

# Beyond the Birth Plan: Supporting First-Time Mothers' Choices and Postnatal Care Needs

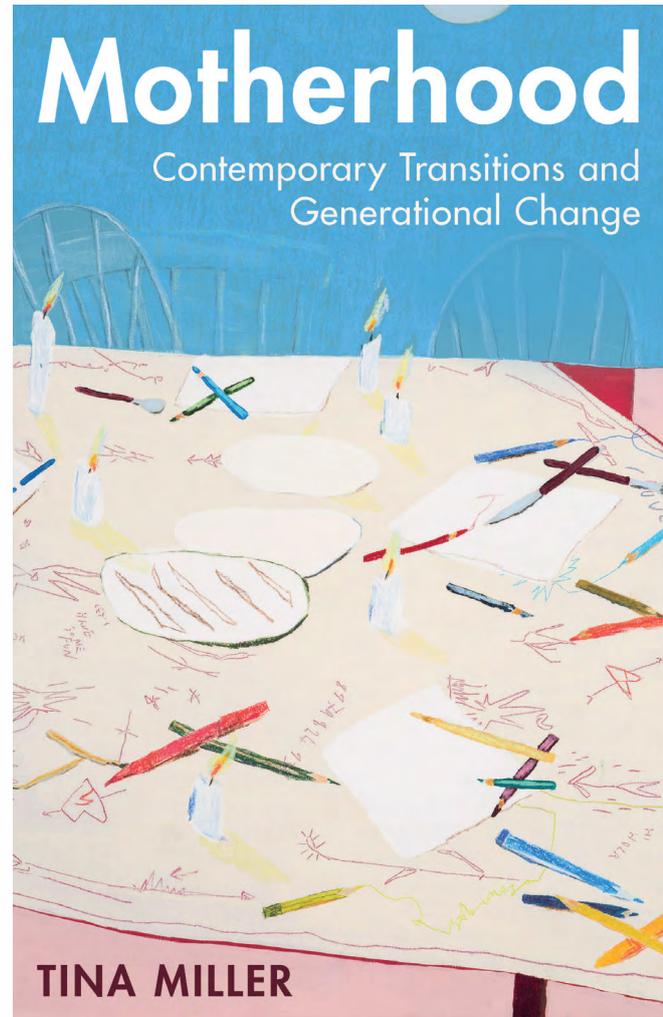
This brief is intended for policymakers and all those working to improve women's experiences of maternity and postnatal care.

While policy in England continues to promote ideals of informed choice and personalised care, first-time mothers' experiences of labour, birth and the postnatal period often do not align with their expectations and hopes. The context of childbirth has changed - women are having children later, clinical interventions during childbirth have increased and the maternal experience has become more complex. Yet maternity services as currently funded and organised are not keeping pace with this changing context.

The [research project findings](#) compare first-time motherhood today with lived experiences from two decades ago. What emerges is a striking mismatch between what women expect from pregnancy, birth and early parenting, and what they experience; women can feel guilt when they feel labour and birth plans go awry; under-supported in their postnatal recovery in hospital and the community, leaving them confused by the services meant to support them.

## Policy Recommendations:

- > **Invest** in maternity services and staffing so that these can operate at optimum levels from antenatal to postnatal care. This would mean that different choices and support offered to women are more able to be met e.g. Midwife-Led centres being fully staffed; Antenatal classes covering labour and birth options and current outcomes to help women advocate effectively for their needs.
- > **Align** postnatal care with current birth outcomes. Rising rates of intervention in labour and birth have changed the requirements of care in the postnatal period (e.g. wound care and additional support following surgery) and other types of support need to be available over a longer period, from immediate recovery in hospital to the early weeks/months at home.
- > **Guarantee** structured, personalised postnatal support following discharge from hospital, including follow-up care as long as needed with continuity of midwife/midwife team as standard.
- > **Embed** birth reflection and debrief services as standard postnatal support, particularly after emergency interventions or birth experiences that are felt to have been traumatising for any family member. Embed examples of childbearing family experience narratives in teaching and training materials.
- > **Challenge** the rise in rates of c-section births in order to better understand the factors underpinning this development. Maternity services and care need to be planned and provided according to best evidence (e.g. [www.thelancet.com/series-do/midwifery](http://www.thelancet.com/series-do/midwifery)).



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## Policy Context:

This research aligns with the recent recognition by Wes Streeting MP and Minister for Health and Social Care speaking in June 2025, that 'We must urgently reset our approach to maternity and neonatal care'. Importantly the research findings shed light on individual experiences of receiving care in real-time as their pregnancies, labour and births unfold, too often in ways not anticipated or hoped for. The qualitative narratives provide an important corollary to quantitative data on experiences and outcomes - for these are the women who had the unplanned emergency c-sections, had months to wait for de-brief services and are still making sense of births that diverged from their hopes and expectations.

Importantly, these research findings offer a vital contribution to the policy landscape. This landscape is contested and complicated by competing groups and bodies and a current reliance on inquiries and reviews, with little evidence to show that change has resulted from earlier recommendations. The findings here are shared in a collaborative spirit as any 'reset of maternity and neonatal care' must include the voices of childbearing families. [Find out more on Tina's blog.](#)

## Research Design

This study draws on two waves of 3 x in-depth qualitative interviews with first-time mothers, carried out 21 years apart:

### First Motherhood Study 1996-1998

- > Captured the experiences of women who became mothers in the late '90s.
- > 17 women, aged 21-34
- > 1 elective caesarean (twins), 1 emergency caesarean

### Contemporary Motherhood Study 2017-2020

- > Revisited the same core questions with a new cohort of first-time mothers navigating the contemporary maternity system in the late 2010s.
- > 24 women, aged 23-38
- > 1 elective caesarean (twins), 11 emergency caesareans

## Key Findings

### > Expectations vs Experience

Most women entered pregnancy with clear hopes - a calm birth, informed choices, and meaningful support as they adjusted to life as a parent. These expectations were shaped by antenatal classes, clinical advice, peer networks, and increasingly, digital resources which are available 24/7. But what many experienced did not resonate with their antenatal birth plans and intentions, which ranged across birth plans being metaphorically 'torn up', breastfeeding problems and intentions to establish shared caring for a new baby being impossible to achieve as partners' limited paternity leave expired.

### > A System Under Pressure amidst Changing Labour and Birth Outcomes

Many women experienced services that they felt were under strain. Staffing shortages, fragmented care pathways, and inconsistent or conflicting information and messaging were commonly experienced. The findings also refute popular assumptions about maternal preferences regarding labour and birth. Only one participant in each cohort requested an elective caesarean. Both were due to twin pregnancies. In most cases, intervention was felt to occur suddenly and without a sense of being in control of the process. But there could be relief too.

### > Unseen Costs of the Mismatch

The emotional impact of unplanned birth experiences, followed by postnatal support which did not match perceived needs was consistent across the majority of interviews where induction and/or interventionist labour and birth was experienced. Unplanned interventions led to a sense of personal inadequacy that a birth had 'not gone to plan'. There was concern that partners had witnessed or been excluded from deliveries that were felt to have been traumatising. There was concern too when planned practices such as 'skin to skin' and initiating breastfeeding within a set time period post birth, were not achieved due to interventions and recovery. The absence of readily available de-briefing services/appointments was another concern for some of the women, who had to wait months for an appointment to become available.

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These are not minor outcomes. They have implications for maternal mental health, recovery, baby-feeding choices and practices, familial relationships, and trust in health care systems.

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## BBC Radio 4 programme: What's changing about childbirth?

Further discussion of these findings can be heard in a BBC Radio 4 programme examining contemporary changes in childbirth and maternity care.

[Listen via BBC Sounds.](#)



## References

- [1] Tina Miller (2023) Motherhood: Contemporary Transitions and Generational Change. Cambridge University Press.
- [2] Women's Health Strategy for England, 2022
- [3] Services, statement Sec of State for Health & Social care, 23 June 2025
- [4] NHS Long Term Workforce Plan, 2024
- [5] CQC (2024) Maternity Survey Statistical Release
- [6] NHS (2024) Maternity Statistics, England 2023-2024