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AOTEAROA NEW ZEALAND RESEARCH

Partnership in a hospital setting: Consumer perspectives of hospital midwifery care in Aotearoa New Zealand

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ABSTRACT

Background: Midwives in Aotearoa New Zealand, regardless of the setting, practise within a model of midwifery partnership. Soliciting feedback on practice provides an essential mechanism for midwives to work towards improving their practice. The New Zealand College of Midwives provides such a process for consumers of midwifery services to give feedback on their experiences directly to the midwife, via online consumer feedback forms.

Aim: To identify the characteristics of midwifery care that contribute to positive and negative midwifery care relationships within the hospital setting.

Methods: A retrospective mixed methods approach was used to analyse the consumer feedback on hospital midwives received between 1 January and 31 December, 2019. Quantitative data from feedback forms were analysed descriptively in combination with an iterative and reflexive thematic approach for the qualitative data. The analysis sought to identify characteristics of care that contributed to a positive or negative midwifery care experience in a hospital setting.

Findings: There were 1,284 online feedback forms received for hospital midwives. The majority of respondents who completed feedback questionnaires were satisfied with their care (92%), reporting that hospital midwives provided information/explanations to support informed decision-making (94.0%), that they felt involved in planning/decisions about their care (93.7%) and that they experienced respect for decisions made (93.7%); these characteristics having the highest levels of agreement.

Via qualitative analysis, we identified four key themes as contributing to the midwifery care experience in a hospital setting. Positive experience themes included: **Building trust quickly**, **Respecting decision-making** and **Fostering maternal confidence**, resulting in **Meaningful partnerships**. The negative experience themes were found to be the inverse of a positive midwifery care experience in a hospital setting. Specifically, these were: **Not giving time** and **Judgement and disrespect,** resulting in an **Unsafe space** and an **Absence of partnership**.

Conclusion: The data from consumer feedback forms for 2019 affirm that the quality of the relationship with a hospital midwife is important in shaping the maternity care experience of women and birthing whānau in Aotearoa New Zealand. The characteristics of care that contribute to a positive midwifery care relationship in hospital reflect the principles outlined in the model of midwifery partnership.

Keywords: partnership, hospital, midwives, online feedback, Aotearoa New Zealand

BACKGROUND

Access to safe and respectful maternity care is an international priority and a universal right of birthing women and people (White Ribbon Alliance, n.d.; World Health Organization 2018). The key to achieving this right is the ability to access care from a midwife who actively works with them in partnership (International Confederation of Midwives, 2017). In any midwifery care model, the voices of birthing women and people conveying their experiences of care must form the basis for identifying and defining the characteristics of care that contribute to a respectful, safe and positive midwifery relationship.

Women have identified the factors that contribute to satisfaction with maternity care in a hospital setting in international research. Satisfaction with hospital maternity care during birth has been found to be based on the quality of the relationship established between the maternity care provider and the woman (Lewis et al.,

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2016; McCarter & MacLeod, 2019). Care from a midwife who was respectful and non-judgemental (Hildingsson & Thomas, 2007; Karlström et al., 2015), attentive and engaged (Hildingsson & Thomas, 2007; Lewis et al., 2016; McKinnon et al., 2014; Nilsson et al., 2013), and who provided information and involved women in decision-making (Berg et al., 1996; Hodnett, 2002; Lewis et al., 2016; McKinnon et al., 2014; Todd et al., 2017) has been associated with a positive birth experience because it contributed to feelings of safety and confidence.

There is minimal research that focuses on satisfaction and experiences of care from midwives in a hospital setting (includes primary, secondary and tertiary facilities) in Aotearoa New Zealand (Aotearoa). The Maternity Consumer Survey commissioned by Te Whatu Ora aims to assess women's and whānau perceptions of the maternity care they receive during all phases of pregnancy, birth and postnatally (Research New Zealand, 2015, 2023a). The most recent survey completed in 2023 found that 77% of the 4,355 respondents were satisfied with the overall care they received from hospital or birthing unit staff (including hospital midwives) during their labour and birth and 75% were satisfied with their care from hospital and birthing unit staff after birth (Research New Zealand, 2023a). Fewer than three-quarters of respondents from this survey were satisfied with the care and attention received from hospital staff (71%) and the help and support available during a hospital stay (70%; Research New Zealand, 2023a).

A study by Dawson et al. (2021) used data from the 2014 Maternity Satisfaction Survey to explore aspects of inequity within women's satisfaction and experiences of their maternity care. Using structural equation modelling, these authors found that highly deprived and remote rural women "were most likely to be affected by dissatisfaction associated with equity aspects of their maternity care and/or barriers to equity associated with additional costs" (p. 4). Despite the presence of a continuity of care and partnership model addressing some aspects of maternal inequity (Homer et al., 2019; Neely et al., 2020), Dawson et al. (2021) argue that issues around affordability, access and cultural care are yet to be fully addressed. While this study looked at maternity care in all settings, a qualitative branch of the 2023 Maternity Consumer Survey found that negative hospital maternity care experiences for participants included cultural, physical and identity needs not being met (Research New Zealand, 2023b). Further research which explores satisfaction with hospital midwifery care specifically is needed to better understand the characteristics of care that contribute to a positive or negative midwifery care experience in a hospital setting. In order for women and birthing whānau to be able to identify the factors that contribute to satisfaction with care themselves, a qualitative approach is called for.

The New Zealand College of Midwives (the College) provides a formal process for consumers of midwifery services to be able to feed back on their care experience directly to the midwife who has provided them with care. This includes the ability to provide specific feedback to a hospital midwife from whom they have received maternity care. Midwives in Aotearoa have a professional and a regulatory requirement to seek the perspectives of women and birthing whānau on the care they have provided, and this feedback comprises a necessary part of the Midwifery Standards Review (MSR) process for the midwife. From 2019, the consumer feedback forms were changed to enable them to also be used for research purposes. This existing dataset, of written free-text feedback alongside Likert scale responses, presents a useful opportunity to expand the currently minimal literature on satisfaction with midwifery care in a hospital setting.

This study aimed to explore experiences of hospital midwifery care in Aotearoa that are identified in consumer feedback forms.

METHODS

This study used a mixed method design and retrospective analysis of feedback submitted to the College via the online consumer feedback form, regarding care received from a hospital midwife.

Forms are submitted anonymously either online or via post to the College for redistribution to the midwife named in the feedback. No information identifying the respondent is requested. Online feedback forms include a statement informing respondents that the College may use the information provided for research purposes and that it will be treated as confidential (https://portal.midwife.org.nz/consumer-feedback).

Feedback is submitted by users of midwifery care, including women and gender diverse birthing people, and is also submitted by partners, other whānau members and support people. Respondents are not asked to identify their gender when placing feedback on behalf of themselves or their whānau. As such, we have used interchangeable terminology and refer to those who submitted feedback as respondents, consumers, or women and birthing whānau throughout the paper.

Online feedback forms received between 1 January, 2019, and 31 December, 2019, were used for the analysis. Feedback can be submitted at any time during or following an episode of care. The dataset of feedback submitted in 2019 included forms from respondents whose babies were born in 2016, 2017, 2018 and 2019. Respondents who experienced pregnancy loss or who had not given birth at the time of feedback were excluded. Feedback forms were de-identified to remove the name of the midwife they pertained to, prior to being provided to the research group by the College. The written feedback responses were cleaned to remove any names of people, maternity units or locations during the analysis, to protect the anonymity of respondents whose feedback was included in any publications. The forms consist of seven statements related to midwifery care based on the standards of practice set by the College (https://www.midwife.org.nz/midwives/professional-practice/standards-of-practice/). For each specific statement, consumers select from a five-point Likert scale, ranging from *strongly disagree* to *strongly agree*, with an opportunity to also provide an open text response for each statement. The large volume of free-text data on each of the seven statements made it necessary to limit the qualitative analysis to the section of the form provided for any further feedback. This field was well populated, with most respondents providing some text data as a summary of their other responses. Where respondents had disagreed with one or more statements and the comments in the "any further feedback" field did not reflect this or the field was not well populated, the open text responses to all seven statements were reviewed and included in the data for qualitative analysis. Each free-text response was coded and analysed individually and then coded as either a positive or negative response accordingly.

Braun and Clarke's (2006) six phases for reflexive thematic analysis were followed to draw out and identify themes within the qualitative analysis. This involved each team member becoming familiar with the data, through reading and re-reading the free-text responses. Team members SD, LD and JA developed labels and codes inductively, identifying 40 preliminary codes. These early codes were shared with the research team and grouped into 8 candidate themes and a large number of subthemes with input from all team members. The candidate themes were again iteratively refined down and arranged through group review and discussion

to ensure a cohesive, shared pattern of meaning and to identify central concepts. This included checking the themes back against all datapoints in order to validate that the final themes accurately reflected the feedback. The result was the identification of 3 final themes and 2 thematic outcomes, each with clearly defined positive and negative subthemes to ensure the characteristics of care that contributed to both a positive and a negative midwifery care experience were captured.

Ethical approval was received from Victoria University Ethics Committee ID 0000028243.

FINDINGS

A total of 1,284 online feedback forms were received for hospital midwives between 1 January, 2019, and 31 December, 2019, through the College's website (Table 1). Of these, the majority of respondents were providing feedback about babies born during 2019. There is no time limitation on when consumers can provide formal feedback on a midwife and the 2019 dataset also included a number of feedback forms relating to births that had occurred in earlier years (n=124, 9.5%).

Table 1: Demographic information

		n	%
Year baby born	≤ 2016	5	0.3
	2017	12	0.9
	2018	107	8.3
	2019	1160	90.3
	Total	**1284**	**100**
College region	Te Taitokerau	14	1.1
	Auckland	436	34.0
	Waikato/Taranaki	159	12.4
	Central	44	3.4
	Bay of Plenty/Tairāwhiti/Lakes	34	2.6
	Wellington	80	6.2
	Te Tau Ihu	60	4.7
	Canterbury/West Coast	232	18.1
	Otago	161	12.5
	Southland	64	5.0
	Total	**1284**	**100**

Hospital midwives from each of the College's 10 regions received feedback forms. Of these, 34.0% were for hospital midwives in the Auckland region. This region has a higher proportion of hospital midwives than nationally due to the greater number of tertiary hospitals and primary maternity units.

Of the 1,284 online feedback forms, 92% were positive, 4.8% were negative and 3.2% were neutral. Respondents agreed or strongly agreed with the majority of the statements (Table 2). The statements with the highest level of agreement related to: receiving information from hospital midwives for informed decision-making (94.0%), listening and responding to questions (93.7%), involving them in decisions about their care (93.7%), and respecting their choices (93.7%). A high proportion of respondents (92.6%) also felt that hospital midwives worked well with other health professionals.

There were slightly lower proportions of respondents satisfied with hospital midwives' sensitivity to cultural/religious beliefs (89.3%) and care around baby feeding choices (87%). These statements both had a higher percentage of neutral responses than the other five statements (5.3% and 9.4% respectively).

Thematic analysis

The characteristics of care that contribute to a positive or negative midwifery experience within a hospital setting centred on the quality of the relationship established between the woman or birthing whānau and the hospital midwife. The thematic analysis of the qualitative data brought out four main themes: **Building trust quickly**, **Respecting decision making** and **Fostering maternal confidence**, which together result in **Partnership in a hospital setting** (Figure 1). A negative experience of care involved the inverse of the positive and included: **Not giving time**, **Judgement and disrespect, Feeling unsafe** and an **Absence of partnership**.

Building trust quickly

Building a trusting relationship appears to be foundational to a positive maternity care experience in a hospital setting. By giving time, being attentive and showing interest in people's wellbeing, hospital midwives demonstrate their reliability and commitment, which are two key components of a trusting relationship. Because they are likely to only spend a short amount of time with the people in their care, hospital midwives must build this trust quickly: [Hospital midwife] *was amazing she made me feel so relaxed and put me at ease. I only just meet* [sic] *her but she had our full trust.*

The subtheme of **Time and patience** was associated in the feedback with hospital midwives appearing unhurried, taking the time to explain things and/or make a personal connection. For example, one respondent stated: *I had not met her before and she immediately came in and took the time to understand me as a woman.* Another explained the efforts the midwife made: [She] *spent the time and effort to really get to know us in the short amount of time she spent with us. We really felt she was on our side working with us not against us.* The feedback acknowledged the workload of the midwife and valued their individualised care: *Despite caring for so many different women on the ward, she always has time to discuss any issues, is knowledgeable in her field, timely with checking in and organising any assistance.*

Giving time and being patient also made those receiving care feel that they were not a burden to the hospital midwife, with one respondent writing: *The ward was so busy during my stay but* [hospital midwife] *never made me feel like she was in a rush and her advice and coaching was very straightforward and practical.* Another commented on the midwife's professionalism, stating:

> [Hospital midwife]*'s level of professionalism was second to none, she took time when required to explain procedures, theory, or relevant points in circumstances others haven't bothered, and the difference in comfort, ease and trust I felt in return was amazing.* [Her] *patience and understanding was brilliant, she never once made me feel rushed or unwelcome and again this made my stay.*

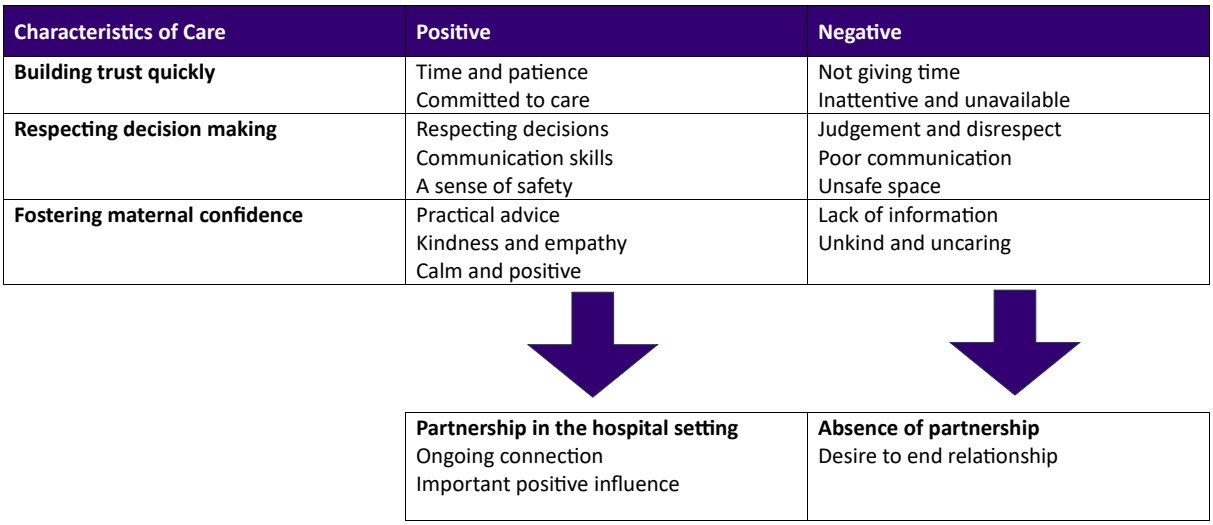
The second subtheme was **Committed to care** and revealed that hospital midwives quickly build trust with those in their care by demonstrating a commitment to their wellbeing. The feedback describes how, when hospital midwives visited regularly, did not leave too quickly and paid attention to their specific needs, respondents felt their comfort was important and this enabled them to feel cared for, relaxed and positive: [Hospital midwife] *was with us during our labour. She proved that we could trust her to make good decisions and she was very attentive to our baby's and my needs throughout the labour.*

Conversely, a subtheme on negative experiences of not building trust included **Not giving time**. The negative feedback exposed

Table 2: Feedback form statements

	Strongly agree		Agree		Neither		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%	n	%
The midwife involved me in the planning/decisions about my care	1073	83.6	130	10.1	17	1.3	11	0.9	53	4.1
The midwife was sensitive to my and my family's/whānau cultural/religious beliefs	995	77.5	152	11.8	68	5.3	11	0.9	58	4.5
The midwife provided me with sufficient information/explanation to help me make informed decisions	1109	86.4	97	7.6	16	1.2	13	1	49	3.8
My decisions were respected by the midwife	1097	85.4	106	8.3	12	0.9	13	1	56	4.4
I felt my decisions/choices about feeding my baby were supported	1009	78.6	108	8.4	121	9.4	4	0.3	42	3.3
The midwife worked well with other midwives/health professionals	1058	82.4	131	10.2	42	3.3	4	0.3	49	3.8
The midwife listened and responded to questions/concerns I had and gave me/my partner/whānau opportunities to talk over things we had questions about	1103	85.9	102	7.9	10	0.8	13	1	56	4.4

Figure 1: Thematic analysis themes and subthemes



that when a hospital midwife appeared impatient or rushed, or did not take time to get to know a birthing whānau, they felt unheard and neglected:

> *I was in for 5 days for observation, and I found her to be quite abrupt and rude in her mannerism and demeanour. I would ask a question and she was on the way out of the room answering me as she left the room...*

Another feedback form included: *She constantly ignored me and stated she couldn't help. She didn't seem to care at all. She was too busy for us and eventually just stopped coming into our room.*

A second subtheme of negative experiences was **Inattentive and unavailable**. This is described in one feedback form as: *Whenever we rang the bell she made us feel like we were putting her out. When my partner went to the front counter to speak with her she just tutted at him.*

There was an understanding of the impact of workforce shortages on midwives' workload but for some there was the feeling that they were a burden, as one respondent explained: *I understand the ward was understaffed, but her constant hints and comments regarding it made us feel like we were a hindrance.* Being inattentive or unavailable is a barrier to establishing a positive and trusting relationship.

Respecting decision-making

The analysis also identified that when midwives respected the decisions women and birthing whānau made, this positively contributed to building a trusting relationship. Respecting decisions involves communicating in ways that make people feel listened to and respected, and sharing information that supports people to make informed decisions without feeling judged. The subtheme of **Respecting decisions** was explained by one respondent as: [Hospital midwife] *was full of gentle encouragement, respected the way I wanted to birth and had the right level of input throughout the process.*

Another described the way the midwife encouraged choice and respected decisions:

> [Hospital midwife] *has been a good health care provider to me during my 5 day stay in the hospital after giving birth. At the start of her shift, she comes to me and explains to me the plan of care, involves me in the decision-making and respects my decision. She's been consistent in doing this.*

Hospital midwives demonstrated non-judgment by not altering their attitude or care based on a woman's or whānau decisions, by communicating their understanding of decisions, and by showing they were on their side, as the following comment indicates:

> *...she really made us feel very comfortable and did not judge us on anything, I felt very safe in the care she provided which empowered me to have the confidence to express my thoughts and decisions on the care I wished to have in my pregnancy.*

The second subtheme of this section was **Communication skills**. Communication skills are key to both building trust and respecting decision-making. Communication that respondents identified and valued in their hospital midwife involved midwives explaining things in an accessible and responsive way. For example, one feedback form stated: *I was nervous about being induced. She listened to my concerns and provided additional information to soothe*

anxiousness. Respondents reported feeling listened to, informed and empowered to make decisions about their care:

> *Her midwifery style was fantastic, she conveyed a lot of information in an easily understandable way, in a style that kept a smile on the dial which for me was especially important given the tiredness and fragility you're feeling in those early days...*

The feedback also demonstrates that women and birthing whānau value hospital midwives who share their midwifery knowledge readily and in a clear and comprehensive way. One explained how the midwife provided information on tongue-tie: *She is very knowledgeable and clear in how she explains. She took the time to go above and beyond to explain everything to me ensuring I left with maximum understanding of my newborn's tongue tie and my breastfeeding issues.* For another respondent, a midwife instilled confidence through her explanations: *She explained everything clearly and made me feel strong and empowered about my ability to birth my baby despite all the complications and things not going to plan.*

Sharing information contributes to building a trusting relationship, which increases personal confidence and the ability to make decisions the individual feels comfortable with.

The third positive subtheme was **A sense of safety**. Receiving care from a hospital midwife that was respectful and supportive also contributes to a positive midwifery experience by increasing a person's or whānau sense of safety. One feedback form explained: *I felt safe and respected at a vulnerable time thanks to* [hospital midwife]*'s caring and professional care and support.* Another explained the difference the midwife made during birth: *She was supportive, caring, respectful and I felt safe birthing, with her in the room. She made a huge difference in how I settled into the birthing unit and helped me positively transition into the new space.*

Safety, as defined in the feedback, was about being in a space where they felt physically, culturally and emotionally safe due to the care they received. An example of the importance of appropriate cultural care was: *She is an excellent midwife, very professional, caring, respectful and mindful of my culture and family. I felt safe and comfortable with her manner of care and had peace of mind that everything would go well.* Another respondent stated: *She was culturally sensitive. Was a strong advocate for me. I really am grateful for her support and care.*

The feedback shows that many hospital midwives demonstrate non-judgement, are respectful, share information, listen and honour decisions, and that this has a positive impact on birthing experiences. These aspects of care make women and whānau feel understood, emotionally supported, safe and empowered.

The negative subthemes that emerged in this section included **Judgement and disrespect**. Poor communication was associated with feeling bullied and vulnerable, as the following feedback demonstrates: *She treated a vulnerable, anxious and exhausted mother roughly and then wanted to check my body for blood loss, breastfeeding etc... the last thing I wanted was for her to be in my room, let alone touch me.*

Another negative feedback identified bullying as: *I asked to speak with another midwife but she told me she wanted to finish what she had to say. Another midwife was only provided to speak with after* [she] *had finished bullying me for my decisions.*

In some of the negative feedback respondents explained that feeling a hospital midwife did not respect their decisions resulted in a negative midwifery care experience within a hospital setting.

The second negative subtheme was one of **Poor communication**. Poor communication involved not being listened to, having information shared in an insensitive way or receiving less information than they wanted:

> *I found* [hospital midwife] *very opinionated, and almost like she was scare mongering me into making a decision based on her thoughts and her own opinion and experiences... I felt like all of my own decisions about what I wanted had been trampled on, and I also remember feeling that I was made to feel silly for wanting the birth I had spoken about.*

The third negative subtheme was **Unsafe space**. This was highlighted in instances of judgement from a hospital midwife which can make the space unsafe, for example: *Due to my state I was not able to advocate for myself and I felt very confused as to where I was and what was happening.... the truth is that I did not feel safe.*

Fostering maternal confidence

The feedback illustrates the role that a positive relationship with a hospital midwife can play in increasing the personal confidence of women and birthing whānau during labour and birth and as new parents. Hospital midwives can help foster maternal confidence through sharing their midwifery knowledge and providing practical advice in a calm, kind and positive way.

The subtheme of **Practical advice** emerged due to practical advice being highly valued by the respondents, for example: [Hospital midwife name]*'s competence installed* [sic] *confidence with us. Her to-the-point advice gave us practical tips that helped us straightaway.* Other feedback identified the skills that were shared as: *She helped set me up with the skills I needed to go home, confidently, rested, and relaxed with my new baby.* The practical skills were varied and involved different aspects of baby care, for example: *I am very grateful with the help and knowledge that was taught to me about sterilising baby bottles to watching education videos to teaching me how to bath baby was awesome.*

A second subtheme was **Kindness and empathy**. These traits were highly valued and a dominant theme throughout the feedback, for example: [Hospital midwife]*'s incredibly calm and kind demeanour affected my mood and emotions as soon as she entered the room and helped me stay positive the entire time.* It was often mentioned in the context of respondents feeling vulnerable and scared:

> [Hospital midwife] *looked after me during a very hard time for me and my family. She provided women centred care without excluding my husband who was my support. [She] went above and beyond her midwifery duties in looking after me at a time when I felt extremely vulnerable. She showed me empathy and I felt safe and well-looked after under her care…*

Hospital midwives being empathetic, gentle and extending kindness to partners and whānau had a reassuring and positive emotional effect on respondents.

The last positive subtheme in this section was the ability to provide **Calm and positive care**. In addition to kindness and empathy, the feedback identified being calm and being positive were key ways that hospital midwives supported those in their care. Calmness was associated with feeling reassured and midwives being professional, for example: [Hospital midwife] *was calm, thoughtful and did her job with professionalism,* and: *Her professionalism was very impressive but she also carried herself with a lot of calmness and she was very caring and always smiling.*

A positive demeanour in the hospital midwife has a positive impact on the midwifery care experience of respondents in hospital, for example: ... *her kind smiling face is something my whole family will*

remember forever, and: *...always ready to give me help with a smile especially when I was exhausted in the middle of the night.*

Smiling and use of humour were regularly noted in the feedback and were associated with an increased sense of comfort and greater confidence.

The first negative subtheme was **Lack of information**. Some respondents expressed a wish for a greater level of information from the hospital midwife, particularly around breastfeeding and baby care, for example: *As a first-time mum, I didn't know what questions to ask and I wish I got more help with breastfeeding.* One feedback form suggested that women and birthing whānau should be surveyed to find out what they needed to know:

> *I feel the hospital midwives should offer a questionnaire about what they need help with, i.e., changing nappies etc. as I as a first time mother had no help whatsoever before I went home and I luckily had lots of family support but not everyone has that.*

The negative feedback affirms that practical advice, from a hospital midwife whom they trust, is an important component of care that contributes to a positive experience.

The second negative subtheme was **Unkind and uncaring**. In this subtheme the midwives' behaviour was perceived as uncaring, was emotionally hurtful and identified as unprofessional, for example: *Rude, aggressive, lack of empathy and spoke in an inappropriate way given her role is dealing with tired, new mums recovering from birth.* The impact of this behaviour was ongoing:

> *I was very discouraged during my hospital stay having this midwife for 1 night when I was having trouble with my baby latching on this midwife was very forceful and made me feel tense and pretty shit about not being able to latch on... the whole day I was worried about having her again that second night.*

The feedback shows that when a midwife's behaviour is perceived as lacking in empathy there can be a significant impact on the individual's confidence in themselves and their care because they are already in a vulnerable state.

Partnership in the hospital setting

Despite only providing care for a very short time, the data showed that hospital-based midwives were able to quickly establish a relationship of trust and partnership with women and birthing whānau that was deeply meaningful, with the potential to have a lasting positive influence. The subtheme of **Ongoing connection** emerged. This was demonstrated through the commonly seen desire for the relationship to continue throughout the hospital stay, for example: *Couldn't have wished for a better midwife, I only wish I could've had her for my postnatal care!* Others explained how much difference it made having the same midwife during their stay: *I can't express how much of a difference she made to my introduction into motherhood. I actually got excited for the night shifts and knowing I would hear her warm voice and words of encouragement.*

The value of a trusting, respectful and empowering relationship with a hospital midwife was sometimes also expressed as sadness at leaving the hospital setting, for example: *I was sad to leave* [hospital midwife]*, she was so kind and caring and easy to talk to and I wish we could have taken her home with us.*

The second subtheme was **Important positive influences**. Much more common in the feedback were the descriptions of the ongoing positive influence the hospital midwife had made to their birth experience and parenting journey. For some the midwife's advice at specific times made a huge difference to their parenting: *She turned everything around for us in one day. Her advice, care and support was immense to our ability to enjoy this early stage of our parenthood.* Others explained how just a few hours could have a major impact on their experience, for example: *I had* [her] *care for me for 1 shift and it was life changing,* and: *I only had* [her] *as a midwife for a few hours but she made a huge impact.*

The feedback also identified the lasting memories that these midwives evoked, for example: *Having someone like* [hospital midwife] *truly helped me stay calm and feel comfortable with the decisions I needed to make. She's someone I will not forget meeting,* and: *I felt like we had known each other for a long time.* [She] *was extremely helpful, easy to talk to and made me laugh and I appreciate that. My partner and I still talk about her 1.5 years later.*

The negative subtheme was **Desire to end the relationship**. Several feedback forms identified that when a relationship of partnership was not established, there was anxiety about seeing the midwife again throughout their hospital stay, as this whānau member's feedback demonstrates:

> *... every time there was a knock at the door she dreaded whether it was* [hospital midwife] *or not, this made her even stress when new midwives took the shifts over as she had no idea how they would be and would burst into tears at the thought of the pain again.*

Another example of a partner's feedback explained the impact of the negative relationship for both of them: *I felt as if* [hospital midwife] *was either disinterested or impatient with my wife's issues whilst at* [maternity unit]*... She made us feel like 1: not calling for her 2: felt like leaving* [maternity unit].

A lack of partnership in the hospital setting can contribute to a desire to leave the hospital or maternity unit sooner.

The care provided by a hospital midwife in partnership with women and birthing whānau is not only important to a positive birth experience in hospital, but it can also have an impact that is cherished and which is "unforgettable" and "life-changing".

DISCUSSION

The aim of this study was to identify the characteristics of care that contribute to positive or negative midwifery care relationships within the hospital setting. In doing so, it is hoped a better understanding of consumer experiences of midwifery care by hospital midwives is provided. Quantitative analysis of the online feedback found that the majority of respondents provided positive feedback on the seven statements within the feedback form. This suggests high levels of satisfaction with hospital midwifery care, which were higher across the board compared with satisfaction with maternity care from hospital or birthing unit staff in general reported in the Maternity Consumer Survey (2023). There were between 5% and 10% of responses that were neutral for the statements relating to sensitivity towards respondents' cultural/religious beliefs and support for their feeding choices, which was higher than for other statements. Neutral responses suggest that these questions may not have been relevant in the context of some respondents' hospital stay. However, there were 5.4% (n = 69) of respondents in the dataset who experienced a lack of cultural/religious sensitivity from a hospital midwife. This finding supports findings from the qualitative branch of the Maternity Consumer Survey (2023) and the conclusion reached by Dawson et al. (2021) that there remain issues around cultural midwifery care in Aotearoa that are yet to be addressed.

The findings from the qualitative analysis reflect other international studies defining the characteristics of hospital midwifery care that contribute to a positive maternity care experience (Berg at al., 1996; Hildingsson & Thomas, 2007; Hodnett, 2002; Karlström et al., 2015; Lewis et al., 2016; McKinnon et al., 2014; Nilsson et al., 2013; Todd et al., 2017); namely, that satisfaction with maternity care is built on the quality of the relationship between the provider and the woman. The women in Lewis et al.'s (2016) study also reported valuing relational continuity when available during their hospital maternity care. This is reflected in this study with respondents most of the time valuing an ongoing connection with a hospital midwife.

Being respectful and non-judgemental, attentive, engaged, providing information and involving women and their families in decision-making are all characteristics that have been associated with positive birth experiences internationally and reflected within our study (Hildingsson & Thomas, 2007; Karlström et al., 2015; Lewis et al., 2016; McKinnon et al., 2014; Todd et al., 2017). The findings from the negative feedback around the quality of the relationship with a hospital midwife are likewise reflected in the literature that examines experiences of traumatic hospital birth. Interactions with care providers have been found to shape women's sense of control; and not being included in decision-making is a determining factor in birth trauma that is more significant than type of birth or level of intervention (Elmir et al., 2010; Reed et al., 2017; Thomson & Downe, 2010). Furthermore, absence of trust in the patient-provider relationship has also been associated with anxiety and stress and acts as a barrier to patients' confidence and ability to participate in their care (Rørtveit et al., 2015).

This study was part of a larger project which included an examination of consumers' perspectives on their care from a community-based Lead Maternity Carer (LMC) midwife (Dixon et al., 2023). While the findings from the separate thematic analyses of consumer feedback on community-based LMC midwives and on hospital midwives are similar, there are key differences in what women and birthing whānau identified as valuable or important in their care experiences with hospital midwives when compared to community midwives. This paper contributes a new perspective to the existing literature on midwifery partnership in Aotearoa by highlighting how the birthing population experiences this relationship when it pertains to the hospital care setting.

Partnership in a hospital setting

The major finding from this study was that parternship is foundational to relationship building for hospital midwives. Respondents experienced a relationship of partnership when hospital midwives built trust, respected decision-making and fostered maternal and parental confidence.

Midwifery partnership is a professional framework for practice, based on the principles of equity, reciprocity, informed choice, shared decision-making and responsibility (Guilliland & Pairman, 2010). Regardless of a midwife's practice setting:

> *Practising partnership requires her to respect and support women's beliefs, knowledge and decision-making process. Partnership requires that she meet the woman where she is at, assess her health and education needs in relation to her care, and create a safe and trusting environment in which they can, together, plan the woman's ongoing care.* (Miller & Bear, 2019, p. 300)

While the concept of midwifery partnership is not unique to Aotearoa (International Confederation of Midwives, 2017), it is the model of care which underpins all midwifery practice, midwifery education, and professional and regulatory activity specific to midwives practising in Aotearoa (Gilkison et al., 2016; Guilliland & Pairman, 2010).

As a framework for practice, the partnership model is further augmented by the principles of Tūranga Kaupapa, which set out midwives' responsibilities to whānau Māori. These include: whakapapa (acknowledging wāhine and whānau), whanaungatanga (promoting relationship building and whānau involvement in care), te reo Māori (utilisation of the Māori language), mana (ensuring mana and a personal sense of respect is maintained), hau ora (promoting physical, mental, emotional and spiritual wellbeing), tikanga whenua (relationship to the land is maintained), that wāhine are respected as te whare tangata (the carriers of pregnancy and new life), and manaakitanga (sharing the goal of a safe, healthy birthing outcome; Tupara et al., 2023).

The ability of hospital midwives to build trust quickly through giving time and showing a commitment to care is a prime example of how hospital midwives adapt the partnership model to their setting. One study on patients' experience of trust in patient-nurse relationships (the authors included midwives in this group) identified the skills and qualities of the trustor as including: taking time, demonstrating attentiveness, being available and the use of body language to foster trust (Rørtveit et al., 2015). The current study also reinforces findings from Gilkison et al. (2017) that hospital midwives in Aotearoa attempt to form partnerships with women and birthing whānau quickly and in what are often complex situations. While LMC midwives build a partnership over a period of months, hospital midwives have often only minutes to build rapport and connection in short episodes of care that may also constitute clinical emergencies. The feedback forms regularly noted how hospital midwives employed non-verbal cues such as smiling, eye contact, appearing unhurried in their movements or visiting often to communicate their attentiveness and commitment to care.

This study also illustrates how by respecting decision-making hospital midwives increase women's and birthing whānau sense of safety in the hospital setting. Respecting and supporting decision-making and creating a safe and trusting space are key characteristics of practising midwifery partnership (Miller & Bear, 2019). That a sense of safety was an important theme in the feedback may indicate awareness among respondents that the hospital setting is one in which autonomy and control over the birthing process are not guaranteed. In the hierarchical medicalised environment of the hospital, consumers of maternity care often look to their LMC midwife to be their advocate and protect their autonomy and decision-making around their birth (George & Daellenbach, 2019). However, our findings suggests that hospital midwives also play a pivotal role in supporting decisions around birth and making the hospital a safe space for women and birthing whānau to do this.

The role hospital midwives play in fostering maternal confidence is also an important finding from this study. When compared to the feedback about LMC midwives (Dixon et al., 2023), the confidence gained from a relationship with a hospital midwife tends to be more practical and skills-based and relates specifically to the early postnatal period. In the current study, communication that involves smiling and the use of humour also appears to play a role in fostering maternal confidence in a high time-pressure environment. This reflects findings from other studies that a positive attitude in a hospital midwife was valued by women and contributed to their overall satisfaction with their care (Karlström et al., 2015; Lewis et al., 2016; Nilsson et al., 2013). Further, being practical, calm and

able to empathise with people under their care have been identified as facilitators of trust in patient-carer relationships, which is also connected to trust in oneself (Rørtveit et al., 2015).

Some consumers who provided feedback were not able to form a relationship of partnership with a hospital midwife. Where a midwife did not give time, and appeared impatient and inattentive, respondents felt that there was poor communication and judgement from the midwife. This made them feel unsafe and uncared for rather than empowered and confident. Time pressure is a growing reality in the hospital setting where midwives' ability to give time and attention to women and birthing whānau is compromised by workforce shortages. In 2019, when1,631 midwives reported hospital midwifery as their main work role, many if not most maternity units had some level of understaffing (Midwifery Council, 2019). In 2022, the number of hospital midwives had decreased by more than 200 to 1,418 (Midwifery Council, 2022). Stress, burnout and anxiety disproportionally affect the midwifery workforce globally, particularly those working in employed clinical settings (Hunter et al., 2019; Suleiman-Martos et al., 2020). In Aotearoa, hospital midwives have been found to experience higher levels of burnout and anxiety than community-based LMC midwives, and also reported lower levels of workplace autonomy and satisfaction (Dixon et al., 2017). When hospital midwives are overworked, feel unsupported, and experience low levels of autonomy in their work setting, this will negatively impact their ability to build relationships of partnership with the women and birthing whānau in their care.

STRENGTHS AND LIMITATIONS

While the sample size for this study was small compared to the total birthing population, the findings contribute to the currently minimal research on how hospital midwives in Aotearoa work within the midwifery partnership model.

This research drew on a pre-existing dataset of consumer feedback that included a substantial qualitative component in the form of free-text responses to seven statements about care from a midwife. While online surveys require respondents to have a level of literacy and digital access, which can limit who is represented in research, qualitative surveys are a valuable participant-centred research method (Braun et al., 2021). Qualitative surveys can facilitate wider and more diverse participation in research than other qualitative methods as they enable respondents to have control over their participation in the feedback process (Braun et al., 2021). In the context of women and whānau sharing their birthing experiences while navigating the demands of early parenthood, having control and flexibility over when and how they provide feedback to a midwife, as well as who within a whānau provides it, are important. This is evidenced by the presence of feedback in the dataset relating to births that occurred in the three years prior.

The analysis of feedback in this study is limited because the ethnicity of the respondents was not recorded on consumer feedback forms in 2019 and, therefore, the analysis cannot identify determinants of culturally safe or unsafe care. Currently the feedback forms are only available in English which will also limit the ability of some recipients of midwifery care to provide formal feedback. Cultural safety is concerned with power relationships and can be based on ethnicity, gender, sexual orientation, disability status or religious beliefs (Ramsden, 2002; Wepa, 2015). Institutional racism and lack of culturally safe care for Māori within the health and maternity care system are well documented (Ratima & Crengle, 2013; Stevenson et al., 2016; Wepa & Te Huia, 2006). Cultural competency and cultural safety are compulsory aspects of midwifery education in Aotearoa. However, it is important to recognise that whether an encounter with a health care provider is culturally safe is determined by the recipient of that care (Ramsden, 2002; Wepa, 2015). Auditing consumers' perspectives of culturally safe care within hospitals and maternity units is important for ensuring that the needs of women and birthing whānau are met, and altering the consumer feedback forms to include ethnicity data could contribute to measuring the cultural safety of maternity care. Ethnicity reporting has been added to the consumer feedback forms since this study was undertaken.

CONCLUSION

The majority of consumers who provided online feedback after receiving maternity care in a hospital setting in Aotearoa were satisfied or very satisfied with their experiences. Midwifery care that contributes to a positive midwifery experience in a hospital setting begins when a hospital midwife builds trust quickly and actively and demonstrates respect for decision-making. A relationship with a hospital midwife that feels safe and respectful fosters maternal and parental confidence. These characteristics of care result in a relationship of partnership in a hospital setting that is highly valued by women and birthing whānau. This is despite midwives frequently working in a time-pressured, constantly changing environment and restricted by institutional rules and hierarchies. This is further supported by the findings that care that contributed to a negative midwifery experience appears to be characterised by an absence of partnership. The midwifery partnerships formed by hospital midwives with women and birthing whānau in the hospital care setting have tangible and lasting benefits for those receiving maternity care.

Glossary of kupu Māori	
Wāhine	Women
Whānau	Family group, to be born
Birthing whānau	Family and support people involved in the pregnancy/birth, including the pregnant/birthing person

KEY POINTS

- Feedback about midwifery care is integral to quality care provision and supports the midwife to reflect on their practice.
- Partnership was found to be foundational to relationship building with hospital midwives, characterised by building trust, respecting decision-making and fostering confidence.
- Hospital midwives contribute to a positive experience of maternity care which provides tangible and lasting benefits for those receiving this care.

DECLARATION OF INTEREST

The authors declare that Lesley Dixon and Jacqui Anderson were employed by the College as Midwifery Advisors at the time the research was carried out. Shanti Daellenbach is affiliated with the College in her employment by the Midwifery and Maternity Providers Organisation. The authors received no funding for this research.

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