Original Article

Exploring the Lived Experience of Women Receiving Antenatal, Intrapartum, and Immediate Postnatal Care: The Essence of Being with the Midwives

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Abstract

Background: Midwives have essential roles in shaping policies, advancing practice, and ensuring women-centered education that leads to positive maternal and neonatal outcomes. In Qatar, healthcare systems integrated midwifery-led services to increase the workforce supporting women, but no studies have examined women's experiences with midwives. Thus, this study explores women's lived experiences of midwifery care in Qatar to identify its impact and areas for improvement. **Materials and Methods:** A qualitative descriptive-phenomenological design was used. Twelve women who received perinatal care from midwives were purposively recruited from midwifery-led services at a tertiary maternity facility in Doha, Qatar. After discharge, interviews were conducted via Zoom from January to June 2022 using a semi-structured guide. Audio recordings were transcribed and analyzed using Colaizzi's method to identify key themes. The essence of the lived experience was derived through phenomenological reduction and theme integration. **Results:** Five themes and nine subthemes emerged: *midwives' presence and support*; *midwives' care and comfort*; *learning from midwives*; *developing authentic partnerships*; and *changing perspectives on perinatal care*. The essence of "*being with midwives*" transformed women's experiences toward perinatal care. This transformation empowered women, encouraged positive physiologic childbirth experiences, and reinforced the need to expand midwifery services in Qatar. **Conclusions:** Being with midwives shapes women's perinatal experiences and transforms perceptions about midwifery and obstetric care. Their compassionate approach builds trust and strong partnerships. Narratives suggested expanding services, increasing recruitment, and refining the midwifery care model in Qatar to enhance maternal healthcare.

Keywords: *Midwives, perinatal care, peripartum period, pregnancy, prenatal education*

Introduction

Childbirth is a transformative experience that requires skilled, holistic care tailored to women's diverse needs.[1] Midwives play a central role in promoting maternal and neonatal health by providing pregnancy, labor, and postpartum support grounded in preventive care, early detection of complications, emergency response, and health education.[2,3] International bodies such as the International Confederation of Midwives (ICM) identify midwives as the most appropriate primary caregivers for low-risk pregnancies, with midwife-led care consistently associated with improved outcomes, reduced intervention rates, and more positive birth experiences.[4,5] Globally, midwives have been recognized for supporting physiological birth and enhancing women's confidence and autonomy, particularly through relational and woman-centered midwifery care.[6,7] Previous studies explain that trust, continuity, and emotional support contribute to positive perinatal experiences and lower postpartum psychological distress when integrated into midwife-led care.[8,9]

Until 2018, midwifery practice in Qatar was part of an obstetric-led maternity system, where midwives had a restricted scope of practice and limited professional autonomy.[10,11] Clinical decision-making was primarily led by obstetricians, even for low-risk pregnancies, and the establishment of midwifery as a distinct, woman-centered model of care was not fully realized. Additional challenges mirrored international concerns, including the medicalization of childbirth and the use of unnecessary interventions among low-risk women.[12]

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Qatar's multinational healthcare workforce also introduced variability in communication styles, practice standardization, and the implementation of evidence-based midwifery care.

To address these gaps, major reforms were introduced after 2018 under the Qatar National Health Strategy 2018–2022 and Qatar National Vision 2030. The Department of Healthcare Professionals (DHP) expanded and formalized the midwifery scope of practice, introducing clearer regulatory frameworks and competency standards aligned with international midwifery models.[13] The development of midwife-led services marked a major shift toward promoting physiological birth, enhancing continuity, and advancing woman-centered, evidence-based care. Policy amendments also permitted birth partners to be present during labor and delivery, in line with WHO recommendations for respectful, family-centered maternity care.[14] As these changes have taken effect, Qatar has seen a notable shift toward integrated midwifery care, with growing demand for midwife-led support across pregnancy and childbirth.[12] Despite these advancements, limited research has explored how women in Qatar experience and perceive midwife-led services. Thus, this study aims to unravel the essence of being with midwives as experienced by women who received midwifery care from antenatal to the intrapartum and immediate postnatal periods.

Materials and Methods

This study employed a qualitative descriptive-phenomenological research design to explore the lived experiences of women receiving midwifery care across the perinatal continuum, including the antenatal, intrapartum, and postpartum periods. The design aligns with Husserlian descriptive phenomenology, which aims to describe people's perspectives as experiencers and to seek the essence or universal meaning of that experience.[15] The participants received midwifery care at the midwifery-led antenatal clinic (MLAC) or the midwifery-led unit (MLU) of the selected tertiary maternity facility in Doha, which is Qatar's capital city. These two midwifery services offer comprehensive midwifery-led care for low-risk women from diverse nationalities, including the Qatari population. The 377-bed facility has provided services to 4712 women and assisted 663 low-risk births between 2020 and 2024.[16] Purposive sampling was used to select participants for the interview based on eligibility criteria that indicated their rich experience with midwifery care. Eligibility criteria included: (1) women with low-risk pregnancy, (2) cared for across the perinatal continuum from antenatal to intrapartum and immediate postpartum by the midwives, (3) received midwifery-led perinatal care in both MLAC and MLU, and (4) were available and could access platforms for online interview. The one-on-one interviews were conducted via Zoom because the women had already been discharged from the hospital after the immediate postpartum period. Of the 12 women recruited, data saturation was reached after the 9th participant, although previous studies recommend a minimum sample size of 12–15 women.[17-19]

The interview guide was composed of two sections. The first captured participants' profiles, including age, parity, previous delivery location, education, nationality, MLAC visits, and childbirth education attendance. The second featured open-ended questions to explore their experiences with midwives. Follow-up questions were asked for deeper insight. Three interviewers were trained to use the semi-structured guide to derive memos and annotate, ensuring comprehensive data collection. The three interviewers were midwives or nurse specialists at the facility and were trained prior to data collection. The final interview guide contained eight questions derived from the literature and was reviewed by content experts in maternity and midwifery clinical specialists for face validity. Women were invited verbally and through brochures. Upon confirmation, written informed consent was completed at MLAC. Then, the investigators followed the women's perinatal journey from antenatal, intrapartum, and immediate postpartum periods. After hospital discharge, the women were recontacted for an online interview. A series of online interviews was conducted, lasting from 30 to 90 min each. The interviews began with the central question: *"Tell me about your experience with the midwife,"* followed by open-ended prompts to encourage deeper discussion. Sessions were recorded, stored securely on the principal investigator's desktop, and audio files were converted to MP4 and transcribed using Microsoft 365. The study was conducted from January 2022 to June 2024. Two doctorate-level investigators conducted thematic analysis using Colaizzi's method to ensure credibility and reliability.[20] The process involved familiarization with audio recordings, line-by-line transcript review, coding significant statements, clustering codes into themes, and developing a comprehensive description of midwifery care. This approach revealed key themes and their interrelationships. Finally, the essence was unraveled through phenomenological reduction. Also, this study followed Lincoln and Guba's framework to ensure credibility, transferability, dependability, and confirmability.[21] Credibility was achieved through member-checking, with six participants validating that the findings reflected their experiences. Member-checking was conducted by sharing the study's findings via webmail, and their feedback was collated. Transferability was supported by sharing narratives and themes with another maternity facility to determine the extent to which the results are applicable to other contexts. Dependability was ensured through an audit trail that aligned thick descriptions with findings. A research expert reviewed theme derivation for clarity and logic, addressing clarifications to strengthen confirmability and overall rigor.

Ethical considerations

Invitations to participate were delivered through investigators assigned in MLAC, where the first encounter between the women and the midwives occurred. Women also received brochures and were informed about the research project. Once they agreed to participate, they were asked to complete the written informed consent form, ensuring anonymity and

confidentiality. The study was approved by the Institutional Review Board (MRC 01-21-970) of the Medical Research Center of Hamad Medical Corporation in Doha, Qatar.

Results

Profile of the respondents

Among the recruited participants, several withdrew, were unreachable, or transferred care to obstetricians outside midwifery-led settings. Those who were interviewed were coded. The interview was completed with the 9th participant, with data saturation (i.e., *Participant A to Participant I*). Most participants were aged 23–37 years and had 2–5 MLAC visits. All had their first childbirth at the MLU, and most were migrants from European and Asian countries [see Table 1].

Table 1: Participants' demographic profile (*n*=9)

Participants	Age	Number of times visited the MLAC*	Number of times I visited MLU**	Nationality
Participant A	37	2	1	French
Participant B	23	4	1	Syrian
Participant C	26	3	1	Indian
Participant D	30	2	1	Syrian
Participant E	34	5	1	Filipina
Participant F	25	5	1	Pakistani
Participant G	31	3	1	Indian
Participant H	36	2	1	Nigerian
Participant I	29	2	1	Indian

*Midwifery-led antenatal clinic; **Midwifery-led unit

Themes

Thematic analysis of in-depth interviews identified five key themes capturing women's experiences with midwives: *(1) Midwives' Presence and Support, (2) Experiencing Midwives' Care and Comfort, (3) Midwives' Care and Comfort, (4) Developing Authentic Partnership, and (5) Changing Perinatal Care Perspective.* Subthemes are detailed in Table 2.

Table 2: Presents the themes and subthemes

Themes	Subthemes
Midwives' presence and support	Midwives' availability Provision of support
Midwives' care and comfort	Midwives' caring Securing comfort
Learning from the midwives	Perinatal care knowledge Communication
Developing an authentic partnership	Positive perinatal experience
Changing perinatal care perspectives	Changing image of the midwives Public awareness

Theme 1: midwives' presence and support

Women valued the midwives' availability and attentive support throughout their perinatal journey. Midwives were perceived as more present and informative than other healthcare providers. *"I feel like others don't have time to spend with you and do not explain everything. But the midwives spent more time and gave a lot of information." (PA)*

For migrant women, who constituted the majority of those interviewed and were separated from their partners, midwives' emotional support was especially meaningful. *"They are encouraging and supportive. They say pain is better for you because if it is increasing, then only your baby is coming." (PA)*

"We are away from our partners, so it is really important to have this support." (PG)

This theme emphasizes how midwives positively reframed labor pain as a sign of childbirth progress and alleviated emotional stress and uncertainty. Their consistent presence fostered trust and gratitude, particularly among migrant women separated from their families in their countries of origin.

Theme 2: midwives' care and comfort

This theme highlights the holistic, comforting nature of midwifery care, extending from counseling to childbirth and postnatal support, including breastfeeding and skin-to-skin contact. *"It was a very nice service, and they took care of me while explaining everything, which made me comfortable." (PB)*

Women described midwives as family. *"So caring, like a family member." (PF)*

Midwives provided psychological support beyond medical care, fostering a sense of emotional security. *"Others concentrate on the medical part, but midwives also have a psychological part. That part makes you feel secure." (PA)*

Physical comfort was also emphasized, distinguishing midwives from other healthcare providers. *"The midwives rub my back for my backache, and she puts everything in order." (PI)*

Overall, this theme shows that midwifery care integrates both physiological and psychological support, fostering a familial connection that addresses women's emotional and physical needs during vulnerable moments and promotes a positive motherhood experience.

Theme 3: learning from midwives

This theme underlines the educational role of midwives in empowering women throughout pregnancy and childbirth. Women described midwives as highly informative and responsive to their questions, which improved their confidence during labor. *"They were very informative… like any question, they provide answers." (PH)*

Women also reported that midwives taught them when to push during labor, enhancing their confidence and sense of control.

Despite Qatar's diverse population, language barriers did not hinder meaningful connections and communication. *"I thought*

language could be a problem, but I didn't feel like that because they are very supportive. It was my best delivery." (PG)

Midwives' clear guidance and availability helped women feel informed and empowered despite linguistic differences. Theme 3 emphasizes how midwives educate women, fostering knowledge and confidence throughout the perinatal journey.

Theme 4: developing authentic partnerships

This theme emphasizes the trust and meaningful relationships women developed with midwives. Participants valued the personalized, empathetic care and the involvement of family members in decision-making. *"I had a very happy experience in the MLU. My midwife came the next morning to see the baby and me and make sure that we are okay." (PE)*

Women described their midwives as resembling close family members, reflecting the depth of emotional connection established during care. *"Like my sister, who is caring and loving and giving me hope, and she explains to you even blood tests and ultrasounds." (PF)*

Early empathy and clear communication fostered a strong bond, positively shaping childbirth and postnatal care experiences. Overall, Theme 4 underscores how midwives create inclusive, family-like partnerships that support women emotionally and clinically throughout their perinatal journey.

Theme 5: changing perinatal care perspectives

Women who received midwifery care enthusiastically recommended these services to family and friends. *"All of them are like my sisters. In every detail, she was with me. So, I told my friends to go to the midwifery clinic." (PD)*

"I felt like they were trained. They know what they are doing." (PE)

Women emphasized the need to increase awareness and accessibility of midwifery services. *"Many are not aware of the midwifery service. I wish that for all women. It becomes easier to access midwifery services." (PA)*

"In health centers, let the patient be aware that there is an option like this [midwifery services]. It is important to let them know why midwives are important." (PE)

Some women reported that their families were impressed by their positive experiences and decided to seek midwifery care themselves. *"They were surprised when I described these things [positive experience] to my family. So, my family and friends decided to make an appointment with the midwives." (PC)*

This theme highlights how positive experiences empowered women to become advocates, emphasizing the importance of integrating midwifery services within Qatar's healthcare system through improved accessibility and education.

Essence

The essence of being with the midwives is emotional support, holistic care, and shared knowledge. This presence empowers women, builds confidence, and fosters positive and informed childbirth experiences. It also inspires advocacy, increasing public awareness and access to midwifery. Figure 1 illustrates how these interconnected themes capture the essence of midwives in advocating transformation of perinatal care.

Discussion

This study explored women's experiences of midwifery care in Qatar and revealed how emotional presence, holistic support, and individualized guidance shaped their perinatal journeys. Although international research consistently highlights these qualities as central to midwifery practice, evidence from Middle Eastern and Gulf contexts, particularly women's lived experiences, remains limited. This study provides new insight into how midwifery care is perceived and valued within a multicultural maternity system.

A key finding was the importance women placed on the midwives' continuous presence and emotional reassurance. Midwives were described as attentive, supportive, and able to reframe labor to reduce fear and increase confidence. This aligns with Bradfield and Doherty, who describe presence and emotional availability as foundational to the philosophy

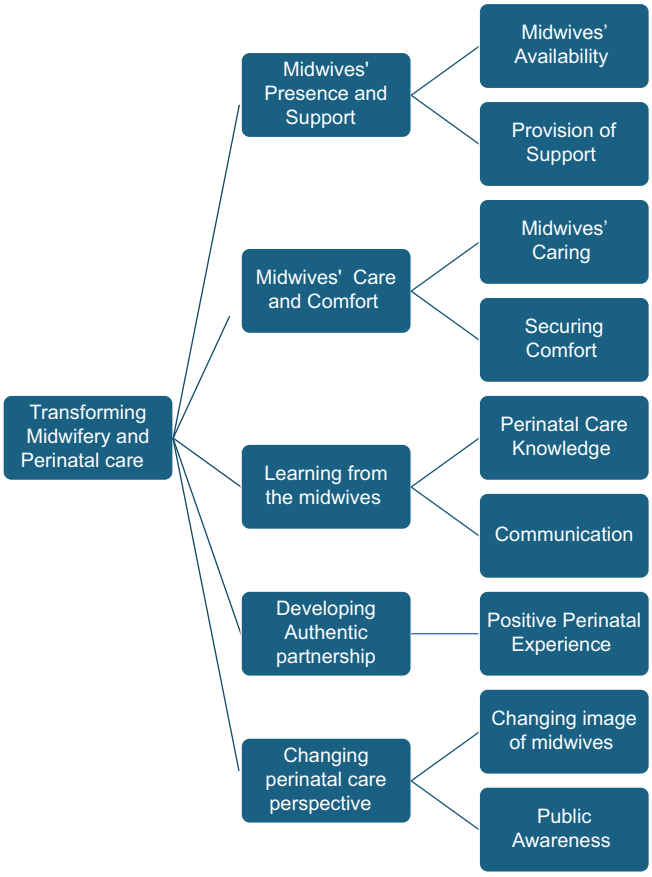

Figure 1: The visual presentation of the relationship between the themes and subthemes

of "being with woman."[22,23] In Qatar, many expatriate women give birth without the wider family networks they would typically rely on. Even with husbands present, participants described missing the emotional comfort usually offered by mothers or sisters. Midwives, therefore, took on an added relational role, providing reassurance and guidance that helped bridge this absence. As a result, midwives were relied upon not only as clinical providers but as additional emotional support, extending current knowledge by showing how midwives in multicultural settings assume relational roles not commonly reported in more homogeneous populations.

Women also emphasized the holistic and comforting nature of midwifery care. Participants described midwives as providing psychological comfort, physical support, and family-like attentiveness. Such holistic approaches align with previous studies that emphasized the integrative nature of midwifery care and its focus on meeting women's emotional, physical, and informational needs.[24,25] However, in Qatar's diverse context, women interpret this care as especially meaningful, often comparing midwives to family members. This appreciation underscores how midwifery care can address emotional and cultural needs intensified by migration and the absence of familial support systems.

Education and empowerment formed another core. Women valued the positive explanations, childbirth guidance, and proactive teaching they received from midwives. Despite Qatar's linguistic diversity, communication was not perceived as a barrier. Instead, midwives' supportive and adaptive communication styles helped women feel informed and confident. This finding aligns with Mehrtash and Schwind, who identify communication and education as essential components of positive maternity experiences.[26,27] Midwives' ability to overcome cultural and linguistic differences due to representation demonstrates the adaptability of midwifery care in multicultural populations. This advancement symbolizes a contribution that has not yet been documented in regional literature.

Participants also described developing authentic, trusting partnerships with midwives, reflecting core elements of patient-centered maternity care. Empathy, continuity, and personalized follow-up fostered meaningful connections that extended beyond routine clinical tasks. This relational depth aligns with existing qualitative evidence that emotional partnerships significantly shape women's perceptions of childbirth and the quality of care they receive.[7,28] Consistent with the World Health Organization or WHO's framework for quality maternal care, which emphasizes respect, dignity, communication, and emotional support as essential components of patient-centered care,[29] women in our study valued midwives who engaged with them as individuals rather than as patients defined solely by clinical needs. In Qatar's diverse maternity setting, some participants, particularly migrants without nearby family, described these relationships as "sister-like," suggesting that midwifery care can assume keen relational importance for women navigating pregnancy without nearby family support.

Women's positive experiences led them to actively recommend midwifery care to others, encouraging relatives and friends to seek these services, reflecting patterns observed in recent research showing that women who received midwife-led care are more likely to endorse and recommend this model of care.[30,31] However, despite their satisfaction, participants also noted that midwifery services were not accessible to all women due to limited availability, staff shortages, and challenges in providing continuous coverage. Crepinsek has reported similar constraints in settings where midwifery is still developing or not yet fully integrated into maternity care pathways.[32] These findings suggest that while midwifery care is highly valued, expanding service availability and visibility may be necessary to support broader access within Qatar's diverse maternity population.

This study highlights the positive impact and areas for improvement of midwifery care on perinatal experiences among Qatar's diverse population. Building trust-based partnerships, providing holistic and woman-centered support, and improving midwifery care all contribute to enhancing women's pregnancy and postnatal experiences. Thus, strengthening midwifery requires integrating policies, ensuring adequate resources, and improving public awareness. Continued professional development should emphasize empathy, cultural inclusion, and evidence-based practice. Future research, supported by a national midwifery registry, should further explore maternal and neonatal outcomes with midwifery care to inform service development.

The study's findings are limited by its single-site design and the inclusion of women who were already receiving midwifery care, which may have introduced positive bias. The use of multiple interview languages may also have influenced the clarity or nuance of some accounts. Maximum variation sampling was not included due to the limited number of participants, who can be recontacted after hospital discharge. As a qualitative study, these results reflect individual experiences and cannot be generalized to all women in Qatar.

Conclusion

Midwifery care offers a transformative experience that reshapes women's perceptions of maternity care and enhances their perinatal journey. This study, conducted within Qatar's diverse population, provides valuable insights into women's experiences with midwives in a multicultural environment. These findings can inform the development of tailored models of care, support midwifery recruitment and recognition, and guide the expansion of midwifery services in the region.

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Conflict of interest

Nothing to declare.

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