

Mother's Experience in the Continuity of Care—A Systematic Literature Review

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Abstract—Midwives are recognized as responsible health professionals who work and establish partnerships with women in providing "Continuity of care" based on the Reproductive Health service for women, infants, toddlers, and family planning. Midwives have an essential role in guarding maternal and neonatal health, which is to reduce maternal and fetal mortality. This systematic literature review aimed to identify the implementation of Continuity of care. We used eight steps including: identifying midwifery problems, determining the priority of problems and research questions, creating frameworks, conducting literature searching, selecting articles, performing critical appraisal, extracting data from selected literature, and mapping the literature. There were 15 articles found, and then the main points were classified into the definition of Continuity of care, identification of the implementation about continuity of care from the client's perception, identification of the implementation about continuity of care from the midwife's perception as the service provider, the advantages of the continuity of care practice, and the barriers found in the service of delivery process using the midwifery continuity of care model. Conclusion: The maternal mortality rate is still a substantial indicator to evaluate the quality of life; therefore, maternal and child health needs to be paid attention to because mothers who experience pregnancy and childbirth have a risk of mortality. Midwives are also expected to apply midwifery care to the Continuity of care to carry out their role in reducing maternal mortality and infant mortality, because continuity of care carried out by midwives serves to develop a good relationship of trust between midwives and clients. Therefore, women will be more open-minded to midwives, and midwives can quickly provide accurate care to women.

Keywords: *continuity of care, midwifery*

I. INTRODUCTION

Mother and child are family members who need to get priority in the implementation of health efforts because mothers and children are vulnerable groups to the family and surrounding conditions in general [16]. Accordingly, an assessment of the health status and performance of maternal and child health efforts is essential. It is consistent with the midwife's philosophy, where a midwife provides women centered midwifery care throughout their life cycle. Midwives provide comprehensive care to a woman, accompany them during pregnancy until the perperium stage is over and also provide care to the baby.

According to WHO, the maternal mortality rate in developed countries in 2015 was 12 per 100,000 births, and the expected target of SDG (2016-2030) is to reduce the maternal mortality rate to be below 70/100,000 births. Cases of infant mortality in Indonesia, which has declined in 2015, increased again in 2017 with a total of 10,294 cases. Likewise, the maternal mortality rate which has declined in 2015 also increased in 2017 with a total of 1,712 cases [17, 21].

The International Confederation of Midwives and the Australian Midwife College explain that "Women-Centered Care" can illustrate a philosophy of midwifery care that promotes a holistic approach by recognizing the social, emotional, physical, spiritual, and cultural needs of every woman. Over time, now antenatal care for pregnant women continues to develop and focus comprehensively and holistically, both in remote areas and cities. It is also one of the manifestations of the Sustainable Development Goal (SDG's) which aim to reduce the incidence of mortality and morbidity in pregnant women [18, 19].

Although not yet fully implemented, in some regions in Indonesia, this continuity of care has been implemented. It has received a positive response from the community which has been given the midwifery continuity of care. At this time, the community tends to demand midwifery services provided to be holistic hence they are very enthusiastic towards the continuity of care program. It is also one of the main pillars of a healthy Indonesia program as outlined in the National Medium-Term Development Plan (RPJMN) year 2015-2019, which is to strengthen health services by using a continuity of care approach and health risk-based interventions [20]. The policy direction of the Ministry of Health refers to three essential aspects, one of which is the application of a Continuity of care Approach.

Midwives are concentrated on providing appropriate antenatal education, counseling, and care tailored to the specific needs of women and infants. In the process of conducting continuity of care, midwives can also collaborate with other health professionals to strengthen the health system and move towards universal health coverage. FIGO and ICM support networks to improve the quality of care for the health of mothers, newborns, and children, as their vision is that every pregnant woman, newborn, and the child receives good quality care in health services [22]. Midwives

are recognized as responsible health professionals who work and establish partnerships with women in providing "Continuum of Care" in the services of reproductive health for women, infants, toddlers, and family planning. Midwives have an essential role in guarding maternal, neonatal health through the Healthy Community Movement (GERMAS) and quality services.

II. METHOD

The researchers filtered 671 literatures from two databases, i.e., Pubmed and Sciencedirect. All selected articles were qualitative research conducted in developed countries and were indexed Q1 and Q2 by Scopus. The population in this review were midwives and women who were the clients in continuity of care services to identify the implementation of continuity of care from clients and midwives as service providers. This Systematic Literature Review was adjusted to the steps of the Systematic Literature Review. The steps for preparing the Systematic Literature Review were 1) identifying problems, 2) prioritizing problems and questions, 3) creating frameworks, 4) performing literature searching, 5) selecting articles, 6) performing critical appraisal, 7) extracting data from selected literature, 8) collecting data and making maps to answer research questions.

Further, the framework used was Population, Exposure, Outcome, Study design (PEOS).

TABLE I. PEOs FRAMEWORK

Element	Inclusion	Exclusion
Population	Pregnant women, postpartum mothers, and midwives	
Exposure	Implementation of Continuity of care	
Outcome	Experience, obstacles, and recommendation	
Study design	Qualitative	Quantitative

The literature used in this study were obtained through a comprehensive literature search system. The literature searching were carried out using the following steps: creating a framework that will be used as the basis of keyword searching for the desired journals, making keywords from the framework that has been created with the PICO system, conducting literature searching using keywords that have been created into the database which will be used, namely Pubmed and ScienceDirect, applying filters used in conducting literature searches on PubMed and ScienceDirect. The next step was to document literature search results into the bibliography storage application, Mendeley.

Article searching was carried out and a total of 671 articles were found where 376 articles were from Pubmed and the other 295 were from ScienceDirect. Those articles were then duplicated and 628 articles remained. After that, the initial screening (based on the title of the article, the language of the article, and the type of article) were carried out and resulted 126 articles which were being re-screened based on abstracts and 42 articles remained. After that, further reading and disaggregation were carried out and obtained 15 articles

which corresponded to the population, exposure, outcome, and study design.

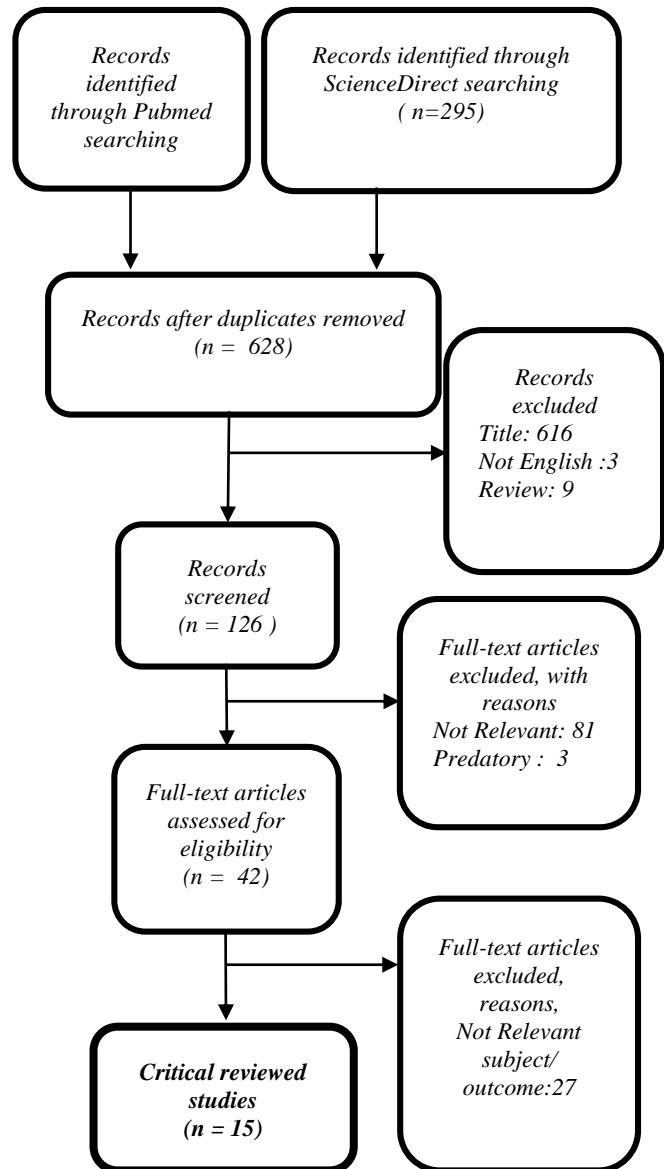


Fig.1 Study Framework

Of the 15 literatures used, all employed qualitative study designs, following the objectives of doing a systematic literature review. All journal articles were obtained from developed countries, i.e., 1 article from the United States, 7 articles from the State of Australia, 3 articles from the United Kingdom, 1 article from Canada, 2 articles from the Norwegian countries, 1 article from and 1 from the Netherland. In the mapping step, the researchers classified the things observed from each study, namely:

- The value of Continuity of care
- Client's view about the continuity of care
- Midwife's perspective as a service provider about the continuity of care

III. RESULT

A. *The Value of Continuity of care*

In the articles, the continuity of care must be organized in a team of 2-4 people to give women and midwives a high level of satisfaction and to increase trust in midwives. As a part of the team, midwives provide ongoing care to develop a deep relationship with the woman, so midwives must know both their clients and their families in depth during the continuous care [1].

B. *Client's view about the continuity of care*

In an article, it was found that the relationship between continuity and attachment was an essential element in the birth experience. Midwives must be aware of the importance of interpersonal relationships which tends to strengthen the quality of attachment. Through continuous relationships, psychological abilities can be determined. It can be the most potential aspect to genuinely build a bond between women with her partner and re-advance the 'empowerment' of new families. These factors are considered to represent the experience of psychology and safety in working together with female students who are studying. They also show the importance of quality of integrated relationships. Factors in experience were presented from attendance and social support in this care. It also can represent women's safety in growth for women. Factors defined by experience about the ability to predict in relationships and processes, and also have feelings for interdependence in relationships. According to the quality of integration, recommending work two experienced experiences, not just continuity of integration, it is essential for the birth experience [2].

Women reflected positively during pregnancy and childbirth, and midwives could build their confidence to overcome pain in the labor process. Building confidence can be possible through building mutual trust relationship between midwives and women and listening to other women's experiences about their pregnancy during antenatal care. Those experiences can encourage them to fix their fear and doubt to overcome pain, and instead they can grow their pride, excitement and empower themselves after birth [3].

There were three themes emerging from this care: organizations of continuity of care, bonding, and choice. Women described antenatal care as a 'ticking box', when the main focus of their midwives was not about their psychosocial and emotional needs but only physical. The small amount of duration during each visit is an essential factor in this case. Women who could not describe partnership relationships with midwives was caused by the insufficient duration during the continuity of care and specific season to build in-depth relationships. Whereas, women who attended the medical center to obtain antenatal care could form a relationship with their midwife who gave her a continuity of care and had enough time to give her holistic care of women's needs. [4].

Women need to get support during labour so they don't need to take pharmacological pain relief because they believe that her midwife can give her a positive support dan accompany her. The midwife's characteristics to approach a women and help her to fix labour pain also the continuity of care have positive implications for increasing normal birth

and better experience during labour especially for women's psychology. In one of the literatures found, there was an evidence that continuity of care was very meaningful for women, such as 'knowing' and 'trusting'. Thus, having a midwife whom they are familiar with in labour has benefits for women. It makes them feel assured since their midwife know about her, respect her, and understand their experiences and expectation about their pregnancy [5].

A woman who gave birth said they felt more comfortable and psychologically calm when giving birth if they were accompanied by a midwife she knew and had accompanied her since she was pregnant [6]. A woman and her partner said that they were very satisfied with the continuity of care given since the start of pregnancy because they could be observed from their readiness to become parents, as well as their comfort in facing childbirth both from the woman and partner. Additionally, continuity of care provided by midwives can make women and her partners feel very valued [7]. During the continuity of care women said that they were indirectly felt connected to the midwife who accompanied them. They feel that being given comprehensive care since pregnancy can help them to prepare themselves to face childbirth and to become parents and they also feel valued and empowered by continuity of care model provided by midwives. [8].

C. *Midwife's perspective as a service provider about continuity of care*

In the article, it was found that in carrying out the midwifery care, a midwife also needed support and assistance to help build their confidence in undergoing the practice. The extension of the continuity of care model assistance must be invested as a valuable safety net for transition midwives [9].

Midwives provide information, enable and empower women to carry out the care for themselves. It emerges as a continuous dimension of information and partnerships. Therefore the current strength of continuity of care is its strong focus on the bonding between a midwife with a woman in terms of midwifery for professional practice. Midwives said that they could provide care to their clients more easily through the implementation of continuity of care because they know the conditions of the client in depth [10].

There were two major themes identified in the analysis of this study, namely "relationships with women" and "relationships with groups". The highlighted focus on relationships with groups between midwives is the experience of mentoring. Midwives and clients discussed with each other and built a trusting mentoring relationship, "he knows where I am and we "develop mentoring relationships" [11]. A young midwife who was given the practice of continuity of care model in her education process reported that they had quite a number of beneficial experiences [12].

The expertise of midwives in building relationships with women in labour combined with their values and understanding of the midwifery profession were main factors influencing the decision to provide continuous attendance during labour. This can have an impact on providing midwifery care with continuity of care model

[13]. Moreover, young midwife who received continuity of care learning was trained by the underlying principles to strengthen experience based on clinical practice and will try to optimize the learning that occurs during the continuity of care [14].

IV. DISCUSSION

A. *The value of Continuity of care*

Continuity of care done by midwives serves to develop in depth relationship with a woman when midwives know who their clients and families they provide continuous care are. Continuity of care is generally oriented to improve continuity of service in a period. Continuity of care has three types of services, namely management, information and relationships. Continuity of care basically is used to support the development of positive relationships between midwives and their client. The main point from continuity of care is the quality of bonding between midwives and their clients. Whereas what women really want is a continuous care from a midwife they can trust in depth.

B. *Client's view about continuity of care*

Care planning not only supports midwives in coordinating their comprehensive services but also creates a sense of security and makes joint decisions. Not all patients can assume the active role, but they can make accumulated knowledge from sustainable relationships to understand the services they receive. Providing information and knowledge to women is a consolidated part of the continuity of information, while supporting and recognizing the role of clients in service is a dimension of relational continuity that is essential when providing services that include trust, circumstances, reciprocity and expectations not only for relational continuity but how women's experiences can be arranged nicely. Experience of discontinuities is also found such as lack of attention, coordination and information gaps.

Women who were given the midwifery continuity of care services reported higher satisfaction regarding information, advice, explanations, place of delivery, preparation for labour, options for relieving pain and supervision by midwives. Continuity of care in midwifery services can empower women and promote participation in their services as well as increase supervision of them.

However, it was also found that continuity of care was not carried out as it should that there were some women who still did not feel the continuity of care in the medical care centre. This suggests on the importance of midwifery continuity of care at a larger medical service centre so that all women get the right care holistically according to their needs [15].

C. *Midwife's perspective as a service provider about continuity of care*

There was a variety of evidences found in this literature that a newly graduated midwife was ready to apply continuity of care. They said that they got better skills and knowledge when they knew everything about their clients in depth and they were also supported by the work experiences of midwives team. This can obscure the belief that a new graduate midwife cannot provide midwifery care with a

continuity of care model without previous experience. Therefore, all new graduates are needed to be maintained and supported to carry out this midwifery model of care.

By implementing midwifery model of care named continuity of care, a midwife also needs support and mentoring to build their confidence in their practice. This was stated in his journal entitled "*The mentoring experience of midwives working in the continuity of care models in Australia*" [9]. The concept of self-confidence believes that midwives can appear in best way to achieve their goals. Thus, it makes sense that confident midwives who tend to think they have the skills needed to have a positive impact, are more motivated and tend to engage in emotional care as a challenge but satisfy and empower silver midwifery practices. The attitude of midwives related to the competencies felt by women can influence the recognition, assessment and emotional management of women during labour [23].

A midwife can apply midwifery continuity of care model as a solution to help maternal and child health services. There are five important things are explained and suggested to prepare the new graduate midwives into the midwifery care continuity of care model without having to complete the transition program. The leadership that continues to promote the midwifery-centred philosophy of women in all maternal and child health services can support midwives to provide the continuity of care in midwifery.

V. CONCLUSION

Continuity of care is a model of midwifery services where a midwife is required to provide comprehensive care to a woman, accompany her during pregnancy and until the puerperium period is over and also providing care to the baby. In conducting literature searching, it was found that many developed countries had implemented continuity of care so that they could minimize the mortality rate of both mothers and infants.

Since the current maternal mortality rate is still one of the indicators to assess the degree of public health, the health of both mothers and children needs to be paid attention to because mother experience pregnancy and childbirth with a risk of mortality. Therefore, currently, midwives are also expected to be able to implement midwifery care with a continuity of care model in order to carry out their role in reducing maternal and infant mortality.

ACKNOWLEDGMENT

The authors would like to thank Nurul Kurniati, S.ST., M.Keb and Dr.Mufdlillah, M.Sc in Universitas Aisyiyah Yogyakarta for their advice in writing in this manuscript.

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