, such as anxiety, depression, or trauma in the perinatal period, are treated by midwifery, even though midwifery is known for its compassionate nature.

Although midwives are essential for the care of mothers and babies during the perinatal period. They are often not attributed with the full scope of their role in providing midwifery care. Most people perceive midwives primarily as assistants in the delivery of babies; however, being a midwife involves

ISSN: 3116-3475
International Journal
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providing comprehensive, ongoing care beyond just the physical delivery (Haider, 2024). Many women also report that they had limited access to certain types of services due to insufficient staff, inadequate equipment, and a lack of communication with the midwife (Pelak et al., 2023). Documentation of these barriers is typically not captured from the woman's perspective. The understanding of how women experience midwifery care will help provide the information necessary to develop health care systems that are more responsive to women's needs and provide respectful, effective maternity care.

To address these issues, this research study aims to provide insight into the experiences of mothers who are attended by midwives and factors such as gender dynamics and culture as well as the care context. Closing these gaps will not only improve the quality of midwifery care but also assist in the formulation and implementation of women-friendly policies and practices in maternal health.

This study provided an opportunity to explore women's experiences under midwifery care. The findings will also serve as a baseline for measuring and monitoring changes in women's satisfaction with midwifery care. Therefore, this study was conducted among mothers in Diffun, Quirino.

METHODS

This study used the qualitative research method, more specifically the narrative inquiry research method by Clandinin and Connelly (1990). In the study, the experiences of one person or small groups of people were documented, thereby making known the experiences or point of view of such persons. Using this method gave insight into the lives of the mothers who had received care from midwives through narration of their stories. The flexible nature of this method allows for the research to be guided in different directions according to participant stories. Literary devices are used in telling these stories.

The researcher involved women in their postpartum phase up to 3 months after childbirth; 20 mothers were recruited through selective (purposive) sampling. Selective sampling was applied using maximum variation to achieve diversity in the study sample regarding age and number of children. Study participants were selected based on clear standards to ensure the information gathered truly reflects the experiences of mothers under midwifery care. Eligible participants were mothers who were residents in Diffun and had given birth within the last 3 months. They must have received care from a licensed professional midwife during pregnancy, labor, delivery, and postpartum. They also have to be physically and emotionally well for an interview and are willing to give their consent to join the study. Meanwhile, mothers who were not residents in the area and gave birth more than 3 months ago were excluded, as their memories might no longer be clear. Also, mothers who received care from other health practitioners were not included in the study. Lastly, mothers who were seriously ill or in critical condition were not included to avoid causing them distress.

In order to meet the objectives, an open-ended question is considered the best way to collect information. Open-ended questions are a key aspect within the instrument used to explore the stories of mothers who have received midwifery care, as they allow participants to freely express their thoughts, feelings, and experiences in their own words instead of being constrained by a pre-defined answer. Through open-ended questions in the research instrument, a comprehensive, detailed, and meaningful story can emerge that reflects the context of their experience, the emotional tone, and personal significance afforded to their journey through pregnancy, childbirth, and the postnatal period. Closed-ended questions that ask for facts and figures or categorical responses alone would not allow mothers to express how they have felt about the quality of care received, the involvement of midwives, their feelings about being safe, who supported them, and how they were satisfied (or unsatisfied). The nuances, cultural beliefs, individual struggles, and positive and negative experiences would go undetected and would fail to provide a clear insight into the phenomenon of maternal satisfaction with midwifery care. In this way, the 'mouth should be set free to speak altogether, fresh notes and new words' (Earl of Shaftesbury, 1780, p. 30), and the instrument will ensure the data are rich, holistic, and robust enough to generate conclusions about the maternal experience in contact with midwifery.

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To produce insightful and trustworthy findings, thematic analysis was applied to the mothers' narrative experiences. The study adopted a narrative inquiry approach, primarily grounded in the work of Connelly and Clandinin (1990). They established narrative inquiry as a method for understanding human experiences through storytelling. This approach is aligned with the study's goal of exploring the narratives and experiences of mothers receiving midwifery care. The interview transcripts were reviewed multiple times, translated into English, and thereafter proofread before codes were generated to identify the meaning of the responses. Two English-language instructors from a state university, who are also fluent in Filipino and Ilocano, performed the back-translation and proofreading. To ensure that themes developed were representative of the participants' responses, similar words and phrases were used to generate them. The researcher coded and categorized the data independently to finalize themes using the NVivo 12 Pro. The developed themes were validated and confirmed by study participants to ensure that the quotes accurately represent themes derived from the data set rather than just individuals' personal opinions.

RESULTS AND DISCUSSION

Part I: Antenatal Period

The antenatal period is a key part of the maternal journey for both the mother and the midwife. It often involves a mix of hope and anxiety. Part 1 describes the supportive space midwives create during the antenatal period for mothers. The theme shows how early and regular interactions between mothers and midwives, which respect cultural backgrounds, create a safe foundation for pregnancy. It focuses on how vulnerable feelings can turn into active management of maternal health care.

Theme I: Midwife as Source of Comfort and Support

This theme focuses on the strong psychological distress, fear, and loneliness that mothers often feel during pregnancy. It explains how the midwife serves as an emotional support during pregnancy. Participants noted that the comfort, easy access, and caring attitude of the midwife helped ease their worries about injury or losing their baby. This emotional support was especially important for mothers going through pregnancy without partners nearby (Bedaso et al., 2021). As evidence, five of them asserted:

> Participant 2: *"Nung nalaman kong nagbubuntis ako, halo-halong takot at kaba ang naramdaman ko kasi ang dami kong naririnig na kuwento tungkol sa mahirap na pagbubuntis, kaya laking pasasalamat ko nung regular akong pumunta kay Manang Maria na midwife namin. Wala akong ibang pinagkakatiwalaan kundi siya lang... ramdam na ramdam ko 'yung tunay na pagkalinga at pagmamahal niya na parang sarili niya akong anak."*
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> *Participant 4: "Agsipud ti immuna a bulan ti panagsikog ko na grabe ti morning sickness ko ket pirmi kapsot ko, alagang-alaga nak ni midwife lalo ta asideg lang ti birthing na."*
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> *Participant 5"...kaya gumaan ang loob ko at nawala ang matinding takot na baka mapahamak ang dinadala ko."*
>
> *Participant 6: "Grabe ang kaba ko nun at hindi ako makahinga, pero niyakap niya muna ako para pakalmahin... doon ako napaiyak sa tuwa habang sinasabihan niya akong mag-bedrest muna at magtiwala."*
>
> *Participant 8: "...hindi lang basta timbang at tiyan ko ang tinitingnan ni midwife, kundi pati ang nararamdaman ng puso ko dahil alam niyang madali akong ma-stress."*

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The stories the women shared about their experiences as expectant mothers demonstrate that midwives offer much more than simply checking on pregnant women. Women typically rely on the midwife to provide support and trust in them to be there to help with anything they might need assistance with. Additionally, the women report that the midwife provides love and caring similar to that of a mother towards her child. The midwife helps to comfort the women when they are frightened by providing a hug or physical contact before providing advice or instruction. This allowed the pregnant women to feel safe and calm and also helped the women to overcome their greatest concerns.

Midwives not only offered emotional support to the women but also provided for their physical well-being. Because the midwives were located near where the women lived, the women who were sick, weak, or unhealthy at the beginning of their pregnancy would frequently visit with them, and they would benefit from the convenience of frequent appointments. The midwives also measured the size and weight of each woman during her pregnancy to monitor any changes in her health. As midwives also provide emotional support to pregnant women, it is evident to the women those midwives are not solely a source of health care but also represent a trusted friend or supporter who provides mothers with a safe and anxiety-free environment so that they can be healthy, feel secure, and safely deliver their babies.

Furthermore, recent research (Aini, 2024; Sukmawati & Alfiani, 2025) confirms that midwives provide holistic care, meaning they look after both physical health and emotional well-being, checking not only the baby's weight or growth but also feelings and stress levels, because they know emotions affect pregnancy, just as Participant 8 shared. Lastly, recent evidence (Prihantini, 2024) highlights that having midwives and clinics nearby makes care easy to reach, helps women get regular check-ups, and gives quick support during sickness or weakness, which directly supports Participant 4's experience of receiving good care because the facility was close by. All these works prove that midwifery care truly covers medical, emotional, and practical needs, just as the participants described.

Theme 2: Care through Social Communication

The close connection created via communication between the mother and her midwife can change standard obstetric management into a warm and caring midwifery service or practice. Participants shared many instances indicating effective communication is much more than transmitting information; it provides the patient with security, comfort, and connection. When a new mother has access to a caregiver who is accessible and responsive to her needs (at all hours of the day or night, especially after a long day), it can help relieve the very high levels of stress that new mothers feel as they go through all the different physical changes associated with becoming a mother (Bilgiç et al., 2025; Schwind et al., 2023) Having a caregiver present in communication with one when they do not have a partner present during their pregnancy is particularly helpful for the pregnant woman. The use of encouragement in written and verbal form will allow a midwife to fill the void left by not being physically present. As such, the mothers never feel alone on the journey of motherhood.

Ultimately, effective communication between the midwife and client creates a partnership of support and safe emotional space and demonstrates that truly compassionate care is given by midwives not only through the delivery of safe medical care but also via their response to each question and every encouragement through effective communication. As evidence, two participants asserted the following:

> *Participant 8: "Napakalaking pasasalamat ko dahil kahit dis-oras ng gabi at alam kong pagod siya, sumasagot pa rin si midwife sa mga text ko lalo pag may kakaibang nararamdaman sa katawan ko."*

> *Participant 9: "Sa bawat reply niya na puno ng paalala at pagpapakalma, ramdam na ramdam ko na hindi ako nag-iisa sa laban na ito lalo na at wala ang asawa ko at nasa abroad."*

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Communication plays an essential role in promoting safety and quality in midwifery care. In addition to sharing information, communication in midwifery practice encompasses empathic and respectful engagement and interactions aimed at establishing trust. Ganisia & A'zdom, (2025) found out that effective midwifery communication involving active listening, empathy, and clarity leads to increased maternal trust, adherence, and satisfaction with care. Other benefits of midwifery communication include decreasing anxiety, timely detection of complications, and enhancing collaboration among multidisciplinary teams in maternity care. Challenges related to workload, cultural differences, and lack of time emphasize the importance of continuous learning and development in midwifery practice. Effective communication is a clinical competency that combines technical skills with emotional intelligence. The integration of communication training in midwifery education and standards can be used to promote trustful relationships between healthcare providers and patients.

Wakelin et al. (2024) investigated the use of communication technology by pregnant women to connect with their midwives. They found that asynchronous communication (e.g., texts) provided valuable access and connection. Text-messaging midwives gave pregnant women the option to receive timely reassurance and medical advice about their physical changes. This helped to build trust and lessen their anxiety.

Theme 3: Safety and Assurance

Pregnancy is a transformative experience and can lead to a woman feeling like she has an increased need for safety, assurance, and support. Many women find that sense of security through the support and care of their healthcare providers, most often while being cared for by midwives.

Midwifery care supports this need by providing far more than just routine medical evaluations. Midwifery care takes a holistic approach to address all the vulnerabilities, both emotional and physical, that a mother experiences throughout her pregnancy. Additionally, this theme highlights the essential role midwives can play in bridging the gap between low-income families in need of professional, safe, and compassionate maternal health care and affordable maternal health care. While there are many ways to access professional maternal health care, most midwives maintain the trust mothers place in them to provide peace of mind for both themselves and their infants regarding safety. Three (3) of the participants asserted the following:

> *Participant 1: "Ramdam ko na ligtas ang buhay namin ni baby dahil may isang propesyonal na handang gumabay sa amin."*
>
> *Participant 3:"...hindi lang basta timbang at tiyan ko ang tinitingnan ni midwife, kundi pati ang nararamdaman ng puso ko dahil alam niyang madali akong ma-stress. Kaya alam kong ligtas kami ni baby."*
>
> *Participant 6: "Maaga akong nagpa-checkup nung unang linggo pa lang na nalaman kong buntis ako, kahit wala pa kaming perang sapat para sa mamahaling doktor, mas pinili kong magpa-checkup kay midwife lalo na at alam kong magiging ligtas kami ng baby ko."*

The overarching themes of safety, holistic guidance, and evidence-based education found in the participants' accounts are strongly supported by recent maternal health literature. Midwifery-led prenatal education significantly enhances a mother's health literacy and psychosocial empowerment while drastically reducing childbirth anxiety (Oğlak et al., 2026). This empirical evidence directly mirrors the experiences of participants, who noted that their midwives patiently explained birth plans, debunked traditional community myths, and provided ongoing dietary and lifestyle counseling.

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Furthermore, the clinical and emotional security felt by the mothers is validated by Ernawati (2024) in Advances in Healthcare Research, which demonstrates that midwifery-led care models in low-risk pregnancies yield higher rates of spontaneous vaginal deliveries, fewer unnecessary medical interventions, and superior maternal satisfaction compared to fragmented obstetric care. This supports the participants' trust in midwives as affordable yet highly competent professionals. Finally, authentic midwifery care is characterized by its "relationship-centered" and "family-centered" attributes. This framework explains why the midwives in the study looked beyond mere physical metrics to address emotional stress and proactively taught hands-on comfort measures such as specialized stretching and partner-assisted massage techniques to ensure a safe, dignified, and comfortable pregnancy journey

Theme 4: Empowering Maternal Health through Health Education

Pregnancy is often a time of physical struggle and anxiety about the health of the mother throughout pregnancy. Midwives provide a critical piece in this equation through health education and guidance to mothers to help them ground their maternal care on an empirical basis, utilizing clarity and comfort.

With continued repetition, midwives impart important information to mothers concerning diet, vitamin supplementation, and how to plan for birth in critical ways. They also extend their expertise to incorporating practical life situations—by teaching mothers proper stretching, how to maintain good body mechanics, and how to properly use hand and foot techniques during massage to relieve physical pain (as noted by participants from the Ilocano community). Perhaps most importantly, midwives serve as an authority figure within their communities when it comes to providing evidence-based information that can debunk misperceptions regarding both traditional and modern medicine so that mothers can make safe, evidence-based decisions for themselves and for their unborn babies.

> *Participant 10: "...tuwing tinitingnan niya ang blood pressure ko at pinaliliwanagan ako sa tamang nutrisyon..."*
>
> *Participant 11: "Binigyan niya ako ng mga vitamins at paulit-ulit niyang ipinaliwanag sa akin kung anong mga pagkain ang dapat iwasan para hindi masira ang tiyan ko..."*
>
> *Participant 13: "Ahh ano.. Napakasuwerte ko talaga dahil sobrang bait at mapagmalasakit ng midwife sa health center namin sa barangay, lalo na nung mga panahong litong-lito ako sa mga dapat ihanda. Tinulungan niya akong maintindihan ang tungkol sa birth plan."*
>
> *Participant 15: "Idi nasakit ti likod ko ket marigatanak la unayen nga agnaed no dumanonakon iti maikatlo a trimestre ti sikog ko, ket talaga nga makapukpukawanakon ti namnama ken pigsa iti inaldaw-aldaw, adda ni Midwife nga nangisuro kaniak nu anya nga massage ti aramiden tapno mabawasan ti marikriknak. Insuro na pay ken lakay nu kasatnu ti panaghilot ijay likod ko tapno mabawasan marikna nga kattang."*
>
> *Participant 16: "Ngem idi napanak nagpa-prenatal check-up ken ni Madam Midwife ijay HM Birthing Clinic, saan laeng a basta nga inasista dak, no di ket sinurwannak pay kadagiti husto nga stretching ken nabanayad a posisyon tapno maksayan ti ut-ot ti likod ko, isu a nakaturogakon a nasingned no rabii."*
>
> *Participant 18: "Lagi niyang ipinapaalala na umiwas sa maaalat at mamantika, dahil hindi raw magiging maayos ang pagbubuntis ko kung hindi ko iingatan ang kalusugan ko. Naging disiplinado ako at sinunod ko ang kanyang payo."*

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Participant 20: "Malaki ang tiwala ko sa bawat payo at gabay ni midwife pagdating sa aking kalusugan at vitamin supplementation. kahit pa may mga sabi-sabi ang mga matatanda sa barangay namin na bawal daw maligo o uminom ng gamot. Pinagpapatuloy niya sa akin ang pag-inom ng iron at calcium..."

Recent global and local literature heavily reinforces how midwifery-led education directly improves maternal readiness and clinical outcomes. A study by Renfrew et al. (2014) focusing on quality maternal and newborn care emphasizes that when midwives provide personalized information, such as formulating birth plans and discussing nutritional requirements, it drastically reduces maternal anxiety and clinical interventions during labor. Furthermore, within the Philippine context, research evaluating community-based maternal interventions (e.g., Buntis Congress and health center initiatives) demonstrates that pregnant women under regular midwifery care exhibit higher compliance with iron and calcium supplementation and are better equipped to reject traditional, hazardous prenatal practices due to the strong trust built with their local midwives (World Health Organization [WHO], 2021).

Midwifery care is uniquely recognized for integrating physical comfort measures and involving family support structures into prenatal education. According to literature investigating non-pharmacological pain management and midwifery classification standards during late-stage pregnancy, targeted educational interventions by midwives—specifically teaching pregnant women and their partners proper stretching, ergonomic positioning, and safe massage techniques—significantly reduce lower back and pelvic pain (Maga et al., 2024).This aligns directly with the testimonials of the Ilocano-speaking participants, proving that educating both the mother and her spouse on physical relief methods not only enhances sleep quality and daily function during the third trimester but also fosters an inclusive environment that prepares the family unit for childbirth.

Part II: Intrapartum Care and Delivery

Midwifery provides a unique and varied set of functions in the intrapartum care/delivery process since a midwife's role is much larger than just performing a technical task. Midwifery is made up of a combination of skills (emotional), practiced abilities, and approaches focused on the woman to provide women with a safe and positive experience during delivery; this approach also includes their families. Within the responses given by women, some themes reflected the nature/quality of the midwifery care provided throughout the labor/delivery process: Midwives are Compassionate Support during Labor, Midwives are Clinically Competent during Labor, and Midwives Facilitate Companionship. These themes provide a clear description of how midwives can fulfill two functions (providing the woman with a reassuring presence and providing her with the appropriate skilled intervention) while also providing an adequate level of inclusive care for the pregnant woman and her family to meet the physical needs of bringing a newborn into the world.

Theme 1: Midwives as Compassionate Support throughout Labor

This theme exemplifies the essential support that midwives provide mothers during labor, as discussed by participants. Midwives are available for mothers through day and night, surrounding them with comforting words, gentle touch, support, prayer, or whatever it takes to soothe the mother and help her stay calm and strong and not succumb to panic despite the intensity of the pain. Their persistent support grounds the mother and reduces her fear and panic and gives her privacy and dignity by making her feel that the normal responses of her body to the labor are accepted. Research asserts that this support of mothers helps to prevent unnecessary obstetric and medical procedures and facilitates a space for a safe, dignified labor process (Sriram et al., 2024).

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Participant 1: "Noong panahong medyo humihilab na ang tiyan ko, noong tinawagan ko siya ay pumunta kaagad siya at sinamahan ako sa panganganak. Hindi niya ako iniwan. Nakasuporta lang si midwife sa akin hanggang sa makapanganak ako."

Participant 2: "Nung nagsimula na ang matitinding labor pains ko sa kalagitnaan ng gabi, talagang napapasigaw ako sa sakit at napapakagat na ako sa unan dahil parang mabibiyak ang balakang ko. Pero nandoon agad si midwife sa tabi ko, inalagaan at sinuportahan niya ako. Sinabi pa niya na kakayanin ko."

Participant 6: "Andoon siya, Pinunasan niya ang pawis ko, at sa bawat hilab at sakit, sinasabihan niya akong huminga nang malalim at huwag mawawalan ng pag-asa dahil konti na lang, makakapiling ko na si baby ko."

Participant 7: "Napakaganda ng pag-asikaso sa akin ni Midwife sa loob ng birthing clinic, parang isang tunay na ina na nagbabantay sa kanyang nahihirapang anak."

Participant 9: "Ramdam ko ang tindi ng pagod at muntik na akong sumuko, pero dahil sa napakalumanay at determinadong boses ng midwife na nagsasabing, 'Kayam dayta misis, agpapigsa ka ta asidegen ti panagruwar ti baby'm,' at dahil doon lumakas ang loob manganak kahit sobrang sakit."

Participant 11: "...si midwife ang nagpatuloy at nagpalakas ng loob sa akin sa pamamagitan ng paghawak sa aking mga kamay at pagdarasal kasabay ng labor ko."

Participant 14: "Pagdating namin sa lying-in na nanginginig ako sa takot... sinalubong niya kami ng isang mahinahong yakap na nagpabalik ng lakas ko."

Participant 18: "Sobrang hapdi at sakit ng contractions ko nung dulo na halos magmakaawa na ako na dalhin ako sa ospital para magpa-CS dahil hindi ko na kaya ang hirap. Ngunit di ako sinukuan ni Ma'am May Ann, hindi niya ako iniwan.."

Participant 19: "Pero hinawakan nang mahigpit ni midwife ang balikat ko, tumingin siya sa akin nang may tiwala at sinabi niyang, 'Konti na lang, inay,' makikita at mayayakap ko na ang matagal kong hinintay na anak."

Participant 20: "Akala ko nung una madali lang, pero nung pumasok na ako sa active labor, parang gusto ko nang magpakamatay sa sakit. Si midwife, hindi siya umalis sa tabi ko para kumain o magpahinga. Siya ang naging tagasalo ng lahat ng iyak ko..."

Continued support during childbirth may end up improving the mother's self-confidence and ability to relate to and nurture her baby in addition to generally boosting paternal involvement. Women often describe labor and birth as a time when extreme physical pain leads the brain to contemplate abandoning natural labor. Our participants emphasized the value of the midwife's constant presence through touch and wiping away sweat, offering steady arms on which to lean, or taking time to pray with them. Dignity is the touchstone of respectful maternity care. Midwives preserve women's dignity by teaching them to consider normal the involuntary bodily responses to labor, and thereby protecting them from feelings of shame or embarrassment.

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Recent studies are beginning to demonstrate the physiological benefits of this approach. Recent studies demonstrate that continuous labor support from a trusted midwife is effective in preventing medically unnecessary Caesareans (Hermatuti, 2024).

Furthermore, patient-centered trauma-informed care can mitigate adverse outcomes, reduce obstetric violence, and support a protective and validating environment for birthing individuals (Garcia, 2023; Schroeder et al., 2025)

Theme 2: Midwives' Clinical Competence during Labor

This theme represents the knowledge, skills, and quick decision-making in midwifery actions and assessments for safe delivery. Participants describe how midwives "stay calm" to untangle cords, ease perineal tears, or remove a retained placenta using proper suturing, medication, fundal massage, etc. The ability to alleviate risks using appropriately managed complications and safe medical practices that emphasize gentleness and listening to the patient is essential in promoting safe deliveries and good outcomes for mother and child, as it aligns with global health practices for safe birth.

> *Participant 2: "Nakaprosesyonal at banayad niya habang sinasalo ang aking sanggol, at hindi niya ako pinabayaan hanggang sa mailabas ko rin ang inunan nang ligtas at buo."*

> *Participant 6: "Nagkaroon ako ng kaunting gupit o tear dahil malaki ang ulo ni baby nung lumabas siya, pero napakagaling magtahi ng midwife kaya hindi ako natakot... nilagyan niya ng anesthesia at ipnaliwanang sakin kung bakit kailangan na tahiin ang punit sa aking pwerta, kaya hindi ko man lang naramdaman ang bawat tusok ng karayom."*

> *Participant 7: "Nagkaroon ng kaunting komplikasyon nung ayaw lumabas ng placenta ko pagkapanganak ko... Tinurukan ako ni midwife ng pampatigas ng matres. Oxytocin ba tawag dun? Ay oo yun nga. Minasahe niya ang puson ko hanggang sa lumabas nang buo ang inunan…"*

> *Participant 9: "Nung nanganak ako sa bunso ko, medyo pumulupot ang cord sa leeg niya... Pero napakatalas ng isip at bilis ng kamay ni midwife—maingat niyang tinanggal ang cord habang lumalabas si baby kaya walang naging problema..."*

While emotional support is vital, the core safety of midwifery care relies on sound clinical expertise and quick decision-making under pressure. Midwives balance these needs by using physical comfort measures such as warm compresses and structured position changes to assist with difficult fetal descent (Aini et al., 2026; Yamamoto et al., 2025). They also maintain the skills necessary to handle sudden intrapartum complications, such as looping umbilical cords or retained placentas.

Effective use of active management during the third stage of labor, especially administration of oxytocin and fundal massage, is the critical preventive measure against postpartum hemorrhage (Evenson et al., 2017). Moreover, their expertise in performing surgical operations like stitching of perineal tears using appropriate local anesthesia further enhances the quality of care in the communities.

This proficiency aligns directly with current global health directives. By actively including fathers in the delivery room, midwives also foster a supportive family environment, transforming a standard medical event into a meaningful, shared milestone. This careful balance of technical competence and patient-centered care ensures clinical safety while preserving the emotional depth of the birth experience.

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Theme 3: Midwife-facilitated Companionship

Midwives create a pleasant birthing experience by letting the woman have a reliable person with her during labor, such as the father of her child (AlKhunaizi et al., 2024). One woman said she was glad that her husband was allowed to be in the room with her while giving birth, because it provided her with an additional source of support and made the birth of their child special for the family. By allowing family members into the room with the mother during labor, midwives provide support to the mother that goes beyond their medical duties, which leads to a positive experience from a health care professional's point of view. As proof, participant 3 asserted:

> *"Natutuwa ako dahil hinayaan ni midwife na pumasok si mister sa delivery room para umasikaso at masaksihan ang aking panganganak."*

The statement reflects deep satisfaction with the midwife's decision to allow the husband's presence and active support during delivery, which aligns with recent research confirming that partner inclusion in childbirth significantly enhances maternal comfort, emotional security, and overall birth experience (Hoffmann et al., 2023).

Ramandati and Sari (2021) emphasized that a woman's core needs during labor include her husband's attention, presence, and practical care, noting that this support fosters safety, calmness, and a smoother delivery process, while healthcare providers who permit such involvement are viewed as responsive and patient-centered.

In the Philippine setting, Ong Romero and Lanuzo (2025) highlighted that enabling fathers to witness and participate in birth strengthens emotional bonding, reduces maternal anxiety, and improves satisfaction with care; their study also noted that midwives who adopt inclusive practices are highly valued because they recognize the partner's vital role in care and reassurance. Similarly, Pascual et al. (2025) found that women strongly prefer having their husbands assist and be present, as this involvement not only eases physical and emotional burden but also creates meaningful shared memories, and such permission from midwives is consistently associated with positive feedback and high regard for the care received.

Furthermore, Lutfiana et al. (2025) established that partner presence directly lowers labor-related stress and fear, and when midwives facilitate this, mothers report greater happiness and confidence, confirming that this practice is evidence-based and highly appreciated by those giving birth. These studies collectively validate that allowing husbands to enter the delivery room to assist and witness birth is a supportive, beneficial practice that matches what mothers desire and value most.

Part III: Postpartum Care Period

The postpartum period follows the birth and starts a new chapter. The postpartum time can be focused on recovering physically, adjusting emotionally, and getting used to a new baby. It is during this time that the midwife's role in providing ongoing support and care will be extremely important. Midwives also provide postpartum care, which means providing holistic care and support for both the mother and her baby, and assisting them to navigate through the early parenting challenges and transitioning to the next (postpartum) phase of their lives. Part three identifies three themes: First Moments of Care, Breastfeeding Support and Guidance, and Continuous Care and Recovery.

Theme 1: First Moments of Care

This theme includes the following key observations that highlight the critical moments and milestones in the earliest days of a mother's and newborn's lives. Theme 1 illustrates how the mothers witnessed newborn care practices performed by their midwives while they were having their first encounter with their baby in the delivery room, where skin-to-skin contact is performed during the first few minutes after birth. As said by the participants:

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Participant 3: "Pagkalabas na pagkalabas ng baby ko, inilagay niya kaagad ang baby ko sa dibdib para maskin-to-skin raw...grabe ang pasasalamat ko sakanya (midwife) kasi di niya ako iniwan.. sinuportahan niya ako hanggang sa makapanganak ako at makarekober.."

Participant 4: "Hinding-hinding ko makakalimutan 'yung unang ilang minuto pagkapanganak ko, Ma'am… dinala sa dibdib ko yung baby ko para sa Unang Yakap… Sabi niya, 'Ligtas si baby, inay, napakagaling mo."

Participant 6: "…isa sa hinding hindi ko makakalimutan kay midwife ay noong kapapanganak ko. Ang akala ko ay sa crib niya ilalagay si baby ko pero nasurpresa ako na nilagay niya sa dibdib ko si baby, doon niya pinunasan hanggang sa malinis nang tignan si baby..tas..ipinadapa niya sa dibdib, and sabi niya napakahalaga na nasa dibdib ko si baby para maadapt niya init ng katawan ko at makapagbonding kami.."

The first minutes and days after delivery lay the foundations of the neonate's health and health-promoting development. Early skin-to-skin contact—the "First Hug" (Unang Yakap)—helps stabilize newborn breathing, supports temperature regulation, and fosters maternal bonding (Altit et al., 2024). Practical tips from midwives about soothing a newborn during painful procedures, such as urging nursing during necessary Vitamin K and hepatitis B injections to invoke the baby's calming qualities, also continue to mitigate discomfort (Gurung & Bajracharya, 2021).

Positive postpartum experience is defined as the continuous provision of information, assurance, and support by committed health workers to women, babies, partners, parents, and other caregivers in the context of a healthcare system that recognizes the needs of women and babies and is resourceful and flexible, taking into consideration their cultural backgrounds (WHO, 2025). Midwives are experienced professionals who can guide mothers who want to breastfeed. They help mothers learn how to have a comfortable and effective latch and also provide information on how to position themselves and their babies for feeding, as well as how often to feed and how to recognize when a baby is hungry (Surówka et al., 2021). This guidance ensures that there is a greater chance of success in both mother-to-baby breastfeeding and mother-to-mother support while establishing and maintaining breastfeeding. When problems arise with breastfeeding (for example, difficulty latching or low milk supply), midwives are knowledgeable about the problem and provide support or resources to help resolve any issues. This may include referring mothers to lactation consultants or providing other resources for resolving specific issues. By providing personalized support, midwives help mothers remove barriers that would prevent them from providing nutrition through breastfeeding.

Theme 2: Breastfeeding Support and Guidance

Numerous strains and stresses come with the beginning of breastfeeding for mothers, which is a completely natural experience. The following discussion will focus on how a midwife can be a valuable source of assistance, clear information, and guidance as a means of supporting mothers as they begin the breastfeeding journey with their newborn child. Participants shared that midwives show mothers how to latch on correctly, educate mothers about the benefits of colostrum, help identify different ways to hold the baby when breastfeeding, and suggest ways to promote comfort while breastfeeding, such as using a warm compress or massaging the breast to encourage milk flow. They also provide mothers with nutritional guidance and continue to encourage them throughout their breastfeeding experience, even when mothers find breastfeeding to be a frustrating experience at times. By providing these resources and support to mothers, midwives help mothers build their confidence, overcome some of the most common obstacles that

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may arise during the breastfeeding process, and create an atmosphere in which mothers will continue to breastfeed exclusively for as long as possible. Five participants stated:

> *Participant 6: "...ipinaliwanag niya na sapat na ang 'kolostrum' 'yung madilaw at malapot na unang gatas. Siya ang nagtiyagang magpupuwesto sa bibig ni baby sa utong ko hanggang sa magawa ko ang tamang paglatch."*
>
> *Participant 7: "...inalalayan niya ako sa pagpapasuso, at ipinaliwanag niya sa akin ang kahalagahan ng breastmilk, matiyaga niya din akong tinuruan sa mga iba't ibang puwesto ng pagpapasuso kay baby…"*
>
> *Participant 8: "...tinulungan ako ni midwife sa pamamagitan ng warm compress at banayad na masahe nung wala pang lumalabas na milk sa dede ko.. Siya ang nagturo sa akin kung paano mag-express ng gatas nang tama para maiwasan ang mastitis."*
>
> *Participant 11: "...pinalakas ni midwife ang loob ko na kayang-kaya ko mag-pure breastfeeding. Sinabihan niya akong uminom ng sabaw ng malunggay at huwag ma-stress, at totoo nga, naging sapat at ang gatas ko para kay baby..."*
>
> *Participant 17: "Dumating yung time na gusto ko nang padedehin si baby ng formula, ang una kong ginawa ay pumunta sa health center at nagpa-advise kay Maam Dev kung ano ang nararapat kong gawin..Ang isa sa mga nagging payo niya ay pasusuhin ko ng pasusuhin si baby para lumabas ang ang gatas tas sabayan ko pa raw ng masusustansyang pagkain na tulad ng gulay at prutas.."*

Early teaching about proper latching is relevant to successful breastfeeding initiation (Nuzula, 2024). Correcting positioning and sharing the value of colostrum with new mothers prevents the early use of commercial formula. Midwives are experienced professionals who can guide mothers who want to breastfeed (Subekti & Rosalia, 2025). They help mothers learn how to have a comfortable and effective latch and also provide information on how to position themselves and their babies for feeding, as well as how often to feed and how to recognize when a baby is hungry. This guidance ensures that there is a greater chance of success in both mother-to-baby breastfeeding and mother-to-mother support while establishing and maintaining breastfeeding. When problems arise with breastfeeding (for example, difficulty latching or low milk supply), midwives are knowledgeable about the problem and provide support or resources to help resolve any issues (Harting et al., 2025). This may include referring mothers to lactation consultants or providing other resources for resolving specific issues. By providing personalized support, midwives help mothers remove barriers that prevent them from providing nutrition through breastfeeding.

Guided by global guidelines, early midwife-led breastfeeding assistance supports exclusive breastfeeding (Gavine et al., 2022). When routine screening is handled with consideration and appropriate explanation, parents appreciate the value of preventive diagnostics, and a painful test becomes an empowering newborn care step (Garcia & Thomas, 2022).

Theme 3: Continuous Care and Recovery

This theme highlights the comprehensive care directed at the mother's recovery in the postpartum period. It includes having the midwife check physical healing, look for complications such as infections, screen for postpartum complications, tell mothers positive things about their body changes, and offer family planning counseling. As participants asserted:

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Participant 1: "…binisita muli kami ni Ma'am Midwife sa bahay namin makalipas ang dalawang araw pagkatapos kong manganak, para lang tingnan ang pagdurugo ko...Chineck niya din BP ko pati na rin si baby..naganus launay ni Maam Midwife kanyami…

Participant 4: "Nung nag-two weeks postpartum check-up ako sa Clinic... Eh andun siya…Ipinayo niya sakin na, para mas mapabilis ang pagrekober ng katawan ko ay kumain ako ng masustansyang pagkain… Inadvise niya na gumamit ako ng contraceptive. Inexplain na kaniak tis aba-sabali nga methods ket napilik ajay DEPO..."

Participant 14: "Duray agawid kamin ket pirmi latta pinagalaga ni midwife kaniak ken pati ni baby'k.. Tul-tulungan nak nga agsukat ti diaper ni baby.. isunga nagsayaat ti aganak ijay kanyana.. haan na ka mabay-bay an.. Tinulungan nak met lang nga agshower ta kunana nga nasaysayaat nga agpasuso ken baby nu nadalus met lang ti bagik.."

Participant 15: "Haan na kami binay-bay an ni Ma'am May Ann, inasikaso na kami kenni baby'k hanggang makaawid kami ket binagaan na kami nga agsubli after 1 week…"

Postpartum maternal recovery is intertwined with complex physical and psychological challenges requiring careful clinical management by the midwives. Midwives conduct detailed assessments during antenatal home visits, particularly monitoring uterine involution and lochia characteristics for signs of infection or secondary hemorrhage (Lestari & Azizah, 2022). Equally vital is their recognition of maternal mental health. Broaching conversations about postpartum depression is recommended to address the stigma associated with help-seeking (Ravaldi et al., 2024).

Optimal patient outcomes occur when partners get directly involved in this work, giving the mother a more robust support network at home. This approach has been recently validated in research into maternal health. Continuous postpartum checkups led by midwives are associated with improved postpartum depression outcomes (Yonemoto et al., 2021).

Theme 4: Guidance on Family Planning

The postpartum period is an important time for mothers and families to experience a significant transition, both emotionally and in terms of paying attention to the health of the mother during her recovery. The information given to a mother regarding family planning while under the care of a midwife is an essential tool for enabling safe, competent, and informed choices concerning family planning (birth spacing), the physiological components of recovery from birth, and the multitude of available contraceptive methods, so that all midwives can assist their clients in bridging the gap between clinical need and their personal values and beliefs. Participants asserted the following:

Participant 4: "Inadvise niya na gumamit ako ng contraceptive. Inexplain na kaniak tis aba-sabali nga methods ket napilik ajay DEPO..."

Participant 6: "Malaki ang pasasalamat ko kay midwife dahil ipinaliwanag niya sa akin nang maayos ang kahalagahan ng family planning pagkatapos kong manganak. Dahil sa gabay niya, naintindihan namin ni mister na kailangang magpahinga muna ang aking katawan bago masundan ang baby. Sobrang laking tulong ng payo niya para sa mabilis at ligtas na pagbawi ng aking lakas."

Participant 9: "Hindi lang basta pag-aalaga sa baby ang itinuro ni midwife, kundi pati na rin ang pag-aalaga sa sarili ko sa pamamagitan ng pag-aagwat ng

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pagbubuntis. Tinulungan niya kaming pumili ng tamang contraceptive method na hiyang sa akin at ligtas habang nagpapasuso. Dahil sa malasakit niya, mas naging panatag ako na hindi mabibigla ang aking katawan sa paggaling."

Participant 17: "Ipinaunawa sa amin ni midwife na ang family planning ay bahagi ng aking postpartum recovery upang maiwasan ang sunod-sunod na pagbubuntis na maaaring magpahina sa akin. Maingat niya akong ginabayan sa mga natural at medikal na paraan ng pag-aagwat habang ako ay nagpapagaling pa. Ramdam ko ang tunay na pag-aalaga niya para sa pangmatagalang kalusugan ng aming buong pamilya."

The importance of education for mothers and their partners about family planning will help to ensure that women have the opportunity to regain their physical health, their reproductive autonomy, and the long-term health and stability of their families. Family planning is an essential element of reproductive health, enabling individuals and couples to choose when they will have their children, how many children they want, and how far apart they want them. Not only does family planning include both methods of contraception, clinical counseling, holistic educational methods, and access to a range of reproductive health methods to meet a person's individual circumstances.

Lopez-Gonzalez (2021) conducted an extensive study examining postpartum health and practice and found that a longer postpartum period is essential to monitoring a mother's physical recovery and putting in place an individualized health plan post-birth. Additionally, they outlined that having sufficient contraceptive counseling, lactation support, and educational resources to help mothers understand what they can expect regarding their physical recovery during the postpartum period requires midwives and maternal healthcare providers as the key individuals to provide these services, and is integral in the reduction of medical complications and the smooth transition of mothers into recovery.

A longer postpartum period is essential for monitoring a mother's physical recovery and establishing an individualized health plan post-birth. Sufficient contraceptive counseling, lactation support, and educational resources, provided by midwives and maternal healthcare providers, are integral to reducing medical complications and ensuring a smooth transition into recovery. Structured counseling during the first 12 months after childbirth is a vital window for intervention in postpartum family planning (PPFP). The study highlights that the World Health Organization (WHO) explicitly recommends a minimum birth spacing interval to drastically reduce maternal and neonatal complications. When healthcare providers like midwives actively educate families on safe contraceptive methods (such as implants, injections, or intrauterine devices) that align with breastfeeding and recovery, they successfully bridge the gap between clinical needs and maternal health outcomes.

Providing patient-centered family planning counseling at six weeks postpartum empowers women to make informed reproductive choices about how best to care for their bodies and healthy spacing between pregnancies with adequate time for recovery between pregnancies. Well-rounded support helps women feel at ease with their physical changes.

Theme 5: Guiding Mothers on Newborn Care

Transitioning to motherhood is an incredible journey full of joys, but it can also carry many uncertainties. Especially for a first-time mother, there are many components to taking care of a newborn, such as bathing, caring for the umbilical cord, swaddling, and breastfeeding, and it takes considerable patience as well as professional support to do all of these tasks correctly. Midwives are an essential source of support in rural and community healthcare settings, as they connect the clinical aspects of caring for a newborn to how that will occur in the home (Asiedu et al., 2025; Shirindza et al., 2024). With both hands-

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on education and continuous emotional reassurance, midwives help mothers gain confidence in their new role and environmental learning about newborns.

This was highlighted by the six participants in this study who identified and described the fact that the care and support that they were provided by their midwife enabled them to give proper care to their infants. The experiences of these participants prove that the education of mothers provided through midwives plays a vital role in dispelling the myths surrounding maternal and infant care, while at the same time fostering the competence of the mother as a caregiver; hence, a mother with maternal confidence will take care of herself and the well-being of her infant after childbirth.

> *Participant 3: "Si midwife ang nagturo sa akin kung paano paliguan si baby nung unang beses... Dahil sa kanya, natuto akong maging indepent at gawin ang tresponsibilidad ng isang ina lalo na at ako ang magpapaligo lagi kay baby… tinuro din sakin ni Ma'am (midwife) kung ano yung tamang roo temperature pag magpapaligo ng bata.."*
>
> *Particpant 4: "...ipinakita sa akin ni midwife kung paano ito linisin nang maayos gamit ang cotton swab. Sinabihan niya ako na huwag lalagyan ng kung ano-anong bigkis o pulbos na payo ng mga matatanda, kundi panatilihin lang itong tuyo at malinis."*
>
> *Participant 5: "...tinuruan niya ako ng tamang pagsuot ng 'swaddle' o pagbabalot gamit ang blanket... Doon ko na-realize na ang laking bagay ng mga simpleng sikreto ng pag-aalaga na alam ng mga midwife."*
>
> *Participant 6: "Kahit nakauwi na kami, hindi pinabayaan ni midwife ang aking baby at regular niya kaming binibisita para tingnan ang kalusugan nito. Sinisiguro niya palagi na maayos ang paggaling ng pusod at normal ang paglaki ng aking anak."*
>
> *Participant 9: "Malaki ang pasasalamat ko sa aming midwife dahil matiyaga niya akong ginabayan sa tamang pagpapasuso at pagpapaligo kay baby. Dahil sa kanyang tuluy-tuloy na paggabay, mas naging kumpiyansa ako sa pag-aalaga sa aking panganay."*
>
> *Participant 11: "Palaging nagpapaalala si midwife tungkol sa iskedyul ng mga bakuna at newborn screening na kailangan ng aking anak. Ramdam na ramdam ko ang malasakit niya dahil sinisiguro niyang ligtas at protektado si baby laban sa mga sakit."*
>
> *Participant 19: "Hindi natapos ang alaga ni midwife noong nanganak ako dahil tinutulungan pa rin niya akong bantayan ang timbang at pag-unlad ni baby linggo-linggo. Siya ang takbuhan ko tuwing may tanong o pag-aalala ako sa kalusugan ng aking sanggol."*

A comprehensive systematic review and meta-analysis evaluated the influence of structured infant care instruction compared to standard care across multiple clinical trials. The findings revealed that specialized newborn educational programs significantly enhance maternal confidence metrics and elevate general caregiving knowledge. Furthermore, mothers who received targeted instructional guidance demonstrated a significantly higher frequency of establishing and maintaining successful exclusive breastfeeding habits, while simultaneously experiencing lower levels of postpartum anxiety. This study directly reinforces the qualitative testimony of Participant 3 and Participant 9, both of whom noted that the midwife's guidance substantially improved their independence and caregiving confidence. There is global evidence that structured teaching is not merely a source of emotional support; it measurably expands a

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mother's knowledge and psychological readiness to handle critical responsibilities like breastfeeding and infant bathing (Guo et al., 2024).

This extensive scoping review investigated the long-term impact of midwife-led continuity models within resource-constrained and developing regions. This study provides strong foundational support for the post-discharge experiences shared by Participant 6, who emphasized that the midwife continued to visit and monitor her baby's umbilical cord healing and physical growth long after they returned home. Adnani et al. (2025) identified the consistent evidence suggesting continuous home follow-ups from midwives are highly effective interventions in developing healthcare environments, confirming that a midwife's duty extends well beyond delivery to ensure the sustained safety of the infant (Adnani et al., 2025).

The data indicated that consistent, continuous care given by a dedicated midwife throughout the prenatal, intrapartum, and postpartum periods greatly optimizes maternal and neonatal health outcomes. Specifically, this model enhances breastfeeding success rates, boosts maternal satisfaction, and significantly reduces neonatal mortality by offering personalized and culturally competent health monitoring (Ramu et al., 2025).

CONCLUSIONS

To evaluate the holistic impact of maternal healthcare, this study examined the personal narratives and experiences of mothers receiving midwifery care across the continuum of childbearing. The gathered qualitative data yield a profound understanding of how midwifery care operates not merely as a clinical service but as a relationship-centered pillar of community support. By analyzing these lived experiences, the study successfully generated three major, chronological themes that reflect the distinct phases of the maternal journey: Part I: Antenatal Care Period, Part II: Intrapartum Care Period, and Part III: Postpartum Care Period.

The findings demonstrate that midwives successfully transform the maternal experience by directly addressing emotional, physical, and educational vulnerabilities within each established theme. Under Part I: Antenatal Period, the research established Theme I: Midwife as Source of Comfort and Support, illustrating how midwives create a safe, culturally respectful foundation that converts psychological distress and loneliness into active healthcare management through digital accessibility and emotional reassurance. Within this same period, Theme II: Care through Social Communication highlights the midwife's vital role in monitoring mothers' well-being through social communication. Also, Theme III: Safety Assurance showed the care of midwives in securing the safety of mothers throughout pregnancy, while Part IV: Empowering Maternal Health through Health Education illustrates the importance of health education to mothers throughout their maternal journey. Part II: Intrapartum Care & Delivery, midwives balanced fierce advocacy with technical competence. As such, Theme I: Midwives as Compassionate Support exemplifies the essential support that midwives provide mothers during labor. Also, Theme II: Midwives Clinical Competence represents the knowledge, skills, and quick decision-making in midwifery actions and assessments for safe delivery. As to Theme III: Midwives Facilitated Companionship highlights the deep satisfaction of mothers with the midwife's decision to allow the husband's presence and active support during delivery. Finally, during Part III: Postpartum Care Period, midwives solidified their role as continuous support, as through Theme I: First Moment of Care wherein three (3) participants explicitly asserted how they observed newborn care practices done by their midwives. This continuity is further demonstrated in Theme II: Breastfeeding Support and Guidance, where midwives showed the proper latching and holding of the baby during the lactation period. Midwives also imparted knowledge on the benefits of breastfeeding to mothers. Theme III: Continuous Care & Delivery highlights the comprehensive care directed to mothers' recovery in the postpartum period. Theme IV: Guidance on Family Planning illustrates the importance of family planning guidance and counselling, which empowers women in making their own informed reproductive choices. Finally, Theme V: Guiding Mothers on Newborn Care highlights that the guidance of midwivess to mothers on newborn care has been adequately provided.

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of Education, Research, and Innovation Perspectives
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The narratives of these mothers reveal that midwifery care effectively bridges the gap between affordable community healthcare and high-quality clinical safety. By providing continuous, compassionate, and evidence-based guidance across all seven generated subthemes, midwives alleviate maternal anxiety, dispel deep-seated traditional misconceptions, and dramatically elevate a mother's self-confidence and autonomy. Finally, this study concludes that integrating skilled midwives deeply into primary healthcare systems serves as an indispensable strategy to optimize both maternal and neonatal health outcomes, ensuring a safe, dignified, and empowered transition into motherhood.

Implications

To translate these findings into community interventions within the municipality of Diffun, Quirino, the Local Government Unit (LGU) of Diffun and the Municipal Health Office (MHO) must collaborate to establish structured administrative and operational support for the rural health midwives assigned in each emergency triage barangay. Midwives need to be provided with dedicated official mobile phones and a monthly communication allowance to formalize an asynchronous text-messaging communication pathway for mothers to use for emergency triage and emotional reassurance. This communication pathway will protect community healthcare workers from operational burnout and will provide an essential clinical lifeline to isolated patients. The LGU must also allocate to midwives dedicated travel vouchers or fuel allowances to midwives from the local health budget to allow them to realistically conduct home visits after discharge to remote or mountainous barrios (barangays), which will enable timely monitoring of maternal bleeding, physical development of newborns, and umbilical cord healing in the critical first weeks after giving birth. Local health stations should also expand their prenatal classes to couple-centered workshops, with midwives providing direct training to husbands on physical support measures, such as prenatal classes and lower back massages, while municipal lying-in facilities must also eliminate restrictions on partners to allow them to provide hands-on comfort in the delivery room.

Health centers must provide illustrated, dialect-specific visual toolkits, in support of the above local efforts, to support midwives in systemically deconstructing cultural myths, such as improperly wrapping newborn instruction forms in traditional bindings and forbidding mothers from taking postpartum vitamins and equipment for simplified breastfeeding instruction for practical latching demonstrations.

Beyond immediate local implementation, this study lays a foundation for future research into the exploration of ongoing maternal care under community midwifery systems throughout the Philippines. Future research should conduct longitudinal studies in Quirino to measure long-term nutritional status, developmental milestones, and immunization compliance of infants receiving continuous midwife-led home monitoring after discharge compared to those receiving standard care. Future research should also conduct quantitative studies on the formalization of asynchronous telehealth networks, measuring the impact of structured SMS check-ins between rural midwives and expectant mothers on accelerating the triage of complications and reducing prenatal anxiety in geographically isolated regions. Lastly, due to the considerable emotional assurance shown by the participants, it is essential that further research focus on the effect of partner-involved midwife sessions and childbirth on reducing cases of undetected postpartum depression and maternal detachment in rural primary care settings.

Limitations

While the lessons learned from this research have been useful to understand the reality of mothers in the midwifery care, there are some methodological and contextual limitations to be noted. Geographically, the study has been conducted in only one municipality (Diffun, Quirino), and the findings only apply to the local, rural context of healthcare, and may not be applicable to urban context/regions of different health systems. Methodologically, the study is a limitation in that only mothers who did not have a severe complication of pregnancy or illness were included, and tertiary hospital births were excluded; this resulted in the exclusion of the experience of those with severe complications and pregnancy-related illnesses from

the study. Further, the small window of time (3 months) for delivery made it less likely to recall any bias, but early recovery and infant care responsibilities may still affect participants' recollection of the detail and accuracy of their memory. In addition, quantitative interviews were conducted in both Tagalog and Ilocano and then were translated into English, which means there might have been nuances and emotions that were lost during the formal back-translation of the language. Lastly, self-report data may include social desirability bias, since positive experiences or underreporting of negative experiences with local community midwives may have been reported.

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