

**Declarative title:** Measuring the unknown: we need to measure all experiences important to women regarding their antenatal care

**Commentary on:** Mehrtash H, Stein K, Barreix M, Bonet M, Bohren MA, Tunçalp Ö. Measuring women's experiences during antenatal care (ANC): scoping review of measurement tools. *Reprod. Health* 2023; 20(1): 150.

**Implications for practice and research:**

- Outcome measures of maternity care are limited in scope to evaluating experiences of intrapartum care, and therefore may not capture women's experiences of care during the entire antenatal period
- Research that explores aspects of antenatal care that are important to maternity service-users themselves would be beneficial to inform the development of instruments and measures to capture a broader range of antenatal care experiences.

**Context:**

Antenatal healthcare (ANC) is the care given to women by healthcare professionals throughout pregnancy to childbirth, which should commence in early pregnancy. This is the first opportunity for most mothers to encounter their healthcare<sup>1</sup>, and has the potential to support women to enjoy a "positive pregnancy"<sup>2</sup>. As such, high quality ANC has the potential to improve a woman's perception of motherhood, build trust prior to childbirth, and offer emotional and physical support. However, whilst the World Health Organization standards suggest maternity care should be free from mistreatment<sup>3</sup>, currently there is a concerning lack of measurement of women's experiences of ANC more broadly<sup>4</sup>.

**Methods:**

The authors conducted a scoping review to identify and evaluate the validity of instruments and measures of women's experiences of ANC. They categorised the instruments according to the WHO (2016) quality of care framework and other relevant literature. This conceptual framework comprised of four typologies: antenatal quality of care, person centred antenatal care, mistreatment of women during childbirth, and respectful maternity care. Each typology captured between 3 and 12 domains.

A four-step process was followed where the authors 1) identified papers published or produced (but unpublished) between 2007-2023; 2) described instruments and measures of women's experiences of ANC; 3) mapped the measures to the conceptual framework and 4) discussed the gaps and opportunities for novel measures of women's experiences of ANC.

**Findings:**

The authors identified 36 articles, mainly from high income countries, with 591 measures of ANC. Half (292/591) of the measures mapped to women's experiences of care and were included in the scoping review; those examining clinical care were excluded. All included measures mapped to the 'mistreatment of women during childbirth' typology. The respectful maternity care typology had fewer measures (40/292 14%); with no measures identified for the remaining two typologies. The authors suggest that these findings can be used to inform monitoring of care using existing tools and development of future tools for ANC.

**Commentary:**

This review's findings focus on the mistreatment of women typology, which sits alongside three other typologies set within a broader conceptual framework for ANC<sup>1</sup>. By mapping the included measures to the mistreatment domains, as well as to the respectful care typology to

a much lesser extent, the authors have highlighted that some measures originally designed for intrapartum care are potentially applicable to ANC. This has the potential to inform future tools and care. However, the strong focus on mistreatment highlights a lack of attention to many other aspects of the ANC experience.

As an example, respect and dignity are included within three typologies, but no measures are mapped to two of these, despite maternal dignity being a concept included in many policies, including the WHO quality of care framework<sup>3</sup>. Respectful maternity care services and leadership should be delivered to promote dignity and respect<sup>5</sup>. Yet to date, experiences of dignity during ANC are yet to be evaluated, which differ from dignity during childbirth, and so cannot be captured using an intrapartum tool. New tools and measures are required.

This review, by focusing on mistreatment, does not examine the broader experiences of ANC within the authors' conceptual framework. Similar arguments could be made around other domains without any mapped measures, such as emotional support or autonomy. In essence, the lack of mapping to two entire typologies suggests that there is a large gap in important knowledge around the nuanced experiences of women across many domains of ANC. Whilst the authors do acknowledge that their conceptualizations are inter-related, measuring the unknown is needed, to inform holistic, high quality, antenatal care for all women. Ultimately, this must be informed by research with women themselves.

### References:

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Competing interests:

The authors declare no conflicts of interest.