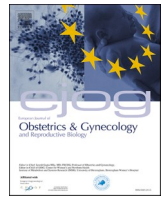


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Full length article

## Respectful maternity care – Quo vadis? Position statement by European board and college of obstetrics and gynaecology in the wake of publication of a report, “Respectful maternity care: women’s experiences and outlooks in Eastern Europe and Central Asia”

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## ABSTRACT

All global organisations involved in setting standards of care for sexual and reproductive rights for women have strongly emphasised that care during pregnancy, labour and post-partum should not only focus on preventing maternal deaths and complications but should provide a women centred care to meet their individual needs and human rights principles. Maternity care should respect autonomy, privacy, dignity, confidentiality and involve women in decision making at each stage during pregnancy. It is deeply concerning that most women surveyed in the UNFPA EECARO supported research<sup>1</sup>, covering the countries of Eastern Europe and Central Asia has reported at least one episode of obstetric mistreatment. Such experiences can have a long term impact on maternal health and wellbeing. European Board and College of Obstetrics and Gynaecology (EBCOG) asserts that an interdisciplinary multi-faceted strategic approach is needed to address challenges for the provision of respectful care.

## Introduction

EBCOG standards of care has laid out key principles of high-quality care in 2014 stating that, “maternity services must ensure that women are able to choose the most appropriate care through each phase of their maternity experience. All women should be offered an effective and coordinated care with informed choices that best meet their needs. Health care professionals should work in partnership with women and their families. There should be a clinical governance programme in place to monitor the quality of care provided to the women and their families” [1]. Similar sentiments have been expressed by UNFPA [2] and WHO [3] stating that, “respect and preservation of dignity require privacy, confidentiality and freedom from mistreatment of women and

newborns.” EBCOG position statement to mark World Patient Safety Day in 2021 [4], points out that “gender-based violence and disrespectful care affect maternity outcomes and women’s birth experiences” and has reiterated that “compassionate, safe and respectful childbirth is an essential part of patient safety and quality”. Even at the EU parliament, there has been a broader discussion around sexual and reproductive health and rights and explicit concerns about respectful maternity care. “The EU parliament called on all EU member states to ensure provision of high quality, evidence based and respectful maternity care for everyone” [5]. Of late EBCOG had revisited this pertinent subject along with other professional organisations advising that downplaying reports of obstetric violence is detrimental, and focus should be on eliminating substandard and disrespectful care rather than debating semantics [6].

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**Table 1**  
Education for pregnant women, families and communities.

Factor	Content
Universal, accessible prenatal education.	Patients' rights; informed consent; physiology of labour; common procedures and alternatives; birth planning and comfort/pain management; how/where to report mistreatment.
Empowerment modules and birth planning.	Teach negotiation skills; rights to accompanying companion; preferred birthing positions; refusal of non-consensual interventions; encourage completion of written birth plans and explanation of realistic facility constraints.
Postpartum psychological support & trauma-informed education.	Educate women and families on signs of birth trauma; mental health resources; referral pathways.
Public awareness campaigns	Mass- and social-media content to define obstetric violence, destigmatize reporting, and promote rights.

**Table 2**  
Education and training of health professionals.

Factor	Content
Mandatory pre-service & in-service curricula on respectful maternity care.	Core topics should include issues related to medical ethics, informed consent, communication skills, trauma-informed care, non-coercive clinical decision-making, cultural sensitivity, gender equality.
Address attitudes & norms regarding interaction with clients.	Education modules should explicitly target power hierarchies, normalization of abuse, and stereotype-driven practices.
Clinicians	Regular team meetings to review patient feedback questionnaires on respectful care and address educational needs of doctors/nurses/midwives etc
Practical clinical education to reduce unnecessary interventions.	Training on evidence-based labour management (e.g. WHO Intrapartum Care, avoiding routine episiotomies, Kristeller fundal pressure manoeuvres, etc.).
Team-based, interdisciplinary education.	Joint training on collaborative, patient-centred models for all healthcare professionals providing maternity services: obstetricians, midwives, nurses, anaesthesiologists, neonatal staff, etc.

Most recently published "WHO Compendium on respectful maternal and Newborn Care strongly advocates that" respect must be embedded in every interaction across the full continuum of maternity care" [7].

Most recently published UNFPA supported research report [8] states that while most interviewed women are unaware of the term 'obstetric violence', at least 67% of surveyed women experienced at least one form of obstetric mistreatment that involved a range of experiences including perceived unjustified obstetric procedures without proper consent, poor interaction with attending healthcare personnel, and physical or sexual abuse. These experiences leave the victimized women powerless and distressed. 'Obstetric violence' can be construed as a facet of a more widespread problem involving abusive behaviour of attending personnel in any healthcare setting. Gaps in education, information and institutional accountability are repeatedly identified as risk factors which apparently predispose women with lower education attainment or economic deprivation to mistreatment and abusive medical management.

Only a whole system approach to develop a significant course of action (information, training, awareness and monitoring) can provide a potential solution to the problem as described in "The Call for Action" [9].

A multi-disciplinary programme should be central and crosscutting all the stakeholders, targeting:

**Table 3**  
Education for health managers, regulators and judiciary.

Factor	Content
Training for hospital managers & quality leads on systems to prevent mistreatment.	Modules: Obstetric interventions, incident investigation, whistleblower protection, patient-feedback incorporation, zero-tolerance enforcement.
National Quality Assurance System	Clinical governance systems in place, regular multidisciplinary audit meetings
Capacity-building for professional regulatory bodies.	Defining national audit indicators for respectful care, each unit level data collection and data submission on line, annual unit level report production
Minister of Health and Policy Advisors	Integrate respectful-care competencies into accreditation, disciplinary processes, and continuous professional development.
Patient Advocacy	Invest in high quality workforce (Doctors, Nurses, Midwives, medical managers) with adequate funding for continuing professional development, Embedding legal requirements for each service provider unit to implement national policies and demonstrate adherence by annual feedback
Evidence based Medicine for everyone	Obstetric Units to engage with women advocacy groups for local service delivery modelling
Judicial and law-enforcement sensitization.	MOH website- free to access to provide evidence-based information on pregnancy, labour and post-delivery care
	Establish reporting mechanisms and train legal actors, including human rights defenders on obstetric violence as a rights issue, proper evidence handling, and victim-centred procedures.

**Table 4**  
Youth and civil society programs.

Factor	Content
Youth programmes	Promote the principles of gender equality, bodily autonomy, consent, and respectful healthcare as integral concepts relating to health education.
Civil society	Promote the principles relating to respectful healthcare delivery thus forming the foundations for building patient advocate groups.
Media representatives	Support patient advocacy groups presence at the maternity service delivery groups meetings
Private sector	Address the awareness gaps among population and health care providers, promote human rights, prevent and address the cases of obstetric violence.
	Promote and support public-private partnerships and support public education by integrating the awareness raising activities and materials in the campaigns and education materials, applying innovative approaches and tools (digital solutions, mobile apps for youth, women, civil society)

- Women, families and communities (rights awareness, evidence-based information sharing and empowerment),
- Healthcare providers (clinical and professional skills with a focus on evidence based, human rights-centred care and continuing professional development to shift clinical attitudes),
- Healthcare facility managers (Clinical governance systems in place to ensure that respectful care protocols are implemented at the point of service),
- Healthcare regulators (Quality assurance systems producing regular performance reports based on patient feedback and transparent accountability mechanisms),
- Ministers, policy makers and healthcare advisors (effective legal framework in place for implementing effective quality improvement systems and the protection of maternal rights),

**Table 5**  
Suggested measurable indicators.

- % of women who can define obstetric violence and identify complaint channels.
- % of women who prepare birth plans during the prenatal period.
- % of women who can define referral pathways for healthcare service resources.
- % attendance of healthcare personnel to annual respectful-care training programs.
- % of women reporting mistreatment incidents.
- Patient Reported Experience Measure [PREM] relating to receipt of respectful treatment.
- PREM score relating to informed consent for interventions.
- PREM score relating to availability of implemented client-friendly policies relating to adherence to pre-natal birth plan, easy availability of complaint channels, etc.

- Youth, civil society, media and private sector (evidence-based awareness campaigns and innovative digital solutions, such as educational apps, etc. to foster a societal culture of respect and informed choice)

### Education for pregnant women, families and communities

A dedicated educational program needs to be formulated to provide a universally accessible prenatal education that promotes rights awareness, empowerment and birth planning. It should also educate women and their families on signs of birth trauma, mental-health resources, and referral pathways; while developing public awareness with mass- and social-media content to define obstetric violence, destigmatize reporting, and promote patients' rights [Table 1].

### Education and training of health professionals

All healthcare personnel should be obliged to attend team-based interdisciplinary pre-service and in-service training curricula detailing the principles of maternity care delivered respectfully and with dignity. Training curricula for all healthcare providers should not only concentrate on professional skills but should address attitudes and norms towards interaction with clients. Mandatory attendance can be linked to licensing and recertification and professional codes [Table 2].

### Education for health managers, regulators and judiciary

It is important that managers and regulators of healthcare service providers have a clear understanding of the perspective of clinicians and the service users as regards various interventions. Such a dedicated training programme would provide the managers a better understanding regarding the implementation of quality assurance and clinical governance systems that aim to prevent and effectively address mistreatment of clients. The judiciary and law-enforcement agents should also receive dedicated training to appreciate the legal rights of patients relating to obstetric violence and how such cases should be handled [Table 3].

### Youth, civil society, media and private sector programmes

Further educational programs relating to 'obstetric violence' issues should include community youth and civil society outreach. Such programs would promote the principles of self autonomy and the principles of respectful health-care concepts thus aiming for a longer-term cultural unacceptance of coercive practices in healthcare delivery. These programs would also help the development of civil advocate groups promoting respectful healthcare delivery [Table 4]. Media representatives and the private sector should be an important part of the education and advocacy programmes, ensuring wider dissemination of information applying traditional media channels and innovative digital solutions.

### Discussion

No woman and her baby should be subject to disrespectful care irrespective of their colour, social or economic background. EBCOG is proposing a multi-disciplinary educational program crosscutting all the

stakeholders.

Our proposed educational program above requires wholehearted financial commitment from the ministers of health and health care planners and providers.

UNFPA, together with its partners, promotes respectful maternity care by supporting its programmes at the national, regional and global levels, linking the outcomes of the research with the strategic interventions, aiming the elimination of all forms of violence against women and girls, including obstetric violence.

The effectiveness of such strategy should be audited in reaching the targeted objectives. These targeted objectives should not simply concentrate on an assessment of acquisition of knowledge but, more importantly, assess the acquisition of skills and how these are being reflected in actual practice on the ground. **There should be measurable indicators to assess whether the educational objectives are being reached [Table 5- Box]**. Healthcare providers and managers should be further trained in auditing processes which are linked to reporting, monitoring and research. Data teams, researchers and policy makers must be trained in effective methods for ethical collecting prevalence data, qualitative testimony, facility audits and triangulating with clinical indicators. They must be further trained to use the evidence to design tailored educational interventions.

EBCOG is fully committed to support the implementation of the above strategies at the educational, clinical, policy and systems levels.

### Declaration of competing interest

All authors have no conflict of interest to declare.

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