



Personalising Women's Care as a Midwife

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"Following the maternity review and the publication of Better Births in 2016 one of the key findings was that personalised care, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information, was central to ensuring that women received the best care possible." (Baroness Julia Cumberlege 2018)

In this heartwarming and gentle piece, Fedwa Harrak gives us a brief synopsis of the personalised care that she offered to four women with more complex pregnancies, and explains why this was important for them.



By Fedwa Harrak

Hi, I'm Fedwa—a midwife and mother of four. My journey through motherhood has shaped my passion for empowering women, advocating for their choices, and supporting them through pregnancy, birth, and beyond.

I believe that no two women or families are the same. Each pregnancy carries its own story, challenges,

and dreams. That is why my philosophy of care centres around personalisation, safety, and positive experiences.

Through my private midwifery services, I provide women with holistic, individualised support—whether that is navigating medical needs, respecting choices such as declining interventions, or supporting options like vaginal birth after caesarean (VBAC) at home.

What Does Personalised Care Mean?

Personalised care in midwifery entails treating women as people, rather than cases. Guidelines and recommendations are vital, but they should never be used to replace a woman's voice.

It is about:

- Listening deeply to each woman's concerns.
- Respecting autonomy, even when decisions differ from medical advice.
- Balancing safety and empowerment through open, honest discussions.
- Providing continuity so trust builds over time.
- Tailoring support for women with extra needs.

When women feel heard, they are more confident, more relaxed, and more likely to have a positive birth experience.

Case Story 1: Gestational Diabetes and Anxiety

Let us take Sara (not her real name). During her pregnancy, she developed gestational diabetes. She also struggled with anxiety, which worsened during hospital appointments and blood sugar monitoring.

Sara was crying and feeling overwhelmed when we first met. She was apprehensive about controlling her diet, monitoring her blood sugar, and the potential need for insulin, and she was afraid of harming her unborn child.

I put her first, listening to her concerns, acknowledging her emotions, and dissecting the information into digestible chunks rather than concentrating solely on her clinical outcomes. Together, we investigated:

- How gestational diabetes affects her and her unborn child.
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How minor lifestyle adjustments could have a significant impact.

- Techniques for controlling anxiety including mindfulness and breathing techniques.
- The services provided by the prenatal mental health team, diabetic nurse, and dietitian.

Sara gained confidence in her ability to manage her illness over time. Rather than being something to be afraid of, she began to view her blood sugar monitoring as a means of safeguarding her child. She proudly and confidently reported her improvement at every visit.

A crucial medical result was that she and the baby were both healthy at the time of the birth. Equally significant, Sara experienced empowerment, support, and being heard.

Key takeaway:

In order to foster confident, safe, and happy birth experiences, holistic midwifery care recognises the woman behind the diagnosis and addresses her physical and her emotional welfare.

Case Story 2: Group B Strep and Declining Antibiotics

Let's take Aisha (not her real name). In her second pregnancy, she tested positive for Group B Streptococcus (GBS).

UK guidelines recommend intravenous antibiotics in labour to reduce the risk of infection in the newborn. Aisha had concerns—she had reacted badly to antibiotics in the past and was worried about the impact on her baby's microbiome.

Instead of dismissing her fears, we talked openly. Together, we explored:

- The risks of GBS transmission.
- The benefits and side effects of antibiotics.
- Alternatives, like enhanced newborn monitoring.
- Safety plans if the baby became unwell.

Aisha chose to decline antibiotics but agreed to close monitoring of her newborn. Her baby remained well, and most importantly Aisha felt respected and empowered in her decision.

Key takeaway:

Personalised care is not about pushing one path. It is about ensuring women make informed, supported decisions.

Case Story 3: VBAC at Home

Now, let us look at Maria (not her real name). Her first baby was born via emergency caesarean. For her second birth, she wanted a home VBAC.

Hospital guidelines recommended birth in a consultant-led unit, but Maria's first hospital experience was traumatic. She longed for a calmer, more empowering birth at home.

Together, we:

- Reviewed VBAC success rates and risks.
- Created a clear birth plan, including transfer criteria.
- Liaised with local maternity services for emergency backup.
- Prepared her and her partner for both home birth and the possibility of hospital transfer.

The result? A safe and powerful home birth experience that Maria described as “healing” and “transformative.”

Key takeaway:

Even in higher-risk situations, women deserve support to birth where they feel safest—with robust plans in place.

Case Story 4: Autism Spectrum Disorder and Type 1 Diabetes

Let us take Elizabeth (not her real name). Elizabeth was diagnosed with Type 1 Diabetes Mellitus and Autism Spectrum Disorder (ASD). She was enthusiastic about becoming a mother, but she found the many facets of pregnancy and hospital care to be overwhelming, as this was her first pregnancy.

Elizabeth reported experiencing challenges in managing unfamiliar environments, bright lighting, and numerous staff interactions. She was also concerned about the potential dangers to her baby and the maintenance of her blood sugar levels. She seemed apprehensive and withdrawn during her initial appointment, speaking softly and avoiding eye contact.

I prioritised the development of trust and the assurance that she felt secure and understood. I modified my communication style by employing straightforward, unambiguous language and allowing her time to process the information. I always provided a clear explanation of the next steps and refrained from abruptly touching her or altering my routine. Together, we explored:

- How diabetes and pregnancy interact, and how we could keep her and the baby safe.
- Practical steps to maintain blood sugar control and prevent complications.
- Strategies to reduce sensory overload during appointments (quiet rooms, dim lighting, fewer interruptions).
- Support available from the diabetic specialist nurse, perinatal mental health team, and autism liaison nurse.

Elizabeth gradually gained confidence in her ability to self-manage her health. She found it beneficial to receive concise written summaries following each appointment, as it facilitated her introspection and future planning. We established a low-stimulation, tranquil environment during labour, which enabled her to maintain a sense of control and concentration.

Elizabeth gave birth to a healthy baby. She later shared that she felt “heard, respected, and safe” — words that reflected how person-centred, compassionate care can make a lasting impact.

Key takeaway:

In order to provide support to neurodivergent women in maternity care, it is necessary to acknowledge their distinctive sensory, emotional, and communication requirements, rather than solely their medical conditions. Trust, empowerment, and positive birth experiences are promoted by compassionate, personalised care.

Respecting Women's Autonomy

All the above women's journeys highlight an essential truth: personalised care only works when women's autonomy is respected.

When autonomy is denied, women may feel powerless or even traumatised. When autonomy is supported, trust grows, leading to safer, more positive outcomes.

As midwives, our role is not to control women's choices but to walk alongside them, offering evidence, guidance, and reassurance.

Caring for Women with Extra Needs

Personalisation also means adapting care for women with additional needs, such as:

- Disabilities requiring physical adjustments in pregnancy or birth.
- Mental health conditions, where continuity and reassurance are vital.
- Cultural or religious considerations, like modesty, diet, or family involvement.
- Social challenges, such as housing insecurity or domestic violence.

Balancing Safety and Choice

Personalising care is not about ignoring medical advice. It is about:

- Consent: Exploring risks, benefits, and alternatives, and supporting the mother's decision.
- Transparency: being honest about what we know and do not know.
- Collaboration: working with obstetricians, paediatricians, and others.
- Empowerment: reminding women the final decision is theirs.

This balance is where true midwifery care shines, science meets humanity, and safety meets respect.

The Emotional Impact of Personalised Care

When women feel respected and empowered in birth, the benefits reach far beyond the delivery room. The results are:

- Lower risk of postnatal depression.
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Stronger mother–baby bonding.

- Higher breastfeeding confidence.
- Greater self-esteem and resilience.

Conversely, when women feel coerced or unheard, the emotional wounds can last for years.

That is why personalised care is not optional, it is essential.

Final Thought

Personalised care in midwifery means recognising every woman's story, values, and choices. It means:

- Supporting women who decline interventions like antibiotics.
- Respecting those who choose home birth, even when their situation, as with a VBAC, requires additional considerations.
- Adapting care for those with additional needs.
- Considering safety as a product of respect for maternal autonomy because safety lies in the trust a mother has in a midwife who is truly 'with her'.

As a midwife and mother of four, I believe every woman deserves to be seen, heard, and respected. Personalised care can create a birth journey that feels safe, empowering and positive - for the mother and for her baby.

Further information about personalised care:

- NHS (2021) [Personalised care and support planning guidance: Guidance for local maternity systems](#)
- NHS video (2021) [Personalised Care and Support Planning in Maternity Services](#)
- [Free training courses](#) in personalised care - suitable for all health and care professionals, regardless of profession or seniority. Provided by the Personalised Care Institute.

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¹ Cumberlege J. (2018) The importance of personalisation and choice in maternity care. NHS England. <https://www.england.nhs.uk/blog/the-importance-of-personalisation-and-choice-in-maternity-care/>