



Women's experiences of massage during childbearing: A Swedish qualitative interview study

Amanda Claesson Karhunen^{a,b,*}, Maria Henricson^{b,e}, Rajna Knez^{a,c,d}, Caroline Bäckström^{a,b}

^a Skaraborgs Hospital, Löfvängsvägen, SE-541 42 Skövde, Sweden

^b Faculty of Caring Science, Work Life and Social Welfare, University of Borås SE-501 90 Borås, Sweden

^c School of Health Sciences, University of Skövde, Post Box 408, SE-541 28 Skövde, Sweden

^d Department of Psychiatry and Neurochemistry, University of Gothenburg, Gothenburg, Sweden

^e Jönköping Academy for Improvement of Health and Welfare, Jönköping University, SE-551 11 Jönköping, Sweden

ARTICLE INFO

Keywords:

Midwifery

Massage

Pregnancy

Parents

Health

Qualitative research

ABSTRACT

Objective: Massage during childbearing has been shown to benefit women's health and well-being, such as reducing pain and stress and enhancing satisfaction with the labour experience. Despite these documented benefits, massage is not routinely offered as a complementary method by midwives within standard maternity care in Sweden, leaving women's lived experiences of massage in this context unexplored. Therefore, this study aimed to explore women's experiences of massage during childbearing.

Methods: The research was conducted as a qualitative study using an inductive approach. Semi-structured interviews with 12 women in Sweden were carried out, and data were analysed using qualitative content analysis.

Results: Analysis of the data yielded one overall theme—*seen, heard and touched*—and three categories: *being mentally present in the body*, *a vulnerability needed to be respected* and *sharing experiences*. Massage promoted present-moment awareness, trust and safety and relieved pain and stress. It also strengthened the connection with one's own body and deepened closeness to both partner and unborn child. However, it was associated with vulnerability and the recall of bodily memories.

Conclusion: Massage during childbearing is a supportive practice that integrates physical and emotional well-being with mental recovery, making women feel *seen, heard and touched*. For optimal benefits and positive experiences, massage must be provided with respect to boundaries. This is particularly important because it may evoke sensitive memories, which involve a vulnerability that needs to be respected. Massage is a valuable complementary method alongside maternity care.

Introduction

Childbearing, which includes pregnancy, labour, birth, and the postpartum period, is a time of increased vulnerability for women due to psychological [1] and physical [2] demands. Vulnerabilities may be present prior to pregnancy and, when combined with insufficient support or coping resources, may be further amplified [1]. Childbearing also gives rise to profound existential concerns for women, which should be recognised and addressed by healthcare professionals [2]. One way to provide psychological, physiological, and existential support for women during childbearing is through massage, which may be offered by a healthcare professional, massage therapist, or partner [3]. In the present study, the term massage is covering different types of massage such as

tactile, soft tissue, or classical massage.

Massage, when performed outside standard maternity care, can be defined as a complementary method [4,5] which may influence women's subjective experiences of pregnancy and childbirth by reducing pain and anxiety [6]. In childbearing care settings, massage has been described as calming, reassuring, pain relieving and health promoting [5]. It may enhance overall health and, in particular, support women's mental well-being [7].

Research further indicates that massage can reduce anxiety, improve sleep and lower pain intensity during the first stage of labour [3,5]. The value of massage as a supportive measure throughout pregnancy and labour has been emphasised previously [3]. Massage can relieve muscular tension and reduce stress and depressive symptoms [5,8]. In this study,

* Corresponding author at: Skaraborgs Sjukhus Skövde, FoUUI, (Forskning, Utbildning, Utveckling, Innovation), Löfvängsvägen 1, 549 49 Skövde, Sweden.

E-mail address: amanda.claesson_karhunen@hb.se (A. Claesson Karhunen).

<https://doi.org/10.1016/j.srhc.2026.101186>

Received 26 September 2025; Received in revised form 16 January 2026; Accepted 18 January 2026

Available online 22 January 2026

1877-5756/© 2026 The Author(s). Published by Elsevier B.V. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

the term *masseur* is used when referring to a person who does not have any specific training as a massage therapist. In other cases, *massage therapist* is indicated. Additionally, it can also enhance women's sense of control during labour and birth and has been shown to shorten labour duration [5]. Massage has been associated with decreased cortisol levels and lower rates of preterm birth [9]. Moreover, massage has been shown to positively improve women's childbirth experience [10]. Overall, massage appears to offer multiple benefits for women during childbearing. Moreover, no harmful side effects have been reported for pregnant women or their unborn child [3,5,11].

First-time mothers, in particular, have expressed a need for professional support on using massage before and during labour [12]. Midwives are primarily responsible for sexual and reproductive health across the lifespan [13]. Effective organisational processes in maternity care and support tailored to the needs of women or parents foster a sense of security and well-being [14]. Based on Hupcey and Morse's [15] theory of support, professional support from a healthcare professional or midwife may enhance social support from the partner and empower women to manage the childbearing experience effectively.

Despite the documented benefits of massage [3,5,16,17] it is not routinely offered as a complementary method to standard maternity care in Sweden and the need for increased knowledge regarding massage in connection with childbirth was nationally expressed [18]. Further research is needed to increase knowledge that can inform the development of maternity care during childbearing [19]. Therefore, the current study aims to explore women's massage experiences during childbearing.

Method

Study design

In this study, a qualitative method with an inductive approach [20] was used to explore women's experiences of massage during childbearing. Participants were recruited regardless of the form of massage they had experienced during childbearing. Semi-structured interviews were conducted [20]. The Consolidated criteria for reporting qualitative research (COREQ) guidelines [21] has been used for reporting (supplementary material).

Participants

The study was conducted in Sweden (population \approx 10.5 million, \approx 100,000 births annually). Women were recruited via social media (repetitive on Instagram/Facebook/LinkedIn, and on a dedicated study website (Professional support in the form of soft tissue massage during childbearing - University of Borås) using convenience sampling [20]. The inclusion criteria were expectant or new mothers (infant < 1 year) with experience of receiving massage during childbearing and the ability to speak Swedish or English. Recruitment occurred from April 2023 to February 2024 and was concluded when the participants represented a relatively heterogeneous group of women who could provide rich and varied experiences of the phenomenon being studied. Of 15 women who expressed interest, 12 provided informed consent and participated in the interviews: three declined due to logistical or time constraints. Among the participants, two were pregnant in gestational week 28, while the others had children ranging in age from 3.5 months to 10 months. Several participants also had older children, meaning the group included both primiparous ($n = 4$) and multiparous women ($n = 8$). The participants ranged in age from 28 to 55 years and lived in urban, suburban, and rural areas. All had a university education, and the group included both heterosexual and single women. Two participants were born outside Sweden. The participants had experienced various forms of massage during childbearing, including full-body massage as well as massage targeting the back, neck, head, hands, legs, and feet. None of the participants reported receiving massage on the abdominal or chest

areas, nor did they specify the duration of the massage sessions.

Data collection

Semi-structured interviews were considered the most suitable method for data collection, as the women's narratives provide in-depth insights into meaningful life experiences [20]. By capturing the women's own perspectives, the study enables a deeper understanding of how massage is experienced. The participants received written and verbal information about the study and chose the time and mode of their individual interviews (face-to-face or via digital video). The semi-structured interview guide (appendix 1) captured their experiences of and attitudes towards massage during childbearing. Examples of open-ended questions were as follows: 'What experiences do you have of massage?' 'What might massage mean for you, your partner and your baby during pregnancy, childbirth and afterward?' 'How do you feel about receiving or giving massage during childbearing?' Follow-up questions were also used, such as 'Can you tell me more?' In a preliminary pilot interview, the technical setup and interview questions were tested, and no changes were required. The pilot interview was not included in the data analysis.

Two interviews were conducted face-to-face, while 10 were conducted via digital video. These interviews, which lasted 15-48 min each, were audio-recorded, transcribed verbatim and de-identified. The first author (RNM and PhD student) conducted the interviews, maintaining a reflexive stance to allow the participants' narratives to guide the conversation [22]. Field notes were also taken for follow-up questions during the interview and were not included in the data [20]. The 12 interviews captured both unique and shared experiences.

Data analysis

The data were analysed using inductive qualitative content analysis [23] to capture the women's experiences of massage during childbearing. Meaning units that met the aim of the study were identified and condensed while preserving their core meanings and then coded. This process was conducted individually by the first author, who then discussed the condensed meaning units and codes with all authors to ensure consistency and relevance. Codes with similar content were grouped into nine subcategories and three categories through collaborative discussions in the research team. Next, the categories were critically reviewed to ensure that they were clearly distinguishable and aligned with the study's aim. The analysis began with a manifest content analysis to identify the visible and explicit content in the data. The latent content analysis involves interpreting the underlying meaning in women's lived experiences, what is not explicitly stated but emerges between the lines [24]. Through this interpretative process an overarching theme emerged. Credibility and authenticity were supported through illustrative quotations (translated into English) and team discussions, which helped the researchers reflect on preunderstandings and minimise bias.

The research team, all women comprising two RNMs, one RN and massage therapist, and one psychiatrist/psychotherapist, read the transcripts to gain a sense of the whole, familiarization. All authors engaged in mutual reflections and the ability to relate to pre-understanding [20]. Throughout the analysis, the authors' professional backgrounds, particularly in midwifery, were recognized as potential influences on the interpretation of participants' narratives. These were openly discussed among the authors to enhance reflexive awareness throughout the research process. Reflexivity was then maintained throughout the research process, recognizing its central role in qualitative study [22].

Ethics

Ethical consent was obtained from the Swedish Ethical Review Board

in Uppsala, Sweden [dnr: 2022-07119-01], and the study was conducted in accordance with the ethical principles of the Declaration of Helsinki. All study participants voluntarily agreed to participate. An informed and written consent was obtained before the interview was conducted. Participants could withdraw at any time, without providing a reason. All data were de-identified to ensure the protection of participants' privacy and confidentiality throughout the research process.

Findings

Data analysis [23] resulted in one overarching theme *Seen, heard and touched*, three categories *Being mentally present in the body*, *A vulnerability needed to be respected* and *Shared experiences* and seven subcategories (Table1).

Seen, heard and touched

Through massage during childbearing, women felt seen, heard and touched. This sense serves as a unifying thread connecting the three categories, emphasised massage as a practice that nurtured both physical and emotional well-being. It bridges individual experiences—being mentally present in the body, achieving relaxation for the mind and body and having a sensitive vulnerability respected—with relational aspects, such as shared experiences. Women felt *seen* when the masseur affirmed their individual needs, *heard* when they were approached with attentive and empathetic communication and *touched* when the massage affected them physically, mentally and emotionally. Physical touch helped women feel grounded and connected to their bodies, and mental touch fosters present-moment awareness in challenging or vulnerable situations. Emotional touch occurred when the masseur acknowledges and reassured them regarding discomforts, wishes, or boundaries.

Being mentally present in the body

Massage was described by the women in this study as a bodily experience that enabled them to feel mentally present in their bodies and deepens their understanding of the mind and body as a whole. A feeling of coherence emerged between the massage experience and their childbearing experiences, fostered a conscious presence and a feeling of self-care that they valued.

Valuable self-care

Receiving massage was described as creating space for the women to unwind and fostering a sense of self-care. The women described that this was particularly beneficial during late pregnancy, when sleep quality often declined and physical discomfort increased, as massage helped relieve these symptoms.

‘Especially towards the end of the pregnancy, I slept very poorly and had a really hard time finding comfortable positions to lie in. So, receiving a long pregnancy massage, getting that calm moment, that rest, I really needed it during those last weeks. It meant a great deal’. (p8).

Postpartum massage was described by the women as helping them regain connection with themselves and be present in the body, rather than feeling solely exhausted and overwhelmed from taking care of the newborn child. As one woman described: *‘It feels good, both when being*

pregnant and not, to be able to follow the touch and really feel that you’re in your body. Like, when she’s massaging my leg, then my entire experiential world is just my leg. Then she takes my arm, and that becomes my whole experiential world. You can really gain that conscious presence in the body [...] I feel that I need to come down into my body, and massage helps with that. There is so much focus on the child all the time. I must be able to nurture myself. To be able to give [closeness] to the child, I need to care for myself first’. (p3).

Bodily experiences that strengthened relational bonds

The women’s experiences revealed that massage during pregnancy was not merely a physical intervention, but an experience deeply intertwined with relational dimensions. Massage was described by the women as an individual experience that allowed them to sense and reflect on their emotional and physical responses to touch. This bodily experience fostered their mental connectedness with the body and, during pregnancy, became a powerful experience shared with both the masseur and the unborn child growing within them. Unlike previous massage experiences outside childbearing, massage during pregnancy was described as enhancing emotional closeness and strengthening the relational bond with the unborn child.

‘I started with massage early in the pregnancy, before I could feel any kicks [from the baby], but I felt that there was an emotional connection between us, me and the baby, during the massage. Feeling like, yes, we’re doing this together, it has felt like an energetic communication even though it’s neither physical nor verbal. In those moments, I’m fully in my body, and it’s in the body that my baby is, so that’s where we can meet’. (p3).

The bodily experience of massage allowed worries and daily concerns related to childbearing to fade. For example, massage from a midwife during labour helped women release their worries and physical distractions, enabling greater focus on giving birth.

Relaxation for the mind and body

When physical tension and discomfort arose, massage offered the women pain relief and relaxation. As one woman said: *‘During labour, I was in my own bubble. I didn’t want anyone to touch me, and then I started shaking like a leaf. A midwife gently stroked my legs for at least 45 min, just stroking, stroking and stroking. It was incredible. I stopped shaking; everything else just disappeared, and I was able to enjoy it. I only focused on the strokes’.* (p6).

It was also experienced to provide emotional ease by reducing stress and alleviating worries about worst-case scenarios. Massage was experienced as beneficial for well-being, alleviating stress, anxiety and mild distress. As one of the women said, *‘It [the massage] calmed the nervous system and reduced stress, helping me enter a meditative, relaxed state’.* (p3).

Women with positive pre-childbearing massage experiences seemed more likely to seek it as a complement to healthcare. During pregnancy, bodily changes affecting well-being, such as discomfort, tenderness, stiff muscles, lower back or hip pain, headaches and swollen feet, were common reasons for the women to receive massage. A woman stated, *‘Massage is a complement [to healthcare], both soft tissue massage and other types of massage. There are different purposes, just like a palette of different measures’.* (p4).

Access to massage was sometimes limited by financial reasons. Massage was not part of the women’s daily routines but was sought

Table 1
Overview of the theme, categories and subcategories.

| Theme | Seen, heard and touched | | |
|-------------|---|--|--|
| Category | Being mentally present in the body | A vulnerability needed to be respected | shared experiences |
| Subcategory | Valuable self-care | Evoking sensitive bodily memories | Deepening intimacy and strengthening togetherness with one’s partner |
| | Bodily experiences that strengthen relational bonds | Respect, trust and safety during massage | A unique, tender act of intimacy |
| | Relaxation for the mind and body | | |

when needed, particularly for relaxation and recovery. Soft tissue massage was described as especially valuable towards the end of pregnancy, providing a sense of deep rest and renewal. Some of the women therefore expressed a wish for greater insurance coverage or partner-provided massage to support their well-being and fostering health during childbearing.

'This soft tissue massage, it's really relaxing (.) I think it was difficult to rest toward the end of pregnancy; the soft tissue massage was probably one of my best moments of rest'. (p12).

A vulnerability needed to be respected

When vulnerability was reflected upon, the women described how the physical and emotional experience of massage enhanced their sense of being respected and cared for. The interaction between masseur and recipient evoked vulnerability, as women relived embodied experiences. Such vulnerability was likened to other situations involving physical touch, and it underscored the need for respect, sensitivity and responsiveness from the masseur.

Evoking sensitive bodily memories

The women described that massage evoked bodily memories linked to feelings of vulnerability. The women experienced sensitivity to touch and discomfort when they felt uncertain about what would happen during massage. Maintaining control was particularly important for those with experiences of physical or sexual violence, which often complicated their relationships with their bodies and with physical touch. For these women, childbirth represented a potentially healing process that they valued, as massage and touch were then received on their own terms, in contrast to earlier experiences of vulnerability or violence. As one of the women expressed, *'Yes, I don't like it when it hurts, and I don't know what's going to happen. I get very tensed easily [during massage]. I want to know what's going to happen all the time'. (p5).*

In relation to potential vulnerabilities, the women emphasised the importance of expressing their experiences and feelings during massage. An open, thoughtful dialogue with the masseur was seen as essential to preserving integrity, autonomy and a positive bodily experience.

'It's my body and my limits (.) if something comes up during the massage that I feel I need to put into words, she's [masseur] there to listen. She might guide me back to the present moment, and afterwards, we talk about how I experienced it and how I felt—was there anything that didn't feel right?' (p3).

Respect, trust and safety during massage

Massage was experienced as an intimate and personal encounter shaped by who performed it and how. The woman–masseur relationship was described as complex, required attentiveness to individual needs and feelings of exposure that might arise. This was the case regardless of whether the massage was provided by a partner or a professional caregiver. The masseur needed to be attentive to feelings of exposure and needed to demonstrate competence in providing massage in a way that respected these sensitivities. Receiving massage from a known partner or support person was often perceived as more comfortable than from an unfamiliar masseur.

One participant described her experiences: *'Being listened to is important—it's about making informed choices, not being overruled, and being informed about the side effects of different medical pain relief methods. There is a right to choose. If I say no, that should be respected (.) There are so many women who are not being listened to. Support from the midwife in this is essential'. (p4).*

In contrast, a woman described a situation where the lack of responsiveness and sensitivity from the unknown masseur led to discomfort and distress. *'I received a massage from someone, and it was hard to know how the massage will turn out (.) I got a pregnant massage, and it hurt so much. I spoke up, but she didn't ease the pressure. I'll never go there again. It was probably at the beginning of the pregnancy, and then I was*

little worried because I had a miscarriage before, but she was supposed to be a trained pregnancy masseur. (p1).

The women also emphasised the importance of being able to pause or interrupt the massage, and such boundaries had to be honoured by the masseur to ensure respect, trust and safety. For this to occur, the women stated that they needed to be listened to. As one woman said, *'During labour, I felt seen, confirmed. The midwife saw what I needed, and she listened to me regarding the massage. My integrity was important'. (p6).*

Another aspect of safety was the importance of a trusting environment that could be adapted to individual needs. A warm setting with sensory elements, such as scents, body covering, appropriate lighting or relaxing music, was described as fostering calmness and strengthening the positive experience of massage.

'It's important that the massage environment is sufficiently warm. After the massage, I felt cold and uncomfortable in my body for several hours. My body went into a kind of stress instead. Since then, I've always asked for extra warmth'. (p11)

Shared experiences

Massage was described as a meaningful practice that fostered togetherness and closeness, both emotional bonding with the unborn child and mutual support with one's partner. Partner-delivered massage often created a sense of belonging and togetherness, helping women feel less isolated with their thoughts and concerns of childbearing.

Deepening intimacy and strengthening togetherness with one's partner

Partner massage was described as valuable for deepening intimacy, strengthening bonds with the unborn child and enhancing the couple's connection. It promoted togetherness and shared experiences while also encouraging partners to reflect on how massage could support closeness. As one of the women said, *'I had it [a foot massage] during the second and first pregnancy. I'm a fan of foot massage. I think it's so nice. It's a bit (.) I don't know, it's a good experience to relax. It's quite intimate, I think'. (p7).*

Massage was described as providing a unique opportunity to foster physical and emotional closeness, and it served as a direct channel for nonverbal communication that could strengthen a couple's connection. One woman stated, *'I'm sure it can create a bond between all three of us during pregnancy. It makes my partner more involved in some way, and it becomes a cozy moment'. (p10).*

The women expressed a desire to give and receive partner-delivered massage more regularly. They suggested that midwives could recommend massage to strengthen the couple's relationship and reduce fear and anxiety during childbearing. Massage was also considered valuable for reestablishing intimacy postpartum and supporting each other in the new parenting role and life situation. However, uncertainty about the potential benefits and risks for both the woman and the unborn child sometimes limited the frequency of partner massage.

A unique, tender act of intimacy

Partner-delivered massage during childbearing was described as an act of tenderness distinct from sexual intimacy. For the women, massage within the couple relationship had a special meaning; simple gestures, such as holding hands or massaging on specific body areas (e.g. lower back or arms), were experienced as supportive and soothing. For example, maintaining hand contact during labour fostered a sense of belonging and a shared experience. Touch from massage was perceived as different from other forms of relational touch. One participant described: *'The closeness that soft tissue massage provides doesn't need to lead to anything. It doesn't have to be healing; it doesn't have to stretch a muscle here or there. It's more about this sense of togetherness. If you receive it [massage] from your partner, it's such an act of tenderness (.) With the massage, there's a sense of togetherness. I'm not alone or by myself. It's about being two in the pain'. (p11).*

The women clearly distinguished between professional and partner-delivered massage based on purpose and experience. Professional

massage typically focused on physical treatment, whereas partner massage emphasised tenderness and emotional connection. As one woman described it, *'With my partner, it's more about tenderness. I don't experience it as very sexual, but it still carries a sense of tenderness and love, more in that way. When I go to a massage therapist, I think of it more as a treatment'*. (p2).

Discussion

This study shows that women experienced massage as a supportive experience that interweaved physical and emotional well-being with mental recovery during childbearing. Massage was experienced to strengthen the women's sense of groundedness and bodily connectedness while fostering present-moment awareness in vulnerable situations. It could also deepen emotional bonds with both the unborn child and the partner. For an overall positive massage experience, however, it was crucial that it was provided with respect, trust and sensitivity to the women's discomforts, wishes and boundaries. This was described as particularly important by the women, because it may evoke sensitive memories, which involve a vulnerability that needs to be respected.

The findings indicate that massage had the potential to promote physical well-being for the women during childbearing, confirming previous research findings [3,5,8]. In addition, the benefits for emotional well-being and mental recovery identified in this study could be linked to previous research showing that massage is calming, reassuring [5] and anxiety reducing [3,5]. Women experienced massage to strengthen their sense of groundedness and bodily connectedness. This finding can be interpreted as an enhancement of present-moment awareness. It is well established that oxytocin is released through gentle stroking of the skin, as occurs during massage [25], and oxytocin is particularly important during the childbearing period. For example, endogenous oxytocin during birth affects the birth experience, and some women experience an altered state of consciousness [26], this brings to light the importance of one-to-one support during labour and birth. In the present study, findings indicate that the women become more mentally present in their bodies through the self-care that massage provided. These findings aligns with the salutogenic perspective, which emphasises an individual's capacity to exert influence over their life situation [27]. It is also consistent with previous findings that massage reduces women's needs for pharmacological analgesia during labour [5,28–30] and strengthens their capacity for childbirth [31].

The results of this study likewise highlight the importance of providing massage with respect, trust and sensitivity to women's needs, wishes and boundaries for an overall positive experience. The women described massage as a tender act of intimacy, with partner-delivered massage being distinct from sexual intimacy. It is well known that support tailored to women's needs fosters a sense of security and well-being [14]. This is crucial to consider because the results also showed that while massage could deepen intimacy with one's partner, it could also evoke sensitive bodily memories, such as experiences of physical or sexual violence. In the context of breastfeeding, the breastfeeding period may involve a shift between the intersubjective power balance within the partner relationship, potentially provoking the partner and increasing the woman's vulnerability to intimate partner violence [32].

Both the massage experiences provided by healthcare professionals and partners were captured in the current study. Midwifery care is described by the International Confederation of Midwives as taking place *in partnership with women* [33], in which the midwife–woman relationship should involve presence, affirmation, availability and participation in order to be a reciprocal and caring interaction [34]. The current results reveal a vulnerability that needs to be acknowledged, which aligns with the definition of women-centred care provided in a World Health Organization global position paper as encouraging trusting relationships to improve women's experience of care and well-being [35]. Professional support from midwives for example with massage methods, could strengthen social support from partners. In this context,

partner-delivered massage was often perceived as more comfortable than massage from an unfamiliar masseur. However, it is important to note that the current results may not reflect the experiences of women exposed to intimate partner violence—an area that future research could further explore. Altogether, this stresses the importance of organising care so that individual needs are met during childbearing [14].

In the present study, the findings indicate that massage could be experienced as a bodily experience by women, that strengthens bonds with both the masseur and the unborn child. It could be speculated that this also reflects women's need to foster emotional attachment to the unborn child. Partner involvement and satisfaction with the relationship have previously been shown to be improved by massage [17]. Current findings align with studies showing that partner-delivered massage can improve mood and anxiety in the perinatal period and reduce pain [7], as well as deepen couple relationships and reduce prenatal depression in both parents [17]. The emotional maternal–infant bond has been examined in other studies [36] but in the context of infant massage programs. Current findings shed light on women's vulnerability, which could be understood in relation to the meaning of becoming a mother, an experience often described as being profoundly touched and changed [2].

Current findings are in line with the Swedish National Board of Health and Welfare's assessments that the childbearing period requires more structured support [19]. Furthermore, the women in the present study expressed that the cost of professional massage prevented them from accessing it regularly, creating inequities. To summarise, current findings stress the value of massage on women's terms during childbearing, which aligns with women-centred and trusting relationships that improve their experience of care and well-being [35].

Methodological considerations

The study's strengths and limitations will be discussed due to trustworthiness [23], specifically addressing credibility, dependability and transferability [37]. Credibility was strengthened by clearly specifying the aim of the study, involving participants with varied experiences of the phenomenon being explored. The study included women who were either pregnant or had given birth within the past year, which ensures recent experiences of massage and can be considered as a strength. However, this limits the transferability of the findings as they are relevant only to women who are pregnant or have children younger than one year. When interpreting the results, it is important to bear in mind that only two participants were pregnant, meaning that the findings primarily reflect the experiences of women who had already given birth. The findings also reflect the experiences of women who chose to participate in the study to report on their experiences of massage. Although both positive and negative experiences are reported, there is a potential risk that participants were generally predisposed to view massage during childbearing positively. It is worth noting that this qualitative study included a limited number of participants within Sweden rather than including international perspectives. For transparency, the context and the participants have been described as clearly as possible to enable readers to assess the transferability of the results [20].

The fact that participants were recruited regardless of their experience with massage can be seen as both a strength and a limitation. Recruiting participants irrespective of the specific type of massage they had received may have resulted in findings that reflect limited variation in experiences related to each form of massage. Targeted recruitment focusing on a specific type of massage could potentially have provided broader variation in experiences related to that specific form. This may affect the reader's ability to assess the transferability of the results. On the other hand, it can be considered a strength that the findings reflect a broad range of women's experiences with the type of massage they themselves chose to receive in connection with childbirth. The findings were illustrated with quotations, thereby strengthening the study's

dependability [37]. Further research could explore a broader range of experiences, including those of international women, partners and masseurs. Furthermore, further research could explore women's experiences of massage in relation to their health literacy [38], as the current study did not examine this aspect.

Conclusion

In this study, women describe massage during childbearing as a supportive practice that had the potential to integrate physical and emotional well-being with mental recovery, making women feel *seen, heard and touched*. Massage was experienced to promote present-moment awareness among the women, as well as trust and safety and it could relieve pain and stress. It was also experienced to strengthen the connection with one's own body and deepens closeness to both partner and child. Based on current results, massage could be a meaningful complementary practice alongside maternity care. For positive experiences, however, massage should be provided with respect, trust and sensitivity to women's discomforts, wishes and boundaries. This is particularly important because it may evoke sensitive memories, which involve a vulnerability that needs to be respected. Overall, the findings indicate the value of massage delivered on women's terms.

Funding

This study was supported by funding from the Skaraborg Institute for Research and Development, Skövde, Sweden; Skaraborg Hospital, a healthcare organisation in Skövde, Sweden; the Research and Development Department at Skaraborg Hospital Skövde, Sweden; and the University of Borås, Faculty of Caring Science, Work Life and Social Welfare, Sweden.

CRedit authorship contribution statement

Amanda Claesson Karhunen: Conceptualization, Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data curation, Writing – original draft, Writing – review & editing, Visualization, Project administration, Funding acquisition. **Maria Henricson:** Conceptualization, Methodology, Validation, Formal analysis, Data curation, Writing – review & editing, Visualization, Supervision. **Rajna Knez:** Conceptualization, Methodology, Validation, Formal analysis, Data curation, Writing – review & editing, Visualization, Supervision. **Caroline Bäckström:** Conceptualization, Methodology, Validation, Formal analysis, Data curation, Writing – review & editing, Visualization, Supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

The authors wish to thank the women who participated in this study.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.srhc.2026.101186>.

References

- [1] Sheikh J, Allotey J, Kew T, Khalil H, Galadanci H, Hofmeyr GJ, et al. Vulnerabilities and reparative strategies during pregnancy, childbirth, and the postpartum period: moving from rhetoric to action. *EclinicalMedicine* 2024;67: 102264. <https://doi.org/10.1016/j.eclinm.2023.102264>.
- [2] Leanderz ÅG, Larsson M, Lygnegård F, Bäckström C, Henricson M. The meaning of becoming a mother. a phenomenological-hermeneutic study. *Scand J Caring Sci* 2025;39(1):e70011. <https://doi.org/10.1111/scs.70011>.
- [3] Pachtman Shetty SL, Fogarty S. Massage during pregnancy and postpartum. *Clin Obstet Gynecol* 2021;64(3):648–60. <https://doi.org/10.1097/grf.0000000000000638>.
- [4] Hall H, Lauche R, Fogarty S, Kloester J, Carr B, Munk N. Partner delivered relaxation massage to support mild antenatal anxiety; views of participants. *Midwifery* 2022;105. <https://doi.org/10.1016/j.midw.2021.103229>.
- [5] Smith CA, Levett KM, Collins CT, Dahlen HG, Ee CC, Suganuma M. Massage, reflexology and other manual methods for pain management in labour. *Cochrane Database Syst Rev* 2018;3(3):Cd009290. <https://doi.org/10.1002/14651858.CD009290.pub3>.
- [6] Akköz Çevik S, Karaduman S. The effect of sacral massage on labor pain and anxiety: a randomized controlled trial. *Jpn J Nurs Sci* 2020;17(1):e12272. <https://doi.org/10.1111/jjns.12272>.
- [7] Hall H, Munk N, Carr B, Fogarty S, Cant R, Holton S, et al. Maternal mental health and partner-delivered massage: a pilot study. *Women Birth* 2021;34(3):e237–47. <https://doi.org/10.1016/j.wombi.2020.05.003>.
- [8] Hall HG, Cant R, Munk N, Carr B, Tremayne A, Weller C, et al. The effectiveness of massage for reducing pregnant women's anxiety and depression; systematic review and meta-analysis. *Midwifery* 2020;90:102818. <https://doi.org/10.1016/j.midw.2020.102818>.
- [9] Field T, Diego M, Hernandez-Reif M, Deeds O, Figueiredo B. Pregnancy massage reduces prematurity, low birthweight and postpartum depression. *Infant Behav Dev* 2009;32(4):454–60. <https://doi.org/10.1016/j.inbeh.2009.07.001>.
- [10] Maghalian M, Kamalifard M, Hassanzadeh R, Mirghafourvand M. The effect of massage on childbirth satisfaction: a systematic review and meta-analysis. *Adv Integr Med* 2022;9(3):151–8. <https://doi.org/10.1016/j.aimed.2022.05.002>.
- [11] Fogarty S, McInerney C, Stuart C, Hay P. The side effects and mother or child related physical harm from massage during pregnancy and the postpartum period: an observational study. *Complement Ther Med* 2019;42:89–94. <https://doi.org/10.1016/j.ctim.2018.11.002>.
- [12] Bäckström CA, Mårtensson LB, Golsäter MH, Thorstensson SA. "It's like a puzzle": pregnant women's perceptions of professional support in midwifery care. *Women Birth* 2016;29(6):e110–8. <https://doi.org/10.1016/j.wombi.2016.04.011>.
- [13] Lundgren I. Theories and perspectives for midwifery : a Nordic view. Lund: Studentlitteratur AB; 2022. 9789144143194.
- [14] Ekström-Bergström A, Thorstensson S, Bäckström C. The concept, importance and values of support during childbearing and breastfeeding - a discourse paper. *Nurs Open* 2022;9(1):156–67. <https://doi.org/10.1002/nop2.1108>.
- [15] Hupcey JE, Morse JM. Can a professional relationship be considered social support? *Nurs Outlook* 1997;45(6):270–6. [https://doi.org/10.1016/s0029-6554\(97\)90006-3](https://doi.org/10.1016/s0029-6554(97)90006-3).
- [16] Agren A, Berg M. Tactile massage and severe nausea and vomiting during pregnancy—women's experiences. *Scand J Caring Sci* 2006;20(2):169–76. <https://doi.org/10.1111/j.1471-6712.2006.00394.x>.
- [17] Field T, Figueiredo B, Hernandez-Reif M, Diego M, Deeds O, Ascencio A. Massage therapy reduces pain in pregnant women, alleviates prenatal depression in both parents and improves their relationships. *J Bodywor Mov Ther* 2008;12(2):146–50. <https://doi.org/10.1016/j.jbmt.2007.06.003>.
- [18] Swedish Agency for Health Technology Assessment and assessment of Social Services S. Pain-relieving measures for the prevention of physical injuries in women during vaginal birth. A scientific knowledge gap prioritized by patients/users and professionals according to the James Lind Alliance method. Stockholm: SBU; 2019.
- [19] The National Board of Health and Welfare S. Pregnancy, Childbirth and the Postpartum Period – Proposal for a National Plan 2026–2035 The National Board of Health and Welfare 2025-9-9715. Available from: National Board of Health and Welfare, Socialstyrelsen 2025 [Available from: <https://www.socialstyrelsen.se/contentassets/e63524bf5ce448308bfa56274f514fe5/2025-9-9715.pdf>].
- [20] Polit DF, Beck CT. Nursing research : generating and assessing evidence for nursing practice. Philadelphia: Wolters Kluwer; 2021. 9781975154141; 9781975110642.
- [21] Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care* 2007;19(6):349–57. <https://doi.org/10.1093/intqhc/mzm042>.
- [22] Thomsson H. *Reflexiva intervjuer*. Lund: Studentlitteratur; 2010.
- [23] Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004;24(2):105–12. <https://doi.org/10.1016/j.nedt.2003.10.001>.
- [24] Graneheim UH, Lundgren BM, Lundman B. Methodological challenges in qualitative content analysis: a discussion paper. *Nurse Educ Today* 2017;56:29–34. <https://doi.org/10.1016/j.nedt.2017.06.002>.
- [25] Uvnäs Moberg K, Petersson M. Physiological effects induced by stimulation of cutaneous sensory nerves, with a focus on oxytocin. *Curr Opin Behav Sci* 2022;43: 159–66. <https://doi.org/10.1016/j.cobeha.2021.10.001>.
- [26] Olza I, Uvnäs-Moberg K, Ekström-Bergström A, Leahy-Warren P, Karlsdottir SI, Nieuwenhuijze M, et al. Birth as a neuro-psycho-social event: an integrative model of maternal experiences and their relation to neurohormonal events during childbirth. *PLoS One* 2020;15(7):e0230992. <https://doi.org/10.1371/journal.pone.0230992>.
- [27] Downe S, Calleja Agius J, Balaam M-C, Frith L. Understanding childbirth as a complex salutogenic phenomenon: the EU COST BIRTH action special collection. *PLoS One* 2020;15(8):e0236722. <https://doi.org/10.1371/journal.pone.0236722>.
- [28] Field T. Pregnancy and labor massage. *Expert Review of Obstetrics and Gynecology* 2010;5(2):177–81. <https://doi.org/10.1586/eog.10.12>.

- [29] Nabb MTM, Kimber L, Haines A, McCourt C. Does regular massage from late pregnancy to birth decrease maternal pain perception during labour and birth?—A feasibility study to investigate a programme of massage, controlled breathing and visualization, from 36 weeks of pregnancy until birth. *Complement Ther Clin Pract* 2006;12(3):222–31. <https://doi.org/10.1016/j.ctcp.2005.12.006>.
- [30] Şanlı Y, Satılmış İG. Effect of Foot Massage on Labor Pain in Parturient Women. *Altern Ther Health Med* 2023;29(2):82–8. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85147894614&partnerID=40&md5=9439510f2244e980de6e404950628115>.
- [31] Olza I, Leahy-Warren P, Benyamini Y, Kazmierczak M, Karlsdottir SI, Spyridou A, et al. Women's psychological experiences of physiological childbirth: a meta-synthesis. *BMJ Open* 2018;8(10):e020347. <https://doi.org/10.1136/bmjopen-2017-020347>.
- [32] Gustafsson I, Karlsson K, Jarling A, Palmér L. Women's lived experience of intimate partner violence manifestations during the breastfeeding period: a lifeworld hermeneutic study. *Int Breastfeed J* 2024;19(1):80. <https://doi.org/10.1186/s13006-024-00690-5>.
- [33] International Confederation of Midwives I. Partnership between women and midwives. Gender equality. The Hague: ICM; 2024.
- [34] Berg M, Asta Ólafsdóttir O, Lundgren I. A midwifery model of woman-centred childbirth care – In Swedish and Icelandic settings. *Sex Reprod Healthc* 2012;3(2):79–87. <https://doi.org/10.1016/j.srhc.2012.03.001>.
- [35] World Health Organization W. Transitioning to midwifery models of care: global position paper. Geneva: WHO; 2024.
- [36] Vicente S, Veríssimo M, Diniz E. Infant massage improves attitudes toward childbearing, maternal satisfaction and pleasure in parenting. *Infant Behav Dev*. 2017;49:114–9.10.1016/j.infbeh.2017.08.006 <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85028562117&doi=10.1016%2fj.infbeh.2017.08.006&partnerID=40&md5=0f3f74c39743f1cabeefd23cc7295990.1985.0803924313;9780803924314>.
- [37] Lincoln YS. Naturalistic inquiry. Beverly Hills, Calif.: Sage; 1985.
- [38] Ferreira-Alfaya FJ. The state of organizational health literacy: addressing gaps and future directions. *Health Promot Int* 2025;40(3). <https://doi.org/10.1093/heapro/daaf075>.