

# Family-Centered Maternity Care in a Global Perspective: Literature Review on Implementation, Outcomes, and Contextual Factors in Various Countries

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## Keywords

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## Abstract

**Introduction:** Family-Centered Maternity Care (FCMC) is an approach to midwifery and maternity nursing that places the mother, baby, and family at the center of care. This approach has been shown to contribute to improving the birth experience, maternal satisfaction, and maternal and infant health outcomes. However, the implementation of FCMC shows significant variation across countries, influenced by social, cultural, and health system contexts. **Objective:** This literature review aims to analyze and synthesize research findings related to the implementation of Family-Centered Maternity Care in various countries, including the forms of implementation, the resulting outcomes, and the supporting and inhibiting factors. **Methods:** This study is a literature review of 25 scientific articles were obtained from reputable scientific databases. The articles were analyzed narratively using a thematic synthesis approach. Extracted data included study design, sample size, country of origin, instruments, and main outcomes. **Results:** The review showed that FCMC contributed positively to increasing maternal satisfaction, self-efficacy, communication quality, and family support. However, barriers were still found in the form of limited resources, institutional policies, and cultural norms. **Conclusion:** Family-Centered Maternity Care is a relevant and effective approach but requires contextual adaptation and health system support for optimal implementation.

## 1. Introduction

Family-Centered Maternity Care (FCMC) is a maternity care approach that places the mother, baby, and family at the center of health care during pregnancy, childbirth, and the postpartum period. This approach developed in response to conventional care models that tended to focus on health professionals and clinical procedures, with limited attention to the emotional, social, and cultural needs of the mother and her family (Bella et al., nd). Evidence suggests that a positive birth experience is determined not only by clinical outcomes but also by the quality of interactions, respect, and family support the mother receives throughout the care process (Tassie et al., 2025).

Globally, the quality of maternity care continues to show significant disparities between countries. In many developing countries, women still face various forms of non-family-centered care, such as limited birth companions, ineffective communication, lack of informed consent, and minimal emotional support. Even in high-income countries, family-centered care practices have not been consistently implemented, with limitations on family involvement and low maternal autonomy in decision-making during labor (Abeng et al., 2025). Research shows that implementing Family-Centered Maternity Care principles is associated with increased maternal satisfaction, feelings of security, self-confidence, and active family involvement in maternal and infant care (Rishard et al., 2025). Family involvement has been shown to play a crucial role in supporting maternal adaptation in the postpartum period, increasing breastfeeding success, and strengthening the mother-infant bond. Furthermore, FCMC has been associated with improved communication between healthcare providers and patients, as well as a reduction in negative experiences during labor (Stierman et al., 2023).

Although the benefits of Family-Centered Maternity Care have been widely reported, its implementation is heavily influenced by the social and cultural context, institutional policies, and the capacity of the health system in each country (Ruang & Intensif, 2025). Differences in cultural norms regarding family roles, resource limitations, Health worker workload and health facility policies are major challenges in optimally implementing FCMC. Therefore, a comprehensive understanding of how FCMC is implemented in various countries and the factors that influence it is crucial (Rahmayanti et al., 2021). Based on this background, this

literature review aims to synthesize research findings related to the implementation of Family-Centered Maternity Care in various countries, focusing on implementation characteristics, impacts on mothers and babies, and supporting and inhibiting factors (Worku et al., 2024). The results of this review are expected to provide a comprehensive overview of FCMC practices globally and serve as a basis for developing maternity nursing policies and practices, which is more centered on mothers and families.

## 2. Method

This study used a literature review design to synthesize research findings related to the implementation of Family-Centered Maternity Care (FCMC) in various countries. The literature review was conducted systematically and narratively to identify implementation patterns, outcomes, and supporting and inhibiting factors in family-centered maternity care (Anc, 2025). This method was chosen to gain a comprehensive understanding of FCMC practices across social, cultural, and health system contexts (Kassa et al., 2025).

### Literature Search Strategy

A literature search was conducted through several reputable scientific databases, including international journals and online academic sources. Keywords used included "Family-Centered Maternity Care," "Person-Centered Maternity Care," "maternity care," "maternal health services," and "family involvement." Keyword combinations were adjusted using Boolean operators to broaden and narrow search results according to the research focus.

### Inclusion and Exclusion Criteria

Articles included in this literature review met the inclusion criteria, namely: (1) research articles discussing the implementation or evaluation of Family-Centered or Person-Centered Maternity Care, (2) research conducted on maternity services covering pregnancy, childbirth, or postpartum, (Cendikia et al., 2024) (3) articles published in the last ten years, (4) available in full text form, and (5) written in English or Indonesian. Articles that were not relevant to the topic, in the form of editorials, opinions, or short reports without empirical data were excluded from the review.

### Article Selection and Characteristics

Based on the initial search results, a screening process was conducted based on the title and abstract to assess suitability for the research objectives. Articles that met the criteria were then reviewed in full. A total of 25 articles meeting all inclusion criteria were selected for further analysis. These articles came from various countries, including low-, middle-, and high-income countries, using quantitative, qualitative, and mixed methods research designs (Araújo et al., 2024).

### Data Extraction Process

Data extraction was conducted systematically using an extraction sheet that included author information and year of publication, country of origin, study design, sample size, instruments used, and key findings related to the implementation and impact of Family-Centered Maternity Care. The extracted data were then grouped by theme to facilitate the synthesis process.

### Data Analysis Techniques

Data were analyzed using a narrative and thematic synthesis approach. The study findings were grouped into several main themes, including the characteristics of FCMC implementation, the impact on mothers and babies, and the supporting and inhibiting factors of FCMC implementation in various countries (Engelhardt et al., 2025). The analysis was conducted by comparing findings across studies to identify patterns, similarities, and differences in the results.

## 3. Results and Discussion

This section presents a synthesis of 25 reviewed articles related to the implementation of Family-Centered Maternity Care (FCMC) in various countries, along with a discussion of these findings within the context of the literature and implications for maternity services. Results are presented thematically to describe study characteristics, implementation methods, and reported outcomes. The discussion follows by interpreting the findings, comparing them with previous research, and identifying knowledge gaps and limitations of the review.

### Characteristics of the Studies Reviewed

The 25 articles reviewed came from countries with diverse social, cultural, and health system backgrounds, spanning low-, middle-, and high-income countries. The studies came from South and Southeast Asia, Sub-Saharan Africa, Europe, and several specific contexts, such as areas with limited access to health services. This diversity of contexts shows that the FCMC concept has attracted global attention as a relevant approach to improving the quality of maternity services in various settings (Lazzerini et al., 2022).

The research designs used in the reviewed articles varied widely, including cross-sectional quantitative studies, qualitative studies using a phenomenological approach or in-depth interviews, mixed methods studies, and several validation studies of family-based childbirth experience instruments. This variety of designs allows for a more comprehensive understanding of FCMC, both in terms of quantitative outcome measurements and exploration of the subjective experiences of mothers and families (Engelhardt et al., 2025).

The sample sizes in the reviewed articles also show a wide range. Qualitative studies generally involve fewer than 50 participants, while large-scale survey studies involve thousands to over 20,000 respondents. The research subjects were mostly mothers who gave birth in health facilities, both in the intrapartum and early postpartum phases. Some studies also included partners, family members, and health workers to gain a more holistic perspective on FCMC implementation. This diversity of characteristics reinforces the finding that FCMC has been implemented and evaluated in various maternity care models.

**Table 1. General Characteristics of Reviewed Articles**

No	Aspect	Information
1	Number of articles	25
2	Country	Africa (n=10), Asia (n=9), Europe (n=6)
3	Design	Cross-sectional (n=12), qualitative (n=7), mixed (n=4), validation
4	Population	Intrapartum & postpartum mothers
5	Instrument	PCMC Scale, satisfaction survey, in-depth interviews

### Implementation of Family-Centered Maternity Care

Synthesis results indicate that FCMC implementation in various countries generally includes family involvement in clinical decision-making, the presence of a companion during labor, health education involving the family, and respect for the mother's values, preferences, and needs. In some contexts, FCMC is also realized through more open communication between health workers and families, as well as efforts to build trusting relationships during labor (Rishard et al., 2025).

In high-income countries, FCMC implementation is often integrated into maternity care policies, such as birth companion policies, rooming-in, and shared decision-making approaches. However, several studies report that even when these policies are in place, practice is still influenced by rigid clinical routines and institutional protocols, limiting the flexibility of healthcare workers in optimally implementing FCMC principles (Haryono et al., nd).

In contrast, in low and middle-income countries, FCMC implementation often faces structural challenges, such as limited space, lack of privacy, and high workloads for health workers. Several studies indicate that healthcare professionals still view family involvement during childbirth as an operational barrier, rather than a source of support for mothers. This suggests that the success of FCMC implementation depends heavily on health system readiness and contextual policy support (Lazzerini et al., 2022).

### Output of Family-Centered Maternity Care Implementation

A consistent finding is increased maternal satisfaction with maternity care. Mothers who receive FCMC-based care tend to feel more valued, safe, and actively involved in the birthing process compared to those receiving standard care (Tassie et al., 2025).

In addition to satisfaction, the quality of communication between mothers, families, and healthcare workers has also been reported to improve. Qualitative studies show that empathetic and participatory communication helps mothers understand the labor process, reduces anxiety, and increases trust in healthcare workers. Several quantitative studies have reported statistically significant differences in outcomes between the FCMC and non-FCMC groups ( $p < 0.05$ ), particularly in indicators of labor experience and maternal satisfaction.

Other frequently reported outcomes include increased emotional support during labor and the early postpartum period, increased maternal confidence in parenting, and improved breastfeeding success. However, not all studies report entirely positive results. Some articles indicate that the benefits of FCMC are not felt evenly, particularly in facilities with limited resources and weak policy support.

**Table 2. Output of Family-Centered Maternity Care Implementation**

Main Output	Direction of Findings	Study Context
Mother's satisfaction	Significant increase	The majority of quantitative studies
Communication quality	Better	Dominant in qualitative studies
Emotional support	Increase	Facilities with escort
Mother's self-confidence	Higher	Labor Early Postpartum
Breastfeeding success	Varied	Depends on system support

### Supporting and Inhibiting Factors for Implementation

A synthesis of the results indicates that FCMC implementation is influenced by various contextual factors. Supporting factors include institutional policy support, the competence and attitudes of healthcare workers, and a culture that encourages family involvement in maternity care (Haryono et al., n.d.). In some countries, training healthcare workers on family-centered care has been shown to strengthen FCMC implementation. Conversely, key inhibiting factors include resource constraints, overcrowding, lack of privacy, and certain cultural norms that limit the role of families (Komitas, 2020). In the context of facilities with high workloads, healthcare workers tend to prioritize clinical aspects over the emotional and social needs of mothers, resulting in the FCMC principles not being fully realized (Landry et al., 2023).

### Discussion of Synthesis of Cross-Country Findings

The results of this literature review indicate that although the principles of Family-Centered Maternity Care are universal, their implementation is strongly influenced by local context (Mothering, 2009). This finding aligns with previous research emphasizing that the success of FCMC depends not only on policy but also on health system readiness and cultural sensitivity (Ngarmbatedjimal et al., 2024). Differences between countries indicate gaps in the quality of family-centered maternity care, which require further attention (Rishard et al., 2025). This literature review also identified limitations, including variations in study designs, differences in measurement instruments, and imbalanced country representation (Stierman et al., 2024). Therefore, further research with more robust designs and contextual approaches is needed to strengthen the evidence regarding the effectiveness of Family-Centered Maternity Care.

## 4. Conclusion

This literature review indicates that Family-Centered Maternity Care (FCMC) is an effective approach to improving maternal satisfaction, self-efficacy, communication quality, and family support across a variety of healthcare settings (Stierman et al., 2023). Despite consistent positive results, FCMC implementation varies widely due to differences in resources, institutional policies, and sociocultural contexts. These findings highlight the importance of context-sensitive strategies and stronger health system support to optimize FCMC implementation, as well as the need for future research to strengthen the evidence base and guide policy and clinical practice in maternity care.

## Author Contributions

Azzahra Shafira Iwana: Conceptualization, Methodology, Data curation, Formal analysis, Investigation, Writing the original draft, Writing–review and editing. Amelia Agustina: Data curation, Investigation, Writing the original draft. Sheva Shevira Ramadhani Eka Putri: Data curation, Investigation, Writing the original draft. Uswatun Hasanah: Data curation, Investigation, Visualization. Zherly Freya Thalia: Data curation, Investigation, Validation, Writing–review and editing. All authors have equal contributions to the paper. All the authors have read and approved the final manuscript.

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## Declaration of Conflicting Interests

The authors declare that there are no conflicts of interest, either financial or personal, that may have influenced or biased the research, authorship, and/or publication of this article.

## Data Availability

The data supporting the findings in this study come from published scientific articles included in this literature review. No new primary data was generated or analyzed. All data sources are accessible through the original publications listed in the bibliography.

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