

Review Article

The Role of Dignity and Respect in Maternity Care: An Integrative Literature Review

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Abstract Goal: This integrative literature review aims to explore the pivotal role of dignity and respect in maternity care, focusing on their profound impact on the experiences of pregnant individuals. Emphasis is placed on cultural competence as a crucial factor in fostering understanding and respect for diverse backgrounds, promoting inclusive approaches to maternal care. The overarching goal is to underscore the significance of dignified and respectful care in enhancing maternal satisfaction, postpartum outcomes, and overall well-being. **Methods:** The review synthesizes existing literature (n=22) on maternity care, dignity, and respect, drawing insights from diverse sources to comprehensively analyze the multifaceted nature of this critical healthcare aspect. Cultural competence is explored as a key theme in understanding and appreciating the varied backgrounds of pregnant individuals. The analysis encompasses factors such as effective communication, healthcare provider attitudes, cultural competence, informed consent, and systemic considerations, shedding light on their collective influence on dignity and respect in maternity care. **Principal Findings:** The literature review reveals that providing dignified and respectful care significantly contributes to improving maternal satisfaction and postpartum outcomes. Cultural competence emerges as a crucial element, ensuring that care approaches are inclusive and tailored to diverse cultural backgrounds. Effective communication, positive healthcare provider attitudes, and considerations for systemic factors are identified as key determinants of the dignity and respect experienced by pregnant individuals. The findings underscore the interconnectedness of these factors in shaping the overall quality of maternity care. **Practical Applications:** Recommendations stemming from the literature review include interventions aimed at enhancing healthcare providers' communication skills, cultural competence training, and the promotion of patient-centered care models. Acknowledging the systemic factors influencing maternity care, the review calls for collaborative efforts among healthcare providers, policymakers, and researchers to create an environment that upholds pregnant individuals' autonomy and values. The practical applications emphasize the need for comprehensive and culturally sensitive approaches to ensure that all pregnant individuals receive dignified and respectful care. In summary, this integrative literature review provides a comprehensive understanding of the critical role of dignity and respect in maternity care, offering insights into effective strategies for improvement and emphasizing the importance of cultural competence and collaborative efforts in shaping the future of maternal healthcare.

Keywords: Maternity Care, Dignity, Respect, Cultural Competence, Pregnant individuals

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1. Introduction

This integrative literature review explores the importance of dignity and respect in maternity care, highlighting the historical evolution of practices and their implications for dignity and respect. The journey through pregnancy, childbirth, and postpartum is transformative, making the provision of dignified and respectful care paramount [1]. The quality of maternity care significantly influences not only the physical health of the mother and child but also the psychological and emotional well-being of the entire family.

Women entering the maternity care system often find themselves navigating a complex terrain where cultural, social, and systemic factors intersect. Disparities in care, communication breakdowns, and a lack of shared decision-making may compromise the overall experience, leaving lasting impressions on maternal health outcomes [2]. Acknowledging the profound impact of these factors underscores the urgency of examining the role of dignity and respect in maternity care [3].

Dignity and respect are foundational principles that should underpin all aspects of maternity care [2]. Respectful care involves recognizing and valuing the perspectives, preferences, and autonomy of the pregnant individual [4]. Dignity encompasses the right to be treated with humanity and to experience care that upholds one's intrinsic worth. When dignity and respect are prioritized, the maternal experience is transformed into a partnership between the healthcare provider and the individual, fostering trust and collaboration [5].

By examining the historical development of maternity care practices, evaluating the effect of dignity and respect on maternal health outcomes, and identifying interventions and strategies that support a culture of dignity and respect in maternity care settings, the review seeks to identify important themes, best practices, and gaps in the literature.

2. Methods

This methodological approach, characterized by a systematic search strategy, clear inclusion and exclusion criteria, rigorous data extraction and analysis, integrative synthesis, quality assessment, and reflexivity, ensures the reliability and validity of the integrative literature review on the role of dignity and respect in maternity care.

A. Search Strategy:

The search strategy for this integrative literature review was designed to comprehensively capture relevant studies on the role of dignity and respect in maternity care. Electronic databases including PubMed, CINAHL, PsycINFO, and Cochrane Library were systematically searched. The following keywords and their combinations were utilized: "dignity," "respect," "maternity care," "obstetric care," "pregnancy care," and "childbirth experience."

Boolean operators (AND, OR) were utilized to fine-tune the search and guarantee inclusivity. The exploration covered articles released from 2010 to the current year, taking into account the dynamic evolution of maternity care practices over the decade. Furthermore, the reference lists of chosen articles underwent thorough examination to pinpoint any potentially pertinent studies that may have been overlooked in the initial database search. The detailed selection process is outlined in [Figure 1](#) below.

B. Inclusion and Exclusion Criteria:

- Inclusion Criteria:**
 - Studies focusing on dignity and respect in maternity care.
 - Articles published in peer-reviewed journals.
 - Research conducted from 2010 onwards to capture contemporary practices.
 - Studies with diverse methodologies including quantitative, qualitative, and mixed-methods approaches.
- Exclusion Criteria:**
 - Studies not presented in the English language.
 - Articles published prior to the year 2010.
 - Grey literature, including conference

abstracts or unreleased theses. d. Studies lacking a specific focus on dignity and respect within the realm of maternity care.

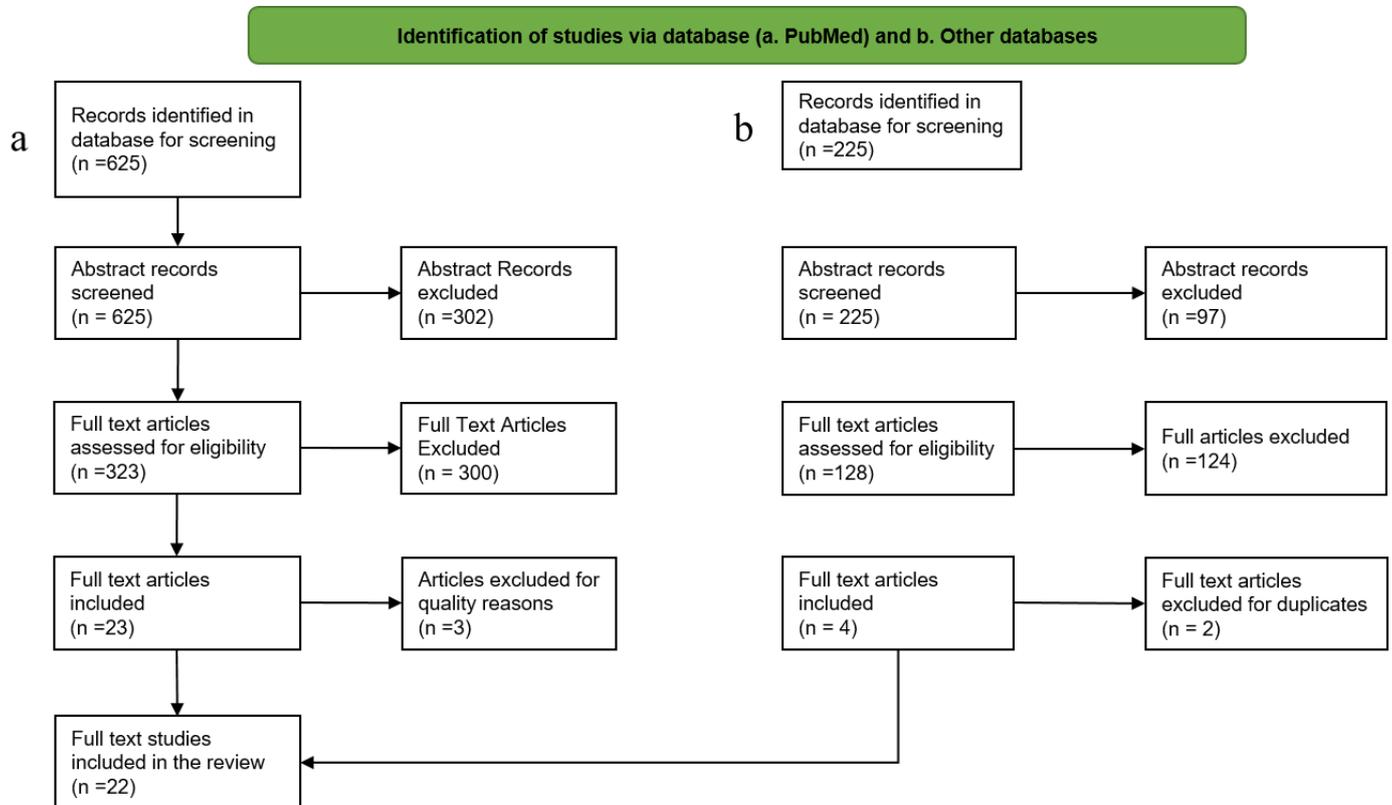


Figure 1. Selection Procedure according to PRISMA.

C. Data Extraction and Analysis:

Selected studies underwent a rigorous data extraction process to capture key information, including study design, participants, methodologies, and main findings. The extracted data were systematically organized to facilitate comparison and synthesis. The analytical approach involved thematic analysis, identifying common themes and patterns across studies to derive overarching insights. This process enabled the extraction of nuanced information on the conceptualization, impact, influencing factors, and implications of dignity and respect in maternity care. Quantitative studies were assessed for statistical significance, and qualitative findings were analyzed for recurring themes and patterns. To present a thorough assessment of the state of knowledge about the importance of dignity and respect in maternity care, both qualitative and quantitative evidence were synthesized.

D. Integrative Synthesis:

The integrative synthesis involved combining findings from diverse studies to construct a comprehensive narrative. Drawing connections across studies allowed for an understanding of how dignity and respect manifest in maternity care, their impact on outcomes, and the factors influencing their provision. This synthesis aimed to provide a cohesive overview that contributes to the broader understanding of the research questions.

E. Quality Assessment:

To ensure the robustness of the review, a quality assessment of included studies was conducted. Each study underwent evaluation based on established criteria for methodological rigor and relevance to the research questions. This quality assessment

guided the interpretation of findings, allowing for a nuanced consideration of the strength and limitations of the existing literature.

F. Reflexivity:

Throughout the review process, reflexivity was maintained to acknowledge the potential impact of the researchers' perspectives on the interpretation of findings. Critical reflection on biases and preconceptions informed the analytical process, contributing to the validity and transparency of the review. Additional data collected included design, sample, data collection, setting, and key findings, which are presented in [Table 1](#).

3. Results

Twenty-seven (27) articles, comprising 20 reports of quantitative and 7 reports of qualitative studies, met the inclusion criteria. Five articles were excluded due to quality concerns; one lacked evidence of significance, and the others provided no description of the instrument used. Therefore, a total of 22 articles were analyzed for the study. All qualitative research studies collected data using semi-structured interviews, with five studies employing individual interviews and two studies utilizing focus groups. The nature of quantitative studies was descriptive. In these studies, various instruments were employed, and there were notable differences in populations and settings, making statistical result aggregation impractical. The majority of researchers explored 'Dignity' and 'Respect' in maternal healthcare satisfaction, while some focused on the attitudes of maternal healthcare professionals in delivery care. An overview of the included articles and the identified influencing factors is presented in [Table 1](#).

Table 1. Summary of the included articles

| Reference | Country | Study | Main Findings |
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| Solnes Miltenburg, A., Lambermon, F., Hamelink, C., & Meguid, T. (2016). Maternity care and Human Rights: what do women think? | Tanzania | The study conducted with 36 women aged 31-63 in Magu District, focusing on dignity, autonomy, equality, and safety, involved 36 semi-structured interviews and one focus group discussion. | Women's experiences with maternal health services reveal substandard care, violating human rights principles. They advocate for equal treatment, respect, and appropriate medical treatment, valuing human rights. |
| Jolly, Y., Aminu, M., Mgawadere, F., & van den Broek, N. (2019). "We are the ones who should make the decision"—knowledge and understanding of the rights-based approach to maternity care among women and healthcare providers. | Malawi | A total of 8 focus group discussions and 9 in-depth interviews involving 64 women and 9 key informant interviews with health care providers were conducted. | The study highlights the importance of respectful maternity care, patient-provider relationships, education, women's involvement, confidentiality, and insufficient human resources in addressing issues of disrespect and abuse in healthcare facilities. |
| Srivastava, A., Avan, B. I., Rajbangshi, P., & Bhattacharyya, S. (2015). Determinants of women's satisfaction with maternal health care: a review of literature from developing countries. | Canada | A survey of 4082 women from diverse backgrounds, including 2323 with past childbirth experiences, was conducted to understand their maternity care experiences. The study focused on maternity experiences of women with a single provider during pregnancy, excluding experiences from other provinces, countries, or those where the primary care provider was a nurse or 'other'. | Respectful care in childbearing requires careful assessment of various domains. Changing Childbirth in BC supports the USAID report and global researchers' focus on decision-making. Effective reform requires understanding patient experience and safety concepts. No official tool exists to measure respectful care over time in resource-limited countries. |
| Debela, A. B., Mekuria, M., Kolola, T., Bala, E. T., & Deriba, B. S. (2021). | Ethiopia | This study involved 451 respondents with a 98% response rate, focusing on maternal | The study found low maternal satisfaction with delivery services, attributed to inadequate |

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| Maternal satisfaction and factors associated with institutional delivery care in central Ethiopia: a mixed study. | | satisfaction with birth care. Data was collected through a community-based cross-sectional study, using standardized questionnaires and face-to-face interviews. | ambulance service, unwelcoming healthcare providers, un-respectfulness and unfriendly attitudes. Factors contributing to this satisfaction included female health worker attendance, clean delivery rooms, and respectful care. |
| Chigwenembe, L. (2011). Dignity in maternal health service delivery: Cross sectional survey on factors that promote or compromise dignity in maternal health service delivery: Perspectives of Women and Midwives from Southern Malawi. | Malawi | A cross-sectional survey was conducted in Malawi between August and December 2010, involving 126 postnatal mothers and 17 labor ward midwives. Data was analyzed using descriptive statistics and content analysis. | The study found that physical environment, attitudes, and care processes significantly influence patient dignity, with six out of 17 midwives expressing that infrastructure size and design significantly impact their practices. |
| John, M. E., Duke, E. U., & Esienumoh, E. E. (2020). Respectful maternity care and midwives' caring behaviours during childbirth in two hospitals in Calabar, Nigeria. | Nigeria | The study analyzed data from 83 postnatal women who spontaneously gave birth and 51 midwives who cared for them using SPSS version 18. | The study found that women experienced disrespectful care, including lack of privacy, information about labor progress, denying preferences, verbal abuse, and detention for non-payment of bills. This highlights the need for respectful and rights-based maternity care to improve utilization and access to skilled care. |
| Ige, W. B., & Cele, W. B. (2021). Provision of respectful maternal care by midwives during childbirth in health facilities in Lagos state, Nigeria: a qualitative exploratory inquiry. | Nigeria | The study used an exploratory descriptive research design, interviewing 20 midwives from two Lagos State health facilities, to investigate respectful maternity care during childbirth. | The study found that midwives provided adequate confidentiality, showers, water, meals, and pain relief during labor and delivery, but also faced issues like physical abuse, privacy, and discrimination. Despite these issues, all midwives claimed to provide respectful care. |
| Daniel, G., Afolaranmi, T., Mfuh, A., Wina, F., & Dioso, R. I. (2023). Experiences of Midwives in Providing Respectful Maternity Care During Childbirth in Jos, Nigeria. | Nigeria | The study used a qualitative, phenomenological approach, conducting in-depth interviews with selected midwives in a Nigerian hospital's labour ward, and analyzed descriptively using NVivo software. | Midwives prioritize patient dignity and expect pregnant women to respect their actions. Health system constraints also influence their experience, as some patients exhibit unacceptable behaviors. |
| Ojong, I. N., Chukwudozie, C. C., Nsemo, A. D., & Enebeli, E. C. (2022). Midwives' perception and practice of respectful maternity care during pregnancy and childbirth in selected health facilities in cross river state, Nigeria. | Nigeria | The study investigates midwives' perception and practice of respectful maternity care during labor and childbirth in Cross River State, using a correlational design and data collected from 144 midwives at the University of Calabar Teaching Hospital and General Hospital Calabar. | The study found that midwives have moderate knowledge and positive perception of respectful maternity care, with high practice, but still face some aspects of disrespect. |
| Sharon Morad, B. A., & Parry-Smith, W. (2013). Dignity in maternity care. | United Kingdom | The authors analyzed 170 complaints over two years, mapping them against the dignity domains used in the trust's 'Care with Dignity Indicator Tool'. | Dignity in care requires respectful, trusting relationships between women and caregivers, often resulting in complaints. Complaints primarily involve communication and pain, with few indicating autonomy violations. Departments aim to improve dignity by addressing feedback received in complaints. |
| Mousa, O., & Turingan, O. M. (2019). Quality of care in the delivery room: Focusing on respectful maternal care practices. | Egypt | A retrospective study was conducted at Minia University's postpartum department in Egypt from May to October 2017. Participants included postpartum women who delivered their babies, spoke Arabic, and provided written consent. Out of 580 | Postpartum mothers reported friendly, abuse-free, and timely care during childbirth, with a moderate degree of respectful maternity care, despite high discrimination levels. |

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| | | questionnaires, 501 were completed, achieving a retrieval rate of 86.4%. | |
| Mocumbi, S., Högberg, U., Lampa, E., Sacoor, C., Valá, A., Bergström, A., & Sevene, E. (2019). Mothers' satisfaction with care during facility-based childbirth: a cross-sectional survey in southern Mozambique. | Mozambique | A cross-sectional study involving 4358 mothers from 12 months before June 2016 estimated satisfaction with childbirth care using structured interviews and regression analysis. | Negative experiences during care, such as abandonment, disrespect, humiliation, or physical abuse, resulted in lower satisfaction levels for mothers compared to those without such experiences (68.5% vs 93.5%). |
| Agbi, F. A., Lvlin, Z., & Asamoah, E. O. (2021). Women's Satisfaction with Maternal care in Ghana: The Doctor's Behaviour as a Regulating Factor. | Ghana | The study used multiple linear regression to test hypotheses and found a positive impact of healthcare services on women's satisfaction, using data from a cross sectional survey of 643 women. | The study suggests that brief doctor-patient involvement can lead to positive changes and improve women's satisfaction in healthcare. It also suggests that government should focus on hiring additional employees to overcome workload. |
| Manu, A., Zaka, N., Bianchessi, C., Maswanya, E., Williams, J., & Arifeen, S. E. (2021). Respectful maternity care delivered with health facilities in Bangladesh, Ghana and Tanzania: a cross-sectional assessment preceding a quality improvement intervention. <i>BMC Health Services Research</i> , 21(1), 1-14. | Bangladesh, Ghana and Tanzania | A cross-sectional study was used to assess respectful maternity care (RMC) in health facilities across Bangladesh (295), Ghana (381), and Tanzania (173), involving facility managers, providers, and recently delivered women. | Despite high ratings from providers and women, facilities in Bangladesh, Ghana, and Tanzania have foundational systems for Respectful Maternal Care, but structural inadequacies and policy gaps persist. |
| Dzomeku, V. M., Mensah, A. B. B., Nakua, E. K., Agbadi, P., Okyere, J., Donkor, P., & Lori, J. R. (2022). Promoting respectful maternity care: challenges and prospects from the perspectives of midwives at a tertiary health facility in Ghana. | Ghana | The study used an exploratory descriptive design, conducting 12 interviews with midwives on Respectful Maternal Care, and transcribed audio data using NVivo-12 for analysis. | The study identified three themes: emotional support, dignified care, and respectful communication. Current actions to promote Respectful Maternal Care include sacral massages, confidentiality, and referrals. Challenges include logistical constraints, poor midwives' attitudes, workload, and language barriers. Recommendations for improvement include improved communication and patient support. |
| Hall, J., Hundley, V., Collins, B., & Ireland, J. (2018). Dignity and respect during pregnancy and childbirth: a survey of the experience of disabled women. | United Kingdom & Ireland | The study involved 37 UK and Irish women who completed an online survey, identified through online networks and groups, and analyzed using descriptive statistics and thematic analysis for open questions. | The exploration of women's encounters with dignity and respect during childbirth unveiled a notable number of instances where women perceived a lack of proper acknowledgment of their rights. Additionally, a substantial portion of women expressed feeling treated unfairly due to their disability. |
| Lusambili, A. M., Naanyu, V., Wade, T. J., Mossman, L., Mantel, M., Pell, R., & Temmerman, M. (2020). Deliver on your own: disrespectful maternity care in rural Kenya. <i>PloS one</i> , 15(1), e0214836. | Kenya | Researchers conducted 24 Key Informant Interviews (KIIs) and 16 Focus Group Discussions to gather key information from various stakeholders, including healthcare providers, community health workers, religious leaders, and women's organizations, with support from the Kisii and Kilifi AQCESS project implementation teams. | Promoting respect in health facilities and systems attracts more women, improves childbirth experiences, and mitigates preventable deaths, bridging maternal health inequities. Respectful maternity care requires a robust health system. The healthcare industry's culture of disrespect and abuse creates a hostile environment for women in maternity facilities, hindering their future use and posing a significant barrier to facility-based pregnancy and delivery services in Kenya. |
| Van der Pijl, M. S., Verhoeven, C. J., Verweij, R., van der Linden, T., Kingma, E., Hollander, M. H., & De Jonge, A. (2022). Disrespect and abuse during labour and birth amongst | Netherlands | A cross-sectional study of 12,239 online respondents (quantitative) in the Netherlands found that 36.3% of women experienced at least one situation of disrespect and abuse, highlighting a | Netherlands reports frequent disrespectful and abusive labor and birth experiences, emphasizing the need for respectful maternity care, even in high-income countries, as it is linked to traumatic birth experiences and PTSD. |

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| 12,239 women in the Netherlands: a national survey. | | significant variation in the frequency of such incidents. | |
| Sen, G., Reddy, B., & Iyer, A. (2018). Beyond measurement: the drivers of disrespect and abuse in obstetric care. | Tanzania | The study explores the link between women's exposure to disrespect and abuse, highlighting the need for structural violence interventions, based on interviews and observations with rural women. Fourteen women were randomly selected from various obstetric backgrounds, age groups, and poverty levels. | Women, particularly younger, less experienced ones, were more likely to experience disrespect and abuse during pregnancy and birth due to their non-compliance with expected behavior. |
| Moyer, C. A., McNally, B., Aborigo, R. A., Williams, J. E., & Afulani, P. (2021). Providing respectful maternity care in northern Ghana: A mixed-methods study with maternity care providers. | Ghana | The study is a cross-sectional research that combines quantitative survey data (n=43), qualitative interviews (17), and observations of labor and delivery across four health facilities. | Respectful maternity care (RMC) goes beyond preventing morbidity and mortality, promoting women's basic human rights of autonomy, dignity, feeling, choices, and preferences. The study revealed that even knowledgeable providers who volunteered to observe respect during labor and delivery sometimes resorted to disrespectful care when stressful situations arose. |
| D-zomeku, V. M., Mensah, B. A. B., Nakua, E. K., Agbadi, P., Lori, J. R., & Donkor, P. (2020). Exploring midwives' understanding of respectful maternal care in Kumasi, Ghana: Qualitative inquiry. | Ghana | This study uses a respectful maternal care module and semi-structured interviews to investigate the feasibility of changing the culture of disrespect and abuse in maternity care. Qualitative methodology approach | The study reveals that despite some awareness of respectful maternal care, midwives support abusive practices like hitting and blaming childbearing women, suggesting a disconnect between Respectful Maternal Care awareness and practice. |
| Ibrahim, B. B., Cheyney, M., Vedam, S., & Kennedy, H. P. (2023). "I was able to take it back": Seeking VBAC after experiencing dehumanizing maternity care in a primary cesarean. | United States | The study involved 25 participants from diverse backgrounds, analyzing their experiences of maternity care, revealing that they generally experienced negative or positive experiences. | Respectful maternity care is recommended for all women during labor, childbirth, and postpartum, ensuring dignity, privacy, confidentiality, freedom from harm, informed choice, and continuous support. |

3.1. Concept Definitions and Dimensions

Dignity and respect in maternity care are fundamental principles that recognize the inherent worth, autonomy, and rights of pregnant women throughout the childbirth process [6]. These principles extend beyond procedural aspects, focusing on the holistic well-being of the pregnant individual. Dignity involves preserving a woman's inherent worth, ensuring her physical and emotional integrity, and upholding her right to privacy, confidentiality, and informed consent [1,7].

Respect, on the other hand, acknowledges diverse perspectives, beliefs, and choices of pregnant women, fostering open communication, active listening, and involving women in shared decision-making processes [1,8]. It values the individual's autonomy and choices, fostering a collaborative partnership between healthcare providers and pregnant individuals [9].

Cultural competence is also crucial in maternity care [10]. It involves tailoring care approaches to the unique needs and preferences of individuals from various cultural, ethnic, and socio-economic backgrounds. This ensures that care is not only medically competent but also culturally sensitive, fostering an inclusive approach that honors the diversity of those seeking maternity services [8,11].

In essence, dignity and respect in maternity care aim to create a care environment that goes beyond the clinical aspects of childbirth, recognizing the humanity of pregnant individuals, valuing their autonomy, and fostering open communication [3]. By embracing cultural competence, healthcare providers can ensure that these principles are

woven into every maternity care interaction, contributing to a positive and empowering childbirth experience.

3.2. Importance of Dignity and Respect in Maternity Care

Dignity and respect are essential in maternity care, shaping the entire childbirth experience [12]. These principles, intertwined with empathy and cultural sensitivity, ensure a positive, empowering, and holistic journey for pregnant individuals [13]. The psychological well-being of pregnant individuals is closely tied to the provision of dignified and respectful maternity care [1]. When healthcare providers prioritize these principles, pregnant individuals experience a heightened sense of self-worth and agency, which fosters emotional resilience and positively impacts their mental health.

Studies [1,14,15] consistently affirm the correlation between dignified and respectful care and heightened levels of maternal satisfaction [16]. Pregnant individuals who perceive their autonomy and values being respected during childbirth express satisfaction with their overall care experiences, which extends beyond clinical aspects to the emotional and relational dimensions of the maternity care journey [9].

The tangible impact of dignified care is evident in postpartum outcomes, as pregnant individuals who experience respectful care are less likely to report symptoms of postpartum depression [17]. The establishment of trust through the provision of dignity and respect is essential between healthcare professionals and pregnant patients, as it has a significant impact on effective communication, collaborative decision-making, and the overall quality of treatment [1,16,18].

Dignified and respectful care also contribute to tangible health outcomes for both mothers and infants. Positive birth experiences facilitated by dignified care are associated with lower rates of postpartum depression, enhanced maternal-infant bonding, and improved breastfeeding success [19].

In general, dignity and respect in maternity care are essential components that should be at the forefront of every maternity care interaction. By recognizing and prioritizing these principles, the field of maternity care can embark on a transformative journey, ensuring that every woman's childbirth experience is characterized by empowerment, compassion, and positive health outcomes.

3.3. Factors that Influence the Provision of Dignity and Respect in Maternity Care

The provision of dignity and respect in maternity care is a multifaceted endeavor influenced by various interconnected factors. These factors, ranging from individual to systemic dimensions, collectively shape the care environment and impact the overall experience of pregnant individuals.

Communication plays a vital role in ensuring dignity and respect in maternity care [2]. Facilitating mutual understanding between healthcare providers and pregnant individuals through effective communication builds trust and ensures their needs are addressed [20]. Recognizing and respecting the varied cultural backgrounds of pregnant individuals underscores the significance of cultural competence in maternity care [10]. Integrating cultural competence into care practices ensures that maternity care is tailored to individual needs, fostering an inclusive environment where every cultural perspective is acknowledged and respected [2]. Therefore, maternal healthcare providers must be attuned to cultural norms, values, and traditions, ensuring that care is not only clinically competent but also culturally responsive [21].

The attitudes and behaviors of healthcare providers [12,17,22,23] are also influential in creating a supportive care environment [24]. Empathy, compassion, and a non-judgmental approach are key to creating a supportive environment, allowing pregnant individuals to navigate the complexities of maternity care with confidence and trust [16].

Informed consent is another fundamental factor that intersects with dignity and respect in maternity care [22]. It involves transparent communication about treatment

options, potential risks, and alternatives, ensuring active participation from pregnant individuals. This process upholds autonomy and contributes to a collaborative partnership between healthcare providers and pregnant individuals.

Systemic and structural factors also play a significant role in ensuring dignity and respect in maternity care [11]. Institutional policies, procedures, and resource allocation prioritize these principles, while adequate staffing levels and training programs contribute to a culture of person-centered care [24].

It is essential to recognize the interconnectedness of these factors. For example, effective communication is intertwined with cultural competence, and both are embedded in the attitudes of healthcare providers. Addressing one aspect without considering the others may result in an incomplete approach to providing dignified and respectful maternity care [16]. Healthcare systems should adopt a holistic perspective that acknowledges the multifaceted nature of these influencing factors. By addressing these factors comprehensively, the field of maternity care can progress towards a transformative paradigm that prioritizes dignity and respect, ultimately fostering positive childbirth experiences and improving maternal outcomes [25].

4. Discussions

The literature on dignity and respect in maternity care is diverse, reflecting a multidimensional construct. Common themes include autonomy, individuality, and the preservation of inherent worth [6,9,18,26,27]. These concepts are dynamic and require tailoring to the unique context of childbirth [17]. Key components of dignity and respect in healthcare practices include positive communication, shared decision-making, and cultural competence [21]. Examples of tangible actions that contribute to these principles include active listening, informed consent, and personalized care plans [10,13,20,23,27].

Respectful care in maternity care is associated with higher levels of maternal satisfaction [1,15,28,29], as women who perceive their autonomy and values being respected during childbirth express greater satisfaction with their overall care experiences [8,11,30]. This enduring impact of respectful care extends into the postpartum period, fostering a supportive environment that enhances maternal well-being and facilitates a smoother transition to motherhood [5,20,31]. However, few studies [14,29] have explored provider perspectives on Respectful Maternal Care issues, but studies suggest many providers witness disrespect and abuse of women during childbirth in their facilities [30].

Emotional well-being, reduced anxiety, and a sense of empowerment are reported outcomes in the literature [18]. Studies emphasize the reciprocal relationship between the provision of dignity and respect and the psychological resilience of pregnant individuals throughout the maternity care journey [18]. Healthcare provider attitudes significantly shape the provision of dignity and respect, with compassionate and culturally sensitive attitudes contributing to positive birth experiences [21].

Differences in culture greatly impact how people experience dignity and respect [1]. Healthcare systems should address cultural diversity through training programs and institutional policies, ensuring care practices are sensitive to the varied cultural backgrounds of pregnant individuals. Effective communication is essential for dignified and respectful maternity care. Clear and empathetic communication builds trust and encourages active participation from pregnant individuals in decision-making. This approach values individuals, respecting their autonomy in decisions related to their maternity care [17].

The literature review highlights the diversity in research methodologies and outcome measures used in maternity care, with some using qualitative approaches and others quantitative measures. This diversity is essential for a comprehensive understanding of the impact of dignity and respect on maternity care [1]. However, there is a lack of studies that address systemic factors influencing the provision of dignity and respect in maternity care [4,9,13,16,17,19,20,24]. The provision of dignity and respect is influenced by systemic

and structural factors [13-15,32,33]. It is essential to examine further institutional policies, allocation of resources, and overarching systemic structures.

Cultural competence is also important, but there is a gap in understanding the intersectionality of dignity and respect in maternity care, particularly for marginalized or minority backgrounds [21]. Most studies [8,11,18,19,21] focus on the immediate childbirth experience, with limited exploration of the longitudinal effects of dignity and respect on postpartum outcomes. Understanding the lasting impact of dignified care beyond the immediate postpartum period is essential for designing interventions and policies that promote sustained maternal well-being [20]. Addressing these gaps will contribute to a more nuanced understanding of the role of dignity and respect in shaping maternity care.

5. Conclusion

This literature review highlights the importance of prioritizing dignity and respect in maternity care, as it not only enhances the quality of care but also promotes a person-centered approach that respects individual autonomy, values, and cultural diversity. It calls for a paradigm shift in healthcare education, training, and institutional policies, integrating these principles into maternity care practices can lead to a transformative shift in the childbirth experience, fostering positive maternal outcomes and satisfaction. The review also highlights the evolving nature of the field, urging future research to address methodological diversity, explore longitudinal perspectives, understand systemic influences, and ensure inclusivity in diverse study samples. In general, integrating dignity and respect into maternity care practices can redefine the childbirth experience, making it a transformative and empowering journey for every pregnant individual. Collaboration between healthcare providers, policymakers, and researchers can help the field evolve to meet the diverse needs of those embarking on the profound journey of childbirth.

In summary, this integrative literature review delved into the complex landscape of dignity and respect in maternity care, exploring its definition, importance, factors influencing provision, key findings from selected studies, and implications for practice and policy. The synthesis of the literature has revealed several essential insights that carry profound implications for the field of maternity care.

References

- [1] Agbi, F.A., L. Zhou, and E.O. Asamoah, Quality of Communication between Healthcare Providers and Pregnant Women: Impact on Maternal Satisfaction, Health Outcomes, and Shared Decision-Making. *Universal Journal of Obstetrics and Gynecology*, 2023: p. 3-10.
- [2] Sharon Morad, B. and W. Parry-Smith, Dignity in maternity care. *Evidence Based Midwifery*, 2013. **11**(2): p. 67.
- [3] Chigwenembe, L., Dignity in maternal health service delivery: Cross sectional survey on factors that promote or compromise dignity in maternal health service delivery: Perspectives of Women and Midwives from Southern Malawi. 2011.
- [4] Solnes Miltenburg, A., et al., Maternity care and Human Rights: what do women think? *BMC international health and human rights*, 2016. **16**(1): p. 1-10.
- [5] Jolly, Y., et al., "We are the ones who should make the decision"—knowledge and understanding of the rights-based approach to maternity care among women and healthcare providers. *BMC pregnancy and childbirth*, 2019. **19**(1): p. 1-8.
- [6] Ibrahim, B.B., et al., "I was able to take it back": Seeking VBAC after experiencing dehumanizing maternity care in a primary cesarean. *SSM-Qualitative Research in Health*, 2023. **4**: p. 100339.
- [7] D-zomeku, V.M., et al., Exploring midwives' understanding of respectful maternal care in Kumasi, Ghana: Qualitative inquiry. *Plos one*, 2020. **15**(7): p. e0220538.
- [8] Lusambili, A.M., et al., Deliver on your own: disrespectful maternity care in rural Kenya. *PloS one*, 2020. **15**(1): p. e0214836.
- [9] Mousa, O. and O.M. Turingan, Quality of care in the delivery room: Focusing on respectful maternal care practices. *J Nurs Educ Pract*, 2019. **9**(1): p. 1-5.
- [10] Agbi, F.A., Z. Lvlin, and E.O. Asamoah, Women's Satisfaction with Maternal care in Ghana: The Doctor's Behaviour as a Regulating Factor. *International Journal of Scientific Research in Science and Technology*, 2021. **8**(5): p. 332-344.
- [11] Manu, A., et al., Respectful maternity care delivered within health facilities in Bangladesh, Ghana and Tanzania: a cross-sectional assessment preceding a quality improvement intervention. *BMJ open*, 2021. **11**(1): p. e039616.

-
- [12] Srivastava, A., et al., Determinants of women's satisfaction with maternal health care: a review of literature from developing countries. *BMC pregnancy and childbirth*, 2015. **15**(1): p. 1-12.
- [13] Alruwaili, T., et al., Pregnant Persons and Birth Partners' Experiences of Shared Decision-Making During Pregnancy and Childbirth: An Umbrella Review. *Patient Education and Counseling*, 2023: p. 107832.
- [14] Alimoradi, Z., et al., Evaluation of midwives' communication skills. *African Journal of Midwifery and Women's Health*, 2013. **7**(1): p. 19-24.
- [15] Ansari, H. and R. Yeravdekar, Respectful maternity care: A national landscape review. *The National Medical Journal of India*, 2019. **32**(5): p. 290-293.
- [16] Daniel, G., et al., Experiences of Midwives in Providing Respectful Maternity Care During Childbirth in Jos, Nigeria. *The Malaysian Journal of Nursing (MJN)*, 2023. **14**(4): p. 35-45.
- [17] Van der Pijl, M.S., et al., Disrespect and abuse during labour and birth amongst 12,239 women in the Netherlands: a national survey. *Reproductive health*, 2022. **19**(1): p. 1-16.
- [18] Dzomeku, V.M., et al., Promoting respectful maternity care: challenges and prospects from the perspectives of midwives at a tertiary health facility in Ghana. *BMC Pregnancy and Childbirth*, 2022. **22**(1): p. 451.
- [19] Sen, G., B. Reddy, and A. Iyer, Beyond measurement: the drivers of disrespect and abuse in obstetric care. *Reproductive health matters*, 2018. **26**(53): p. 6-18.
- [20] Ige, W.B. and W.B. Cele, Provision of respectful maternal care by midwives during childbirth in health facilities in Lagos state, Nigeria: a qualitative exploratory inquiry. *International Journal of Africa Nursing Sciences*, 2021. **15**: p. 100354.
- [21] Hall, J., et al., Dignity and respect during pregnancy and childbirth: a survey of the experience of disabled women. *BMC pregnancy and childbirth*, 2018. **18**: p. 1-13.
- [22] Agbi, F.A., Z. Lulin, and E.O. Asamoah, Exploring the Challenges and Stressors Faced by First-Time Mothers in Ghana as a Result of the COVID-19 Pandemic. *International Research Journal of Economics and Management Studies IRJEMS*, 2023. **2**(2).
- [23] Agbi, F.A., et al., The Importance of Empathy in Maternal Healthcare Delivery. *American Journal of Social Sciences and Humanities*, 2022. **7**(2): p. 56-68.
- [24] John, M.E., E. Duke, and E. Esienumoh, Respectful maternity care and midwives' caring behaviours during childbirth in two hospitals in Calabar, Nigeria. *African Journal of Biomedical Research*, 2020. **23**(2): p. 165-169.
- [25] Agbi, F.A., Responsiveness in Ghanaian Healthcare: The Survey of Inpatients. *International Journal of Public Administration*, 2021: p. 1-10.
- [26] Agbi, F.A., Z. Lvlin, and E.O. Asamoah, Women's Satisfaction with Maternal care in Ghana: The Doctor's Behaviour as a Regulating Factor. 2021.
- [27] Debela, A.B., et al., Maternal satisfaction and factors associated with institutional delivery care in central Ethiopia: a mixed study. *Patient preference and adherence*, 2021: p. 387-398.
- [28] Alamri, A., How can a focus on the ethical notions of dignity and respect for autonomy help to improve healthcare for elderly people in Islamic countries? 2016.
- [29] Amutio-Kareaga, A., et al., Improving communication between physicians and their patients through mindfulness and compassion-based strategies: a narrative review. *Journal of clinical medicine*, 2017. **6**(3): p. 33.
- [30] Moyer, C.A., et al., Providing respectful maternity care in northern Ghana: A mixed-methods study with maternity care providers. *Midwifery*, 2021. **94**: p. 102904.
- [31] Ojong, I., et al., Midwives' perception and practice of respectful maternity care during pregnancy and childbirth in selected health facilities in cross river state, nigeria. *African Journal of Biomedical Research*, 2022. **25**(2): p. 135-141-135-141.
- [32] Agbi, F.A., L. Zhou, and E.O. Asamoah, Determinants and Satisfaction Outcomes of Pregnancy Care in China: The Case of Ghanaian Women in Zhenjiang. *Universal Journal of Obstetrics and Gynecology*, 2022: p. 33-48.
- [33] Bayrampour, H., et al., Pregnancy-related anxiety: A concept analysis. *International journal of nursing studies*, 2016. **55**: p. 115-130.