



KEY POINT SUMMARY

OBJECTIVES

The purpose of this study was to explore the experiences of the maternity environment and midwifery care from the perspective of the birth mother as well as her birth partner.

Care and Environment in Midwife-led and Obstetric-led Units: A Comparison of Mothers' and Birth Partners' Perceptions

Symon, A. G., Dugard, P., Burchart, M., Carr, V., & Paul, J. 2011 | *Midwifery Volume 27, Pages 880-886*

Key Concepts/Context

The mother's partner has an important role to play during the birth of their baby. The authors set out to gain understanding of both mother and birth partner as they went through the birthing experience. They sought to survey this client group as pairs in order to identify specific areas of agreement and disagreement. This was part of a larger study examining views and experiences of the interior environment, and of the provision of services and associated care.

Methods

The authors developed their own self-completion questionnaire. They were mailed to nine English maternity units (six midwife-led, three obstetric-led).

Findings

Response rate was 50%; 515 responses were received. Mothers were more positive about both the birth surroundings and the midwifery care. Findings were significant in each unit studied. They also found that mothers were more likely to find midwife-led units 'homey,' 'calming,' and 'clean.' Obstetric-led units were more likely to be thought 'stuffy.' Partners were more likely to agree that there was a lack of privacy and that there was a lack of facilities for them, particularly in obstetric-led units. Overall, birth partners were significantly less positive than the birthing mothers about a range of environmental and care variables. The primary focus is and should be the birthing woman, but the partner nevertheless has an interactive role to play, and improving his/her experience may assist this function.



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Design Implications

In this study birth partners were significantly less positive about both the birthing environment and the care given to their wives/partners. This was more evident in obstetric-led units. It is true that the partner has a significant role to play, since facilitating his/her role could in turn help the laboring woman. Consequently, an understanding of his/her experience of the environment could help designers provide supportive design elements for this half of the birthing couple.

Limitations

The authors acknowledge a lower return rate from obstetric-led units. As well, midwife-led units tend to admit “low-risk” patients, which may have been overrepresented in this study, as ‘high-risk’ patients and their partners may have different responses.