

Developing Music Therapy in Maternity Care in Ireland: A Qualitative Study

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Abstract

Music therapy can be a form of preventive or early intervention. It strengthens and utilizes women's own resources to build resilience, aids relaxation, reduces symptoms of anxiety and depression, promotes parent–infant attachment, and adapts to physical and psychological challenges during the perinatal period. The inclusion of music therapy in Irish maternity services has the potential to improve the quality of healthcare delivery provided to parents and infants. Recent studies demonstrate

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that the prospect of music therapy is welcomed by parents and perinatal healthcare professionals in Ireland, but such services are yet to be formally embedded in maternity care. Building on a cross-sectional survey, this qualitative study employed 6 semi-structured interviews with women and perinatal healthcare professionals in Ireland to understand their perspectives on developing music therapy in Irish maternity care services. Four themes were identified from the thematic analysis of these interviews: (1) music has multiple functions during the perinatal period; (2) music programs contribute to holistic perspectives and approachability in perinatal care; (3) music therapy provides specialist support; and (4) further development of music therapy services is challenging. The findings offer important insights and practical considerations on the key components of the music therapy programs and strategies in developing music therapy in Irish maternity settings. This information can directly inform music therapy researchers and practitioners in designing music therapy programs and developing relevant services in collaboration with maternity care professionals and policymakers.

Keywords: music therapy, maternity, perinatal mental health, music intervention, early intervention, women

Introduction

Perinatal music therapy is a specialized form of therapy that uses music-based techniques to support parental and infant health during the perinatal period, typically defined as the period from pregnancy and the first year after birth. Distinct from other music-based interventions, perinatal music therapy is a process developed between a credentialed music therapist and an individual, a dyad, or a group to achieve therapeutic goals through clinical and evidence-based, personally tailored music experiences (Bruscia, 1989). Perinatal music therapy encompasses programs for expectant parents, their fetus/infants, and families during pregnancy (Horn et al., 2022), childbirth (Clark et al., 1981; McCaffrey et al., 2020), and the postnatal period (Haslbeck & Bassler, 2018).

Documented perinatal music therapy includes bedside music therapy for women during antepartum and postpartum hospitalization (Horn et al., 2022; Teckenberg-Jansson et al., 2019), group music therapy programs for pregnant women such as *FMTO*

(*Focal Music Therapy for Obstetrics*) (Federico, 2017) and *Lullaby 101 Programme* (Friedman et al., 2010), home-based program *BabySound* for psychosocial vulnerable first-time mothers (Lander, 2017), Music Therapy-Assisted Childbirth (MTABC) program for women in labor (Clark et al., 1981), NICU music therapy such as *CMT (Creative Music Therapy)* (Haslbeck et al., 2017) and *First sound RBL (Rhythm, Breath, and Lullaby)* (Loewy, 2016) for preterm infants and their parents, and perinatal palliative music therapy for expectant parents whose fetus has a terminal diagnosis (Schreck & Economos, 2018).

In addition to conventional music therapy techniques, specialized techniques have been developed in perinatal music therapy to meet the unique needs of women and infants. These include assisting parents to create and use birthing playlists (Cheung & McCaffrey, 2022), singing lullabies or songs of kin (Friedman et al., 2010; Loewy, 2015), writing a womb song or a welcome song for the infant (Carvalho et al., 2022; O'Reilly et al., 2023), using specially designed instruments ocean disc and Gato box to mimic the sound of the womb and the mother's heartbeat (Loewy, 2016), vibroacoustic stimulation through lyre instruments (Teckenberg-Jansson et al., 2019) or a monochord (Haslbeck & Bassler, 2018), and composing with the recording of parental and fetal heartbeats (Schreck & Economos, 2018).

Perinatal music therapy is found to reduce physical and psychological distress (Horn et al., 2022), increase mother–fetal bonding (Horn et al., 2022; Wulff et al., 2021), normalize hospital experiences (Horn et al., 2022), promote positive parenting (Lander, 2017), improve labor experience by fostering a sense of control and reducing pain and anxiety (McCaffrey et al., 2020), connect the family (Horn et al., 2022), celebrate life, and create legacy and memories (O'Reilly et al., 2023; Schreck & Economos, 2018).

Maternity Care in Ireland

In the Republic of Ireland, maternity services predominantly operate within a hospital setting, encompassing 19 maternity units distributed across 6 hospital groups in public ownership without private maternity hospitals. These services are funded by a hybrid of government funding and private health insurance (Reynolds et al., 2021). Collectively, these maternity hospitals facilitate approximately 60,000 deliveries annually with some 15% of the total

availing of these services paid for private care (Whelan et al., 2021). In Ireland's first *National Maternity Strategy 2016-2026*, it is recommended that a holistic, women-centered, and biopsychosocial model of care, as opposed to the conventional medical model, is more appropriate for maternity care services in order to avoid over-treating and over-medicalizing pregnancy and childbirth (Department of Health, 2016). The strategy also highlights the importance of perinatal mental health (PMH) needs and advocates for preventive measures and early intervention. PMH research indicates that the physiological and relational changes along with other psychosocial stressors often increase the vulnerabilities of new parents (Miller, 2016). An Irish study reported that 75% of pregnant women in Ireland experienced significant levels of stress and anxiety (Carolan-Olah & Barry, 2014). Recognizing that untreated maternal distress can have long-term effects on the mental health of both women and their offspring (Brown et al., 2021), the *Specialist Perinatal Mental Health: Model of Care* was launched in 2017 (Health Service Executive, 2017). This led to the establishment of a new Specialist Perinatal Mental Health Service (SPMHS) in each of six hospital groups to provide support for women who experience new onset, relapse, or reoccurrence of mental health disorders during the perinatal period.

However, many women delay help seeking for perinatal distress due to stigma and shame associated with depression and mental health diagnoses and avoid or cease taking psychotropic medication during pregnancy or breastfeeding due to the uncertainty surrounding potential risk and prefer nonpharmacological interventions (Webb et al., 2021). There is evidence to support that the inclusion of music therapy in maternity services can increase the quality of healthcare delivery provided to women (Dombrowska-Pali et al., 2018). Music therapy can offer a nonpharmacological preventive or early intervention to build resilience, boost connection, aid relaxation to combat anxiety, and support women encountering challenges during the perinatal period (Cheung et al., 2023; Sanfilippo et al., 2021). Furthermore, music therapy can strengthen and utilize one's own resources (Cheung et al., 2023), and does not carry risks of pharmacological interventions (Dombrowska-Pali et al., 2018). It is proposed that music therapy has the potential to align with the Irish National Maternity Strategy (Department of Health, 2016), which calls for

a more holistic approach to the woman's healthcare needs. While there is growing awareness of evidence on the benefits of music engagement on perinatal wellbeing (Sanfilippo et al., 2021), and increasing interest toward music-based programs in maternity care among clinicians, scholars, and the public in Ireland (Cheung et al., 2023; Zalisauskaite et al., 2021), music therapy is yet developed and embedded in maternity services in Ireland.

Developing Music Therapy in Irish Maternity Services

Bibb et al. (2018) suggest that the success of the implementation and sustainability of a music therapy program can be influenced by stakeholders' input and depends on the flexibility of the program to the context and culture. The UK Medical Research Council framework of developing complex interventions also highlights the importance of understanding the context and involving key stakeholders (Skivington et al., 2021). Stakeholders include those who are expected to use the programs, those who may be directly or indirectly involved in delivering the programs, and those who may be affected by the programs. Therefore, before the development and evaluation of a perinatal music therapy program, we carried out a mixed-methods cross-sectional survey, "Music and Perinatal Wellbeing Survey," to explore stakeholders' experiences and perspectives on the role of music and music therapy. The survey was conducted from June 26 to October 26, 2020, with a sample of 331 respondents including pregnant women or women who had given birth in the past year ($n = 254$), partners ($n = 11$) and healthcare practitioners (HCPs) ($n = 46$). Findings from the survey were published elsewhere (Cheung et al., 2023, 2024). In brief, the positive role of music during pregnancy and birth in both everyday life and clinical settings was highlighted. Reported benefits include promoting relaxation, improving mood, relieving distress, aiding sleep, boosting energy, family and team bonding, providing labor support, and enhancing the clinical environment. Most survey respondents were of the view that there was not enough guidance available on using music to support pregnancy and childbirth and foresaw a role for music therapy in standard maternity care. Music-based programs that can promote relaxation, parent–infant bonding, and support childbirth were most preferred. Some main barriers to using music were misconceptions about music therapy, funding, space constraint, and lack of understanding among healthcare professionals and management.

Following up on the survey, this qualitative study aimed to gain further insights into developing music therapy in maternity care in Ireland, focusing on practical considerations and strategies through semi-structured interviews. These included identifying health needs that music therapy might address, understanding stakeholders' expectations, obtaining feedback to inform the design of suitable music therapy programs and resources, and identifying potential barriers in the implementation of music therapy services. Such exploration was deemed vital in order to incorporate the views of the maternity care users and HCPs so as to increase the likelihood that the music therapy program developed would be appropriate and effective in meeting the identified needs of women, and improving healthcare outcomes (Bibb et al., 2018; Skivington et al., 2021).

Methods

To gain insight into stakeholders' experiences and perspectives regarding music therapy in perinatal care, we employed a phenomenological qualitative approach rooted in the constructivist paradigm (Creswell, 2007; Gill, 2020). The constructivist paradigm is based on the idea that reality is subjective, and knowledge comes from experiences and is inevitably shaped by social, cultural, and historical contexts (Denzin & Lincoln, 2017). A phenomenological qualitative approach allowed the study to reflect an accurate and authentic description of experiences and views as shared by the participants while refraining from placing emphasis on a preconceived idea of the phenomenon (Gill, 2020). Semi-structured interviews were chosen as the primary data collection method due to their flexibility to allow for an in-depth exploration of participants' experiences and perceptions (Denzin & Lincoln, 2017). Semi-structured interviews are often used to explore stakeholders' perspectives and experiences in healthcare research (Nyanchoka et al., 2019) and music therapy literature (McCaffrey, 2017).

This research study received Ethical approval from the Arts, Humanities, and Social Sciences Research Ethics Committee of the University of Limerick (reference: 2020-05-04-AHSS). In order to ensure comprehensive and transparent reporting of this study, the Consolidated Criteria for Reporting Qualitative Studies (COREQ) was followed. The COREQ provided a structured framework that

aligns with the rigorous standards required for qualitative research as widely recognized and accepted within the qualitative research community (Booth et al., 2014).

Researcher Characteristics and Reflexivity

The research team brought together experience and expertise on the subject. At the time of the study, PSC was a music therapist at the regional maternity hospital with a background in psychology and was the lead researcher of the Music and Perinatal Wellbeing study. TMC was a music therapy lecturer and qualitative and arts-based researcher with a practice background in adult mental health. SMT was a midwifery lecturer and experienced qualitative researcher. TL was a music therapy student and a new parent. MM was the consultant psychiatrist of the regional Specialist Perinatal Mental Health team who oversaw the study and was involved in gatekeeping.

Participants Eligibility

All participants completed the *Music and Perinatal Wellbeing* survey and met the inclusion criteria at the time of interview, which included living in Ireland, being over 18, being fluent in English, consenting to take part, and were either (1) women or their partners in the perinatal period (pregnant or had given birth in the preceding 12 months) or (2) HCPs who worked in perinatal care in Ireland.

Recruitment and Sampling

Participants were recruited from the *Music and Perinatal Wellbeing* survey through purposive sampling from June to October 2020. At the end of this anonymous survey, all respondents were linked to an invitation to provide their contact information if interested in a possible follow-up online interview. Eight women in the perinatal period, one partner, and six HCPs expressed interest in follow-up online interviews. The first author contacted the interested respondents individually from November 2020 to January 2021 via an email consisting of the information sheet, consent form, and a link to Calendly to schedule interviews. A follow-up email was sent to those who did not respond 1 week after the invitation. Participation was voluntary and participants were clearly informed through an

information letter as to what would be asked of them and that they could withdraw at any time without any explanation. Upon the follow-up contact, three postpartum women and four HCPs agreed to an individual interview. One postpartum woman later withdrew due to personal reasons. In total, two postpartum women and four HCPs, including two PMH midwives, one perinatal psychiatrist, and one music therapist completed the interviews.

Data Collection

Seven guided questions for each participant group were developed by the research team after reviewing the findings of the cross-sectional survey and identifying gaps and areas that warranted further exploration (Supplementary [Appendix A](#)). These included further exploration of the music resources/programs that survey participants had identified as needed in maternity care services in Ireland, along with further information on potential barriers in accessing such resources or programs. Both sets of questions differed slightly to suit the contexts of the groups. An independent researcher (TL), who did not have prior contact with the participants that might impact the disclosure of information, pilot-tested the interview with a postpartum woman and conducted the interviews with the six participants from December 2020 to February 2021. The interviews lasted from 15 to 40 min and were conducted via video-conferencing software or phone depending on participants' preference. Field notes were recorded, and the interviews were audiotaped using a voice recorder application on a laptop and a smartphone. TL transcribed the interviews manually with transcribing app *Otter* (<https://otter.ai/>). Participants were given pseudonyms in the interview transcripts and throughout the research to ensure anonymity. Consideration was made for the possibility of vulnerable women and partners being involved, and at all times, the participants' well-being took priority in the study. Participants were advised that if involvement in this research caused any distress or discomfort, they had the choice to proceed or decline participation. Contact details of the Specialist Perinatal Mental Health Service were provided if they needed additional support. A follow-up email was sent to participants within a week after the interviews to check whether any concerns arose following the interviews. No concerns were raised by the participants.

Data Analysis

The six interviews were analyzed according to [Braun and Clarke's \(2022\)](#) six-step framework for inductive reflexive thematic analysis. This method was selected due to its adaptability, systematic approach, and alignment with the constructivist paradigm. It acknowledges the researchers' active involvement in identifying, examining, and reporting patterns or themes within the data. This approach accommodates the complexity of individual experiences and social contexts, facilitating a comprehensive exploration of stakeholders' perspectives, experiences, beliefs, and perceptions in the context of music therapy in perinatal care ([Braun & Clarke, 2022](#)). First, TL read the interview transcriptions multiple times for maximal data immersion and then coded each interview using NVIVO to identify initial themes. Next, TL and PSC worked together to develop the themes and subthemes from coded and collated data. The themes were then revised and renamed by TMC who was masked to the participants' identity and reviewed by SMT who brought fresh perspectives on the findings. Finally, the themes were finalized by PSC through a process of regular team discussion and reflection. A detailed description of the analysis can be found in [Supplementary Appendix B](#).

Findings

Participants' Characteristics

Two postpartum women and four HCPs (two PMH midwives, one perinatal psychiatrist, and one music therapist), from five counties of Ireland (Dublin, $N = 2$; Meath, $N = 1$; Mayo, $N = 1$; Limerick, $N = 1$; and Waterford, $N = 1$), were interviewed. Participants' characteristics are provided in [Table 1](#).

Main Themes

Analysis of interviews revealed four themes that represent views of music and music therapy in maternity care in Ireland: (1) music has multiple functions during the perinatal period, with subthemes of (a) family bonding, (b) music for anxiety reduction and increased relaxation, and (c) music to support childbirth; (2) music programs contribute to holistic perspectives and approachability in perinatal care; (3) music therapy provides specialist support; and (4) further development of music therapy services

TABLE 1

Participants' Characteristics

Role description	ID	Age
HCP—Perinatal Mental Health (PMH) Midwife	PMHM 1	46
HCP—Perinatal Mental Health (PMH) Midwife	PMHM 2	48
HCP—Perinatal Psychiatrist	PSYC	32
HCP—Music Therapist—worked with perinatal women who had experienced mental health conditions or domestic violence	MT	27
Postpartum woman—had 1 child at the time of the interview	PPW 1	33
Postpartum woman—had 2–4 children at the time of the interview	PPW 2	35

is challenging, with subthemes of (a) budget and resources restraints, (b) improving public understanding of perinatal music therapy, (c) developing structured and evidence-based guidelines, and (d) establishing accessible services at maternity hospitals. The themes and subthemes are presented in [Figure 1](#).

Theme 1: Music Has Multiple Functions During the Perinatal Period

Several ideas were put forward by participants around functions of music during pregnancy and infant's first year of life. These ideas emerged from lived experiences and/or witnessing music activities during the perinatal period but also arose from suggestions around how music might be utilized during this time. The key functions of music described by participants pertained to family bonding, anxiety reduction for increased relaxation, and support of childbirth. Each of these subthemes is described below.

Subtheme 1: Family Bonding

A common theme across all participant accounts was how music could be used to support bonding and building connections between infants and their mother, in addition to other family members. For example, PPW 1 described singing to her baby as one of multiple ways to support bonding:

... I sing to him [the baby] all the time ... a couple of songs that ... I can just see him light up when it comes on, or when I'm singing to him, which is really lovely ... it's [music] definitely helped. I mean, obviously, there's loads

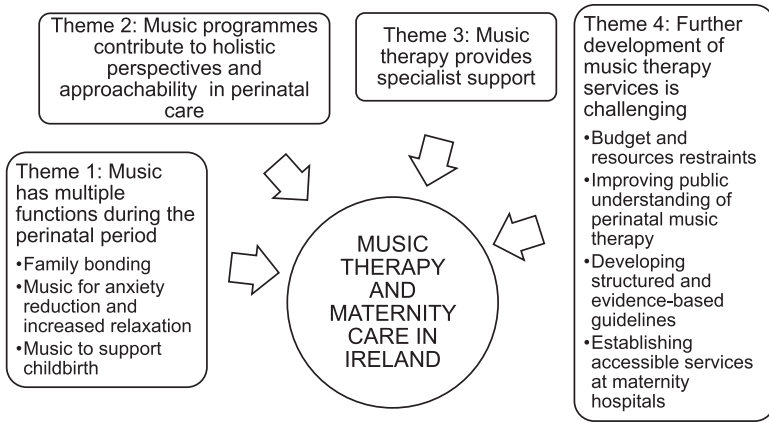


FIGURE 1
The Four Themes and Subthemes From the Qualitative Analysis

of ways that you bond with the baby ... it's definitely been part of a suite of things that we've used to bond with him. (PPW1)

The use of maternal singing to bond with the baby was also recognized by PMH midwife 1. This participant shared that in their work they often encourage mothers to sing a meaningful song to their new baby in order to promote the connection between this dyad:

I've kind of suggested it to a couple of people when I've been looking after them after they've had their babies about singing ... finding a song that's meaningful to them that they can share with the baby and using that as their heart song ... which was well received. (PMHM1)

Such descriptions around music for bonding during the perinatal period were not only exclusive to mother–infant bonding but also to that between infants and other family members, which seemed to create memorable moments for all involved. PPW 1 recalled that when she and her newborn baby came home from hospital, playing music brought the family together and created memorable moments:

Like the first week the baby was home, we sat and played him music all day long. We had different themes ... like

‘Motown Friday’ and ‘Eighties Tuesday’. We’d go through loads of music, play it to him and talk to him about it ... it was definitely a nice experience as a family. (PPW1)

Across all accounts was the idea that music can serve as a glue for promoting connections between infants and their families, with the view that such connections can have lifelong positive impacts for families.

Subtheme 2: Music for Anxiety Reduction and Increased Relaxation

Using music for relaxation, stress reduction, and anxiety management was another idea that emerged from participant interviews. This was shared by both postpartum women and HCPs who valued such uses of music as important across the perinatal period.

Both postpartum women highlighted the value of using music for the purposes of relaxation during pregnancy. PPW 2 recounted listening to a music playlist to manage stress and promote relaxation when on bedrest in advance of giving birth to twins. She described having “a playlist of folky kind of stuff that I knew would keep me level. My blood pressure was high, and I had to be calm. I had to keep myself level.” In this instance, PPW2 was able to identify music that evoked a calming response which she could draw upon as needed during a time when she felt “under pressure.”

PMH midwife 2 emphasized the importance of promoting relaxation for women who experience anxiety during pregnancy, describing at length how she addresses this in her practice through music and mindfulness. She explained that “music plays a huge part in mindfulness” by encouraging controlled breathing and relaxation. The impact of carefully selected music can not only be experienced by women in these mindfulness sessions but also outside of sessions as women can independently access recommended relaxation music which can “bring them back to the comforting feeling that they had when they were in the room (the clinic).” PMH midwife 2 also shared a holistic view of using music in the hospital setting and explained how this can have relaxation benefits for all those exposed to it:

we had a flautist come in, and she played ... for the babies in neonatal units. So, when they would have things like IV lines being inserted, that would be obviously a very

distressing time for little neonates. So, she would actually play the flute. And it not only relaxed the baby, but it also relaxed the staff that were actually trying to put lines in these babies ... it has a positive knock-on effect, that the staff in the area were calm, if mum happens to be present while this was going on she was calm, you know, that music can calm not just the baby but the mother and the staff that were actually carrying out the work ... the neonatal staff absolutely loved her. (PMHM2)

Subtheme 3: Music to Support Childbirth

Participants described the use of music in the perinatal period to support childbirth. Recognizing the capacity of music to create an atmosphere, PPW 1 recounted how during pregnancy she created two playlists with the intention of using them to mentally prepare for labor:

I did have two playlists that I intentionally created ... I created them with labour in mind, but I played them throughout the last maybe four months of my pregnancy. Umm just to, I don't know, in my head, it was, it would get me in the zone on the day. (PPW1)

PPW2 also suggested that is a function for music during childbirth. Like PPW 1 who considered what music could bring to this significant life event, PPW 2 was of the opinion that music could enhance the busy clinical environment of a delivery ward:

I do think that in the delivery ward, there isn't any music in the background ... I'm sure it would be a benefit. Instead of being in a cold, like it's already a sterile enough environment without no noise as well and all you can hear is [hospital noises] ... you know? (PPW2)

Similarly, both PMH midwife participants in this study were of the opinion that music listening has a role to play in supporting childbirth. PMH midwife 1 described how she promoted such use of music in her practice by encouraging women to prepare playlists of their chosen music for childbirth, categorizing these according to different purposes during labor, while also ensuring that the necessary equipment to play music was available in the delivery room:

I used to work in a midwifery led birth centre in the UK and we used to encourage women to bring in their own music to do playlists for labour and it'd be part of, you know, what we taught in antenatal education about making playlists that they could use in labour for music, you know, that you might find that was motivating or that was calming, um and they could have different playlists that we could use and we had docking stations and speakers in the rooms. (PMHM1)

For this midwife, such promotion of music listening came with the intention of empowering women by “giving women control over that environment ... it was their space, and we will do everything we can to, you know, help, help them to feel at home.”

Overall, participants agreed that music has a role to play during the perinatal period. This role was considered from a range of perspectives that collectively point towards the value of music in terms of supporting family bonding, increasing relaxation, and supporting women's experience of childbirth.

Theme 2: Music Programs Contribute to Holistic Perspectives and Approachability in Perinatal Care

All study participants shared some enthusiasm for welcoming the use of music in maternity care. For many, this positivity was driven by their perceived need for maternity services in Ireland, which should be more accessible and holistic in their approach to caring for women. For one postpartum woman, this was driven by a desire that maternity care services in Ireland be less clinical and more approachable, a wish that she envisaged being somewhat fulfilled by offering music-based programs: “anything that is added to the maternity system that makes it more holistic and mothers focus and makes it a little bit more approachable and less ... clinical ... is a good thing.” This view was also shared by PMH midwife 1 who highlighted the medicalised approach to maternity care provision in Ireland where she sees a need for more humanized care and approachable interventions:

I am interested in interventions that are easy for women and families to access ... that are going to enhance their life and make their life easier ... that isn't medicalising them, it isn't stigmatising them ... most people love music

and have access to music that is meaningful to them. (PMHM1)

Another PMH midwife, in contemplating the introduction of music programs in perinatal care could foresee little risk or challenge within this pursuit saying, “you couldn’t really have any negative impact when it comes to music opportunity really sure music is so, such an easy thing to do isn’t it?” (PMHM2). This seemed to align with the idea that music programs could naturally fit within existent maternity and childbirth services. The potential value of having HCPs, such as music therapists, who specialize in music in perinatal service provision was also relayed by a psychiatrist who said:

All the help that we can get from all healthcare professionals and all the tools and skills that we can get to help mothers are very important and I think music and art in general are part of the treatment that we can offer. (PSYC)

In summary, the idea of using music and music therapy in perinatal care was welcomed with positivity among participants in this study. Across their interviews was the notion that using music could fulfill their perceived need to make perinatal services more accessible, holistic, and humanized for women in Ireland.

Theme 3: Music Therapy Provides Specialist Support

The potential for including music therapy in the maternity care to support the additional health needs of women and infants was highlighted by the participants. The postpartum women surmised that supportive music-based interventions would be particularly beneficial during the third trimester and during hospitalization when they were more vulnerable and likely to experience concerns and worries:

Towards the end of pregnancy is when I had the most anxiety and I needed tools to help me relax ... it helps with any great apprehension you have about approaching labour ... whether it was a music class or some kind of course in relaxation. (PPW 1)

When I was pregnant ... I was in hospital for five weeks, I think [music] kept the head together. I was on bedrest, and I was having twins. So, I suppose I was kind of under

pressure ... my babies were in neonatal for three weeks and I think music should be played for definite. (PPW 2)

Using music to repair ruptured bonds between families following stressful or traumatic life events was also suggested by the HCPs. In the context of this study, these events were described in terms of a baby's need for special care neonatal unit, birth trauma, and domestic abuse. PMH midwife 2 relayed this idea with an emphasis on the possibilities of music in supporting parents who are separated from their babies or parents who may have difficulty in bonding with their baby:

... for babies that were in special care, for families that are separated from their babies, for families that may have difficulty bonding with the child ... I think it [music] is something that could really be tapped into to help ... that's kind of the area where I think it could be most useful. So maybe women that have had traumatic births ... that they have found traumatic, and their husbands have found traumatic ... a powerful intervention that will be acceptable to them ... to increase that bond ... for the whole family ... that would bring them together. (PMHM 2)

The music therapist also shared a view of using music to support bonding among mothers and infants. In cases of domestic violence, when both mothers and infants are often in "survival mode," music can be used to regulate the fear and vigilance of both parties and serves as an essential precursor to a readiness to open up and share difficult experiences. In this trauma-sensitive work, music "is not just supporting the mother to attune to the baby but it's actually also helping the baby to sort of become more receptive to receiving that nurturing." Music plays a vital role in supporting maternal wellbeing as well as infant mental health. This specialized use of music was presented as a way of reaffirming the mother-infant relationship despite the exposure to abusive situations.

Theme 4: Further Development of Music Therapy Services is Challenging

Participants put forward a range of challenges and suggestions around developing and embedding music therapy in maternity care in Ireland. Three subthemes were identified: (1) budget and

resources constraints, (2) improving public understanding of perinatal music therapy, (3) developing structured and evidence-based guidelines, and (4) establishing accessible services at maternity hospitals.

Subtheme 1: Budget and Resources Constraints

The issue of resourcing music therapy service development also arose in discussions with study participants. Resourcing across maternity and perinatal care, in general, was presented by HCPs as an ongoing challenge. Speaking to this point the perinatal psychiatrist recalled numerous budgeting issues around the development of their PMH service at their hospital:

It was really hard as we were hiring a new psychologist and we didn't have a place for them, um we had to share offices ... so we had a plan to start groups ... therapy groups music therapy groups. We didn't have rooms for that. We didn't have a budget to get new rooms. So, I think that's the main problem in accessing those new kind of resources I wouldn't say it's the problem with music therapy itself I think it's a problem with the budget. (PSYC)

While reflections of participants on resourcing issues did not present any clear solutions as to how this could be addressed to allow for the development of new services, these reflections highlight that discussion around the budgeting for music therapy in maternity services is both fundamental and needed.

Subtheme 2: Improving Public Understanding of Perinatal Music Therapy

Striking throughout the interviews was participants' familiarity with the idea of using music in the perinatal period. However, the idea of music therapy raised some uncertainties. When the topic of music therapy emerged in discussion with one postpartum woman, she rather directly replied: "I don't think people know what music therapy is, or they don't know the benefits, or they don't know the structure" (PPW 2). This response suggests that there is a need for further education and dialogue around music therapy as a structured practice and its benefits and limitations. Another postpartum woman described a lack of understanding around music therapy,

emphasizing the importance that education around this practice centers on how it is relevant to perinatal wellbeing:

I suppose with any of those things ... if it's not part of your life, then you might feel like it wasn't relevant, or that it wasn't for you ... It's like ... I don't like sports, I've never had experience in sports. So, if there was some kind of things like that, I wouldn't even entertain the idea of going. I guess it would have to be marketed and presented in such a way that made it feel like you could be included, even if it was something that you never had any interest in before. (PPW 1)

This quote suggests that music therapy may be perceived as a hobby to someone who is unfamiliar with this practice and it might easily be overlooked as a health-promoting evidence-based resource.

While the music therapist described music therapy as a “niche area,” the perinatal psychiatrist shared this is not the case in other countries where “in every institution whether public or private in [a country in South America], they have a music therapist or an art therapist.” This suggests that Ireland is not advanced in terms of developing music therapy services but also that other countries may be able to offer some learning about such developments. The music therapist echoed that and contended that if music therapy services are established in maternity care, greater awareness and understanding are required. PMH midwife 2 also stressed that more advocacy for music therapy development in perinatal care needs to come from music therapists: “I think more of a drive from your [music therapists] end ... I drive it to a certain point here because I have an interest ... but not everybody would have my interest.”

Subtheme 3: Developing Structured Guidelines and Evidence-Based Protocols

The need for clear guidelines on music therapy in perinatal care was highlighted by the HCPs. Responses from the PMH midwives and the perinatal psychiatrist revealed some recognition of the therapeutic process involved in music therapy, but uncertainty exists around what this might involve and how women can have access to such services. PMH midwife 2 questioned: “looking at a

kind of a therapy process, are you? Where you would bring the music into it? So, it'd be different to what I'm doing here." PMH midwife 1 pointed to an existent dearth of accessible information about music therapy in perinatal care, "I suppose kind of journal articles ... maybe a website that we can refer people to, um that type of thing. Yeah, yeah, there's a danger of over complicating it as well, you know."

The perinatal psychiatrist also shared their desire for structured guidelines on music therapy, similar to other guidelines provided by the National Centre for Clinical Excellence (NICE, UK) that are "very clear, very structured and very evidence based." This perinatal psychiatrist said:

[If] we could include music therapy, then we would have guidelines as to how to refer on to a music therapist; for how many sessions that are recommended, for how long, for what disorders. I think they should be part of our guidelines. (PSYC)

For the HCPs, clear, structured, and evidence-based guidelines would help pave a way forward for music therapy service development in the perinatal mental health field.

Subtheme 4: Establishing Accessible Services at Maternity Hospitals

Study participants also shared a view of making music therapy services accessible in all main localities across the country. Both postpartum women stressed the importance of localized service and ease of access for the family. However, the music therapist highlighted that the chances of this were unlikely with geographic location often being a factor in determining accessibility to services in Ireland. Perhaps most realistically, the perinatal psychiatrist's suggested that service development should first focus on introducing music therapy programs at each of the six maternity hospitals in Ireland:

I think that music therapists would be better based in the hubs ... in the main hospitals where they can see patients on the wards ... it would be a great support for them ... then they can see them in day hospitals or as outpatients ... I think those are the services that would most benefit from having a music therapist. (PSYC)

Discussion

This study provided valuable insights into the potential role and development of music therapy in maternity care in Ireland. Following on from the prior survey, it offered a more detailed description of how music has been used and how music therapy has been perceived by stakeholders. It also provided practical considerations and strategies for the development of suitable music therapy programs.

The findings highlight the multifaceted functionality of music, which includes fostering family connections, alleviating anxiety, promoting relaxation, and providing support during childbirth. Participants generally recognized music therapy as a safe, nonpharmacological, and therapeutic intervention that has capacity to bring a holistic model of care to maternity care services that are often viewed as being overmedicalized in Ireland. Furthermore, participants shared their views on the potential areas where music therapy could offer support. While the majority of participants had not directly experienced music therapy, their descriptions and views contributed to identifying areas of need for music therapy, the prioritization of program goals, and the key components of the music therapy program. Finally, the study identified and discussed potential barriers to the further development of music therapy in Irish maternity care services, along with possible strategies to overcome these challenges. Many of these insights added depth to the findings from the prior survey, which might have been limited by the text entry. For instance, participants described having a theme in playing music as a family, using music in the neonatal unit, and the infrastructure for playing music at the delivery ward in other countries. The interviews also added new insights that were not explored in the survey, such as the need for maternity care to be more humanized and approachable, a general lack of understanding around music therapy, the potential of music therapy in repairing ruptured bonding, the prioritization of needs and goals in music therapy, and the importance of clear guidelines, accessibility, and a hospital-based approach for the implementation of music therapy. This comprehensive analysis fulfilled the aims of this study to inform the design of suitable music therapy programs. These insights toward development of music therapy in maternity care are summarized in [Table 2](#), using the 5W1H Framework ([Gerber et al., 2021](#)). This framework, which aligns with established guidelines for

TABLE 2

A Summary of the Insights From the Findings Towards Development of Music Therapy in Maternity Care Using the 5W1H Framework

Insights toward the development of MT in maternity care	
Who	Women in the perinatal period who experience psychological distress or conditions (e.g., anxiety, depression, trauma, separation, etc.) that disrupt parent–infant bonding or hinder their ability to care for themselves or the infants
When	The third trimester or hospital admission (antepartum, postpartum, or in the neonatal unit) was identified as the time when more supportive interventions are needed
Where	It is key to be localized and accessible for women and the family
What	Interventions that can help cope and adapt to perinatal stress and anxiety, promote, support, and repair parent–infant bonding and preparation for labor and childbirth
Why	Women and HCPs are seeking safe nonpharmacological interventions to support women’s health and well-being during the perinatal period
How	Establishing services at maternity hospitals, improving public awareness of music therapy, and developing structured guidelines and clear referral pathways

the development of health interventions (O’Cathain et al., 2019), provides a structured approach that comprehensively addresses key elements essential for intervention planning and implementation.

While the idea to use music as a therapeutic tool for perinatal well-being in everyday life comes naturally to many individuals without prior coaching and knowledge, participants considered music therapy to be particularly beneficial for women, infants, and the family who experience physical or psychological health conditions that disrupt parent–infant bonding or hinder their ability to care for themselves or the infants. This suggests that music therapy should be strongly considered for women with conditions including but not limited to birth- or nonbirth-related trauma, preterm labor, long-stay hospitalization, anxiety, depression, and other physical and psychological distress (Huschke et al., 2020). Promoting, supporting, and repairing parent–infant bonding through music therapy is a well-established professional specialism (Edwards, 2011). Loewy et al. (2021) explained that music therapy can provide a noninvasive, nourishing space for parents to process

emotions and bond with their infants. Recent studies show that the positive impact of music therapy on bonding and stress relief can also be observed during pregnancy (Wulff et al., 2021), suggesting the preventive and protective potentials of antenatal music therapy (Edwards et al., 2013; Fancourt & Perkins, 2018).

Participants surmised that women during the third trimester or hospitalization would appreciate additional support and music therapy could have a role in supporting their needs. The existing literature also favors such as early intervention during pregnancy as it can reduce maternal stress and may prevent adverse obstetric and neonatal outcomes (Brown et al., 2021). A systematic review reported that antenatal music interventions can reduce anxiety significantly (Lin et al., 2019). Studies report that bedside music therapy can alleviate distress, enhance the environment, normalize the hospital experience, and connect families for women during antepartum and postpartum hospitalization (Horn et al., 2022).

This study identified steps to develop music therapy services, including suggestions for overcoming potential challenges and barriers to implementation. Although challenges around the implementation of music therapy in maternity care have been given little consideration in published literature, similar challenges have been identified in other healthcare settings (Bibb et al., 2018). Participants recommended several strategies for the development of music therapy services. First, establishing localized accessible services is important for women and their families and beginning such services from local maternity hospitals is recommended. Developing structured- and evidence-based guidelines and referral pathways for HCPs is key when introducing a new service. Providing evidence on the therapeutic values of music therapy on perinatal well-being and further advocacy for music therapy among the public is warranted. These suggested strategies are congruent with the findings in the literature (Bibb et al., 2018) that highlight how education and communication are key to increasing awareness of music therapy among HCPs and for successful integration and sustainability.

Limitations

While this study contributes valuable insights into the development of perinatal music therapy in Ireland, it is not without

limitations. First, we acknowledge that the number of participants is small and accounts for only 40% of the total number of the originally recruited participants. The attrition of perinatal parents was particularly high (78%), a trend that has previously been noted with this cohort. Research indicates that engaging perinatal women in research can be challenging and pregnancy- or birth-related conditions are common reasons for nonparticipation in studies (Close et al., 2016). In this study, the attrition might be due to the vulnerability and changing circumstances of the women during the perinatal period, the time gap between the interview arrangements and their enrollment during the survey, and only using email as an invitation that could be easily overlooked by a busy parent. Second, while women's experiences of the maternity care in Ireland were a strong focus of this study, it resulted in a gender bias in our sample and findings. The lack of representation of partners is also a notable limitation of this study.

In future studies, increasing the sample size, reducing the attrition rate, and diversifying the participants would provide a more comprehensive understanding of the topic. Engaging participants through multiple platforms (e.g., email, text, or phone call) might reduce the attrition rate (Morton et al., 2012). Moreover, actively seeking the perspectives of parents and HCPs of other genders would contribute to a richer and more nuanced analysis of the topic (Fisher et al., 2021).

Conclusion

This study explores women's and HCPs' views on music therapy during the perinatal period and provides valuable insights into the development of suitable perinatal music therapy programs for maternity care in Ireland. The findings help identify key considerations of program development such as the target population, the role of music, and possible goals of those programs. This study also highlights women's and HCP's ideas about how to overcome some of the anticipated challenges in establishing new music therapy programs within maternity services in Ireland. While this study was situated in the Irish context, the findings might be of relevance to other international practitioners who seek to develop this emerging field of practice.

Supplementary Material

Supplementary material is available online at *Journal of Music Therapy*.

Author Contributions

PuiSzeCheung (Conceptualization [Lead], Data curation [Lead], Formal analysis [Lead], Investigation [Lead], Methodology [Lead], Project administration [Lead], Software [Lead], Visualization [Equal], Writing—original draft [Equal]), Triona McCaffrey (Conceptualization [Equal], Data curation [Equal], Formal analysis [Equal], Investigation [Equal], Supervision [Equal], Writing—original draft [Supporting], Writing—review & editing [Equal]), Sylvia Tighe (Conceptualization [Equal], Investigation [Equal], Methodology [Equal], Supervision [Equal], Validation [Equal], Writing—review & editing [Equal]), Timothy Lowther (Data curation [Supporting], Formal analysis [Supporting], Investigation [Supporting], Writing—original draft [Supporting]), and Mas Mahady Mohamad (Conceptualization [Supporting], Investigation [Supporting], Supervision [Supporting], Validation [Supporting], Writing—review & editing [Supporting])

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