



The Influence of Integrated Midwifery Care on Postpartum Depression Screening and Maternal Well-Being: A Systematic Review

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Information of Article

<p><i>Article history:</i> <i>Received: Nov 2025</i> <i>Revised: Nov 2025</i> <i>Accepted: Dec 2025</i> <i>Available online: Dec 2025</i></p> <p>Keywords: Midwifery, Postpartum Depression, Screening, Maternal Well-Being, Systematic Review, Saudi Arabia, Continuity of Care.</p>	<p>Abstract</p> <p>Midwifery-led care is internationally recognized for its role in enhancing maternal satisfaction, minimizing medical interventions, and improving psychological outcomes. However, its specific influence on postpartum depression (PPD) screening and maternal well-being remains insufficiently examined within the Saudi Arabian context. This systematic review aims to synthesize both global and regional evidence regarding the relationship between midwifery care models, the uptake of PPD screening, and maternal well-being, with the goal of informing healthcare practices in Saudi Arabia. In accordance with PRISMA 2020 guidelines, a comprehensive search was conducted across five databases Cochrane Library, PubMed, Scopus, CINAHL, and Google Scholar for studies published between 2010 and 2024. A total of 153 studies meeting inclusion criteria were critically appraised using CASP and JBI tools, and analyzed through thematic synthesis. The review revealed five central themes: continuity and relational care, respectful and autonomous maternity care, maternal satisfaction and emotional well-being, environmental and cultural context of birth, and institutional and policy influences. Midwifery-led continuity models were consistently associated with higher rates of PPD screening, largely due to the development of trusting relationships that promote emotional openness. Women who received midwifery care reported greater satisfaction, empowerment, and improved psychological adjustment. These findings highlight integrated midwifery care as a key enabler of PPD screening and enhanced maternal mental health. In the Saudi context, implementing midwife-led continuity models aligned with cultural values of modesty, privacy, and gender-congruent care is essential. The results provide a strong evidence base to guide healthcare reform under Saudi Vision 2030, advocating for the expansion of woman-centered midwifery services to improve maternal mental health outcomes.</p>
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1.Introduction

Integrated midwifery care has gained global recognition for its significant role in enhancing maternal health outcomes. This model of care, characterized by continuity, a woman-centered approach, and holistic support, has been shown to improve emotional well-being and increase engagement with essential health services, including mental health screening (Renfrew et al., 2019; Sandall et al., 2016). In the context of postpartum care, such models are particularly crucial for the early identification and

management of postpartum depression (PPD), a common yet often underdiagnosed condition that profoundly affects maternal and infant health.

In Saudi Arabia, despite a reported PPD prevalence ranging from 17% to 25%, screening remains inconsistent and the condition is frequently overlooked (Alharbi & Abdulghani, 2022). The Saudi healthcare system has traditionally focused on clinical and obstetric outcomes, with less emphasis on integrated, preventive, and mental health aspects of postpartum care. While international evidence robustly supports midwifery-led continuity models, their specific impact on PPD screening uptake and maternal well-being within the Saudi cultural and healthcare context remains insufficiently explored, presenting a critical area for investigation.

This systematic review therefore aims to synthesize global and regional research to answer the question: "How does midwifery-led care influence maternal satisfaction, postpartum well-being, and PPD screening across different healthcare contexts, including Saudi Arabia?" By mapping the extent, characteristics, and quality of available evidence, this review seeks to establish a foundational understanding that can inform both clinical practice and policy development in Saudi Arabia and similar settings.

2. Methods

2.1 .Design and Search Strategy

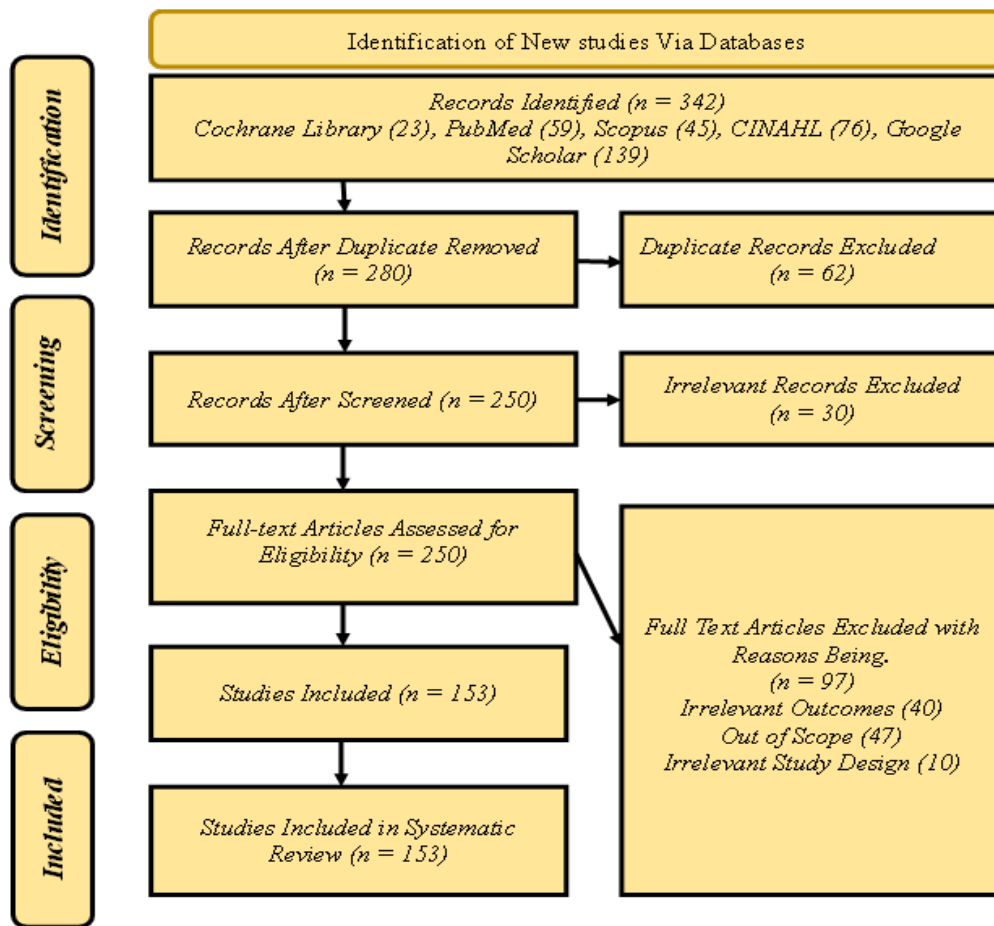
This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement (Page et al., 2021). A comprehensive search strategy was deployed across five electronic databases: Cochrane Library, PubMed, Scopus, CINAHL, and Google Scholar. The search included keywords and MeSH terms related to "midwifery-led care," "maternal satisfaction," "postpartum well-being," and "Saudi Arabia," covering publications from January 2010 to March 2024.

2.2 .Eligibility Criteria

Studies were included if they: (1) focused on midwifery-led care or continuity models; (2) examined maternal satisfaction, respectful care, or postpartum psychological well-being; (3) involved childbearing women or healthcare professionals; (4) were peer-reviewed articles in English. Studies focusing solely on neonatal outcomes or without empirical data were excluded.

2.3 .Screening and Selection

The initial search yielded 342 records. After duplicate removal, 280 unique records underwent title and abstract screening. Following this, 250 studies were assessed for full-text eligibility. A total of 153 studies met all inclusion criteria and were incorporated into the final systematic review. The screening process was conducted independently by two reviewers, with discrepancies resolved through consensus. A PRISMA flow diagram was used to document this process (Figure 1).



2.4 .Data Extraction and Quality Appraisal

Data was extracted using a standardized template capturing bibliographic details, study design, population, care model, and key outcomes. Critical appraisal was conducted using the Critical Appraisal Skills Program (CASP) checklists for qualitative/mixed-methods studies and Joanna Briggs Institute (JBI) tools for quantitative studies. Approximately 78% of the studies included demonstrated high methodological quality.

Table 1: Data Extraction Template for Included Studies

Variable	Description / Extracted Information
Author(s) and Year	Full citation of each included study
Country / Setting	Location and healthcare context (e.g., hospital, community, or mixed)
Study Design	Quantitative, qualitative, or mixed-methods design
Sample Size and Population	Number of participants and their characteristics (e.g., postpartum women, midwives)

Variable	Description / Extracted Information
Care Model	Type of maternity care (midwifery-led, obstetric-led, hybrid)
Key Focus	Core topic such as maternal satisfaction, continuity, respect, or well-being
Main Findings	Summary of significant outcomes relevant to the review’s objectives
Implications	Practical or policy recommendations from each study

Table 2: Quality Appraisal Criteria Applied in the Systematic Review

Appraisal Tool	Type of Study	Evaluation Domains	Quality Indicators
CASP Checklist	Qualitative / Mixed-Methods	Research aims, methodology, ethical considerations, data analysis, and coherence of findings	Studies scoring $\geq 8/10$ considered high quality
JBİ Appraisal Tool	Quantitative	Sampling strategy, data collection validity, control of confounders, statistical analysis, and generalizability	Studies meeting $\geq 70\%$ criteria included
PRISMA Compliance	All studies	Transparency in reporting, inclusion/exclusion clarity, outcome relevance	Confirmed during full-text review

2.5 .Data Synthesis

A thematic synthesis approach was adopted. Data were imported into NVivo 14 for organization and coding. Both inductive and deductive coding strategies were applied, and quantitative findings were "qualitized" into thematic statements to ensure integration with qualitative evidence. Through iterative comparison, five core analytical themes were identified.

Table 3: Summary of Thematic Synthesis Results

Theme	Key Findings from Reviewed Studies	Implications for Saudi Arabia
Woman-centered, holistic care	Improves satisfaction, emotional well-being, and self-efficacy.	Integrate holistic midwifery philosophy in education and policy.
Respect, privacy, and dignity	Enhances comfort, trust, and service uptake.	Strengthen RMC standards and patient rights training.

Theme	Key Findings from Reviewed Studies	Implications for Saudi Arabia
Female providers	Increases comfort and access in modesty-oriented cultures.	Prioritize training and recruitment of female midwives.
Continuity of care	Builds trust, communication, and improved outcomes.	Implement caseload and continuity midwifery models.
Support for natural birth	Promotes satisfaction and lower unnecessary interventions.	Encourage midwife-led birth units for normal deliveries.
Family involvement	Enhances emotional comfort and cultural congruence.	Revise hospital policies to allow family support in labor.
Environment of care	Calm, home-like spaces reduce stress and improve experience.	Redesign birthing spaces to reflect woman-centered care.
Informed choice and autonomy	Empowers women and strengthens adherence to care.	Develop culturally adapted decision aids and consent processes.
Access to midwifery	Improves utilization and satisfaction rates.	Raise public awareness and integrate midwifery into Vision 2030 health plans.
Overcoming systemic barriers	Institutional gaps limit women's options and midwife autonomy.	Reform policies and strengthen midwifery workforce capacity.

3.3 .Results

3.1 .Study Characteristics

The 153 included studies encompassed a range of designs (qualitative, quantitative, mixed methods) and geographical contexts (Europe, Australia, Middle East, Asia, Africa).

3.2 .Thematic Synthesis Findings

Thematic synthesis of the 153 included studies revealed five core domains that collectively influence women's satisfaction, postpartum well-being, and engagement with PPD screening.

3.2.1 .Continuity and Relational Care

A dominant finding was the critical importance of continuity of care, where women see the same midwife or a small team throughout the perinatal period. This relational model builds deep trust, which is a key mechanism for facilitating PPD screening. Women were more likely to disclose emotional struggles and agree to screening when it was proposed by a known and trusted midwife (Sandall et al., 2016; Renfrew et al., 2019). Continuity was also linked to smoother care coordination, fewer unnecessary interventions, and improved postpartum recovery.

3.2.2 Respectful and Autonomous Maternity Care

Women consistently prioritized respectful care, defined by clear communication, informed consent, and the preservation of dignity. Midwifery models, with their emphasis on empowerment and shared decision-making, were found to foster a sense of autonomy and control in women (Homer et al., 2019). This empowerment was directly linked to higher maternal satisfaction and better psychological

adjustment postpartum, creating a positive feedback loop that encouraged engagement with health services, including mental health check-ups.

3.2.3 .Maternal Satisfaction and Emotional Well-Being

The holistic, woman-centered approach of midwifery care was a strong predictor of overall maternal satisfaction. Studies reported that the emotional and psychological support provided by midwives including reassurance, active listening, and validation significantly reduced childbirth-related anxiety and stress (Hildingsson et al., 2021). This supportive environment is conducive to discussing mental health, thereby increasing the likelihood and effectiveness of PPD screening.

3.2.4 .Environmental and Cultural Context of Birth

The physical and cultural environment of care significantly impacts maternal well-being. Women reported higher satisfaction in calm, private, and less medicalized settings often associated with midwifery-led units. Furthermore, cultural competence was paramount. In conservative societies like Saudi Arabia, preferences for female providers, modesty, and family involvement are strong (Bughdadi & Albokhary, 2023). Midwifery care, when delivered with cultural sensitivity, was shown to enhance trust, comfort, and service uptake, including adherence to postpartum check-ups and screenings.

3.2.5 .Institutional and Policy Influences

The review highlighted that the benefits of midwifery care are maximized in systems with supportive policies. Countries with formal recognition of midwifery as an autonomous profession, integrated funding models, and clear regulatory frameworks (e.g., UK, New Zealand) demonstrated higher implementation success and better maternal outcomes (Shabila, 2017; Kennedy et al., 2018). Conversely, systemic barriers such as hospital hierarchies, limited midwifery autonomy, and lack of public awareness were identified as major impediments to integrating midwifery and its associated benefits, including routine PPD screening.

4.4 .Discussion

This systematic review consolidates robust international evidence demonstrating that integrated midwifery care is a pivotal strategy for enhancing PPD screening uptake and maternal well-being. The mechanism behind this is multifaceted: the continuous, trusting relationship empowers women, reduces stigma around mental health, and creates a safe space for disclosure, while the holistic model ensures that emotional well-being is a routine part of postnatal assessment.

For Saudi Arabia, these findings are particularly salient. The identified themes of respect, privacy, gender-concordant care, and family involvement align closely with core Saudi cultural and religious values. This congruence suggests that midwifery-led models are not only clinically beneficial but also culturally appropriate. The current underutilization of midwifery in the Kingdom represents a missed opportunity to address the significant burden of PPD and improve maternal satisfaction.

4.1 .Implications for Saudi Arabia

The findings directly support the goals of Saudi Vision 2030's Health Sector Transformation Program, which prioritizes healthcare quality, patient-centeredness, and preventive care. To leverage these benefits, Saudi Arabia must undertake strategic reforms. These include:

- (1) investing in midwifery education and expanding the workforce, particularly of female midwives
- (2) implementing pilot midwifery-led continuity models in public hospitals
- (3) developing clear regulatory frameworks to define and support the autonomous scope of midwifery practice
- (4) launching public awareness campaigns to educate women and families about the role and benefits of midwifery care.

4.2 .Limitations of the Review

While comprehensive, this review is limited by the inclusion of only English-language studies and a potential publication bias towards positive outcomes. Furthermore, the heterogeneity of study designs and outcomes precluded a meta-analysis. The relative scarcity of high-quality studies conducted specifically in Saudi Arabia underscores the need for more localized, rigorous research.

5.5 .Conclusion

This systematic review provides compelling evidence that integrated midwifery care is a powerful facilitator for improving postpartum depression screening and overall maternal well-being. The model's emphasis on continuity, respect, emotional support, and cultural congruence creates an environment where women feel safe, empowered, and more likely to engage in essential mental health practices. For Saudi Arabia, embracing and integrating midwifery within its evolving healthcare system is not merely an alignment with global best practices but a strategic imperative to achieve its national vision of enhanced quality of life and patient-centered care. Future research should focus on generating empirical evidence within the Saudi context to guide the effective implementation and scaling of these models.

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