



Με τη συγχρηματοδότηση
της Ευρωπαϊκής Ένωσης

Toward a culture of **RESPECT**ful Maternity Care:

Enhancing **Shared Decision Making** and **Informed Choice**





Ομάδα #RESPECT

Τμήμα Νοσηλευτικής ΤΕΠΑΚ



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WP2: Έρευνα (ποσοτική & ποιοτική)
Εμπειρίες γυναικών από τη Φροντίδα
Μητρότητας με/χωρίς Σεβασμό



Μοιραστείτε το σύνδεσμο
με τους συναδέλφους και
τα επαγγελματικά σας
δίκτυα

WP5: Καμπάνιες

Ενημέρωσης και
Εναισθητοποίησης
του κοινού



WP4: Εκπαιδευτικό πρόγραμμα
ενίσχυσης δεξιοτήτων
επικοινωνίας και συμμετοχικής
λήψης αποφάσεων

WP3: Διατηρησακή συμμαχία/ Καλές πρακτικές και συστάσεις:
Καταγραφή απόψεων και εισηγήσεων Επαγγελματιών Υγείας και συμμετοχική διαδικασία με εργασιτήρια και ομάδες εστίασης με εμπλεκόμενους φορείς

«Καθρεφτίζω το νου...σε φεγγαριού σπηλιές,
κι άμα σε δω να κλαις, το πρωί θα φύγω αλλού»

Obstetric Violence
Μαιευτική βία

Mistreatment
Κακομεταχείριση

Disrespect & Abuse
Ασέβεια και κακοποίηση

**Obstetric Violence in Mexico:
Results From a 2016 National
Household Survey**

Roberto Castro¹ and Sonia M. Frías¹

**Obstetric Violence in Spain (Part I): Women's
Perception and Interterritorial Differences**

Desirée Mena-Tudela¹, Susana Iglesias-Casás², Víctor Manuel González-Chordá¹,
Águeda Cervera-Gasch¹, Laura Andreu-Pejó¹ and María Jesús Valero-Chilleron¹

Int. J. Environ. Res. Public Health **2020**, *17*, 7726; doi:10.3390/ijerph17217726



**The Giving Voice to Mothers study: inequity
and mistreatment during pregnancy and
childbirth in the United States**

Saraswathi Vedam¹, Kathrin Stoll¹, Tanya Khemet Taiwo^{2,3}, Nicholas Rubashkin⁴, Melissa Cheyney⁵,
Monica McLemore⁷, Micaela Cadena⁸, Elizabeth Nethery⁹, Eleanor Rushton¹, Laura Schummers¹⁰,
Eugene Declercq¹¹ and the GVM-US Steering Council



**Respectful care during childbirth in health
facilities globally: a qualitative evidence
synthesis**

E Shakibazadeh,^a M Namadian,^b MA Bohren,^c JP Vogel,^c A Rashidian,^{4a} V Nogueira Pileggi,^{4a}
S Madeira,^b S Leathersich,¹ Ö Tunçalp,^c OT Oladapo,^c JP Souza,^c AM Gülmezoglu^c

Is there respectful maternity care in
Poland? Women's views about care during
labor and birth

Baranowska et al. *BMC Pregnancy and Childbirth* (2019) 19:520
<https://doi.org/10.1186/s12884-019-2675-y>

Respectful Maternity Care
Φροντίδα Μητρότητας
με Σεβασμό

**Disrespect and abuse during labour
and birth amongst 12,239 women
in the Netherlands: a national survey**

Marit S. G. van der Pijl¹, Corine J. M. Verhoeven^{1,2,3}, Rachel Verweij^{4,5}, Tineke van der Linden^{4,6,7},
Elselijn Kingma⁸, Martine H. Hollander⁹ and Ank de Jonge¹⁰

Disrespect & Abuse

*Obstetric Violence.
Not, Mistreatment.*

*Mistreatment, perhaps
But not, Obstetric Violence.*

“ As a starting point for research and action, we define disrespect and abuse in childbirth as interactions or facility conditions that local consensus deems to be humiliating or undignified, and those interactions or conditions that are experienced as or intended to be humiliating or undignified. ”

Defining disrespect and abuse of women in childbirth: a research, policy and rights agenda

Lynn P Freedman,^a Kate Ramsey,^a Timothy Abuya,^b Ben Bellows,^b Charity Ndwiga,^b Charlotte E Warren,^b Stephanie Kujawski,^a Wema Moyo,^c Margaret E Kruk^a & Godfrey Mbaruku^c





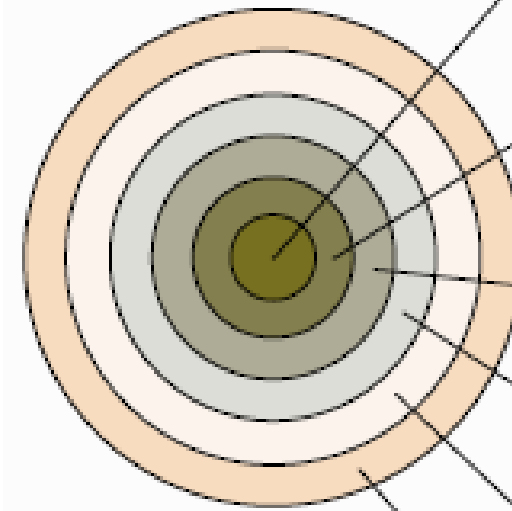
Αυτοάμυνα

(απόρριψη, υπεράσπιση
ευτελισμός κτλ)

Άρνηση (φόβος, ενοχή,
αποποίηση πρόθεσης κτλ)

Καταστολή μνήμης
Ηθικά διλλήματα

(σιωπηλοί παρατηρητές)
(Wijma et al BMC Med Educ 2016)



- Individual level
- Structural level
- Policy level

Μαιευτική βία

Behaviour that all agree
constitutes disrespect and abuse

Normalized disrespect
and abuse:
Behaviour that women
consider disrespect and abuse
but providers do not.
Behaviour that women
consider normal or acceptable
but others consider disrespect
and abuse

Poor treatment or conditions
caused by system deficiencies
and considered disrespect and
abuse by women and providers

Poor treatment or conditions
caused by system deficiencies
but considered normal or
acceptable

Deviations from national
standards of good quality care

Κακομεταχείριση


Deviations from human
rights standards
(available, accessible,
acceptable, quality)

Ασέβεια και κακοποίηση

Policy advocacy
Prevalence measure
Initial intervention target



D&A Vs Respectful Maternity Care

- **Disrespect and Abuse (D&A):** Δεν αναφέρεται (αποκλειστικά και μόνο) σε απαράδεκτες ακραίες καταστάσεις και συμπεριφορές
 - Αφορά σε μη τήρηση υψηλότερων κλινικών/ηθικών προτύπων επαγγελματισμού
 - όσο κι αν δεν γίνεται σκόπιμα ή συνειδητά (ώστε περνά απαρατήρητο)
 - αφορά σε συστηματικό συστημικό πρόβλημα (ώστε κανονικοποιείται)
 - τροφοδοτείται από σχέσεις εξουσίας, με έμφυλη και άλλες διαστάσεις (ώστε συντηρείται)
 - έχει κοινωνικό-πολιτισμικές καταβολές σε πεποιθήσεις/ προκαταλήψεις (ώστε διαιώνίζεται)
 - έχει πρωτοπαθείς και δευτερογενείς τραυματικές συνέπειες (ώστε αποσιωπείται)
 - **Respectful Maternity Care:** Αναφέρεται σε σειρά από αξίες, προϋποθέσεις, συνθήκες, βέλτιστες πρακτικές και κριτήρια ποιότητας για προστασία του(ων) δικαιώματος(των) σε μια θετική εμπειρία τοκετού.
 - **Mother and Baby Friendly Birth Facility (MBFBF) Initiative:**
 - Επτά (αλληλοσχετιζόμενες) κατηγορίες προβληματικών φαινομένων
 - Διατυπωμένες ως **Δικαιώματα** (και βασικές αρχές/αξίες της φροντίδας)
- 

**In seeking and receiving
maternity care before,
during and after childbirth:**

EVERY WOMAN HAS THE RIGHT TO

1 **BE FREE FROM
HARM AND ILL
TREATMENT**

NO ONE CAN PHYSICALLY
ABUSE YOU

EVERY WOMAN HAS THE RIGHT TO

2 **INFORMATION, INFORMED
CONSENT AND REFUSAL,
AND RESPECT** FOR HER
CHOICES AND

PREFERENCES, INCLUDING
COMPANIONSHIP
DURING MATERNITY CARE

NO ONE CAN FORCE YOU OR DO
THINGS TO YOU WITHOUT YOUR
KNOWLEDGE AND CONSENT

Safe Motherhood is more than the prevention of death
and disability...It is respect for every woman's humanity,
feelings, choices, and preferences.

**RESPECTFUL
MATERNITY CARE:**

THE **UNIVERSAL
RIGHTS** OF
CHILDBEARING
WOMEN



EVERY WOMAN HAS THE RIGHT TO

3 **PRIVACY** AND
CONFIDENTIALITY

NO ONE CAN EXPOSE YOU OR
YOUR PERSONAL INFORMATION

EVERY WOMAN HAS THE RIGHT TO

4 **BE TREATED WITH
DIGNITY** AND
RESPECT

NO ONE CAN HUMILIATE
OR VERBALLY ABUSE YOU

**Mother-Baby Friendly Birth
Facility Initiative: FIGO, WHO,
ICM, IPA, White Ribbon Alliance**

EVERY WOMAN HAS THE RIGHT TO

5 **EQUALITY,
FREEDOM**
FROM DISCRIMINATION,
AND **EQUITABLE CARE**

NO ONE CAN DISCRIMINATE
BECAUSE OF SOMETHING THEY
DO NOT LIKE ABOUT YOU

EVERY WOMAN HAS THE RIGHT TO

6 **HEALTHCARE**
AND TO THE **HIGHEST
ATTAINABLE LEVEL
OF HEALTH**

NO ONE CAN PREVENT
YOU FROM GETTING THE
MATERNITY CARE YOU NEED

EVERY WOMAN HAS THE RIGHT TO

7 **LIBERTY, AUTONOMY,
SELF-DETERMINATION,
AND FREEDOM
FROM COERCION**

NO ONE CAN DETAIN YOU OR YOUR
BABY WITHOUT LEGAL AUTHORITY

Ο ΣΕΒΑΣΜΟΣ δεν είναι συναίσθημα. Είναι ορθή κλινική πρακτική. Είναι δικαίωμα.

Χώρες υψηλού εισοδήματος: «Διαφορετικοί υποτύποι [ασέβειας και κακοποίησης] είναι συχνότεροι», που ήπια/έμμεσα/συγκαλυμμένα («subtle») πλήττουν το δικαίωμα της αυτονομίας

- ιατροποίηση τοκετού και αναίτιες ιατρικές παρεμβάσεις και διαδικασίες (χωρίς ιατρική τεκμηρίωση και επαρκή αιτιολόγηση),
- μη σεβασμός δικαιώματος σε πλήρη αντικειμενική ενημέρωση για διαθέσιμες επιλογές φροντίδας,
- μη σεβασμός επιθυμιών και προτιμήσεων (συμπεριλ. πρόκληση τοκετού, παρουσίας συντρόφου, στάσεων τοκετού) και,
- μη υποστήριξη ενεργού συμμετοχής στη λήψη αποφάσεων (συγκατάβαση Vs συγκατάθεση)

Darilek U. A woman's right to dignified, respectful healthcare during childbirth: a review of the literature on obstetric mistreatment. *Issues Ment Health Nurs* (2017)



Rights/Principles of RMC,

Right to Information, consent/refusal, respect for **choices** & preferences

Right to be free from harm (violence) & **ill treatment** (physical, sexual, verbal abuse)

Right to Dignity & Respect

Right to timely healthcare and **highest attainable level** of care

Right to Privacy & Confidentiality

Right to Non-discrimination, Equality and Equitable Care

Right to liberty, autonomy, self-determination & freedom from **coercion**

Θεωρητικός Ορισμός. Λειτουργικός ορισμός;

Πολλές προσπάθειες καθορισμού σετ δεικτών στη βάση του πλαισίου της Φροντίδας Μητρότητας με Σεβασμό

- συνδυασμός επιδημιολογικών δεικτών περιγεννητικής υγείας (π.χ. % Κ/Τ, % περινεοτομών) και
- **Εμπειριών των ίδιων των γυναικών** (π.χ. exit surveys)

Operationalizing respectful maternity care at the healthcare provider level: a systematic scoping review

A Rapid Review of Available Evidence to Inform Indicators for Routine Monitoring and Evaluation of Respectful Maternity Care

Patience A. Afulani,^a Laura Buback,^a Brienne McNally,^a Selemani Mbuyi,^a Emily Peca^d



Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis

E Shakibazadeh,^a M Namadian,^b MA Bohren,^c JP Vogel,^c A Rashidian,^{d,e} V Nogueira Pileggi,^{f,g} S Madeira,^h S Leathersich,ⁱ Ö Tuncalp,^c OT Oladapo,^c JP Souza,^c AM Gülmezoglu^c

Measuring women's childbirth experiences: a systematic review for identification and analysis of validated instruments

Παρεμβάσεις αντιμετώπισης φαινομένου/ Ενίσχυσης της Φροντίδας Μητρότητας με Σεβασμό

The roles of multi-component interventions in reducing mistreatment of women and enhancing respectful maternity care: a systematic review

Kasaye et al. *BMC Pregnancy and Childbirth* (2023) 23:305
<https://doi.org/10.1186/s12884-023-05640-3>

- **12 (16Κ γυναίκες και 64 ΗCΡ)**
- Σύνθετες πολυεπίπεδες σε ατομικό (παρόχους/αποδέκτες της φροντίδας) ή/και σε οργανωτικό επίπεδο
- RCTs ή Προ-Μεταμέτρηση MB/ ΦΜΣ (αυτοαναφερόμενη ή/και δείκτες ποιότητας)
- Εκπαιδευτικά προγράμματα/ εργαστήρια
- Προγράμματα ενδυνάμωσης.
- Καμπάνιες Ευαισθητοποίηση/ Ορατότητα
- Καλλιέργεια συλλογικής νοηματοδότησης
- Υιοθέτηση πολιτικής/ πρωτοκόλλων
- Συστήματα/μηχανισμοί ποιότητας

Educational interventions to promote respectful maternity care: A mixed-methods systematic review[☆]

Nurse Education in Practice 60 (2022) 103317

- **9 (8 Αφρική, 1 Ισπανία)**
- Εκπαιδευτικά προγράμματα/ συνεχιζόμενη επαγγελματική ανάπτυξη
- Ποσοτικές/ Ποιοτικές/ Παρατήρησης
- Σεμινάρια, Εργαστήρια, Ομάδες εστίασης
- Παρουσίαση περιπτώσεων/ αφηγήσεις
- Επαγγελματικός/δεοντολογικός κώδικας
- Υπόδυση ρόλων/ θεατρικό αυτοσχεδιασμό
- Αναστοχαστικά ημερολόγια
- Δεξιότητες: επικοινωνίας, λήψης κλινικών αποφάσεων, συναδελφικής ανατροφοδότησης, επίλυσης συγκρούσεων, διαχείρισης ηθικών διλημάτων κτλ

Respectful Maternity Care (WHO, 2018)

- “Care organized for and provided to **ALL** women that
- maintains their dignity, privacy and confidentiality,
 - ensures freedom from harm & mistreatment, and
 - enables **informed choice** and continuous support»



Στο πηρύνα:
informed choice
& Participation in
Decision-Making



RESPECT



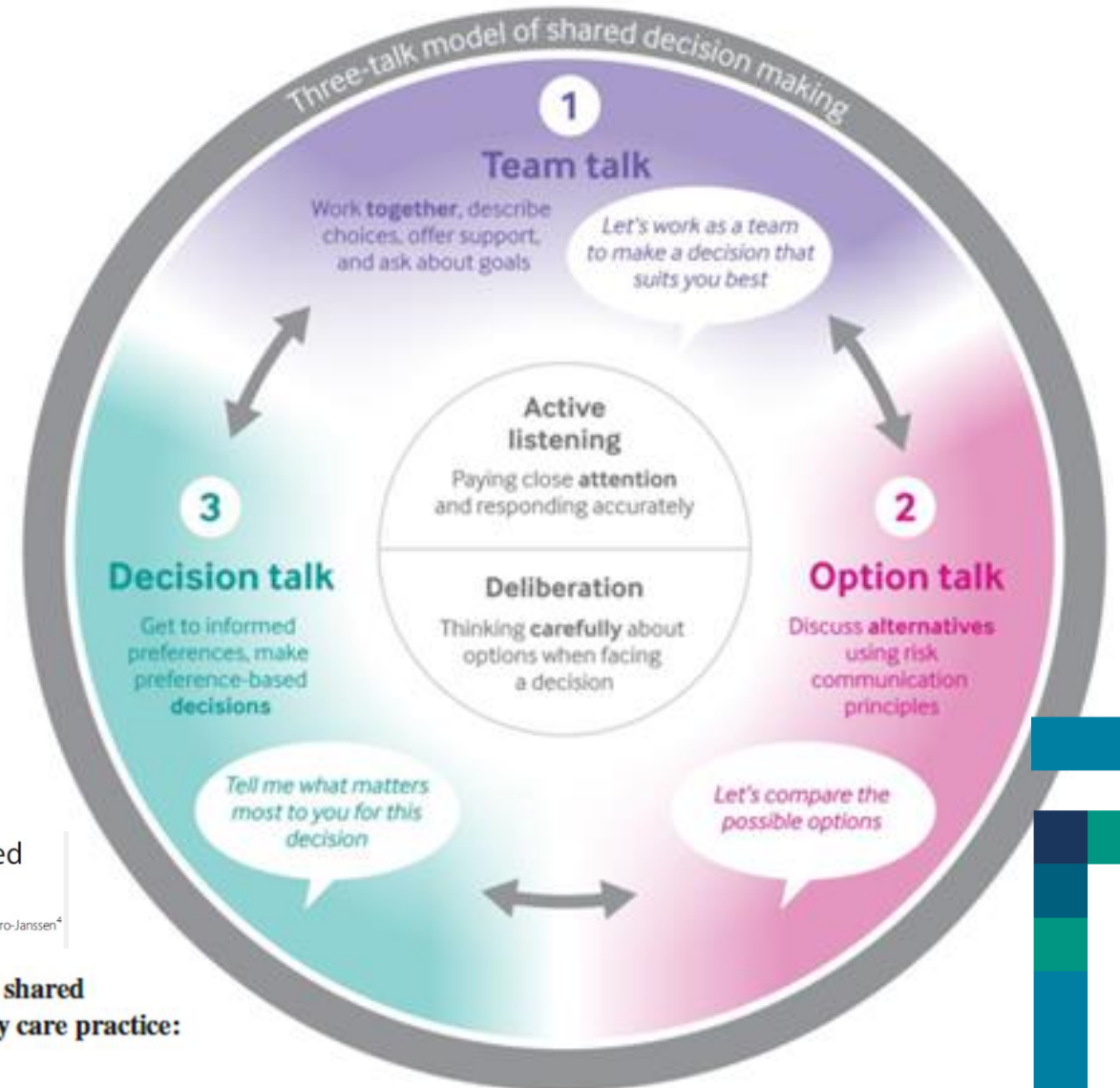
Shared Decision-Making

“an approach where clinicians and patients share the best available evidence when faced with the task of making decisions and where patients are supported to consider options to achieve informed preferences”

Elwyn et al 2012

□ Απλοποίηση μιας σύνθετης δυναμικής διαδικασίας → **Three-talk model (NICE)**

□ **TEAM ↔ OPTION ↔ DECISION**



On speaking terms: a Delphi study on shared decision-making in maternity care

Marianne J Nieuwenhuijze^{1*}, Irene Korstjens¹, Ank de Jonge², Raymond de Vries^{1,3} and Antoine Lagro-Janssen⁴

Needs of parents and professionals to improve shared decision-making in interprofessional maternity care practice: A qualitative study

Irene Korstjens PhD¹ | Marijke Hendrix PhD¹ |
†^{1,2} | Marianne Nieuwenhuijze MD, PhD Prof¹

Competencies for respectful maternity care: Identifying the most important to midwives worldwide

Michelle M. Butler PhD, MSc, BSc, RM, RN¹ | Judith Fullerton PhD, CNM² | Cheryl Aman PhD³

Shared decision aids in pregnancy care: A scoping review

Kate Kennedy^{a,*}, Pamela Adelson^{a,b}, Julie Fleet^b, Mary Steen^b, Lois McKellar^b, Marion Eckert^a, Micah D J Peters^a

Baby Buddy Communicators

Selected course / group

Baby Buddy Communicators: Training th...

Dashboard Assignments Videos Contents Members

DE | EN



Communication skills-building training for competent antenatal educators who "make every contact count"

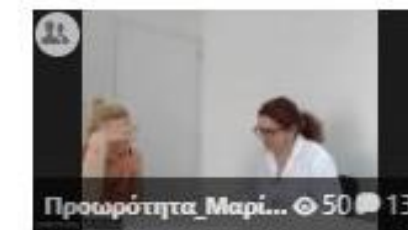
Co-funded by the
Erasmus+ Programme
of the European Union



Εργαστήρια υπόδυσης ρόλων

(πραγματικά/ προσομοιωμένα σενάρια)

- Συναδελφική ανατροφοδότηση
- Αναστοχασμός



Maternal Autonomy in Decision-Making (MADM)

Very Low autonomy

6.50%

Low Autonomy

14.50%

Moderate Autonomy

24.80%

High Autonomy

54.30%



Informed Choice (ενημερωμένες επιλογές)

❑ Myth 7 of 12: «HCP believe they are offering choice» Legare et al 2014

➤ Presented as *choice* WHEREAS active participation in *decision* is limited

❑ “Ενημερωμένη” **ΣυγκατάΒΑΣΗ ΔΕΝ είναι Συγκατάθεση**

WRA. Free from Harm (2023)

❑ Η **ΣυγκατάΘΕΣΗ/ΒΑΣΗ ΔΕΝ είναι Συμμετοχή στη λήψη αποφάσεων**

Begley et al (2019)

Direct, honest communication – without bias, manipulation or coercion, no matter how subtle or unconscious – is paramount to providing respectful care.

Coercion includes omitting or skewing statistics, giving personal opinions on what a person should do, or using manipulative tactics to influence their decisions. Implying or outright telling someone that their legally protected choices will harm or have a high chance of harming their baby is unacceptable practice. Scaring a mother into compliance is part of obstetric violence, whether we believe the risks to her baby are valid and likely or not.

#InformedChoice and #SharedDecisionMaking at the core of #RespectfulMaternityCare

CONFIDENT VOICE:

"You just need to have access to all the #information ... so that you can make your own #decision.

By telling someone, by knowing, what #choices are available, to you, what choices you have...

[it just starts by] presenting all the information, the truth, the #facts"






Research paper

 European Journal of Midwifery

Informational support and information-seeking during transition to parenthood: Baby Buddy Forward's focus groups with pregnant women and new mothers in Cyprus

Ioanna Koliandri¹, Eleni Hadjigeorgiou¹, Maria Karanikola¹, Ourania Kolokotroni^{1,2}, Christiana Nicolaou¹, Veronika Christodoulides², Maria Papadopoulou¹, Christiana Kouta¹, Nicos Middleton^{1,2}

Decision Making The BRAIN Acronym

-  **Benefits**
What are the benefits of the options you have?
-  **Risks**
What are the likely risks of the options you have?
-  **Alternatives**
Are there any alternatives to the options you are considering?
-  **Information**
What other information do you need to make the right decision?
-  **Nothing**
What would be the impact if you did nothing?

Unsupportive system (the void)

*"I tried more than one doctor...some of them were too much in a **hurry**, ..., it's the same thing."*

*"...what helped me ...was that one of the students palpated my abdomen and discussed about me with the midwife ...and I **listened**, this helped me **understand** many things...."*

*"...the examination was **automatic**... tick, tick, tick?"*

Art of communication

*"..at least to know that there are options, so you can express your **opinion**..."*

Self-navigating in parallel worlds



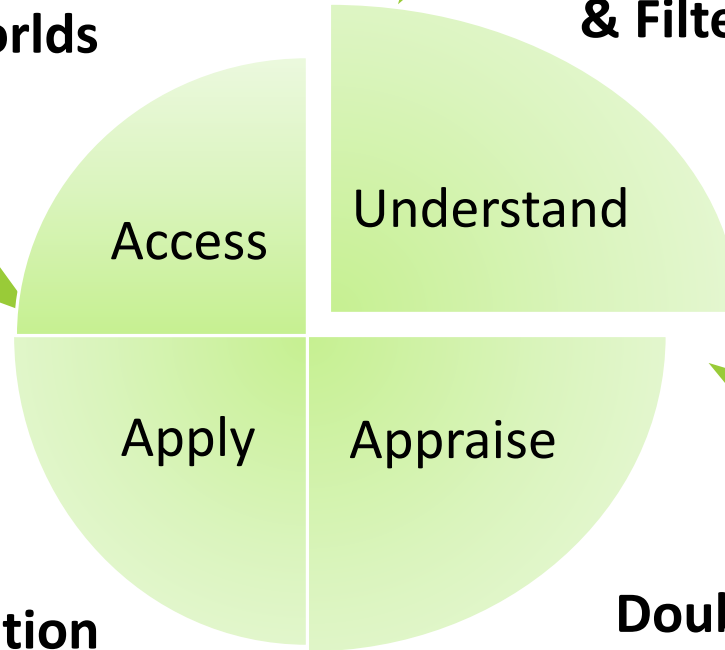
Supplementing & Filtering

*"...if the doctor tells you 'you know what, 'we have to do this' how can you **question** that?"*

*"I wish to **voice** some questions, it is more constructive...eh for me".*

Confident voice

*"...how does someone get that **voice**...? **With confidence**. Especially if you are a first-time mum."*



Doubt & Faith

Confident Voice

Be prepared

Do the "right" thing

Options & Choices

Participate in decision making

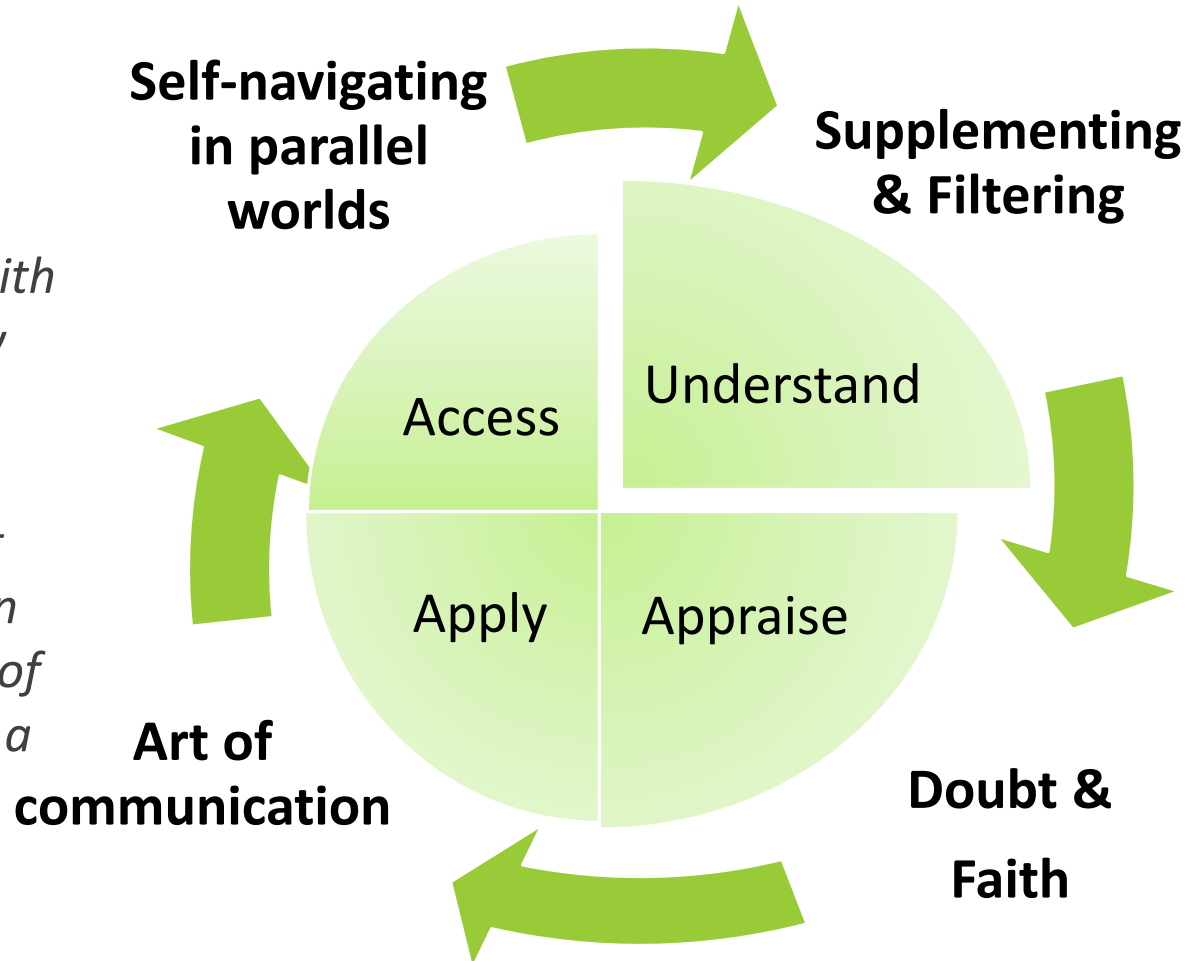
Be in control

Safeguard rights

Unsupportive system (the void)

*“If you prepare somehow, with a list of **questions...** they may answer them”*

*“..to be able to tell him what you want and justify it, when you **justify** it with a little bit of evidence you can present to a scientist...”*



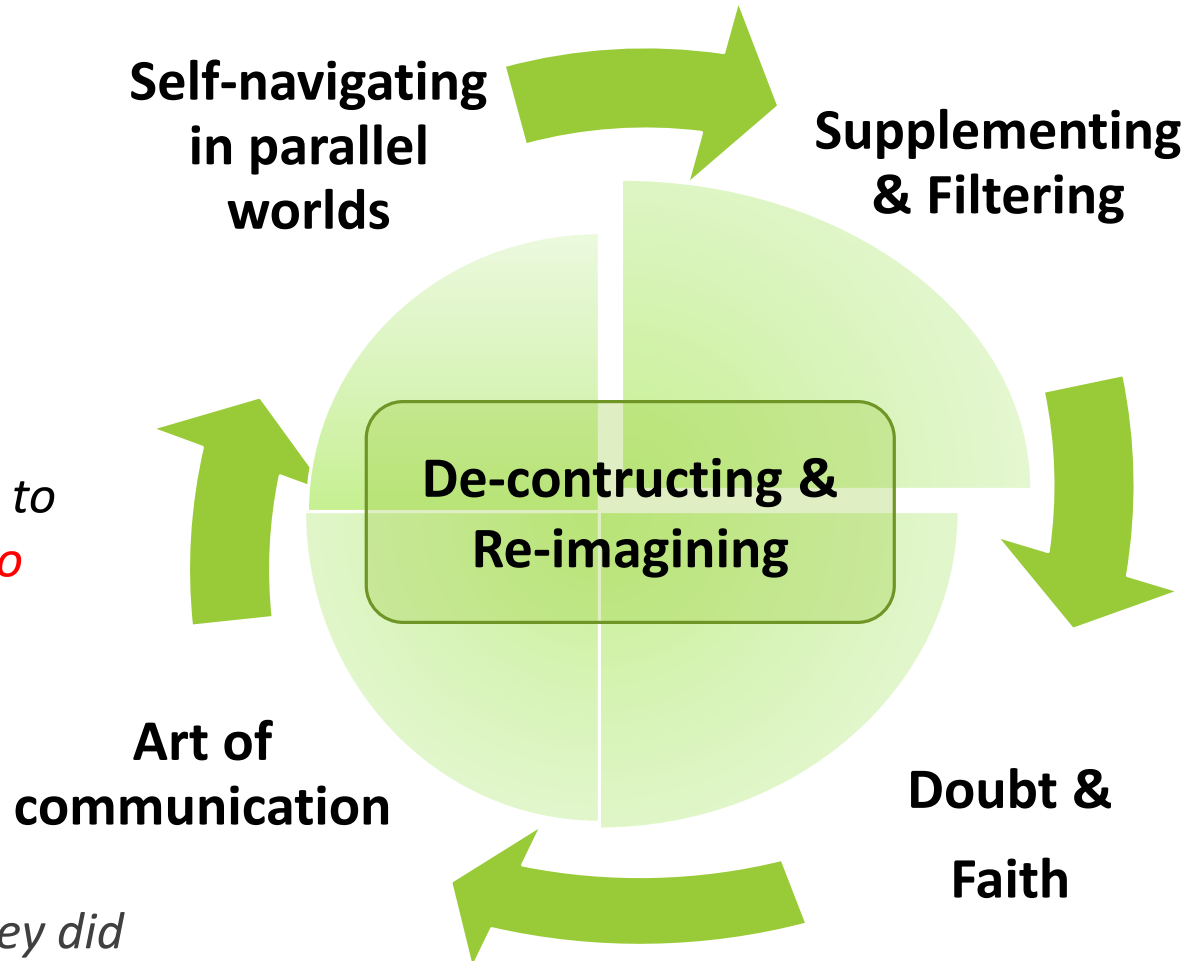
Confident voice

Unsupportive system (the void)

“in hindsight I might have preferred to do more research before I went

“And it’s another thing to doubt whether it had to happen or not.”

“But yeah, I also feel that they did not ask me enough what I wanted, how I imagined it anyway...”



“for me it might be...maybe now in retrospect I think that my experience would have been different if I looked into it a little bit more, but I wanted to believe that the doctor knows what he’s doing.”

Confident voice



Ενημερωμένη Συγκατάθεση Informed Consent

- ACOG Committee on Ethics 2004:
*“the problematic existence of the paternalistic model in current obstetric care is a historical imbalance of power in **gender relations** that constraints individual choice posed by complex medical technology and the intersection of gender bias with **race and class bias** in the **attitudes and actions** of individual and institutions”*

Patient consent or refusal is more than a legal doctrine to obtain a patient's signature; it is a process of information exchange and involvement of patients in decision making.

Continuing Education Module

Informed Decision Making in Maternity Care

Holly Goldberg, BA

The Essential Components of Informed Consent^{*}

Comprehension

Clinician must assure that s/he has:

- Awareness and understanding of the patient's situation and possibilities
- Used language that is understandable to the patient

Adequate information

Clinician must give adequate information regarding:

- Diagnosis
- Prognosis
- Alternative treatment choices, including no treatment

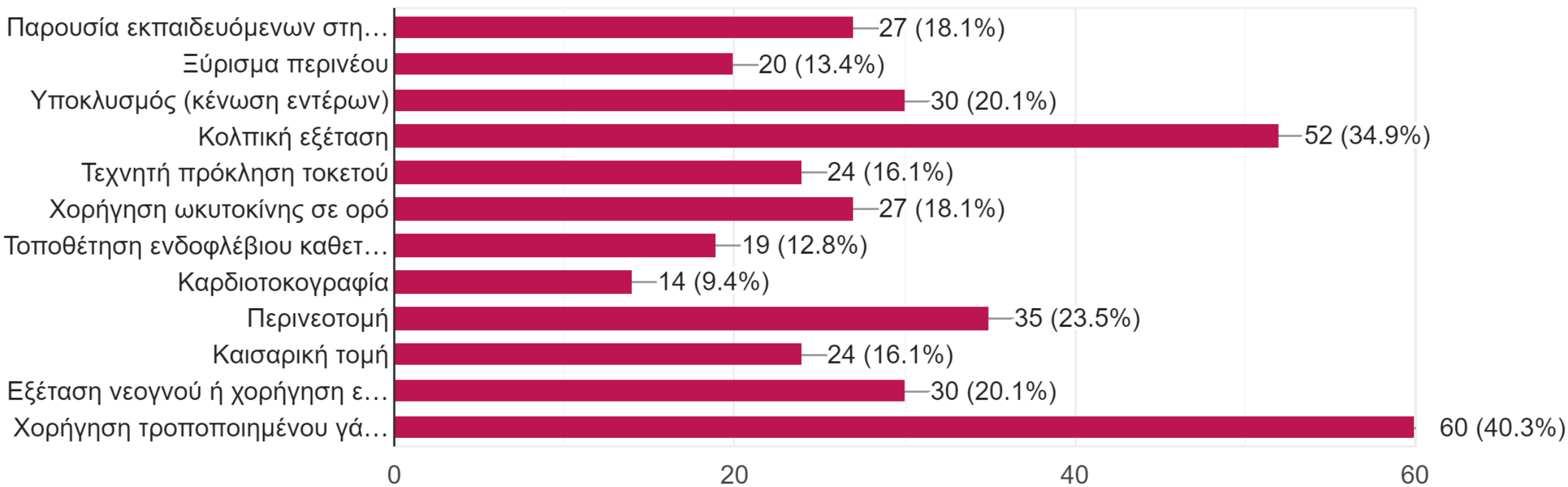
Freedom of choice

Patient must be free to/of:

- Give consent freely, intentionally, and voluntarily
 - Authorize provider to perform the procedure
 - Coercion
 - Pressure from forces beyond herself
 - Choose among options including other than what may be recommended
-




Ε9. Κατά τον τοκετό, έγινε κάποιο/α από τα πιο κάτω ΧΩΡΙΣ τη δική σας ενημερωμένη συγκατάθεση - προφορική ή/και γραπτή (σημειώσ... δική σας συγκατάθεση, τότε αφήστε απλά κενό)

149 responses



Informed consent and birth preparedness/ complication readiness: A qualitative study at two tertiary maternity units

ANZJOG 

Sally Ely , Susanne Langer  and Hans Peter Dietz 

Aust N Z J Obstet Gynaecol 2022; 62: 47–54

No issues of consent

Absent/Inadequate/Forced consent

“all of a sudden I was going for a c-section. Apparently, I signed a consent form”

Belief that real-time informed consent is **not realistic in birth**

➤ *“when you are actually in labour, and they start talking about these other eventualities, it’s too late, it’s too hard to process the information in real time”*

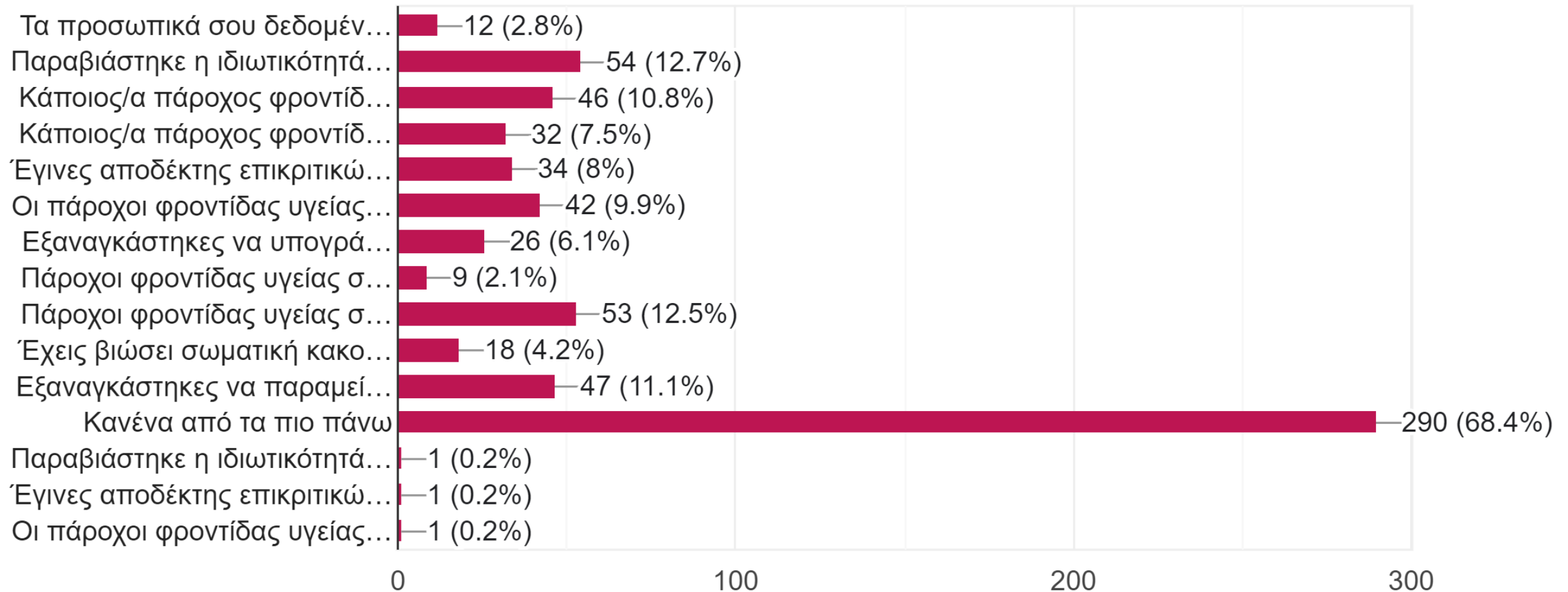
Desire to **forfeit decision-making to trusted HCP**

➤ *“my birth plan was do what’s necessary”*

➤ *“I have to put my trust in the people looking after me”*

Δ4. Έρθες αντιμέτωπη με οποιεσδήποτε από τις παρακάτω καταστάσεις ή συμπεριφορές στο πλαίσιο της φροντίδας κατά την εγκυμοσύνη ή τον τοκετό; (Παρακαλώ επιλέξτε όλα όσα ισχύουν)

424 responses





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Women's experiences of decision-making and informed choice about pregnancy and birth care: a systematic review and meta-synthesis of qualitative research

Cassandra Yuill^{1*}, Christine McCourt¹, Helen Cheyne² and Nathalie Leister¹



FREE FROM HARM

A resource for maternity care workers
on respectful care for all



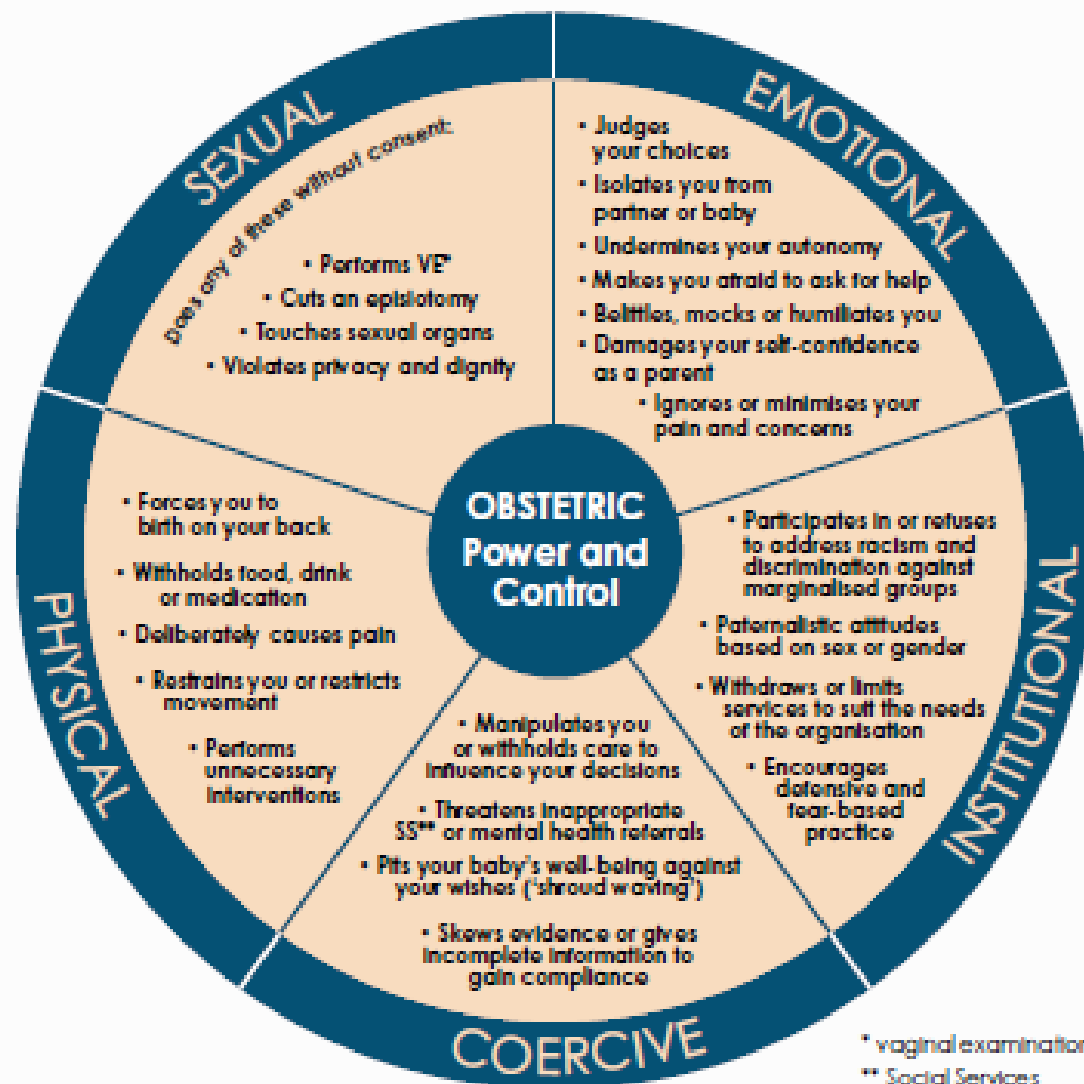
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OBSTETRIC POWER AND CONTROL WHEEL



* vaginal examination

** Social Services

Community-led Accountability

Person-centred care charters (e.g., the Respectful Maternity Care Charter⁵²) publicly declare the health facility values and establish **baseline expectations for care**.

Adopting these practices can help align health facilities and health systems with cross-cutting values of quality, equity, and human rights.

Moreover, communities need mechanisms to hold health workers and facilities **accountable** when mistreatment and discrimination do occur.

- Incorporating **measures of peoples' experiences of care** into quality improvement efforts^{41,56} [...]
- Community scorecards^{53,54} and health facility-rating apps⁵⁵ are **mechanisms for generating demand for accountability**, building trust, and improving person-centred dimensions of quality care.

Towards a better tomorrow: addressing intersectional gender power relations to eradicate inequities in maternal health

Meghan A. Bohren   • Aditi Iyer • Aluisio J.D. Barros • Caitlin R. Williams • Alya Hazfiarini • Luisa Arroyave • et al.

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Multi-disciplinary training

Moving beyond a biomedical approach to maternal health and healthcare, [...] in training programmes can provide opportunities for people to evaluate the gendered power relations that create inequities and, if not addressed, can further be amplified within healthcare settings.⁵¹

- [...] embracing **multi-disciplinarity, trauma-informed, and social justice approaches** to maternal health can provide a way forward to improve maternal health and healthcare.
- Examining the role of **unconscious bias**, including how to recognise and challenge it, should be embedded within clinical training curricula.