International Journal of Society Reviews (INJOSER) https://injoqast.net/index.php/INJOSER
Vol. 3 No. 12 (2026), pages: 47~59 e-ISSN: 3030-802X

CONTINUITY, TRUST, AND PARTNERSHIP IN CONTEMPORARY MIDWIFERY CARE

Yola Alqorien Mustikarani*[1]
Institut Teknologi dan Bisnis Indragiri, Indonesia
Email: yolla.mstika@gmail.com

Lastri
Institut Teknologi dan Bisnis Indragiri, Indonesia
Email: lastri171122@gmail.com

Nadiya Zia Nurhaliza
Institut Teknologi dan Bisnis Indragiri, Indonesia
Email: nadiazianurhaliza@gmail.com

Guriti
Institut Teknologi dan Bisnis Indragiri, Indonesia
Email: mamahyose@gmail.com

Deswizar Syaputri
Institut Teknologi dan Bisnis Indragiri, Indonesia
Email: deswizarsyaputri01@gmail.com

Prima Letari
Institut Teknologi dan Bisnis Indragiri, Indonesia
Email: primalestari0801@gmail.com

Intan Sari
Institut Teknologi dan Bisnis Indragiri, Indonesia
Email: intanachmad89@gmail.com

Abstract

Continuity, trust, and partnership are essential components in the development of contemporary, woman-centered midwifery care. This study aims to analyze the importance of continuity of care, trust within the therapeutic relationship, and the partnership between midwives and women in supporting the quality of care and health outcomes for mothers and infants. The study employs a literature review approach, integrating various scientific findings regarding models of midwifery continuity of care, therapeutic communication, the midwife-woman relationship, shared decision-making, and woman-centered care. The review findings

[1] Correspondence author

indicate that continuity of care enhances service consistency, strengthens communication, and fosters a sense of security throughout pregnancy, labor, the immediate postpartum period, and beyond. Trust forms the foundation of a therapeutic relationship that enables women to openly express their needs and concerns and participate in care-related decision-making. Meanwhile, partnership fosters a more equitable relationship by respecting women's experiences, needs, choices, and autonomy. Integrating these three aspects can create midwifery care that is more responsive, personalized, continuous, and oriented toward women's experiences. Successful implementation requires policy support, an adequate midwifery workforce, communication competence, interprofessional coordination, and an organizational environment that supports continuity of care. Thus, strengthening continuity, trust, and partnership serves as a crucial strategy for establishing high-quality, safe, and woman-centered contemporary midwifery care.
Keywords: Continuity of Care, Trust, Partnership, Midwifery Care, Woman-Centered Care, Maternal Health

INTRODUCTION

Contemporary midwifery care has evolved to place greater emphasis on a woman-centered approach, moving beyond a focus solely on clinical and procedural aspects. This shift is driven by a growing awareness that a woman's experiences during pregnancy, labor, childbirth, and the postpartum period significantly influence the quality of care and the well-being of both mother and baby (Homer et al., 2019). In this context, midwives act not merely as healthcare providers but as professional companions capable of building therapeutic relationships, providing adequate information, respecting women's choices, and supporting women's involvement in every decision regarding their care. Consequently, high-quality midwifery care must address both the clinical and interpersonal dimensions that shape a woman's experience while receiving care (Simmelink et al., 2025).

Continuity of care is a key approach to achieving seamless midwifery services (Fernandez Turienzo et al., 2021). Continuity enables women to receive more consistent support from midwifery professionals throughout the various stages of maternal care. An ongoing relationship allows midwives to gain a comprehensive understanding of a woman's condition, needs, preferences, and the changes she experiences. For women, the presence of a relatively familiar healthcare professional can foster a sense of comfort and security, while reducing uncertainty during pregnancy and childbirth. Continuity also enhances communication, as repeated interactions facilitate mutual

understanding between the midwife and the woman (Dixon et al., 2023a). Therefore, continuity relates not only to the administrative continuation of services but also to the quality of the relationship established throughout the care process.

Trust is a fundamental element underpinning a successful relationship between the midwife and the woman. Trust develops through open communication, empathy, respect for privacy, consistency of care, professional competence, and the midwife's ability to provide clear and understandable information. When women trust their midwives, they tend to be more open about sharing complaints, concerns, expectations, and personal needs regarding their reproductive health. Conversely, a lack of trust can render communication less effective and potentially hinder women's involvement in the decision-making process (Perriman et al., 2018). Therefore, trust must be regarded as an integral part of midwifery practice, as the quality of the interpersonal relationship can influence how women receive, understand, and participate in healthcare services.

Beyond continuity and trust, the partnership between midwives and women stands as a crucial principle in modern midwifery care. This partnership positions women as active subjects with the right to access information, express opinions, weigh options, and participate in determining care interventions that align with their specific needs. Such a partnership does not negate the midwife's professional role; rather, it fosters a decision-making process grounded in two-way communication, respect for autonomy, and shared responsibility. This approach helps establish a more equitable relationship and mitigates service models that are overly centered on healthcare providers (Pace et al., 2022). In practice, this partnership requires midwives to listen actively, provide objective education, respect women's values and preferences, and tailor care to each client's individual circumstances.

Although the concepts of continuity, trust, and partnership are gaining increasing attention in maternal healthcare, their implementation faces various challenges (Fox et al., 2023). Factors such as healthcare provider workloads, resource constraints, fragmented service systems, varying communication competencies, and organizational policies that do not yet fully support continuity of care can all impact the adoption of this approach. Consequently, a more comprehensive understanding of the interrelationships between continuity of care, trust, and partnership is essential for developing midwifery services that are responsive and woman-centered. Examining these three aspects is vital to strengthening the foundation of contemporary midwifery

practice while fostering maternal care that is safe, high-quality, and humane—care that respects women's needs and autonomy. Given this context, research into "Continuity, Trust, and Partnership in Contemporary Midwifery Care" is highly relevant for identifying how these three dimensions contribute to enhancing the quality of therapeutic relationships and developing sustainable midwifery services.

RESEARCH METHOD

This study employs a literature review method with a descriptive-analytical approach to identify and analyze scientific findings regarding continuity of care, trust, and partnership in contemporary midwifery services. Literature was sourced from relevant scientific publications primarily national and international journal articles addressing continuity of midwifery care, therapeutic relationships, trust, partnership, woman-centered care, communication in midwifery services, and women's involvement in decision-making. The review process involved identifying literature, selecting sources based on their relevance to the research focus, examining article content, and synthesizing findings to understand the interrelationships between continuity, trust, and partnership in enhancing the quality of care. Priority was given to publications with academic relevance that address midwifery practice from both conceptual and empirical perspectives. The gathered data were analyzed thematically by categorizing information according to aspects of service continuity, trust formation, the midwife-woman partnership, and the implications for woman-centered midwifery care. The synthesis results serve as a basis for formulating a comprehensive understanding of strategies to strengthen midwifery services that are continuous, responsive, safe, and respectful of women's autonomy.

RESULT AND DISCUSSION

Continuity of Midwifery Care as a Foundation for Quality Maternal Services

Continuity of midwifery care is a crucial foundation for developing high-quality maternal services, as it enables women to receive continuous care from pregnancy through the postpartum period (Palimbo et al., 2021). This concept encompasses not only the sustained delivery of services but also the continuity of the relationship between the woman and the midwife providing the care. Consistent interaction offers midwives a better opportunity to gain a comprehensive understanding of the woman's health status, needs, experiences, values, and preferences. Such understanding allows midwives to

provide care that is more personalized and tailored to the woman's changing condition at each stage of the reproductive journey (Jeong et al., 2025). Consequently, continuity of care can reduce service fragmentation and strengthen the integration of various maternal care processes.

In midwifery practice, communication is a key factor determining the success of continuity of care. An ongoing relationship creates an environment where women can communicate more openly with their midwives. Having established a history of interaction, women feel more comfortable expressing complaints, concerns, expectations, and needs. Conversely, midwives can leverage information gathered from previous interactions to provide more relevant education and support. Consistent communication also helps minimize misunderstandings and enhances the woman's understanding of pregnancy-related changes, the labor and birth process, postpartum care, and health needs following delivery (Cummins et al., 2020). Therefore, continuity is inextricably linked to the midwife's ability to maintain communication that is effective, empathetic, and centered on the woman's needs.

Continuity of care is also closely linked to a sense of security throughout the maternal care process. Pregnancy and childbirth can be experiences fraught with uncertainty, physical changes, and concerns regarding the health of both mother and baby (Alba et al., 2019). The presence of a midwife who is familiar with the woman—and understands her history and needs fosters a sense of familiarity, sparing the woman from having to repeatedly explain her condition to different healthcare providers. This situation can foster a service environment that is more comfortable and emotionally supportive. The sense of security established through an ongoing relationship can also enhance a woman's readiness to communicate and participate throughout the care process. In this context, the quality of care is assessed not only by the success of clinical interventions but also by the woman's experience regarding the attention, information, support, and respect she receives during the care process.

From a woman-centered care perspective, continuity of care allows the service process to become more personalized and responsive. Each woman possesses a unique background, set of needs, health status, and preferences; consequently, a standardized approach does not always yield an optimal care experience. Midwives who maintain an ongoing understanding of the women they care for can tailor education, communication, and support to meet individual needs. This also creates greater opportunities for women to participate in making choices regarding the care they receive. Continuity acts as

a bridge between a midwife's clinical competence and a woman's personal needs, ensuring that care goes beyond merely meeting procedural standards to encompass physical, psychological, and social aspects, as well as the woman's subjective experience (Bradford et al., 2022).

However, implementing continuity of care in maternal services requires adequate systemic support. Factors such as midwife workloads, staffing shortages, staff turnover, referral systems, and fragmented organizational structures can hinder the maintenance of continuous relationships. Therefore, strengthening continuity requires support through effective human resource management, proportional workload distribution, robust documentation, inter-professional communication, and institutional policies that foster enduring relationships between midwives and women. Overall, continuity of midwifery care is a strategic approach to enhancing maternal care quality, as it strengthens communication consistency, fosters a sense of security, increases women's engagement, and promotes a more positive care experience. Strengthening these aspects is crucial to realizing contemporary midwifery care that is continuous, responsive, and genuinely woman-centered.

Trust and Therapeutic Relationships in Contemporary Midwifery Practice

Trust is a fundamental element in building an effective therapeutic relationship between midwives and women. In contemporary midwifery care, the relationship between healthcare providers and women is no longer viewed solely as a professional interaction focused on clinical actions, but also as an interpersonal connection requiring mutual trust, respect, and openness. Trust provides a foundation for women to feel secure in sharing their health conditions, experiences, concerns, and personal needs while receiving care. Once trust is established, communication between the midwife and the woman tends to become more open, allowing for a more comprehensive exchange of information regarding both physical and psychological states. This is crucial because decisions and actions in midwifery care often involve deeply personal experiences and require emotional comfort (Almorbaty et al., 2023a).

Open communication serves as a primary mechanism for establishing and maintaining this trust (Ganisia & A'zdom, 2025a). Midwives need to provide information that is clear, honest, and easy to understand, while tailoring it to the woman's capacity to process that information. Effective communication goes beyond the mere transmission of information from midwife to woman; it also entails active listening and providing opportunities for women to ask questions and express their opinions. A two-way communication pattern can

bridge information gaps and help women understand their condition and the available care options. Within the therapeutic relationship, midwives must avoid judgmental communication, as such attitudes can make women feel uncomfortable and reluctant to share vital information. Conversely, communication that respects a woman's experiences and perspectives can reinforce her sense of being valued and enhance her trust in healthcare providers (Rocca-Ihenacho et al., 2021).

Empathy is also a vital component of the therapeutic relationship, as midwifery care addresses not only biological needs but also the woman's emotional experiences. A midwife's ability to understand a woman's feelings and perspectives fosters more humane interactions. Empathy can be demonstrated through attentiveness to concerns, the use of non-judgmental language, responsiveness to anxiety, and a willingness to provide support when women face situations characterized by uncertainty. An empathetic approach helps women feel heard and understood, rather than merely being recipients of medical procedures (Yeganeh et al., 2025a). In the long term, positive interaction experiences can strengthen the therapeutic relationship and foster more stable trust between women and midwives.

Trust is also closely linked to women's perceptions of a midwife's professional competence. The ability to provide care that is accurate, consistent, safe, and aligned with professional standards forms a crucial basis for women's confidence in healthcare providers. Such competence encompasses not only clinical skills but also the ability to communicate effectively, provide education, maintain professionalism, and recognize conditions requiring referral or collaboration with other healthcare professionals. When women observe that midwives can provide rational explanations and take actions based on specific needs and clinical conditions, their trust in the care provided tends to strengthen (O'Brien et al., 2021a). Thus, professional competence and the quality of interpersonal relationships must go hand in hand in contemporary midwifery practice.

Respect for privacy and confidentiality is another vital aspect of building trust. Midwifery care often involves discussions regarding bodily conditions, reproductive health, childbirth experiences, and sensitive personal matters. Therefore, midwives must ensure that communication and examinations take place in an environment that fosters a sense of safety and respects the woman's dignity. Protecting personal information demonstrates professional commitment while assuring women that they can speak openly without fear. Trust established through privacy protection can enhance the quality of

communication, enabling midwives to gather more accurate information to support the delivery of care (Lewis et al., 2017).

Ultimately, a therapeutic relationship grounded in trust must provide ample space for women to engage in decision-making. Women are not merely recipients of care; they have the right to access information, weigh options, express preferences, and participate in determining care that aligns with their specific conditions and needs. Midwives play a role in providing information based on professional knowledge while guiding women as they consider the benefits, risks, and available alternatives. This approach fosters a more equitable relationship and reinforces the principles of woman-centered care. Consequently, trust and therapeutic relationships serve as a vital foundation for contemporary midwifery practice, as they facilitate open communication, empathy, professionalism, privacy protection, and women's involvement in decision-making. Strengthening all these aspects can help create midwifery care that is not only clinically safe but also respects the experiences, needs, dignity, and autonomy of every woman.

Partnership and Woman-Centred Care for Sustainable Midwifery Services

The partnership between midwives and women forms a crucial foundation for the delivery of woman-centered midwifery care. This approach views the woman as an individual possessing knowledge of herself including her needs, experiences, values, and preferences which must be respected throughout the care process. While midwives retain the professional responsibility to provide information and services based on midwifery competencies and standards, decisions regarding care should not be determined solely by healthcare professionals. Partnership fosters a more balanced relationship through two-way communication, respect for the woman's views, and active involvement in service choices. Through this model, women can feel a greater sense of control over the care process and are better empowered to participate in safeguarding their own health and that of their babies (Almorbaty et al., 2023b).

Shared decision-making is a tangible manifestation of partnership in contemporary midwifery practice. This process entails the provision of objective information regarding health status, courses of action, benefits, risks, and available service alternatives. Women are then given the opportunity to consider this information in light of their own needs and preferences. The midwife’s role is not merely to offer recommendations but to assist women in understanding available options without exerting pressure that might

compromise their autonomy (Ganisia & A'zdom, 2025b). This approach is vital because every woman's needs and experiences are unique. By creating space for discussion and collaborative consideration of options, care decisions can become more personalized while still upholding principles of safety and professionalism.

Respect for women's autonomy and preferences is also a hallmark of woman-centered care. Autonomy entails giving women the opportunity to express their choices and participate in decisions concerning their bodies and health. In the context of midwifery, respect for autonomy must be applied across the entire continuum of care—from pregnancy, birth preparation, and labor to the postpartum period and beyond. Midwives should avoid overly directive approaches that fail to consider the woman's perspective. Instead, they can act as professional partners, helping women understand their situation and make informed decisions. This relationship can strengthen trust because women feel valued as partners in the service process (Dixon et al., 2023b).

Strong partnerships are also linked to the continuity and trust established within the relationship between midwives and women. Continuity enables more consistent interactions, allowing midwives to understand the evolution of a woman's condition and needs over time. Meanwhile, trust fosters a sense of comfort, encouraging women to voice their concerns and participate in decision-making processes. These three aspects reinforce one another: continuity creates the space for a relationship to form, trust enhances the quality of interactions, and partnership steers the relationship toward mutual engagement and shared responsibility. Integrating these elements can support midwifery care that is more personalized, responsive, and centered on the woman's experience (O'Brien et al., 2021b).

However, implementing partnerships in midwifery care faces various challenges. High workloads, limited consultation time, staffing levels that do not match service demands, one-way communication patterns, and fragmented service systems can hinder the optimal development of partnerships. Furthermore, disparities in health knowledge between women and healthcare providers can create information imbalances that affect decision-making. These challenges demonstrate that woman-centered care cannot rely solely on the individual attitude of the midwife; it requires organizational and systemic support to ensure that communication, continuity, and women's engagement occur consistently.

Partnerships can be strengthened by enhancing midwives' communication and counseling competencies, allocating sufficient time for interaction, maintaining continuous care documentation, and developing service policies that support women's engagement. Information technology can also be utilized to maintain communication and care coordination, provided that data security and privacy are upheld. Additionally, collaboration among midwives, other healthcare professionals, families, and the community can broaden the support available to women without diminishing their role as the primary decision-makers regarding their own care. Thus, partnerships and woman-centered care not only improve the quality of the service experience but also serve as a strategy for building a sustainable midwifery system. An integrated strengthening of continuity, trust, and partnership will help create midwifery care that is more humane, inclusive, and responsive, and that respects women's autonomy, while remaining oriented towards maternal and infant safety (Yeganeh et al., 2025b).

CONCLUSION

Literature reviews indicate that continuity of care, trust, and partnership are three interconnected components in establishing high-quality, woman-centered contemporary midwifery care. Continuity of care enables midwives and women to build an ongoing relationship, strengthen communication, and foster a sense of security throughout pregnancy, labor, the immediate postpartum period, and beyond. Trust fostered through open communication, empathy, professional competence, and respect for privacy enhances a woman's comfort in expressing her needs and participating in the care process. Meanwhile, partnership reinforces the woman's role as an active participant in decision-making while ensuring she receives professional support from the midwife. The integration of these three aspects demonstrates that the quality of midwifery care is determined not only by clinical competence but also by the quality of the interpersonal relationship between the midwife and the woman.

Strengthening sustainable midwifery care requires the integrated application of continuity, trust, and partnership in daily practice. Barriers such as heavy workloads, time constraints, fragmented services, and communication patterns that lack full participation must be addressed by enhancing communication and counseling competencies, providing organizational support, ensuring continuous care documentation, and implementing policies that encourage women's involvement in decision-making. Through this approach, midwifery care can evolve into a service that is more responsive,

safe, and personalized, while respecting women's autonomy. Therefore, continuity, trust, and partnership must be positioned as integral elements in the development of contemporary midwifery practice to support positive maternal experiences and improve the quality of care for women and infants.

REFERENCES

Alba, R., Franco, R., Patrizia, B., Maria, C. B., Giovanna, A., Chiara, F., & Isabella, N. (2019). The midwifery-led care model: A continuity of care model in the birth path. *Acta Bio Medica : Atenei Parmensis*, *90*(Suppl 6), 41–52. https://doi.org/10.23750/abm.v90i6-S.8621

Almorbaty, H., Ebert, L., Dowse, E., & Chan, S. W.-C. (2023a). An integrative review of supportive relationships between child-bearing women and midwives. *Nursing Open*, *10*(3), 1327–1339. https://doi.org/10.1002/nop2.1447

Almorbaty, H., Ebert, L., Dowse, E., & Chan, S. W.-C. (2023b). An integrative review of supportive relationships between child-bearing women and midwives. *Nursing Open*, *10*(3), 1327–1339. https://doi.org/10.1002/nop2.1447

Bradford, B. F., Wilson, A. N., Portela, A., McConville, F., Turienzo, C. F., & Homer, C. S. E. (2022). Midwifery continuity of care: A scoping review of where, how, by whom and for whom? *PLOS Global Public Health*, *2*(10), e0000935. https://doi.org/10.1371/journal.pgph.0000935

Cummins, A., Coddington, R., Fox, D., & Symon, A. (2020). Exploring the qualities of midwifery-led continuity of care in Australia (MiLCCA) using the quality maternal and newborn care framework. *Women and Birth*, *33*(2), 125–134. https://doi.org/10.1016/j.wombi.2019.03.013

Dixon, L., Daellenbach, S., Anderson, J., Neely, E., Nisa-Waller, A., & Lockwood, S. (2023a). Building positive respectful midwifery relationships: An analysis of women's experiences of continuity of midwifery care in Aotearoa New Zealand. *Women and Birth, Special Issue: Early Labour*, *36*(6), e669–e675. https://doi.org/10.1016/j.wombi.2023.06.008

Dixon, L., Daellenbach, S., Anderson, J., Neely, E., Nisa-Waller, A., & Lockwood, S. (2023b). Building positive respectful midwifery relationships: An analysis of women's experiences of continuity of midwifery care in Aotearoa New Zealand. *Women and Birth, Special Issue: Early Labour*, *36*(6), e669–e675. https://doi.org/10.1016/j.wombi.2023.06.008

Fernandez Turienzo, C., Rayment-Jones, H., Roe, Y., Silverio, S. A., Coxon, K., Shennan, A. H., & Sandall, J. (2021). A realist review to explore how midwifery continuity of care may influence preterm birth in pregnant women. *Birth*, *48*(3), 375–388. https://doi.org/10.1111/birt.12547

Fox, D., Scarf, V., Turkmani, S., Rossiter, C., Coddington, R., Sheehy, A., Catling, C., Cummins, A., & Baird, K. (2023). Midwifery continuity of care for women with complex pregnancies in Australia: An integrative review.

Women and Birth, Special Issue: Midwifery Education, *36*(2), e187–e194. https://doi.org/10.1016/j.wombi.2022.07.001

Ganisia, A., & A'zdom, M. K. (2025a). Effective Communication in Midwifery Practice Strengthening Patient Trust and Maternal Health Outcomes. *Journal of Nutrition and Health Care*, 65–73. https://doi.org/10.62012/junic.vi.33

Ganisia, A., & A'zdom, M. K. (2025b). Effective Communication in Midwifery Practice Strengthening Patient Trust and Maternal Health Outcomes. *Journal of Nutrition and Health Care*, 65–73. https://doi.org/10.62012/junic.vi.33

Homer, C., Brodie, P., Sandall, J., & Leap, N. (2019). *Midwifery Continuity of Care: A Practical Guide*. Elsevier Health Sciences.

Jeong, G., Kim, H. K., & Bang, U. (2025). Effect of a continuity of midwifery care model that used a respectful maternal care framework in Korea: A non-randomized study. *Frontiers in Public Health*, *13*. https://doi.org/10.3389/fpubh.2025.1578158

Lewis, M., Jones, A., & Hunter, B. (2017). Women's Experience of Trust Within the Midwife–Mother Relationship. *International Journal of Childbirth*, *7*(1), 40–52. https://doi.org/10.1891/2156-5287.7.1.40

O'Brien, D., Butler, M. M., & Casey, M. (2021a). The importance of nurturing trusting relationships to embed shared decision-making during pregnancy and childbirth. *Midwifery*, *98*, 102987. https://doi.org/10.1016/j.midw.2021.102987

O'Brien, D., Butler, M. M., & Casey, M. (2021b). The importance of nurturing trusting relationships to embed shared decision-making during pregnancy and childbirth. *Midwifery*, *98*, 102987. https://doi.org/10.1016/j.midw.2021.102987

Pace, C. A., Crowther, S., & Lau, A. (2022). Midwife experiences of providing continuity of carer: A qualitative systematic review. *Women and Birth*, *35*(3), e221–e232. https://doi.org/10.1016/j.wombi.2021.06.005

Palimbo, A., Salmah, A. U., Amiruddin, R., & Syam, A. (2021). An overview of the implementation of the continuity of care model in maternal health services: A literature review. *Gaceta Sanitaria, The 3rd International Nursing and Health Sciences Students and Health Care Professionals Conference (INHSP)*, *35*, S388–S392. https://doi.org/10.1016/j.gaceta.2021.10.058

Perriman, N., Davis, D. L., & Ferguson, S. (2018). What women value in the midwifery continuity of care model: A systematic review with meta-synthesis. *Midwifery*, *62*, 220–229. https://doi.org/10.1016/j.midw.2018.04.011

Rocca-Ihenacho, L., Yuill, C., & McCourt, C. (2021). Relationships and trust: Two key pillars of a well-functioning freestanding midwifery unit. *Birth*, *48*(1), 104–113. https://doi.org/10.1111/birt.12521

Simmelink, R., Neppelenbroek, E., Pouwels, A., Lee, N. van der, Pajkrt, E., Ziesemer, K. A., Vliet-Torij, H. W. H. van der, Verhoeven, C. J. M., Jonge, A. de, & Nieuwenhuijze, M. (2025). *Understanding how midwife-led continuity of care can be implemented and under what circumstances: A realist review*. https://doi.org/10.1136/bmjopen-2024-091968

Yeganeh, Z., Javadnoori, M., Abbaspoor, Z., Ebadi, A., & Montazeri, S. (2025a). "Inspiring mothers' self-entrustment to midwives." midwives' and mothers' perceptions of effective communication in the maternity ward: A qualitative study. *BMC Pregnancy and Childbirth*, *25*(1), 962. https://doi.org/10.1186/s12884-025-08092-z

Yeganeh, Z., Javadnoori, M., Abbaspoor, Z., Ebadi, A., & Montazeri, S. (2025b). "Inspiring mothers' self-entrustment to midwives." midwives' and mothers' perceptions of effective communication in the maternity ward: A qualitative study. *BMC Pregnancy and Childbirth*, *25*(1), 962. https://doi.org/10.1186/s12884-025-08092-z