

# Quality of Communication between Healthcare Providers and Pregnant Women: Impact on Maternal Satisfaction, Health Outcomes, and Shared Decision-Making

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**Abstract** The quality of communication between healthcare providers and pregnant women is a topic of paramount importance within the realm of maternal healthcare. It is not merely an aspect of medical interaction; rather, it is the prerequisite that influences various critical dimensions of maternal care, including maternal satisfaction, health outcomes, and shared decision-making. Effective communication between healthcare providers and pregnant women is essential for optimal maternal care during pregnancy and childbirth. Maternal satisfaction is a fundamental metric of patient-centered care, and improved communication, characterized by empathy, information sharing, and active listening, cultivates trust and enhances women's contentment with their care experiences. Positive provider-patient interactions are associated with improved emotional well-being, reduced stress levels, and increased adherence to prenatal recommendations, contributing to positive health outcomes for both mother and fetus. Shared decision-making is impacted by open and transparent dialogue between healthcare providers and pregnant women. Inclusive discussions about available interventions, risks, and benefits empower women to make informed choices aligned with their preferences and values. This shared decision-making promotes autonomy, self-efficacy, and a collaborative care partnership, potentially influencing the birthing experience and postpartum adaptation. However, challenges persist in communication quality, such as variability in healthcare provider communication styles, cultural considerations, and system-level factors. Addressing these challenges through targeted interventions, training, and policy implementation can further enhance the overall maternal care experience. Further research is needed to explore innovative strategies that optimize communication and promote positive outcomes throughout the continuum of maternal care.

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## 1. Introduction

The journey of pregnancy and childbirth is a transformative period in a woman's life, and the relationship between healthcare providers and expectant mothers is crucial for this experience [1]. Effective communication fosters trust and empowerment and profoundly affects maternal satisfaction. The realm of maternal healthcare is a convergence of medical expertise, emotional support, and informed decision-making, with the quality of communication between healthcare providers and pregnant women

being an important determinant of maternal satisfaction, health outcomes, and informed decision-making [2].

In the field of maternity care, it is essential to understand the dynamics of communication and its outcomes. Creating an atmosphere of respect, control, and satisfaction for mothers receiving care through effective communication promotes favorable perceptions of the care provided [3]. This enhances the health outcomes of both the mother and baby. Shared decision-making, a hallmark of patient-centered care, is not feasible without robust communication [4]. Effective communication empowers women to be active participants in their care plans, leading to decisions that align with their values and preferences. The dynamics of decision-making are recalibrated from a paternalistic approach to a partnership, where healthcare providers are guides rather than dictators [5].

As we examine the complexities of maternal healthcare, it is imperative to grasp the intricate interplay of words, emotions, and decisions that communication orchestrates. This analysis embarks on a journey to unravel the myriad facets of communication between healthcare providers and pregnant women, examining its quality and its ramifications on maternal satisfaction, health outcomes, and shared decision-making. The aim is to equip healthcare providers with insights, strategies, and perspectives that can enhance their communication prowess, elevate the maternal experience, and ultimately forge a healthier future for both mothers and babies.

## 2. Patient-centred Care

Patient-centered communication, characterized by empathy, active listening, and respect, is essential in maternal healthcare, leading to higher maternal satisfaction and improved health outcomes [6]. Effective communication enables healthcare providers to engage in dialogue, elicit women's preferences, and empower them to contribute to their care journey [7]. Collaborative decision-making aligns care plans with patient goals and values, making care more individualized and relevant. Additionally, patient-centered care addresses emotional and psychosocial aspects by acknowledging women's emotional states and providing empathetic support, fostering comprehensive care.

The symbiotic relationship between communication quality and patient-centered care underpins the transformative potential of effective communication in maternal healthcare [6]. As healthcare providers strive to embrace patient-centered approaches, cultivating communication skills becomes paramount. By fostering environments where open dialogue, shared decision-making, and emotional support flourish, healthcare providers can navigate the intricate landscape of maternal health in a way that not only elevates medical outcomes but also elevates the patient experience [8].

In contrast, time limitations, language barriers, and unequal power dynamics between healthcare providers and patients are all potential hindrances to communication quality in patient-centred care and effective communication [9]. Therefore, it is important to acknowledge and tackle these barriers head-on to achieve a patient-centered approach that genuinely empowers and engages patients.

## 3. Maternal Satisfaction

Maternal satisfaction is a critical measure of the quality of maternal care, encompassing physical, emotional, psychological, and relational aspects. It reflects how well healthcare providers meet the needs and preferences of pregnant women [10]. Effective communication is key to ensuring maternal satisfaction, with empathetic, patient-centered, and open conversations making expectant mothers feel valued and validated. Transparent information-sharing empowers women to participate in care decisions and reduces uncertainties [11]. Respectful and culturally sensitive

communication builds trust and enhances the overall care experience, nurturing trust, empowerment, and emotional well-being.

Effective communication significantly influences maternal satisfaction at various stages of care. High-quality communication leads to positive care experiences, during the prenatal period by alleviating anxieties and uncertainties through clear explanations provided by the healthcare personnel [12]. In labor and childbirth, respecting women's birth plans and emotions contributes to a positive experience. Postpartum, compassionate communication provides guidance and support for recovery, infant care, and emotional adjustment, resulting in higher satisfaction and a desire for continued care and support [13]. Therefore, the relationship between communication quality and maternal satisfaction is vital for healthcare providers.

Healthcare systems must prioritize training in patient-centered and empathetic communication skills, including cultural sensitivity and shared decision-making. Institutions should integrate effective communication into care protocols, transforming maternal care into a human-centered journey rather than a clinical transaction [14]. Recognizing the impact of communication on maternal satisfaction can revolutionize maternal care, leading to healthier outcomes and stronger bonds between expectant mothers and healthcare partners.

## **4. Elements & Strategies of Quality Communication**

### ***4.1. Unveiling the Power of Active Listening***

Active listening is a powerful strategy in maternal healthcare, going beyond hearing to comprehend emotions and concerns [15]. It nurtures understanding, empathy, and collaboration, contributing to improved maternal satisfaction, health outcomes, and shared decision-making. Pregnant women desire to be heard and understood. Active listening involves giving full attention, acknowledging emotions, and responding with genuine interest, creating an atmosphere of validation and respect [7, 16]. This leads to higher satisfaction with care. Active listening is essential for patient-centered care, helping healthcare providers gather valuable information for tailored medical decisions and interventions. It also fosters shared decision-making by gaining insights into women's values and priorities, empowering them to voice preferences and participate in their health journey.

### ***4.2. The Essence of Transparent Information Exchange***

Transparent information exchange is an important element in maternal healthcare as it empowers pregnant women with clear, comprehensive, and honest information about procedures, risks, and options, ultimately leading to higher maternal satisfaction and informed decision-making [17]. Openly sharing information about health status and interventions equips women to actively engage in their care, potentially resulting in more effective health management.

A respectful attitude in healthcare interactions is fundamental for maternal care, contributing to better health outcomes, shared decision-making, and maternal satisfaction. Treating pregnant women with dignity, empathy, and acknowledgment of their autonomy validates their experiences, fosters trust, and creates an environment where they feel valued [18]. This respectful approach enables women to express concerns, share health history, and discuss fears, facilitating accurate assessment and medical planning.

A respectful attitude also supports trust-building and fosters shared decision-making, where care plans are formed in partnership. It conveys recognition of the woman's autonomy and values, promoting collaborative conversations and open discussions, enriching the shared decision-making process [19].

### ***4.3. Cultural Sensitivity: Understanding and Respect for Diversity***

Cultural sensitivity is a vital element in maternal healthcare that emphasizes understanding and respecting the cultural backgrounds, beliefs, and practices of pregnant women. This approach enhances the quality of communication, contributing to improved maternal satisfaction, better health outcomes, and enriched shared decision-making [20]. Healthcare providers, by approaching pregnant women with cultural sensitivity, validate their cultural beliefs and traditions, fostering trust and respect. This approach promotes care that aligns with a woman's cultural context and preferences, potentially leading to better health outcomes, especially among marginalized or minority populations. Cultural sensitivity also supports cultural competence, where understanding cultural norms and practices can lead to more accurate diagnoses and interventions [16, 21]. It is essential for fostering shared decision-making by acknowledging the impact of culture on healthcare choices. Practicing cultural sensitivity involves active learning, adapting communication styles, avoiding cultural stereotypes, offering interpretation services, and respecting privacy preferences [22]. Embracing cultural sensitivity in maternal healthcare fosters inclusivity, respect, and understanding, ultimately leading to elevated maternal satisfaction, improved health outcomes, and enriched shared decision-making that celebrates diversity.

## **5. The Multifaceted Role of Communication in Maternal Health Outcomes**

Effective communication between healthcare providers and pregnant women is a key component of maternal care, as it goes beyond the mere exchange of information. It combines medical expertise with emotional support, leading to positive health outcomes. Moreover, during pregnancy, effective communication plays a significant role in reducing stress [17, 23]. When healthcare providers address concerns, provide clear explanations, and engage in empathetic conversations, they contribute to lower stress-related complications and improved well-being.

Additionally, quality communication empowers pregnant women to actively participate in decisions affecting their health and their baby's. Informed decisions, rooted in mutual understanding and trust, are more likely to result in interventions aligned with women's preferences and values [18, 24]. This, in turn, can potentially lead to smoother birth experiences and better health outcomes for both mother and baby.

Furthermore, effective communication plays a pivotal role in improving adherence to medical recommendations and care plans. When healthcare providers thoroughly explain the rationale behind medical advice, outline potential risks and benefits, and actively involve women in decisions, women are more likely to comply with recommended actions. This leads to improved adherence rates and better health outcomes [25].

Lastly, the impact of communication extends into the postpartum period. Clear, detailed instructions on postpartum care, infant feeding, and self-care measures aid women in managing postpartum challenges, identifying warning signs, and seeking timely medical attention when needed [26]. This fosters a sense of continuity and support, helping women transition to motherhood with confidence. In conclusion, effective communication is a cornerstone of optimal maternal care, enhancing the overall well-being and health outcomes of both the mother and the baby.

### ***5.1. Future Directions***

Healthcare providers are encouraged to recognize communication as a therapeutic tool that can shape perceptions and experiences and provide physical health outcomes. By refining communication strategies, fostering patient-provider partnerships, and embracing patient-centered approaches, healthcare providers can harness the potential of communication to pave the path toward healthier mothers and babies [27].

## 6. The Crucial Link between Communication and Shared Decision-Making

Effective communication between healthcare providers and pregnant women is essential for patient-centered care and shared decision-making in maternal healthcare. High-quality communication is the foundation of good shared decision-making, fostering an environment conducive to collaboration, where active listening is crucial for understanding women's concerns and preferences.

Shared decision-making is the delicate equilibrium between medical expertise and patient preferences. Quality communication plays a crucial role in striking this balance. It involves presenting information in an understandable and relevant manner, ensuring women grasp the choices and their implications, contributing to their safety. By engaging women in discussions that consider their values, beliefs, and personal circumstances, healthcare providers can tailor care plans that align with their preferences [28]. This aligns with the principles of patient-centered care, where women are active partners in their care journey. This process balances medical expertise with patient preferences, and communication quality plays a role in striking this balance. Healthcare providers, through effective communication, engage in discussions that consider women's values, beliefs, and personal circumstances, tailoring care plans to align with their preferences [29].

Moreover, effective communication enhances trust and partnership between healthcare providers and patients. Open, honest conversations signal a willingness to share information, acknowledge uncertainties, and engage in collaborative problem-solving [30]. This foundation of trust fosters an environment where women feel comfortable expressing concerns, asking questions, and actively participating in their care.

On the other hand, achieving high-quality communication for shared decision-making can be hindered by various challenges, such as time constraints, information overload, and potential miscommunication [17, 31]. Effectively addressing the challenges of time constraints, information overload, and possible miscommunication is essential for achieving high-quality communication in shared decision-making. It is only through the implementation of effective communication strategies and tools that we can fully realize the potential of shared decision-making [32, 33].

### 6.1. Future Directions

The interdependent relationship between communication quality and shared decision-making illuminates the transformative power of effective communication in maternal healthcare [26]. By recognizing communication as an essential element that bridges medical expertise with patient preferences, healthcare providers can navigate the complexities of maternal health with a spirit of collaboration, respect, and empowerment [34].

## 7. Way Forward

This critical analysis carries profound implications for maternal healthcare practices and policies, serving as a call to action for healthcare practitioners to prioritize and enhance communication in maternal health outcomes. It highlights the need for communication training that encompasses empathetic listening, transparent information exchange, and cultural sensitivity as essential skills for healthcare providers. This training should be integrated into medical education to prepare future providers for patient-centered care.

Furthermore, it emphasizes the need for healthcare systems to reevaluate their structures to prioritize communication quality. This may involve adjusting patient-provider ratios, providing communication workshops, and implementing feedback mechanisms. For example, policies could require healthcare institutions to maintain specific nurse-to-patient ratios to ensure that healthcare providers have adequate time for

meaningful patient interactions. These policies can encourage healthcare facilities to allocate resources for communication workshops and training programs to enhance the skills of their staff.

Cultural sensitivity is also underscored, emphasizing the importance of policies that celebrate and encourage cultural diversity in care plans. Healthcare institutions may implement policies that mandate cultural competency training for healthcare providers and support the use of interpreters or cultural liaisons when interacting with patients from diverse backgrounds. These policies can ensure that care plans and practices honor women's cultural beliefs and practices, fostering an inclusive healthcare environment.

The study calls for continued research into effective communication strategies, with the potential utilization of healthcare technologies to improve communication quality, particularly in situations where face-to-face interactions are challenging. For example, healthcare policies could incentivize the development and adoption of telemedicine technologies to facilitate remote communication between healthcare providers and pregnant women, especially in remote or underserved areas.

Ultimately, the study reinforces the notion that quality communication with pregnant women is not a luxury but a necessity, significantly influencing experiences, outcomes, and women's active participation in their care journey. It envisions a healthcare landscape where pregnant women are treated with empathy, respect, and cultural understanding, making communication quality the cornerstone of exceptional maternal healthcare, supported by policies that prioritize and enable these ideals.

## 8. Conclusion

The quality of communication between healthcare providers and pregnant women is a fundamental component of maternal healthcare that directly impacts maternal satisfaction, health outcomes, and shared decision-making. Recognizing its profound importance and taking concrete steps to enhance communication quality is a critical path to improving the overall care experience for pregnant women and ensuring healthier outcomes for both mothers and babies. It is a reminder that effective healthcare goes beyond clinical transactions; it is a human-centered journey shaped by the power of communication.

In conclusion, healthcare providers, policymakers, educators, and researchers stand united in recognizing communication as the heart of care. In this concept, when cultural sensitivity is practiced, patient-provider partnerships flourish, and healthcare is more than medical intervention—it is compassionate understanding. And so, this critical analysis represents a commitment to a future where every pregnant woman's journey is honored, understood, and enriched through communication that reflects the dignity, empathy, and respect they deserve.

## Conflict of Interest

The authors declare that they have no competing interests.

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## References

- [1] Agbi FA, Zhou L, Asamoah EO. Determinants and Satisfaction Outcomes of Pregnancy Care in China: The Case of Ghanaian Women in Zhenjiang. *Universal Journal of Obstetrics and Gynecology*. 08/23 2023;1(1):33-48.
- [2] Boamah SA, Laschinger HKS, Wong C, Clarke S. Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing outlook*. 2018;66(2):180-189.

- [3] Davidson JE, Aslakson RA, Long AC, et al. Guidelines for family-centered care in the neonatal, pediatric, and adult ICU. *Critical care medicine*. 2017;45(1):103-128.
- [4] Agbi FA, Lulin Z, Asamoah EO. Exploring the Challenges and Stressors Faced by First-Time Mothers in Ghana as a Result of the COVID-19 Pandemic. *International Research Journal of Economics and Management Studies IRJEMS*. 2023;2(2)
- [5] Smorti M, Mauri G, Carducci A, Andreol A, Bonassi L. Prenatal mental representations in Italian first-time mothers before and during the COVID-19 pandemic: a study with interviews on maternal representations during pregnancy. *Maternal and Child Health Journal*. 2023;27(4):711-718.
- [6] Agbi FA. Responsiveness in Ghanaian Healthcare: The Survey of Inpatients. *International Journal of Public Administration*. 2023;46(11):741-750.
- [7] Adebayo CT, Parcell ES, Mkandawire-Valhmu L, Olukotun O. African American Women's maternal healthcare experiences: a Critical Race Theory perspective. *Health Communication*. 2022;37(9):1135-1146.
- [8] Wakefield MK, Williams DR, Le Menestrel S, Lalitha J. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (2021). 2021.
- [9] Haverfield MC, Giannitrapani K, Timko C, Lorenz K. Patient-centered pain management communication from the patient perspective. *Journal of general internal medicine*. 2018;33:1374-1380.
- [10] Bennett EE. Leveraging technology to design and deliver human resource development. *The Emerald handbook of work, workplaces and disruptive issues in HRM*. Emerald Publishing Limited; 2022:261-276.
- [11] Liu H, Dong B, Yen P-Y. Virtual Reality in Patient-Physician Relationships. *Cases on Virtual Reality Modeling in Healthcare*. IGI Global; 2022:63-84.
- [12] Oprescu AM, Miró-Amarante G, García-Díaz L, et al. Towards a data collection methodology for Responsible Artificial Intelligence in health: A prospective and qualitative study in pregnancy. *Information Fusion*. 2022;83:53-78.
- [13] Panth A, Kafle P. Maternal Satisfaction on Delivery Service among Postnatal Mothers in a Government Hospital, Mid-Western Nepal. *Obstetrics and Gynecology International*. 06/24 2018;2018:1-11. doi:10.1155/2018/4530161
- [14] Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The role of empathy in health and social care professionals. *MDPI*; 2020:26.
- [15] Abdulkhakimova MJQ, Juraeva SRQ. TYPES OF LISTENING: ACTIVE LISTENING AND PASSIVE LISTENING. *Academic research in educational sciences*. 2023;4(5):724-730.
- [16] Agbi FA, Lulin Z, Asamoah EO, Kissi J. The Importance of Empathy in Maternal Healthcare Delivery. *American Journal of Social Sciences and Humanities*. 2022;7(2):56-68.
- [17] Alruwaili T, Crawford K, Jahanfar S, Hampton K, Fooladi E. Pregnant Persons and Birth Partners' Experiences of Shared Decision-Making During Pregnancy and Childbirth: An Umbrella Review. *Patient Education and Counseling*. 2023:107832.
- [18] Appiah-Kubi S, Mao W, Koduah A, Aryeetey GC, Ogbuonji O, Nonvignon J. Perspectives of frontline health workers on transition from development assistance for health in Ghana: A qualitative study. *PLOS Global Public Health*. 2022;2(4):e0000093.
- [19] Cameron EE, Joyce KM, Delaquis CP, Reynolds K, Protudjer JL, Roos LE. Maternal psychological distress & mental health service use during the COVID-19 pandemic. *Journal of affective disorders*. 2020;276:765-774.
- [20] Afulani PA, Buback L, Kelly AM, Kirumbi L, Cohen CR, Lyndon A. Providers' perceptions of communication and women's autonomy during childbirth: a mixed methods study in Kenya. *Reproductive Health*. 2020;17(1):1-17.
- [21] Batista-Pinto Wiese E. Culture and migration: Psychological trauma in children and adolescents. *Traumatology*. 2010;16(4):142-152.
- [22] Agbi FA, Zhou L, Asamoah EO. Determinants and Satisfaction Outcomes of Pregnancy Care in China: The Case of Ghanaian Women in Zhenjiang. *Universal Journal of Obstetrics and Gynecology*. 2023:33-48.
- [23] Altman MR, Oseguera T, McLemore MR, Kantrowitz-Gordon I, Franck LS, Lyndon A. Information and power: Women of color's experiences interacting with health care providers in pregnancy and birth. *Social science & medicine*. 2019;238:112491.
- [24] Ansari H, Yeravdekar R. Respectful maternity care: A national landscape review. *The National Medical Journal of India*. 2019;32(5):290-293.
- [25] Bazirete O, Nzayirambaho M, Umubyeyi A, Uwimana MC, Evans M. Influencing factors for prevention of postpartum hemorrhage and early detection of childbearing women at risk in Northern Province of Rwanda: beneficiary and health worker perspectives. *BMC pregnancy and childbirth*. 2020;20(1):1-14.
- [26] Cull J, Hunter B, Henley J, Fenwick J, Sidebotham M. "Overwhelmed and out of my depth": responses from early career midwives in the United Kingdom to the Work, Health and Emotional Lives of Midwives study. *Women and Birth*. 2020;33(6):e549-e557.
- [27] Papadopoulos I, Koulouglioti C, Papadopoulos C, Sgorbissa A. *Transcultural Artificial Intelligence and Robotics in Health and Social Care*. Academic Press; 2022.
- [28] Defina D, Rizkillah R. Problems, stress, social support, and coping strategies during the COVID-19 pandemic: Case of international college students in Indonesia. *Jurnal Ilmu Keluarga & Konsumen*. 2021;14(3):282-295.
- [29] Fernandez Turienzo C, Hull LH, Coxon K, et al. A continuity of care programme for women at risk of preterm birth in the UK: Process evaluation of a hybrid randomised controlled pilot trial. *Plos one*. 2023;18(1):e0279695.
- [30] Graham-Wisener L, Nelson A, Byrne A, et al. Understanding public attitudes to death talk and advance care planning in Northern Ireland using health behaviour change theory: a qualitative study. *BMC Public Health*. 2022;22(1):1-19.

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- [31] Levit L, Balogh E, Nass S, Ganz PA. Patient-centered communication and shared decision making. *Delivering high-quality cancer care: Charting a new course for a system in crisis*. National Academies Press (US); 2013.
  - [32] Dumont A, de Loenzien M, Nhu HMQ, et al. Caesarean section or vaginal delivery for low-risk pregnancy? Helping women make an informed choice in low-and middle-income countries. *PLoS Global Public Health*. 2022;2(11):e0001264.
  - [33] Edwards AG, Naik G, Ahmed H, et al. Personalised risk communication for informed decision making about taking screening tests. *Cochrane database of systematic reviews*. 2013;(2)
  - [34] Potter PA, Perry AG, Stockert PA, Hall A. *Fundamentals of nursing-e-book*. Elsevier health sciences; 2021.