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THE ROLE OF MIDWIVES' COMMUNICATION IN BUILDING THERAPEUTIC RELATIONSHIPS AND IMPROVING PATIENT SATISFACTION IN MIDWIFERY CARE

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Abstract

Background: Midwifery communication is one of the key competencies in midwifery care that plays a role in improving patient satisfaction and the quality of care. Although there have been many studies on midwifery communication, the results remain scattered across various healthcare facilities, making a synthesis of scientific evidence necessary. Objective: To identify, evaluate, and synthesize scientific evidence regarding the role of midwifery communication in building therapeutic relationships and improving patient satisfaction in midwifery care through a Systematic Literature Review. Methods: This study employed a Systematic Literature Review method in accordance with the PRISMA 2020 guidelines. Articles were searched for in the Google Scholar and PubMed databases using keywords related to midwifery communication, therapeutic communication, patient satisfaction, and midwifery care. Articles published between 2020 and 2025 were selected based on inclusion and exclusion criteria, resulting in six articles that met the criteria for analysis using narrative synthesis. Results: The six reviewed articles consisted of five cross-sectional studies and one quasi-experimental study. All studies indicated that midwifery communication has a positive effect on patient satisfaction, while therapeutic communication contributes to reducing maternal anxiety during pregnancy and childbirth. Communication that is empathetic, clear, responsive, and involves patients in decision-making enhances the therapeutic relationship, patient satisfaction, and a positive service experience. Conclusion: Midwifery communication is a core competency that plays a role in building therapeutic relationships, enhancing patient satisfaction, and supporting mothers' psychological well-being. Strengthening communication competencies needs to be integrated into midwifery education, continuing professional development, and clinical practice to support high-quality, safe, and woman-centered midwifery care.

Keywords: therapeutic communication by midwives; patient satisfaction; midwifery care; systematic literature review.

INTRODUCTION

Maternal health constitutes one of the primary indicators for assessing the success of health development in a given country. Despite considerable advances in maternal health services, the maternal mortality ratio (MMR) remains a significant global challenge, particularly in developing nations. The World Health Organization (WHO) reported that approximately 287,000 women died from complications related to pregnancy and childbirth, with approximately 95% of these deaths occurring in low- and middle-income countries (World Health Organization, 2023). This circumstance underscores that expanding access to healthcare services alone is insufficient to reduce the risk of maternal mortality unless accompanied by concurrent improvements in the quality of healthcare delivery.

In Indonesia, reducing the maternal mortality ratio (MMR) has been designated as a key priority within the National Medium-Term Development Plan (Rencana Pembangunan Jangka Menengah Nasional/RPJMN) and supports the achievement of the Sustainable Development Goals

(SDGs), specifically Target 3.1, which aims to reduce the global MMR to fewer than 70 per 100,000 live births by 2030 (United Nations, 2015; Ministry of National Development Planning/Bappenas, 2020). A range of programmes have been implemented through the continuous strengthening of maternal health services spanning the antenatal, intrapartum, postnatal, and family planning periods as integral components of comprehensive maternal healthcare (Ministry of Health of the Republic of Indonesia, 2024).

The provision of such services requires not only clinical competence among healthcare professionals but also the capacity to establish effective communication, thereby ensuring that the care delivered addresses the physical, psychological, social, and emotional needs of patients (World Health Organization, 2018). Communication is recognised as a fundamental competency that midwives must possess in delivering midwifery care. Effective communication enables midwives to obtain accurate information regarding patients' conditions, deliver health education in a clear and comprehensible manner, establish trusting relationships, and enhance patient involvement in decision-making processes (International Confederation of Midwives, 2024; World Health Organization, 2016).

Through the concept of Woman-Centred Care, the WHO emphasises that midwifery services should respect the needs, values, and preferences of women throughout the care continuum. A key component of this framework is empathic communication that respects patients, provides opportunities for enquiry, and involves patients in clinical decision-making (World Health Organization, 2022). Accordingly, communication should no longer be regarded as a supplementary aspect of care but rather as an integral component in enhancing the quality of maternal health services.

Patient satisfaction is widely recognised as one of the principal indicators of healthcare quality employed in evaluating the effectiveness of midwifery services. A high level of satisfaction indicates that the care provided has met patients' expectations. Conversely, patient dissatisfaction may result in diminished trust in healthcare providers, reduced adherence to antenatal care, and a decline in community utilisation of healthcare facilities. Therefore, patient satisfaction not only reflects the quality of care received but also serves as an indicator of the effectiveness of communication between healthcare providers and patients.

Several studies conducted in Indonesia have demonstrated that midwife communication exerts a positive influence on the quality of midwifery services. In antenatal care settings, clear, empathic, and responsive communication has been shown to enhance the satisfaction of pregnant women (Nurbaity et al., 2025; Rahmadiana et al., 2025). In intrapartum care and independent midwifery practice settings, therapeutic communication has similarly been associated with increased patient satisfaction and reduced maternal anxiety during labour (Philip et al., 2024; Muharomah & Wintarsih, 2024; Nurafiyati et al., 2024; Vera et al., 2024). These findings suggest that midwife communication influences not only the care experience but also the psychological well-being of patients.

Although existing studies indicate that midwife communication plays a role in enhancing patient satisfaction and maternal psychological well-being, the available scientific evidence remains dispersed across various midwifery care settings, characterised by heterogeneous respondent profiles, research designs, and outcome measures. This fragmentation has precluded the development of a comprehensive understanding of the role of midwife communication in establishing therapeutic relationships and enhancing patient satisfaction within midwifery care. Therefore, the present study adopted a Systematic Literature Review approach to identify, evaluate, and synthesise the available scientific evidence regarding the role of midwife communication in fostering therapeutic relationships and improving patient satisfaction. The findings of this synthesis are anticipated to provide an evidence-based foundation for the development of midwife communication competencies and to inform efforts aimed at enhancing the quality of woman-centred midwifery care.

METHOD

This study employed a Systematic Literature Review (SLR) method to identify, evaluate, and synthesise the scientific evidence regarding the influence of midwife communication on patient satisfaction in midwifery care. This method was selected for its capacity to present a systematic, transparent, and comprehensive synthesis of research findings based on published scientific evidence. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines, encompassing the stages of identification, screening, eligibility assessment, and inclusion of articles (Page et al., 2021).

A systematic literature search was conducted in June 2026 using the Google Scholar and PubMed databases. The search strategy employed a combination of keywords in both Indonesian and English, utilising Boolean operators AND and OR. Indonesian-language keywords included "komunikasi bidan", "komunikasi terapeutik", "kepuasan pasien", "kepuasan ibu hamil", "pelayanan kebidanan", "antenatal care", and "persalinan". English-language keywords included "midwife communication", "therapeutic communication", "patient satisfaction", "maternal satisfaction", "midwifery care", "antenatal care", and "childbirth". The search strategy for the databases was constructed using Boolean operator combinations, such as ("midwife communication" OR "therapeutic communication") AND ("patient satisfaction" OR "maternal satisfaction") AND ("midwifery care" OR "antenatal care" OR "childbirth"), whereas the Google Scholar search was adapted using corresponding keyword combinations in Indonesian.

Articles selected for inclusion were original research articles published between 2020 and 2025 in either Indonesian or English. Article selection was performed based on pre-established inclusion and exclusion criteria. The inclusion criteria were as follows: (1) original research articles; (2) articles addressing midwife communication, therapeutic communication, or interpersonal

communication within midwifery care settings; (3) articles measuring patient satisfaction or psychological outcomes related to midwifery care; (4) articles available in full-text format; and (5) articles published in journals with an International Standard Serial Number (ISSN) or Digital Object Identifier (DOI). The exclusion criteria were as follows: (1) review articles, editorials, conference proceedings, or letters to the editor; (2) articles not available in full-text format; (3) articles not aligned with the research focus; (4) duplicate articles; and (5) articles that did not present complete research findings.

All retrieved articles were managed using Mendeley Desktop to facilitate reference management and the identification of duplicate entries. Subsequently, a screening process was conducted based on titles and abstracts. Articles meeting the preliminary criteria were then subjected to a comprehensive full-text review to determine eligibility in accordance with the established inclusion and exclusion criteria. The entire process of identification, screening, and selection was performed systematically in adherence to the PRISMA 2020 guidelines. The article selection process is presented in the PRISMA 2020 flow diagram.

Data extraction was performed on all articles that met the eligibility criteria using a standardised extraction form capturing the following information: author name(s), year of publication, study title, study location, research design, sample size, research instruments, study variables, principal findings, and study conclusions. The extracted data were subsequently analysed using a narrative synthesis approach, involving a comparative examination of study characteristics, research designs, respondent profiles, sample sizes, research instruments, and the principal findings of each article. This approach was adopted due to the heterogeneity observed across study designs, respondent characteristics, measurement instruments, and outcome measures, thereby necessitating a descriptive synthesis to obtain a comprehensive understanding of the influence of midwife communication on patient satisfaction within midwifery care

Table 1. Results of Research Article Extraction

No	Author(s) (Year)	Study Title	Research Design	Sample	Instruments	Principal Findings
1	Nurbaity, Rahmah, Agustina, & Unaida (2025)	The Relationship Between Midwife Communication and Pregnant Women's Satisfaction with Antenatal Care Services at	Quantitative study with a cross-sectional analytical design. Analysis was performed	40 pregnant women attending antenatal care visits at Sawang Community Health	Midwife communication questionnaire and maternal satisfaction questionnaire	The analysis revealed that midwife communication exerted a significant influence on pregnant women's satisfaction (B =

No	Author(s) (Year)	Study Title	Research Design	Sample	Instruments	Principal Findings
		Sawang Community Health Centre, North Aceh	using simple linear regression.	Centre		0.375; t = 2.158; p = 0.037). Empathic communication, the use of comprehensible language, and maternal involvement in care were found to enhance satisfaction with antenatal care services.
2	Rahmadiana, Annisa, & Rossita (2025)	The Relationship Between Midwife Communication and Pregnant Women's Satisfaction with Antenatal Care Services at Padang Ulak Tanding Community Health Centre	Quantitative study with a cross-sectional design using the Chi-square test.	Pregnant women receiving antenatal care services at Padang Ulak Tanding Community Health Centre	Midwife communication questionnaire and maternal satisfaction questionnaire	A statistically significant association was identified between midwife communication and the level of pregnant women's satisfaction (p = 0.000). Women who received clear, courteous, and responsive interpersonal communication demonstrated higher levels of satisfaction compared to those who received suboptimal communication
3	Philip,	The Relationship	Quantitative	Parturient	Therapeutic	Midwife therapeutic

No	Author(s) (Year)	Study Title	Research Design	Sample	Instruments	Principal Findings
	Selvia, & Haryati (2024)	Between Midwife Therapeutic Communication and Patient Satisfaction Among Parturient Women at Independent Midwifery Practice "N", Batam City	study with a cross-sectional design.	women at Independent Midwifery Practice "N", Batam City	communication questionnaire and patient satisfaction questionnaire	communication was significantly associated with parturient patient satisfaction. Communication spanning from the orientation phase through to the termination phase was found to enhance patient comfort, trust, and positive experiences during the childbirth process
4	Vera, Putri, & Novita (2024)	The Effectiveness of Midwife Therapeutic Communication in Reducing Anxiety Among Pregnant Women Approaching Labour	Quasi-experimental study with a pretest–posttest design.	Third-trimester pregnant women	Anxiety level questionnaire	Following the administration of therapeutic communication, a statistically significant reduction in anxiety was observed ($p < 0.05$). Therapeutic communication enhanced maternal psychological preparedness for labour through the provision of information, emotional support,

No	Author(s) (Year)	Study Title	Research Design	Sample	Instruments	Principal Findings
						and the establishment of a trusting relationship between the midwife and patient
5	Muharomah & Wintarsih (2024)	The Relationship Between Midwife Therapeutic Communication and Maternal Anxiety During Labour at Prasetya Bunda Hospital, Tasikmalaya	Quantitative study with a cross-sectional design.	Parturient women at the hospital	Therapeutic communication questionnaire and anxiety questionnaire	A statistically significant association was identified between midwife therapeutic communication and the level of maternal anxiety during labour ($p = 0.002$). Higher quality therapeutic communication provided by midwives was associated with lower levels of maternal anxiety during the childbirth process
6	Nurafiyati, Winangsih, & Kurniawati (2024)	The Influence of Midwife Communication on Patient Satisfaction in Independent Midwifery Practice	Quantitative study with a cross-sectional design.	Patients receiving care at an Independent Midwifery Practice	Midwife communication questionnaire and patient satisfaction questionnaire	Midwife communication exerted a significant influence on patient satisfaction. Communicative, responsive, and patient-centred care enhanced patients'

No	Author(s) (Year)	Study Title	Research Design	Sample	Instruments	Principal Findings
						perceptions of service quality and their trust in midwives

RESULTS AND DISCUSSION

1. The Influence of Midwife Communication on Patient Satisfaction in Midwifery Services

The synthesis of the four analysed articles demonstrates that midwife communication constitutes a significant determinant of patient satisfaction in midwifery care. All reviewed studies consistently reported a statistically significant association between the quality of midwife communication and the level of patient satisfaction across antenatal care (ANC), independent midwifery practice, and intrapartum care settings. These findings indicate that communication functions not merely as a medium for conveying health-related information but also as an integral component in the formation of therapeutic relationships between midwives and patients.

The study conducted by Nurbaity et al. (2025) demonstrated that midwife communication exerted a statistically significant influence on pregnant women's satisfaction with antenatal care services at Sawang Community Health Centre, North Aceh ($p = 0.037$). The study elucidated that communication delivered using comprehensible language, empathic demeanour, attentive listening to patient concerns, and maternal involvement in the care process enhanced positive perceptions of the quality of care provided. This finding was corroborated by Rahmadiana et al. (2025), who reported that midwife interpersonal communication was highly significantly associated with pregnant women's satisfaction ($p = 0.000$). Pregnant women who received clear, responsive, and communicative explanations demonstrated higher levels of satisfaction compared to those who received suboptimal communication. The consistency of findings between these two studies indicates that midwife communication not only serves as a means of information delivery but also constitutes a factor influencing patients' perceptions of service quality. Effective communication enables patients to acquire a more comprehensive understanding of their pregnancy conditions, thereby enhancing trust, involvement in decision-making, and adherence to healthcare providers' recommendations.

The findings of both studies suggest that the success of antenatal care is influenced not solely by the accuracy of clinical interventions but also by the midwife's capacity to establish effective communication. Information delivered in a clear and comprehensible manner enhances maternal understanding of pregnancy conditions, strengthens adherence to healthcare providers' recommendations, and increases trust in the care received. Conversely, ineffective communication

may give rise to misunderstandings, diminish patient trust, and ultimately result in reduced satisfaction with healthcare services.

These findings are also consistent with the concept of woman-centred care recommended by the World Health Organization. This framework emphasises that quality midwifery care must respect women's needs, values, and preferences through effective communication, the provision of clear information, and the involvement of women in all health-related decision-making processes. This approach not only strengthens the therapeutic relationship between midwives and patients but also enhances the care experience, trust, and patient satisfaction (World Health Organization, 2022).

Furthermore, the findings of this review lend support to the Woman-Centred Care framework developed by the World Health Organization (2018). The WHO affirms that quality midwifery care should not be solely oriented towards clinical outcomes but should also attend to women's experiences throughout the care process. Midwives are expected to provide clear information, respect patients' choices, offer opportunities for enquiry, and involve mothers in every decision-making process. This approach has been demonstrated to enhance women's positive experiences during pregnancy and childbirth and to improve satisfaction with healthcare services (World Health Organization, 2018).

Analogous findings were also observed in intrapartum care settings. The study by Philip et al. (2024) demonstrated that midwife therapeutic communication was significantly associated with patient satisfaction among parturient women at an Independent Midwifery Practice in Batam City. Therapeutic communication implemented from the orientation phase, through the working phase, to the termination phase was found to enhance patients' sense of security, strengthen trusting relationships, and create a more positive childbirth experience. These findings were reinforced by Nurafiyati et al. (2024), who concluded that midwife communication exerted a significant influence on patient satisfaction in independent midwifery practice. Patients who received communicative, responsive, and individually attentive care demonstrated higher levels of satisfaction compared to those who received less effective communication. The consistency of findings across intrapartum care and independent midwifery practice settings indicates that the benefits of midwife communication extend beyond antenatal care and remain equally important during the intrapartum phase. This suggests that therapeutic communication represents a competency of relevance throughout the continuum of midwifery care, as it facilitates the establishment of trusting relationships, reduces anxiety, and enhances patients' positive experiences during care.

These findings demonstrate that midwife communication is a critical component in the delivery of quality midwifery care. Effective communication facilitates the establishment of

therapeutic relationships, enhances patient participation in decision-making, and creates positive care experiences. These findings are consistent with the woman-centred care framework recommended by the World Health Organization (2022), which emphasises the importance of communication that respects women's needs, preferences, and involvement throughout the care process. Moreover, effective communication constitutes one of the core competencies of midwives, as affirmed by the International Confederation of Midwives (2024) and the Indonesian Midwifery Professional Standards (Ministry of Health of the Republic of Indonesia, 2023). The findings of this review are further substantiated by the studies of Febriati and Novika (2021) and Pamungkas et al. (2024), which demonstrated that the use of comprehensible language, the provision of opportunities for patients to ask questions, appropriate verbal and non-verbal communication, and constructive feedback are essential elements in establishing therapeutic relationships and enhancing the quality of midwifery care.

Overall, the synthesis of the four studies demonstrates that midwife communication exerts a consistent influence on patient satisfaction across diverse midwifery care settings. Despite variations in study locations, respondent characteristics, and healthcare facilities, all studies yielded a convergent pattern: the higher the quality of communication provided by midwives, the greater the level of patient satisfaction with midwifery care. These findings underscore the importance of developing communication competencies as an integral component of midwives' core competencies, encompassing the domains of education, training, and professional practice. The findings further indicate that the strengthening of communication competencies should be systematically integrated into midwifery education, professional training, clinical practice supervision, and service quality evaluation. Accordingly, midwife communication should no longer be regarded merely as an interpersonal skill but rather as a professional competency that contributes to the enhancement of service quality, patient satisfaction, adherence to healthcare services, and the establishment of woman-centred therapeutic relationships.

2. **The Influence of Therapeutic Communication on Mothers' Psychological Condition in Midwifery Care**

The synthesis of the two reviewed articles demonstrates that therapeutic communication not only contributes to enhancing patient satisfaction but also exerts a positive impact on maternal psychological well-being during both pregnancy and labour. Anxiety constitutes one of the most prevalent psychological responses experienced by pregnant and parturient women, arising from physical and emotional changes as well as apprehension regarding the childbirth process and neonatal safety. Under such circumstances, therapeutic communication serves as an effective non-pharmacological intervention to assist mothers in managing anxiety and enhancing their preparedness for the childbirth process.

The study by Vera et al. (2024) demonstrated that therapeutic communication delivered by midwives significantly reduced the level of anxiety among pregnant women approaching labour ($p < 0.05$). The communication intervention was implemented through the provision of information regarding the childbirth process, emotional support, opportunities for mothers to express their feelings, and the use of empathic communication. This approach facilitated maternal comprehension of the conditions they would encounter, thereby enhancing self-confidence and preparedness for childbirth.

These findings were corroborated by the study of Muharomah and Wintarsih (2024), which identified a statistically significant association between midwife therapeutic communication and the level of maternal anxiety during labour ($p = 0.002$). The study demonstrated that mothers who received adequate therapeutic communication tended to exhibit lower levels of anxiety compared to those who received suboptimal communication. This suggests that the midwife's capacity to provide psychological support through communication constitutes an essential component of quality midwifery care.

The consistency of findings across both studies indicates that therapeutic communication functions as a psychosocial intervention that assists mothers in mitigating uncertainty regarding pregnancy and the childbirth process. Clear information, empathic demeanour, and the opportunity for mothers to express their concerns facilitate the development of a sense of security and a trusting relationship between the midwife and patient. These conditions contribute to the reduction of anxiety, the enhancement of self-confidence, and improved maternal preparedness for the childbirth process.

The findings of this review are also consistent with several studies conducted in Indonesia, which have demonstrated that therapeutic communication implemented in an empathic, responsive, and patient-centred manner is capable of establishing therapeutic relationships, enhancing trust, and providing psychological support that contributes to reduced anxiety and increased patient satisfaction (Philip et al., 2024; Muharomah & Wintarsih, 2024; Vera et al., 2024).

These synthesis findings further align with the recommendations of the World Health Organization (2018) and the International Confederation of Midwives (ICM, 2024), which affirm that effective communication constitutes an essential component of woman-centred midwifery care. Through communication that respects dignity, provides clear information, demonstrates empathy, and involves women in decision-making, midwives can create a more positive childbirth experience whilst simultaneously enhancing maternal psychological well-being.

From a psychological perspective, therapeutic communication facilitates anxiety reduction through the enhancement of maternal understanding of their condition, the alleviation of

uncertainty, and the strengthening of trust in the midwife as a healthcare provider. The combination of clear education and emotional support reinforces the mother's capacity to navigate pregnancy and childbirth, thereby positioning therapeutic communication not merely as an educational instrument but also as a psychological intervention that supports maternal well-being.

Based on the synthesis of both studies, it can be concluded that therapeutic communication represents a critical intervention in midwifery care that contributes to the reduction of maternal anxiety. Communication that is empathic, transparent, responsive, and patient-centred not only enhances maternal psychological preparedness for childbirth but also strengthens the therapeutic relationship between midwives and patients. These findings demonstrate that therapeutic communication should not be regarded merely as an interpersonal skill but rather as a professional competency that contributes to maternal psychological well-being, the enhancement of therapeutic relationship quality, and the overall quality of midwifery care. Accordingly, the strengthening of communication competencies should be integrated into midwifery education, continuing professional development, and service quality evaluation within healthcare facilities.

3. Critical Analysis and Implications for Midwifery Practice

Based on the synthesis of the six reviewed articles, a consistent pattern of findings emerged demonstrating that midwife communication exerts a positive influence on both patient satisfaction and maternal psychological well-being within midwifery care. Despite the studies having been conducted across diverse healthcare facilities, including community health centres, independent midwifery practices, and hospitals, all studies indicated that effective communication enhances the patient experience during the care process. This consistency of findings suggests that communication constitutes one of the core competencies that is inseparable from professional midwifery practice.

Notwithstanding this consistency, several methodological differences were identified among the reviewed studies. Five studies employed a cross-sectional design, whilst one study utilised a quasi-experimental design. Despite the variation in research designs, all studies demonstrated a consistent direction of findings, indicating that midwife communication positively influences patient satisfaction and maternal psychological well-being. However, the predominance of cross-sectional designs indicates that the available evidence remains at the observational level, and is therefore insufficient to establish a robust causal relationship between midwife communication and midwifery care outcomes. Furthermore, cross-sectional designs preclude the evaluation of changes in patient outcomes over time; consequently, the long-term effectiveness of midwife communication requires further substantiation through longitudinal or experimental research.

Conversely, the study by Vera et al. (2024), which employed a pretest–posttest design, provides a higher level of evidence regarding the effectiveness of therapeutic communication in reducing anxiety among pregnant women, as it enabled the comparison of respondents' conditions before and after the intervention. This finding was further supported by Pratiwi (2021), who demonstrated a significant association between midwife therapeutic communication and parturient women's satisfaction. Although the latter study employed a cross-sectional design and was therefore unable to directly establish a causal relationship, the consistency of its findings with the studies synthesised in this review suggests that therapeutic communication represents a significant determinant of patient satisfaction across diverse midwifery care contexts. Accordingly, future research is recommended to employ experimental or longitudinal designs to evaluate whether improvements in midwife communication competencies can exert a sustained impact on patient satisfaction and maternal psychological outcomes.

Additional differences were observed in respondent characteristics and study locations. Several studies were conducted among pregnant women receiving antenatal care, whilst others involved parturient women or patients at independent midwifery practices. This variation in characteristics demonstrates that midwife communication yields consistent benefits across various stages of midwifery care, spanning from the antenatal period through to labour. However, the scope of the reviewed studies, which was confined to these two phases, indicates that the scientific evidence regarding the effectiveness of midwife communication across the entire continuum of midwifery care remains incomplete. Beyond the absence of evidence pertaining to postnatal care and family planning services, all reviewed studies focused exclusively on short-term outcomes, such as patient satisfaction and anxiety. No studies were identified that evaluated the impact of midwife communication on long-term outcomes, including adherence to follow-up visits, exclusive breastfeeding success, contraceptive continuation, or patient loyalty to midwifery services. These outcomes represent important indicators for assessing the success of continuous midwifery care and the effectiveness of midwife communication in supporting behavioural change and sustained healthcare utilisation. Therefore, future research should evaluate the role of midwife communication across the entire midwifery care cycle, incorporating both short-term and long-term outcomes to obtain a more comprehensive understanding of the impact of communication on service quality.

Despite the reviewed studies having been conducted with varying respondent characteristics, locations, and research designs, all studies demonstrated a convergent pattern of findings: the higher the quality of communication delivered by midwives, the greater the level of patient satisfaction and the lower the level of maternal anxiety. This consistency strengthens the evidence that communication constitutes one of the critical factors influencing the quality of

midwifery care. These findings indicate that midwife communication represents a consistent determinant across diverse midwifery care contexts. Irrespective of differences in respondent characteristics or healthcare facilities, patient-oriented communication continues to play a role in fostering trust, enhancing patient understanding, and promoting patient involvement in decision-making processes. Accordingly, the effectiveness of communication is determined primarily by the midwife's capacity to implement communication that is empathic, responsive, and patient-centred.

These findings are further supported by the study of Febriati and Novika (2021) regarding the implementation of interpersonal communication and counselling by midwives in antenatal care services. Their study demonstrated that communication delivered in accordance with midwifery care standards encompasses not merely the conveyance of examination results but also education regarding pregnancy complaints, danger signs, breastfeeding preparation, and childbirth preparation. Moreover, the use of comprehensible language, the provision of opportunities for mothers to ask questions, and the evaluation of patient understanding constitute essential components of establishing a therapeutic relationship between midwives and patients. These findings reinforce the synthesis of the present review, indicating that interpersonal communication implemented in a structured and patient-centred manner represents an essential component in enhancing the quality of midwifery care and establishing effective therapeutic relationships.

In contrast to quantitative studies that generally measure only the association between communication and patient satisfaction, the study by Pamungkas et al. (2024) provided a more in-depth understanding of the mechanisms through which interpersonal communication is established in midwifery practice. Their study demonstrated that effective communication depends not solely on information delivery but also on the use of comprehensible language, appropriate verbal and non-verbal communication, the provision of opportunities for patients to ask questions, and the presence of feedback to ensure the message is adequately understood. This suggests that the success of therapeutic communication is determined not merely by the content of the information conveyed but also by the quality of interaction between the midwife and patient throughout the care process.

In contrast to the majority of studies that position patient satisfaction as the primary outcome of midwife communication, the study by Mutia et al. (2025) extended the evidence base by demonstrating that interpersonal communication also contributes to changes in maternal health behaviour. This indicates that therapeutic communication not only produces a more positive care experience but also promotes adherence to healthcare recommendations. Accordingly, midwife communication may be conceptualised as an intervention that supports the success of midwifery care through the enhancement of active patient involvement in the care process.

These findings were further substantiated by Tambunan et al. (2025), who demonstrated that the provision of therapeutic communication training to midwives significantly enhanced parturient women's satisfaction compared to a control group of midwives who did not receive such training. This quasi-experimental study demonstrated that the improvement of communication competencies influences not only empathy but also the responsiveness, assurance, reliability, and aesthetics of midwifery care. These results indicate that therapeutic communication constitutes a competency that can be developed through training, with the potential to enhance the overall quality of midwifery care.

The synthesis of the present review demonstrates that midwife communication represents an essential component in realising quality midwifery care. Communication that is effective, empathic, and responsive facilitates the establishment of a professional relationship between midwives and patients, enhances patient involvement in decision-making, and creates positive care experiences. Furthermore, effective communication contributes to improved patient satisfaction, trust in healthcare providers, adherence to recommendations, and the delivery of care that is centred on patient needs. Therefore, effective communication should be recognised as a key indicator for enhancing the quality of woman-centred midwifery care (Ministry of Health of the Republic of Indonesia, 2024; World Health Organization, 2022).

The findings of this review also support the recommendations of the World Health Organization (2018), which emphasise the importance of woman-centred midwifery care. The WHO affirms that every woman is entitled to care that respects her dignity, maintains her privacy, provides clear information, involves her in decision-making, and offers emotional support throughout the care process. The synthesis presented in this review demonstrates that communication adhering to these principles enhances patient satisfaction whilst simultaneously improving maternal experiences during pregnancy and childbirth.

From the perspective of midwifery practice, the findings of this review carry significant implications for the enhancement of midwife competencies. Communication proficiency should not be understood merely as the ability to convey information but should also encompass the capacity to establish therapeutic relationships, demonstrate empathy, engage in active listening, respect patient choices, and provide psychological support tailored to individual needs. Therefore, the strengthening of communication competencies should be integrated into midwifery education curricula, continuing professional development programmes, clinical practice supervision, and service quality evaluation within healthcare facilities. This position is further endorsed by the Global Standards for Midwifery Education, which emphasise that interpersonal communication skills, collaboration, and the delivery of woman-centred care constitute fundamental competencies

that must be possessed by all midwifery graduates (International Confederation of Midwives, 2021).

In contrast to primary studies that typically evaluate midwife communication within a single type of service or with respect to a single outcome, the synthesis presented in this review demonstrates that midwife communication makes a consistent contribution across diverse midwifery care settings, including antenatal care, intrapartum care, and independent midwifery practice. These findings illustrate that communication not only influences patient satisfaction but also contributes to maternal psychological well-being through the establishment of patient-centred therapeutic relationships. Although this review provides a comprehensive overview regarding the influence of midwife communication on patient satisfaction, several limitations warrant consideration. The majority of the reviewed articles employed cross-sectional designs, and all studies originated from Indonesia, thereby limiting the generalisability of the findings to broader populations. Furthermore, the relatively small number of articles meeting the inclusion criteria suggests that the synthesis findings require further corroboration from studies employing more rigorous designs, such as cohort studies, experimental trials, and multicentre research. Accordingly, future research is recommended to incorporate a greater number of international articles, employ research methods with higher levels of evidence, and evaluate the effectiveness of midwife communication across diverse types of midwifery services, including postnatal care, family planning, and other reproductive health services.

Overall, the findings of this Systematic Literature Review demonstrate that midwife communication constitutes one of the key factors in enhancing the quality of midwifery care. Effective communication not only improves patient satisfaction but also strengthens therapeutic relationships, enhances trust in healthcare providers, reduces anxiety, and supports the realisation of midwifery care that is safe, of high quality, and centred on women..

CONCLUSION

Based on the findings of the Systematic Literature Review of six articles that met the inclusion criteria, it can be concluded that midwife communication constitutes a critical factor in establishing therapeutic relationships and enhancing patient satisfaction across diverse midwifery care settings. Communication that is clear, empathic, responsive, and patient-centred enhances trust, patient involvement in decision-making, and creates a more positive care experience.

The synthesis findings also demonstrate that therapeutic communication not only contributes to the enhancement of patient satisfaction but also plays a role in reducing anxiety and supporting maternal psychological well-being during both pregnancy and labour. These findings affirm that communication represents one of the core competencies of midwives that supports the realisation of woman-centred midwifery care.

The implications of this review highlight the need to strengthen midwife communication competencies through midwifery education, continuing professional development, and the evaluation of care practices. Furthermore, future research is recommended to employ research designs with higher levels of evidence and to evaluate the effectiveness of midwife communication across various stages of midwifery care in order to strengthen the scientific evidence regarding its impact on patient outcomes.

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