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Evidence on: Respectful Care During Pregnancy and Birth

By Morgan Richardson Cayama, PhD, MPH and Rebecca Dekker, PhD, RN
of EvidenceBasedBirth.com

Question: What is respectful maternity care?

Answer: There are different definitions of respectful maternity care (RMC), but essential aspects include the right to make decisions about your own body, to feel safe, and to have a care team who respects your values, preferences, and goals. Informed consent is also important, and this requires access to evidence-based information and the opportunity to make decisions about your care without feeling pressured or coerced. RMC is centered around you, understands your culture, and considers any prior trauma.

Question: What is mistreatment?

Answer: Mistreatment is the opposite of RMC, and refers to disrespect, abuse, and harm (physical, mental, or emotional) that someone experiences during their care. You might also hear people talk about obstetric violence and obstetric racism. Obstetric violence is an umbrella term to describe mistreatment, violations of consent, and dehumanizing care that can happen at any point while receiving reproductive health services.[1] Obstetric racism refers to medical racism, neglect, and abuse that is perpetrated by health care systems and some health workers against Black, Indigenous, and other people of the global majority.[2]

In a systematic review[3] exploring the different forms of mistreatment during birth, researchers found that most experiences fall within 7 categories (see **Table 1**, **pg 2**).

Mistreatment is often related to a lack of understanding from care providers, especially poor communication and lack of empathy.[4] Care providers may dismiss pregnant people's questions and concerns, not explain procedures well, and not support autonomy. Other common experiences include feeling coerced or not being asked for consent for procedures, being denied or delayed access to pain relief, feeling neglected, and being stereotyped and discriminated against.

Question: How common is mistreatment during care?

Answer: Mistreatment is a global issue, and rates vary from place to place. For example, rates range from 71% in India to 43% in Latin America and 21% in Italy.[5-7] Many factors impact mistreatment, including a place's culture of care around pregnancy and birth, the status of women and birthing people, and training and burnout among care providers. In the U.S., studies suggest that around 20% of people are mistreated during pregnancy and birth.[8,9] Health care providers are more likely to mistreat those who:

- Are Black, Indigenous, Hispanic or Latina, or Multi-racial
- Speak a language different from their care providers
- Are a member of the LGBTQ2S+ community
- Have public insurance (e.g., Medicaid) or are uninsured
- Have health conditions or pregnancy complications
- Are unmarried or do not have a partner
- Are younger in age

Question: How can I increase my chances of respectful care?

Answer: There are many different factors that make it more likely that someone will receive respectful care during pregnancy and birth. One of the most important things you can do is get informed about your rights and options during care by using evidence-based information. Research also shows that people are less likely to be mistreated if their care is led by a midwife (versus an obstetrician) or if they give birth at home or in a birth center (versus a hospital).[8,10] Other ways to increase your chances of being respected during your care include:

- Create a birth plan and share with your care team.
- Research birth settings and interview care providers to make sure they are willing to support your birth plan.
- Attend a childbirth class to learn more about your care options, risks, and benefits.
- Arrange to receive labor support from a doula and/or trusted friends or family.
- Ask care providers to document your decisions and refusals (theirs or yours) in your medical chart.

See **Table 2** below for some red and green flags.

Table 2. Red and green flags for respectful care

Red Flags	Green Flags
• You feel rushed or unable to ask questions. • Your concerns are ignored or dismissed. • You hear language like "You're required to," "We do not allow," "We always do this," or "We never let patients do that." • You hear threatening or coercive language, like "If you don't do this, something bad could happen to you or your baby." • Tests or procedures are not explained to you, and/or you are not asked for your consent. • Your intuition or "gut" is telling you that the care provider or place might not be a good fit for you.	• You feel heard and have all your questions answered. • Things are explained in your native language and with words you can understand. • Your care team reviews your birth plan and is willing to support your preferences. • Your decision to use a doula is supported or encouraged (if you choose to use one). • You are given choices and presented with the risks and benefits of each. • Every test, procedure, or intervention is explained, and you are given the opportunity to agree, refuse, or withdraw your consent. • You feel safe and supported.

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Question: What are my rights as a pregnant patient?

Answer: You have the same rights in your care as any other patient. You have the right to bodily autonomy (to make decisions about your body). You also have the right to informed consent and refusal, and the right to change your mind even if you've already agreed to something. Informed consent is an ongoing process and requires that you be given complete and accurate information about your options and make decisions without pressure or coercion. Other rights that are typically protected include the right to have visitors of your choice with you during your care and the right to move around during labor. You also have the right to switch care providers or choose a different place to give birth, although some people may have fewer options because of where they live or their insurance.

Question: What do the professional guidelines say?

Answer: Many professional organizations support these rights and the right to RMC. The World Health Organization (WHO) lists RMC as a key recommendation for supporting a positive birth experience.[11] RMC is also supported in the U.S. by the American College of Obstetricians and Gynecologists (ACOG), the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), and the American College of Nurse Midwives (ACNM).[12-14] The National Institute for Health and Care Excellence (NICE) in the U.K. recommends that care providers follow the same guidelines for pregnant patients as they do for patients who are not pregnant, including sharing decision-making and supporting a positive experience (e.g., individualizing care to pregnant patients, obtaining consent).[15]

Table 1. Common types of mistreatment

Types of Mistreatment	Examples
Physical	Being physically restrained or harmed
Sexual	Any form of sexual abuse or assault, including unconsented cervical exams
Verbal	Rude comments and being threatened, accused, judged, or blamed for issues
Stigma and discrimination	Discrimination based on any characteristic (e.g., race, culture, age) or medical condition
Care providers who fail to meet professional standards	Lack of informed consent and unconsented procedures, being denied pain relief, feeling neglected
Lack of understanding between care providers and birthing people	Poor communication, feeling dismissed, bad attitudes, denying labor support, lack of autonomy
Challenges related to the health system and lack of resources	Staffing shortages and burnout, lack of accountability, lack of physical privacy

Source: Adapted from Bohren et al. (2015)

> **"You have the right to make decisions about your care and to have care that is centered around you."**

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