

Stem [Stem en Ervaringen van Moeders]

Citation for published version (APA):

Vogels-Broeke, M. A. (2023). *Stem [Stem en Ervaringen van Moeders]: Voices and experiences of mothers*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20230209mv>

Document status and date:

Published: 01/01/2023

DOI:

[10.26481/dis.20230209mv](https://doi.org/10.26481/dis.20230209mv)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

IMPACT PARAGRAPH

This paragraph reflects on the achieved and expected scientific and societal impact of the results of this thesis.

Outcomes measures used to evaluate maternity care traditionally focus on prevention of adverse outcomes and do not include consideration of women's wellbeing during the perinatal period.¹ The key task of maternity care is to ensure that women and their (unborn) child not only survive pregnancy and childbirth but also that they achieve their full potential for health and well-being during pregnancy, childbirth, and their transition to motherhood.² Although "hard" clinical outcomes, such as morbidity and mortality, have an enormous impact on people's lives and society as a whole, they are too limited to capture the total impact maternity care and childbirth have on women, their newborns and their families. The salutogenic focus of this thesis is an emerging concept within maternity care, with the power to refocus on health and wellbeing during the whole perinatal period rather than on risk and pathogenesis during pregnancy and childbirth. Using this approach our research provides information necessary to improve women's experiences, allowing them to realize the full potential of health and well-being during the perinatal period.

This thesis helps to fill a gap in our understanding of the dimensions important for women's experience of the perinatal period. We have taken a first step by creating and validating a framework that assess the multidimensional and dynamic phenomenon of women's experiences during pregnancy, childbirth, and postpartum. This framework provides a broader and more holistic picture of women's experiences than earlier frameworks by going beyond birth and care-related aspects. Accordingly, our framework can guide future research, and policies that shape women's experiences during the perinatal period.

Impact on Dutch maternity care

How women experience pregnancy and childbirth in the Netherlands will likely evolve as a result of changing perceptions and organization of maternity care. This change – promoted by the Care Standard Integrated Maternity Care (ZIG) – aims to improve the quality of Dutch maternity care.³ The policy described in the ZIG is mandatory for all maternity care professionals in the Netherlands. However, the nationwide dissemination of the ZIG did not automatically lead to effective implementation of all aspects of this Standard. This thesis adds value to the recommendations of the ZIG as it provides new insights into women's experiences in the changing landscape of Dutch maternity care. Accordingly, our findings can be used to improve several recommendations of the ZIG in daily practice and improve the woman-centredness of Dutch maternity care.

The need to promote women's autonomy in decision-making is stressed in the ZIG. Our findings about women's autonomy in decision-making conversations point to areas that need improvement. For example, we found that a substantial group of women reported lower autonomy in care conversations with obstetricians during late pregnancy and child-birth and felt pressure to accept medical interventions during birth. We also found that personal treatment, such as a trusting relationship and shared decision-making, increases women's autonomy. These findings point the way for maternity care providers to improve their practice and accomplish one of the goals of the ZIG by enhancing women's autonomy in decision-making conversations.

Moreover the Care Standard notes that every woman has the right to clear and reliable information tailored to her individual needs. Our research on women's use of information sources during pregnancy contributes to an increased awareness that we need to change the way we provide professional information to the contemporary generation of pregnant women. Our results point to the need for professionals to share information in digital media. Providing professional information in digital media could enhance women's empowerment, support decision-making, and foster their autonomy during the perinatal period.⁴

After dissemination of the ZIG, Maternity Care Collaborations [VSV's] were charged with collecting data on women's experiences for quality improvement. Integrating women's experiences in quality improvement is an important but challenging topic for Maternity Care Collaborations. These challenges have prevented the use of women's experiences for quality improvement in Maternity Care Collaborations. Participating Maternity Care Collaborations in our StEM study received a report with their results in exchange for participation in our study. These reports could be used for quality improvement. We also performed an in-depth analysis of maternity care professionals' experience of, and opinions on, integrating women's experiences in quality improvement. Our analysis of barriers and facilitators of using women's experiences for quality improvement could accompany the dissemination of the ZIG, facilitating the structural changes required for the successful use of women's experiences for quality improvement.

Lastly, we are facing increased medicalization of childbirth in the Netherlands without clear benefits for health outcomes or costs.^{5,6} Women's birth beliefs and their past and present experiences affect their belief in the value of the medicalization of childbirth. This thesis contributes new knowledge about women's experiences and their birth beliefs, providing information needed to turn the tide of unnecessary medicalization of childbirth in the Netherlands.

TARGET GROUPS

This thesis explores women's experiences in the changing landscape of Dutch maternity care. Accordingly, our findings are first of interest to maternity care professionals, researchers, and policymakers in the Netherlands. Because the College Perinatale Zorg (CPZ) creates and facilitates the implementation of the ZIG, this thesis is of particular interest for CPZ.

Although our research had a strong focus on Dutch maternity care, a positive childbirth experience is a significant endpoint for all childbearing women worldwide.⁷ Therefore, the results of this thesis are also of interest to an international audience of maternity care professionals, researchers and policymakers who wish to improve women's experiences during the perinatal period. With adjustments for local context, our findings can be applied to strengthen the woman-centredness of maternity care worldwide.

ACTIVITIES

The results of this thesis will be shared with others in several ways. First, we have and will publish the results of our studies in peer-reviewed scientific journals, reaching a broad range of maternity care professionals and researchers. Secondly, we have and will present our results, including oral and poster presentations, at various national and international conferences.

As mentioned earlier, the outcomes of this thesis are of particular interest for maternity care professionals and policymakers in the Netherlands. What we have learned is disseminated with the PREM (Patient Reported Experience Measurement) workgroup of CPZ. By participating as a member of this workgroup, knowledge gathered from our research, was used to develop a national Quality indicator of women's experiences with Dutch maternity care. The primary researcher of this thesis will also participate in a webinar about the development of this PREM which will be available for a national audience of maternity care professionals. After the publication of this dissertation, we will disseminate our results with policymakers (CPZ, Zorginstituut Nederland) and organizations which are committed to maternity care in the Netherlands, such as professional maternity care organization (KNOV, NVOG, Federatie VSV's), and patient- and client organizations (Patiëntenfederatie Nederland, Geboorte Beweging).

PRESENTATIONS

October 2017: Normal Labour and Birth Conference,
Grange-over-Sands, United Kingdom
Dimensions of women's experiences during the perinatal period.

April 2019: VSV Preall
Spiegelbijeenkomsten, welke lessen kunnen wij hieruit trekken voor het VSV

May 2019: ICHOM conference, Rotterdam, The Netherlands
Poster presentation: Women's experiences during the perinatal period; a conceptual framework.

June 2019: Q & A-VM dag, Maastricht, The Netherlands
Acht dimensies in perinatale ervaringen van vrouwen.

February 2020: Kennispoort Verloskunde Academiecongres, Utrecht, The Netherlands
Van ellende naar eureka: samen werken aan oplossingen.

May 2021: VIDM 2021 "Birth Equity for All" online conference
Women's decision-making autonomy in Dutch maternity care.

February 2022: CARE4 – International Scientific Nursing and Midwifery Congress,
Ghent Belgium
Women's information seeking behaviour during pregnancy - a descriptive cross-sectional study in the Netherlands.

REFERENCES

1. Shorey S, Esperanza, D. Application of the salutogenic theory in the perinatal period: A systematic mixed studies review. *International Journal of Nursing Studies*. 2020; 101: 103398.
2. Perez-Botella M, Downe S, Magistretti CM, Lindstrom B, Berg M. The use of salutogenesis theory in empirical studies of maternity care for healthy mothers and babies. *Sexual & reproductive healthcare*. 2015; 6: 33-39.
3. College Perinatale Zorg. Zorgstandaard Integrale Geboortezorg. Utrecht/Diemen Zorginstituut Nederland, 2016.
4. Smailhodzic E, Hooijsma W, Boonstra A, Langley DJ. Social media use in healthcare: A systematic review of effects on patients and on their relationship with healthcare professionals. *BMC Health Services Research*. 2016; 16(442).
5. Offerhaus PM, Hukkelhoven CW, de Jonge A, van der Pal-de Bruin KM, Scheepers PL, Lagro-Janssen AL. Persisting rise in referrals during labor in primary midwife-led care in the Netherlands. *Birth*. 2013; 40(3): 192-201.
6. Perined. Utrecht,2020 <https://www.peristat.nl/>. (last accessed January, 15, 2022).
7. World Health Organization. WHO recommendations: Intrapartum Care For a Positive Childbirth Experience. Geneva: WHO, 2018.