RESPECT

EMPOWERMENT AND PREPARATION PROGRAM FOR MOTHERS



Irakledia Papairakleidiou, Nicos Middleton, Margarita Kapsou, 2025

RESPECT
Cyprus University of Technology
birth forward
RODA roditelji u akciji
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ΟΣΑΚ
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Introduction

RESPECT **Project**

The Department of Nursing at the Cyprus University of Technology (CUT), in collaboration with its long-standing partner Birth Forward and partners from Croatia and Italy, has implemented the co-funded project RESPECT on the topic of "Respectful Maternity Care: Enhancing Shared Decision-Making and Informed Care Choices."

The program is part of the broader framework of ensuring women's right to a positive childbirth experience and is a continuation of a series of actions aimed at promoting quality standards based on principles and criteria for "Respectful Maternity Care" as defined by the World Health Organization (WHO), the White Ribbon Alliance Charter of Rights, and recognized international and European scientific and professional bodies.

One of the actions of the RESPECT project was the development of educational programs and accompanying tools. These tools aim to enhance the necessary clinical and communication skills of maternity care providers and students. At the same time, we created resources to strengthen the knowledge and skills of women themselves, empowering them to actively participate in effective decision-making regarding the maternity care they receive.

The idea of creating a program for "Empowering New Mothers" had already begun to take shape and mature over time, as we identified a significant need among mothers for empowerment through awareness of their rights and the ability to advocate for them. Since its inception, Birth Forward has provided a safe space for women to share their experiences when receiving maternity care services. During the research phase of the RESPECT project, as well as in previous interactions with our organization, women shared their needs, the experiences that hurt them, and the moments that brought them joy. This informal exchange allowed us to recognize and address the need for the creation of the Empowerment Program.

During the research phase of the RESPECT project, towards the end of 2023, we conducted six focus groups with mothers to explore and document their experiences with maternity care and childbirth in Cyprus. One of our most central findings from these discussions was how strongly mothers expressed the belief that their experience with pregnancy, childbirth, and motherhood could have been significantly different if they had been more empowered before giving birth. Across all groups, women also highlighted that they had not identified any structured, available program in the country that could help them feel more prepared and empowered for the journey of motherhood.

Introduction

RESPECT Project

As a result of these findings, we reaffirmed the urgent need to structure a series of informational and empowerment workshops, as was our initial intention within the framework of the RESPECT project. After months of hard and collective work—and with the valuable contribution of some of the mothers themselves as "holders" of lived experience—the Empowerment Program was developed, which is now described in the Guide you hold in your hands.

The creation of the educational package was the result of countless hours of thought, discussions, and dedication, as it started entirely from scratch. The team at TEPAK, the Scientific Committee of Birth Forward, our partners in Cyprus and abroad, along with mothers themselves, all played a valuable role in designing and refining the program—each contributing their own unique touch. At the heart of these efforts were always the needs of mothers and future mothers, with the ultimate goal of empowering them through this program.

Θέλουμε να πιστεύουμε ότι με το εγχειρίδιο και το πρόγραμμα αυτό έχουμε βάλει το λιθαράκι μας και έχουμε χαράξει το δρόμο για να μπορεί η κάθε μέλλουσα και νέα μητέρα να βιώνει φροντίδα μητρότητας και τοκετό με σεβασμό. Κατά τη φροντίδα μητρότητας και στον τοκετό, πολλά πράγματα δεν είναι δεδομένα. Σε όλες όμως τις περιπτώσεις, όραμά μας είναι η κάθε μητέρα να μπορεί να ανακαλεί τη .

We hope that with this manual and program, we have contributed our part and paved the way for every expectant and new mother to experience respectful maternity care and childbirth. In maternity care and childbirth, many things are not a given. However, in all cases, our vision is for every mother to be able to look back on her experience with a sense of empowerment, dignity, and respect.

The team of contributors,
Irakledia Papairakledіou,
Dr. Nicos Middleton,
Margarita Kapsou.

Contributors

The Empowerment Program is the result of collective work, as its implementation involved a multidisciplinary team of qualified health professionals specializing in maternity-related issues, academics, mothers, and representatives from NGOs such as Birth Forward, along with other partners and allies.

The pilot implementation of the program in Nicosia in 2024 and Limassol in 2025 was coordinated by Irakledia Papairakledіou, Nurse-Midwife and Research Associate of the RESPECT project, under the supervision of Dr. Nicos Middleton, Associate Professor of Nursing at TEPAK. On behalf of Birth Forward, the activities were coordinated by the CEO of the organization and Project Manager, Margarita Kapsou.



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Margarita Kapsou

Psychologist
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Project Manager of the RESPECT project

Acknowledgements

The creation of the educational package was the result of countless hours of thought, discussions, and dedication, as it started entirely from scratch. The team at TEPAK, the Scientific Committee of Birth Forward, our partners in Cyprus and abroad, along with mothers themselves, all played a valuable role in designing and refining the program—each contributing their own unique touch. At the heart of these efforts were always the needs of mothers and future mothers, with the ultimate goal of empowering them through this program.

We would therefore like to thank our partners:

*From the **CUT** team and the **Scientific Advisory Committee of Birth Forward**:*
Dr. Ourania Kolokotroni, Dr. Eleni Chatzigeorgiou, Dr. Christiana Nicolaou

*From the **Birth Forward** team and the **mothers**:*
Ioli Orphanide Eteokleous (Mother and Spokesperson)
Giota Doukanari (Mother and President of the Board) and all Board Members
Vasiliki Erotokritou, Tatiana Michail, Marianna Moore, and many others.

*From our partners at the **Mediterranean Institute of Gender Studies (MIGS)**, who oversaw the program's gender dimension:*
Susana Pavlou, Director of the Institute
Dr. Christina Kaili, Senior Researcher and Program Officer

*The **Cyprus Federation of Patients' Associations** (CyFPA) for their expertise on rights-related issues in Cyprus and for being our longstanding ally.*

The Research Associate at CUT, Paraskevi Kinni, for her valuable administrative support to the program and the project as a whole.

Our collaborator, Angelika Ourri, for the graphic design and editing of the manual.

The administration, staff, and contractors of the Cyprus Youth Organization, who generously hosted the program at their offices and multi-centers free of charge, provided various forms of support, and, on their own initiative, offered to continue supporting the program to ensure it reaches all regions of Cyprus, even beyond the completion of the RESPECT project.

***Above all, all the mothers who trusted us**, shared their experiences, participated in the first pilot implementations of the program in Nicosia (2024) and Limassol (2025), and provided us with valuable feedback and suggestions to further strengthen and improve it.*

Empowerment Workshops for New Mothers: INNOVATION

The main innovation of the program lies in its interactive nature, both in terms of content and methodology. It is designed to facilitate adult education through interactive and experiential activities, following the principles of **Non-Formal Learning.**

It is a series of **five in-person workshops, each lasting two hours**. The final workshop, which focuses on program evaluation, is also two hours long and is offered online.

The program includes experiential activities that allow participants to explore and understand their rights throughout the journey of motherhood, from conception to the first months after childbirth.

Additionally, the program includes scenarios that allow participants to experientially assess whether their rights are being protected or violated.

Role-playing activities proved to be one of the most powerful elements of the training, as they provided participants with the opportunity to experience and analyze the most effective communication skills when interacting with health professionals (HPs).

Empowerment Workshops for New Mothers: INNOVATION

Upon completing the workshops, participants will be able to understand their rights and recognize the key characteristics of an effective collaborative communication relationship with healthcare professionals. At the same time, they become familiar with the concept of “Respectful Maternity Care” and the principles of “Shared Decision-Making”, and they gain awareness of the latest guidelines on pregnancy, childbirth, and newborn care.

The first pilot implementation of the workshop took place in October 2024 in Nicosia. Feedback and comments were gathered from both the participants and the team that developed the program. After revisions and adjustments, the program was reimplemented by our team in January 2025 in Limassol. In both cases, the **Cyprus Youth Organization** generously provided training spaces for the workshops.

Mothers who participated in all stages of the project played a significant role in shaping the program, following the **Participatory Action Research** methodology.

The **Mediterranean Institute of Gender Studies (MIGS)** oversaw the gender dimension of both the program and this guide.

PURPOSE & RECOMMENDATIONS FOR THE USE OF THE GUIDE

We have prepared this Guide to serve as a tool for educators working in the fields of Maternity Preparation and Non-Formal Learning. Within its sections, we have included detailed instructions and descriptions for the implementation of the program, ensuring that it can be delivered in the same way as it was originally designed and conducted by our team.

This Guide is available free of charge and publicly. However, its use for commercial purposes is not permitted. If you intend to implement the Program Guide, please follow these steps:

1. Contact the contributors to obtain permission and guidance if you intend to implement and/or adapt the guide.
2. To ensure the quality of the workshops in future implementations, follow the training instructions as closely as possible to the guidelines provided in the Guide. Small additions, omissions, or practical adaptations within reasonable limits are expected. However, for major changes to the program, please make sure to contact the creators first.
3. The program is designed to be facilitated by a Team of Trainers (at least two per workshop). The team may be larger and rotate, but to ensure quality assurance, make sure that each workshop has at least two trainers present.

   The coordination team must include at least:
   - One healthcare professional with previous experience in maternity preparation training.
   - One professional with sufficient knowledge in Respectful Maternity Care.

RESPECT

For contact with the creators:
respect@birthforward.com

Structure and Purpose of the Sessions



Structure and Purpose of the Sessions

Number of Sessions: 4 in-person, 1 online.

Workshop Format:
Experiential and interactive workshops with individual and group activities, guided by the trainers.

Duration: 120 minutes, including a short 5-10 minute break.

Number of Participants: 8-15 people per group.
To achieve the learning objectives, participants are required to attend all workshops, as the topics are designed to build progressively.

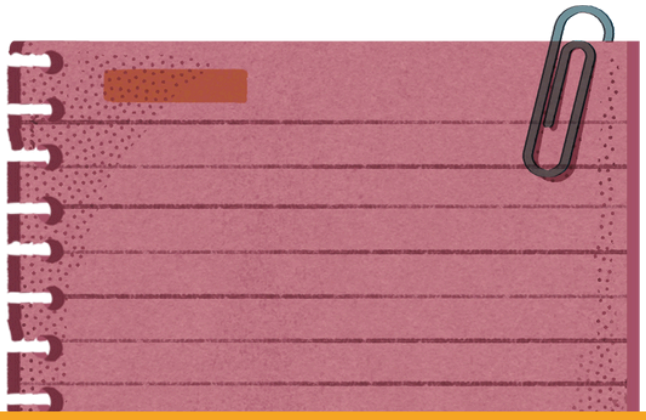
General Purpose:

- To inform and empower future mothers regarding Respectful Maternity Care.
- Developing effective communication skills regarding rights in Respectful Maternity Care, with an emphasis on the right to comprehensive, accurate, and timely information from healthcare professionals, on the active participation in decision-making, and on making informed care choices.
- Raising awareness of the WHO quality standards for recommended clinical practices and for ensuring a positive childbirth experience.

Target Audience:

- Pregnant women/couples at any trimester of pregnancy.
- New mothers/postpartum women who have recently given birth.
- Women/couples who are planning to have a child.

Note: The series of four workshops does not replace childbirth education classes or maternity/parenting preparation courses.
Note: The series of four workshops does not replace childbirth education classes or maternity/parenting preparation courses.



The materials (leaflets, exercises, and information) provided to participants during each workshop are included in the Appendices of the Guide.

If you need additional materials, clarifications, or guidance, you can contact the creators at the following email address:

respect@birthforward.com

1st Workshop:
“Foundations of Respectful Maternity Care”



Purpose and Objectives

Purpose of the 1st Workshop:

Familiarization with the concept of “Respectful Maternity Care” and the healthcare system in Cyprus.

Objectives of the 1st Workshop:

1. To allow mothers to get to know the facilitators and each other.
2. To create a trusting environment where participants feel comfortable as part of the group, enabling them to share their views with other pregnant individuals/new mothers and describe their experiences.
3. To ensure participants’ consent for joining the group, guarantee confidentiality, and establish group rules (see Appendix – Consent Form).
4. To help participants understand that they have the right to express their questions and preferences.
5. To help participants realize that they have the right to discuss their wishes and needs with health professionals.
6. To allow participants to freely express what “Respect” and “Lack of Respect” mean to them in the context of Maternity Care.
7. To acquire knowledge about key aspects of the healthcare system in Cyprus, particularly regarding the available options and provided maternity care services for pregnancy, childbirth, and motherhood in Cyprus.
8. To formulate their own questions, concerns, or needs for further information on specific topics, highlighting and encouraging the importance of making every contact count with health professionals (e.g., during scheduled doctor appointments, midwifery consultations, or childbirth preparation classes).
9. To appreciate the importance of accurate information, especially online, and to develop the ability to identify reliable sources of information.

Activities and Materials

Equipment

- Computer
- Projector
- Large die
- Flip chart or whiteboard
- Markers
- Pens
- Station board game (Appendix)
- Colored cards (pink, blue, green)
- Wish cards

INTRODUCTION

A) Icebreaker Activity:

The participants sit in a circle and answer the following questions, aiming to get to know the group.

- My name is…?
- My favorite moment/image related to motherhood was…; (It doesn't have to be about you—for example, it could be a moment when you saw a mother breastfeeding in a park when you were a child.)
- What is my relationship with motherhood…?
- I am here for… this reason?
- What are my expectations from the empowerment and informational workshops for mothers…?

B) We provide the Consent Form for Personal Data Protection (**Appendix**)
(The form must be signed by all participants.)

Activity 1: The Concept of "Respectful Maternity Care"

1.1: The Concept of "Respectful Maternity Care"

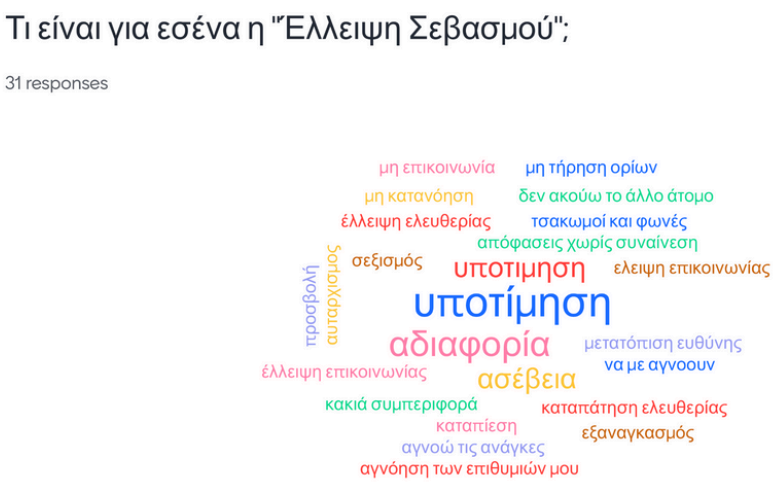
We ask the participants to share the first word that comes to mind when they hear the term "Respect."

We can ask:

a) What does "Respect" mean to you in relation to care during pregnancy, childbirth, and motherhood?

b) What does "lack of respect" mean to you in relation to care during pregnancy, childbirth, and motherhood?

Note: We can use visualization tools such as "Mentimeter", allowing the words to appear on the screen in a word cloud, where the most frequently mentioned words appear larger based on their frequency in participants' responses.
Σε τέτοια περίπτωση, δίνουμε οδηγίες χρήσης για το Mentimeter
και QR code για πρόσβαση.Training warm up - Mentimeter (example)



1.2 Discussion

After displaying the responses to the above questions on the screen, we discuss the following with the participants:

a) Common or differing findings we observe from the spontaneous descriptions of the term.

b) We highlight that the points mentioned fall within the framework of Respectful Maternity Care as defined by reputable organizations and bodies such as the World Health Organization (WHO), the International Confederation of Midwives (ICM), FIGO, and the White Ribbon Alliance (WRA).

c) We present the definition of Respectful Maternity Care (and distribute the WRA leaflet)

Optional question:

d) Question to the participants:

How would you like your maternity care experience to be?

(based on what you've learned/discussed today)

Short break – 5 minutes

MAIN PART OF THE WORKSHOP

Activity 2: "Getting to Know the Healthcare System and the Maternity Care Services Provided in Cyprus"

2.1 Station-Based Board Game

Game Instructions:

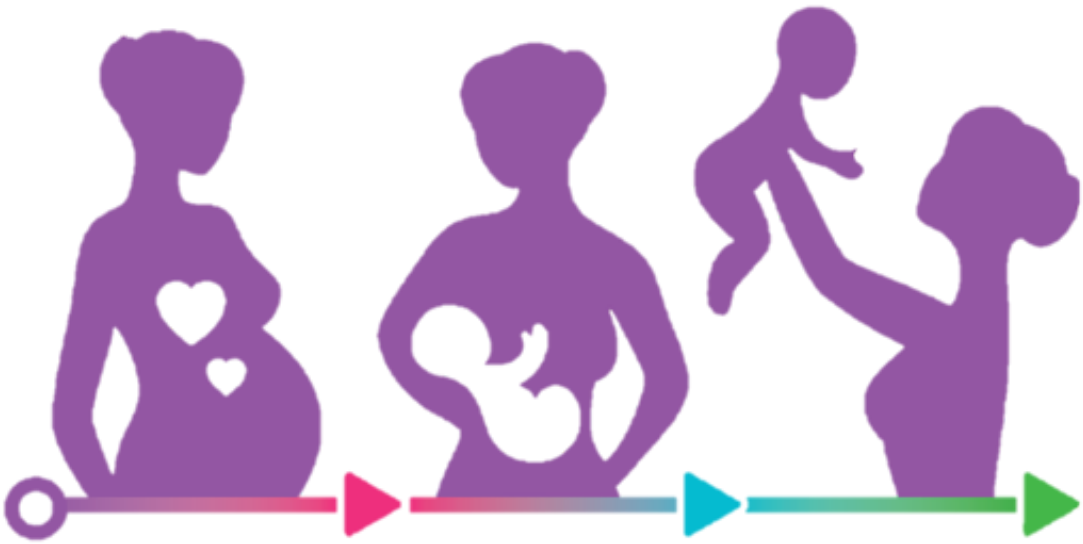
- We roll the dice.

(The dice has three colors – each color corresponds to a category such as pregnancy, childbirth, and motherhood)

- The participant who rolls the dice answers a question from the corresponding category.

Categories and Colors:

- **Pink** = Pregnancy
- **Light Blue** = Childbirth
- **Green** = Postpartum, Motherhood



MAIN PART OF THE WORKSHOP

The questions relate to general information about the healthcare system and the maternity care services provided in Cyprus.

The questions and answers were prepared by Nurse/Midwife Irakledia Papairakleđiou,, an experienced healthcare professional. It is understood that updates should be made regularly to ensure alignment with any changes in the General Healthcare System and/or the way Maternity Care is provided in Cyprus.

2.2 Encouragement to write down their own questions.

(At the end of each workshop, we will provide the answers and discuss them all together. Even if not all questions are answered during the session, the goal is to encourage participants to write down their questions as a good practice and a way to prepare for effective communication with healthcare professionals.)

3. Closing Activity – Exchange of Wishes

Participants write down wishes related to motherhood and exchange them with one another.

Appendices:

You can provide the evaluation form for the first workshop?

You can find the sample evaluation form and sample questions for each category at the end of the workshop descriptions.

Workshop 2:

“Respect is not a Feeling – It is Best Clinical Practice”



RESPECT

Purpose and Objectives

Purpose of Workshop 2:

Building on the initial mapping of the concepts of Respect and Disrespect in Maternity Care, the purpose of the second workshop is to shift the focus away from viewing these concepts as merely individual needs, preferences, or emotions. Instead, it aims to highlight their direct connection to rights and evidence-based clinical practices.

Objectives of Workshop 2:

- To explore through group reflection and develop a shared understanding of the various factors (conditions, situations, prerequisites) that may influence the provision of maternity care with or without respect.
- To become familiar with their rights during perinatal care.
- To be able to identify rights within case scenarios (e.g., descriptions of lived experiences), recognizing when those rights are upheld or violated, and understanding why.
- To be able to explore their emotions and needs related to pregnancy, childbirth, and motherhood, and to connect them with evidence-based clinical practices and the universal right to a positive maternity and birth care experience.

MAIN PART OF THE WORKSHOP

Materials / Equipment:

- Scenario cards (see Appendices), in A5 or A4 size
- BINGO cards
- Poster of the socio-ecological model (see Appendices)
- Sticky notes in various colors – Post-its
- Pens
- Speakers
- Flip chart and/or whiteboard

Activity 1: "Recognizing Rights and Violations of Rights"

1.1 Case study through storytelling (scenarios of experiences with or without respect, aiming to identify which rights were upheld or violated).

We give each participant a scenario (see Attachments), encourage her to read it aloud, and answer the following questions:

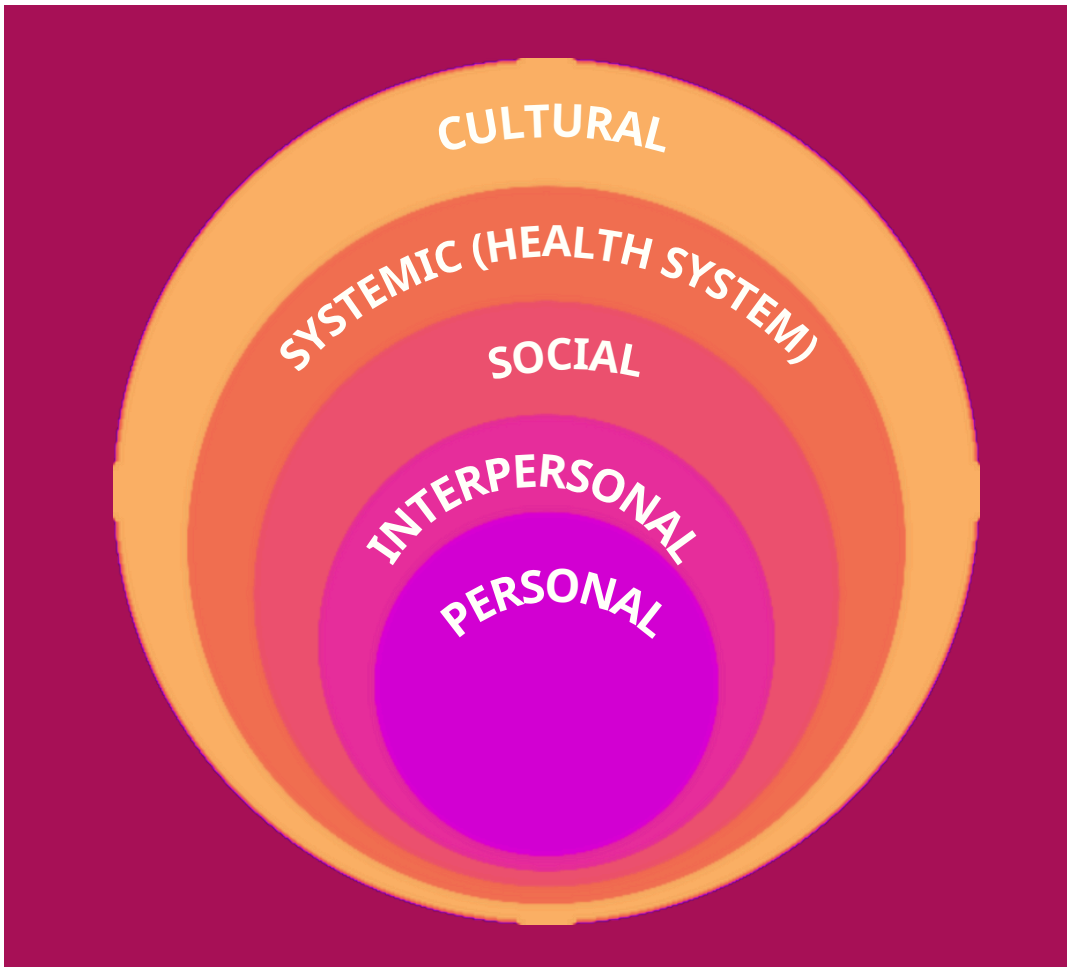
Questions for Analysis:

1. **How did you feel reading the scenario?**
2. **Do you believe there is a violation of rights in the scenario you read? If so, what do you notice?**
3. **Do you believe the mother's rights were upheld? If so, in what ways?**
4. **What do you believe are some key principles that should be promoted to ensure respectful maternity and childbirth care for every woman?**

MAIN PART OF THE WORKSHOP

Activity 2: "Identifying the Causes"

2.1 We ask participants to write on sticky notes/post-its the factors they believe influence—or are causes of—the protection or violation of rights in maternity care. We then place the notes on the corresponding layers of the socio-ecological model.



RESPECT Co-funded by the European Union

2.2 Video Screening: "What Is Respect?"

https://www.youtube.com/watch?v=CaX97d2EFcs&t=77s



Short break – 5 minutes

Activity 3: "Rights in Motherhood"

3.1 Game: Rights BINGO

We provide BINGO cards featuring women's rights in motherhood, based on the 7 rights identified by the White Ribbon Alliance and the 14 rights outlined by the Cyprus Federation of Patients' Associations (ΟΣΑΚ).

4. Closing Exercise: Relaxation Techniques (e.g., breathing exercises)

Appendices:

- Leaflet with the 7 rights from the White Ribbon Alliance and the organizations co-signing the Charter of Rights.
- A leaflet is also provided that links the 7 Rights from the White Ribbon Alliance Charter with key excerpts from the Cyprus Law on Patients' Rights (The Law on the Safeguarding and Protection of Patients' Rights of 2004 [1(I)/2005]).

Workshop 3:

“The Right to Informed Choice”



RESPECT

Purpose and Objectives

Purpose and Objectives:

To familiarize participants with the concept of informed choice as a fundamental right in Respectful Maternity Care, as well as with communication techniques (such as BRAIN and ASK3) and tools that support active participation in decision-making (e.g., the Ottawa Decision Aid).

Objectives of Workshop 3:

- To recognize the right to informed choice as a fundamental right within Respectful Maternity Care.
- To familiarize themselves with the birth plan (when it is created, when certain wishes are indicated or not indicated). To understand its usefulness, both as a tool for reflecting on and expressing their wishes, and as a framework for discussion with healthcare professionals to make informed choices.
- To understand their right to freely choose healthcare professionals (e.g., recognizing best and non-best practices, trust-based relationships) and their right to choose the place of childbirth.
- To feel confident in choosing the appropriate healthcare professional for themselves based on suitable selection criteria (criteria: ensuring the right to complete, objective, and balanced information to make informed choices - RMC).
- To familiarize themselves with the concept of active participation in decision-making and to learn simple techniques, skills, and tools that can effectively support the process of informed decision-making.

MAIN PART OF THE WORKSHOP

Materials/Equipment:

- Computer
- Projector
- Speakers

Also for role-playing:

- 4 trained “actors” in different roles of “types” of healthcare professionals, as described below.

MAIN PART OF THE WORKSHOP

Activity 1: Communication with Healthcare Professionals: “The Good, the Bad, and the Ugly”

1.1 Scenarios – Role-playing games:

We invite 4 different trained volunteer actors to play the roles.

They are asked to play the roles of 4 different healthcare professionals and engage in discussions with (one at a time) participants on topics related to pregnancy, childbirth, or the postpartum period.

One actor engages in a discussion with a participant while the others observe.

This is repeated 4 times with 4 different “types” of healthcare professionals.

There are three types of obstetrician-gynecologists: the “good,” the “bad,” and the “ugly,” and one type of pediatrician: the “exemplary.”

Suggested Discussion Topics – Role-play Processing:

a) Induction of labor

b) Cessation of Breastfeeding

MAIN PART OF THE WORKSHOP

a) Sample Scenario for Discussion:

"I'm Despoina, 37 weeks pregnant. A few days ago, I went to a baby product exhibition and met other pregnant women there. Some of them told me they would give birth at 37 weeks, while others at 40 weeks. I was surprised! What is your opinion on this?"

Sample Attitude/Behavior Profile of the Healthcare Professional

The role-playing follows the sequence below:

Actor A (Obstetrician-Gynecologist, "The Ugly"):

The healthcare professional will have a neutral/indifferent attitude towards the pregnant woman. A conversation takes place, but it does not expand or go deeper into providing more information. The pregnant woman leaves the office with questions and feeling confused.

Actor B (Obstetrician-Gynecologist, "The Bad"):

The healthcare professional will have an aggressive attitude towards the pregnant woman, is not open to discussion, and maintains a defensive stance. They respond with one-word answers and sarcasm, changing the subject. They do not expand on the information and rely on outdated clinical practices and intimidation. They do not provide evidence-based medical reasoning.

Actor C (Obstetrician-Gynecologist, "The Good"):

The healthcare professional welcomes the couple to the office, greets them, and starts the conversation. They introduce the birth plan, explain its benefits, and discuss situations where the wishes outlined in the birth plan may or may not be feasible. The discussion expands to include information about each point in the birth plan, referencing recent scientific data and specific related recommendations.

They also encourage the woman/couple to seek more information by recommending reliable and reputable sources.

b) Sample Scenario for Discussion:

"I'm Despoina, I gave birth four days ago. I want to stop breastfeeding, can you prescribe me the medication (pill) to stop it?"

Actor D (Pediatrician or Midwife, "The Exemplary")

They treat the postpartum woman as an individual (person-centered approach).

They assess her needs and provide appropriately tailored advice based on those needs. They explore, understand, and confirm the real need/problem before responding to the mother's initial request.

They encourage her to set small, achievable goals that align with her wishes and offer a follow-up meeting for feedback, so they can jointly decide on the next steps.

They have an open and non-judgmental attitude, showing empathy and understanding instead of criticism.

1.2 Discussion and commentary on the role-playing games:

Sample Questions:

How did you feel?

What would you have done in that moment?

What would you change regarding the communication with the healthcare professional?

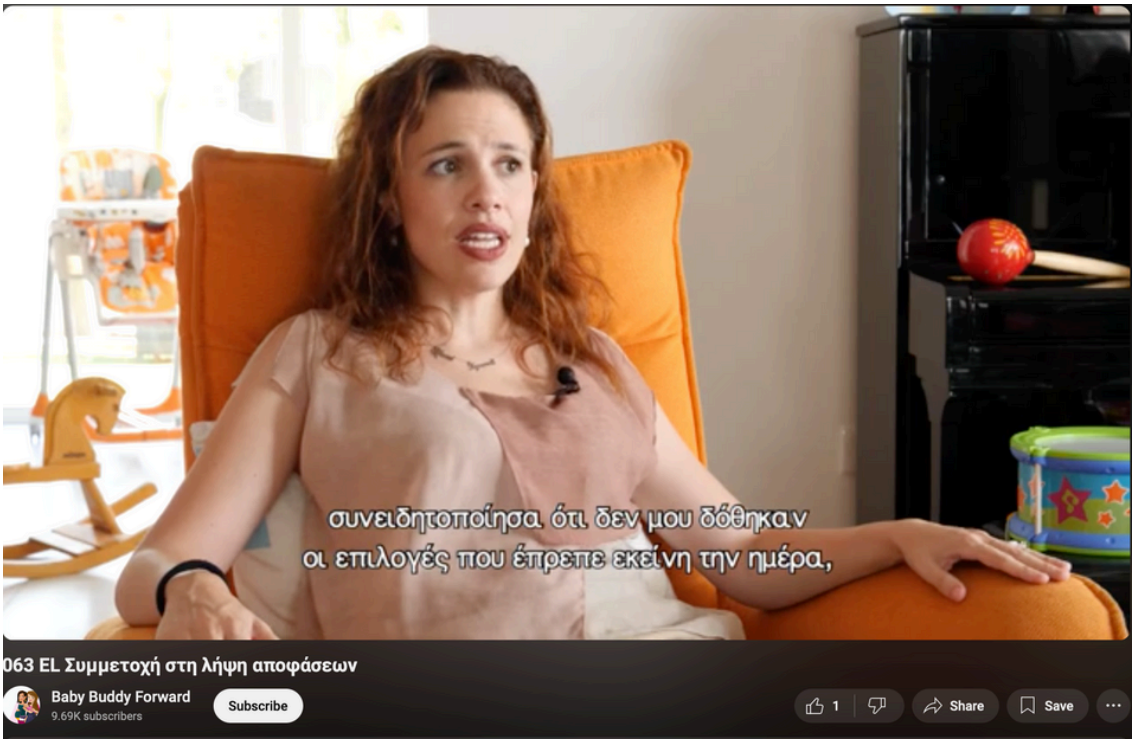
Which healthcare professional would you feel comfortable working with? Why/Why not?

Short break – 5 minutes

1.3 Video Screening from the Baby Buddy Maternity Educational Platform Cyprus

"The 3 Steps of Shared Decision Making".

063 EL Participation in Decision Making



Source: www.babybuddy.com.cy and on the BabyBuddyForward YouTube channel.
Based on the Safer Beginnings program by the organization and partner Best Beginnings, in collaboration with the WRA.

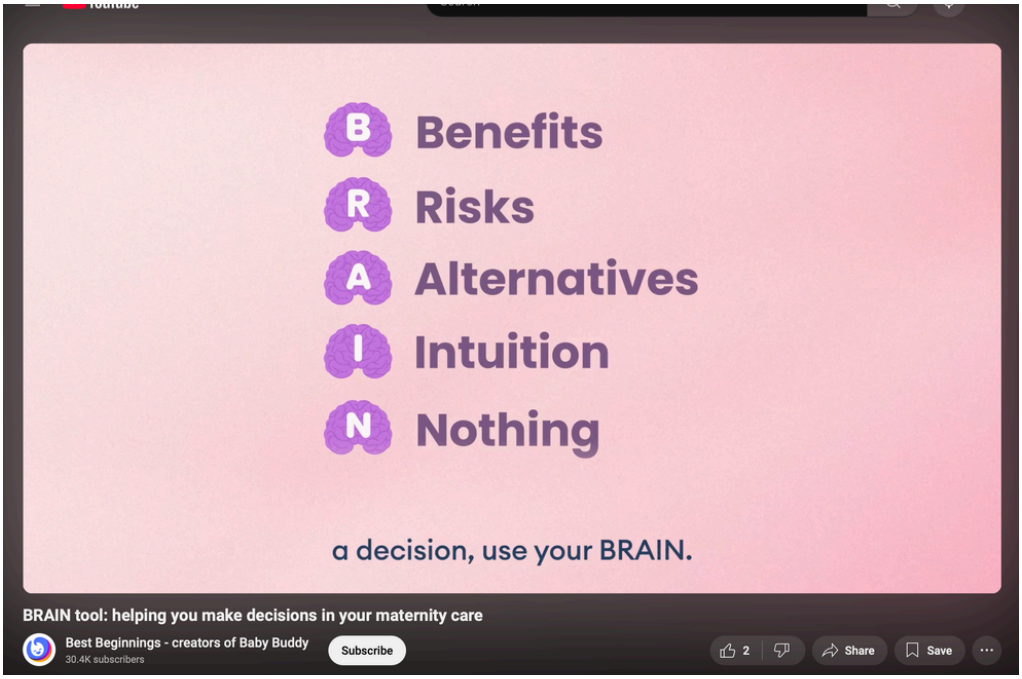
1.4 Explanation of BRAIN (an acronym for shared decision making) (APPENDIX)

We provide the BRAIN acronym in printed form, along with the sequence of cards.

“Every decision requires BRAIN” with the Greek interpretation of BRAIN and related concepts

(different from OKAY, and different from OK, different from consent and different from agreement).

BRAIN tool: helping you make decisions in your maternity care



1.5 Personal Decision-Making Support Guide

We provide the Ottawa Personal Decision-Making Support Guide, which is based on the principles of BRAIN. (Original Greek translation within the framework of the RESPECT program)

We explain the structural components of the guide, its benefits, and how to use the Decision-Making Support Guide, as well as how it serves as a tool for supporting communication with healthcare professionals. (**APPENDICES**)

Ottawa Personal Decision Guide © 2015 O’Connor, Stacey, Jacobsen. Ottawa Hospital Research Institute & University of Ottawa, Canada (**APPENDICES**)

MAIN PART OF THE WORKSHOP

Activity 3: “Birth Plan”

3.1 Birth Plan (APPENDIX)

Sample questions for presenting the birth plan:

What is a birth plan?

At what stage of pregnancy is it recommended to prepare the birth plan?

What can and what should be included in a birth plan to make it complete?

What can it ensure for us?

How can we ensure that its use will be safe?

When is it recommended and when is it not?

3.2. Create Your Own Birth Plan

We encourage them to create their own birth plan, in collaboration with healthcare professionals, adjusting their wishes according to the recommended guidelines.

4. Closing Exercise: Relaxation Breathing

Workshop 4:

“Quality Standards in Respectful Maternity Care”



RESPECT

PURPOSE AND OBJECTIVES

Purpose of Workshop 4:

To be informed about the quality standards and recommendations of the World Health Organization (WHO) for Respectful Maternity Care.

Objectives of Workshop 4:

- To become familiar with the recommended clinical practices based on the quality standards and WHO recommendations for a positive birth experience.
- To reflect on which and how many of their wishes and preferences align with recommended practices and rights, so they are prepared to advocate for them and recognize any deviations.
- To understand the concepts of informed choice and decision-making, as well as informed (conscious, explicit) consent as a fundamental pillar of Respectful Maternity Care.
- To feel confident in expressing their emotions and expectations.

MAIN PART OF THE WORKSHOP

Materials/Equipment:

- Computer
- Projector
- Speakers
- Envelopes with questions/answers

MAIN PART OF THE WORKSHOP

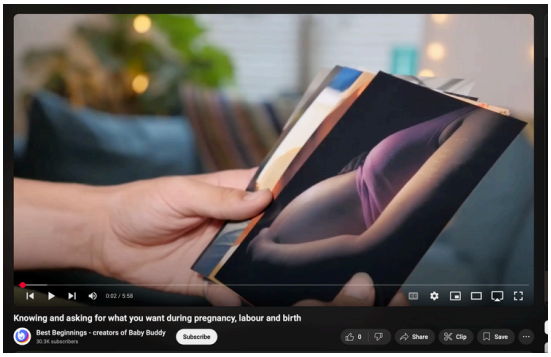
Activity 1: "Familiarization with the Guidelines"

1.1 Recommendations and Quality Standards (QUALITY STANDARDS) - Exercise with the guidelines - in envelopes.

We place selected excerpts from the World Health Organization (WHO) recommendations on perinatal health into envelopes and distribute them to the participants. The recommendations cover pregnancy, newborn care, childbirth, and the postpartum period.

1.2 Video Screening: "Communicating My Wishes During Pregnancy and Childbirth"

[Knowing and asking for what you want during pregnancy, labour and birth]



1.3. We provide the summary tables with WHO recommendations for perinatal care for a positive birth experience [in Greek translation - APPENDICES]

WHO recommendations: intrapartum care for a positive childbirth experience.

Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO. ht

There is also a reference to the WHO Quality Standards for Maternity Care.

Standards for Improving Quality of MAternal-Newborn Care in Health Facilities:

Short break – 5 minutes

Activity 2: "Written and Signed Consent"

2.1 Consent Forms

We explain what a consent form should include.

We present as examples consent forms used in Cyprus and abroad. We identify similarities and differences.

We make sure to refer to the "sample" consent form recommended by the Cyprus Medical Association (PIS) and particularly focus on the sections where it is stated that the doctor/healthcare professional is obligated to provide complete and objective information on alternative options, consequences, and outcomes (BRAIN), as well as the right to withdraw consent – excerpts below:

"The patient has the legal right to complete a consent form prior to examination or treatment. Clear information must be provided to patients in a manner understandable to them regarding the proposed treatment and possible alternatives. Patients must be allowed to decide whether to agree to the treatment and can refuse or withdraw their consent form at any time."

"In cases of consent for medical therapeutic practices, the withdrawal of the patient's consent may result in the discontinuation or change of the therapeutic practice, or even refusal to undergo a specific therapeutic procedure."

2.2 Discussion: Verbal Consent

Sample Questions:

- What is verbal consent?
- When do you believe it should be obtained?

2.3 Video Screening Best Beginnings: “Consent in Maternity Care”



3. Closing Exercise: Relaxation Breathing and Sharing Emotions (one word)

Workshop 5:

Evaluation and Feedback



PURPOSE AND OBJECTIVES

Purpose of Workshop 5

Evaluation and feedback of the workshops.

Evaluation Objectives

- The evaluation of the materials, trainers, and the content of the workshops.
- The evaluation of the participants' perception of the effectiveness of the workshops in relation to how prepared and empowered they feel to experience Respectful Maternity Care (e.g., knowledge of their rights, choice of medical team, discussing their wishes, etc.).
- Feedback on the most and least effective elements of the workshops.

This meeting can be held online, as was done during the pilot implementation of the Program by our team.

MAIN PART OF THE WORKSHOP

1. Online Evaluation Questionnaire:

Respectful Maternity Care

After completing the questionnaire, we conduct an open discussion with the participants about their impressions and anything else they wish to share with us. For the purpose of improving, expanding, and facilitating the program,

Short Break – 5 minutes

3. Activity: "What Do I Take With Me and What Do I Leave Behind?"

We can ask:

a) What did you like about the workshops? What do you take with you after the workshops?

b) What did you not like, and what would you leave behind from the workshops?

**Note: We can use online tools such as Miro.*

In such cases, we provide usage instructions for Miro.

4. Closing Exercise: Exchange of Wishes

EMPOWERMENT AND PREPARATION PROGRAM FOR MOTHERS

APPENDICES

Disclaimer:

Regarding the material from the World Health Organization (WHO):

“The translation was not produced by the World Health Organization (WHO).

WHO is not responsible for the content or accuracy of this translation.

The original English version is the valid and binding version.”

If you need any of the electronic materials or further information, you can contact us at the email address respect@birthforward.com.

Appendices Workshop 1

Consent Form for the Protection of Personal Data

1. Purpose of the Workshops:

The main purpose of the workshops is to empower and inform new mothers about Respectful Maternity Care.

2. Ensuring Confidentiality:

It is assured that confidentiality will be maintained regarding what will be shared during the training. If you feel the need to refer to personal experiences, stories, or mention names of clinics, hospitals, or healthcare professionals, you can be assured that the discussion will be conducted with confidentiality.

3. Protection of Personal Data:

It is assured that personal data protection will be maintained. Any woman who wishes to withdraw from the group can leave without any consequences. Additionally, it is fully understood and accepted if a woman, for any reason, does not wish to participate in a particular activity.

4. Photography/Filming:

Photographs and videos may be taken and/or used in publications, websites, social media, etc., only with your consent.

5. Consent:

I consent and give my permission for photography or filming during the workshops:

[ ] YES
[ ] NO

Full Name: _____
Signature: _____
Date: _____

Τεχνολογικό Πανεπιστήμιο Κύπρου | Σχολή Επιστημών Υγείας

RESPECT

Με τη συγχρηματοδότηση της Ευρωπαϊκής Ένωσης

A Lexicon of Respectful Maternity Care



Ένα Λεξικό της Φροντίδας Μητρότητας με Σεβασμό

#RMCLexicon #Respect

#WordsMatter #BirthsMatter

#EmpoweredWords #EmpoweredBirths

#RespectfulMaterinityCare #RespectfulBirth

Cyprus University of Technology | birth forward | RODA 2021 GODINA RODE | Università di Genova | ΟΣΑΚ | MEDITERRANEAN INSTITUTE OF GENDER STUDIES

SAMPLE QUESTIONS

Pregnancy

- **How many visits is a pregnant woman entitled to with an obstetrician-gynecologist outside of GHS?**

15 visits as part of routine care. If deemed necessary and the pregnant woman requires additional visits, she can submit a request to the organization (GHS) to request more.

- **Do I need a referral for my visit to the obstetrician-gynecologist?**

No, access to the obstetrician-gynecologist is direct, without a referral.

- **"Is it necessary for the doctor I visit at the first appointment to be the same doctor I continue with throughout the pregnancy and later during the childbirth?"**

Very good question! No, you are entitled to change at any time you wish.

- **"How can I prepare for the arrival of my baby during pregnancy?"**
  - You can read books, informational brochures.
  - You can talk to the obstetrician who is monitoring your pregnancy and discuss various issues that concern you. If the obstetrician cannot help you, they will refer you to appropriate sources to find the information that will prepare you.
  - You can visit a midwife of your choice and plan together the preparation classes that interest you.
  - You can register for free on "Baby Buddy," where you will have access to videos and a wealth of information about pregnancy and motherhood.

- **How many visits is a pregnant woman entitled to with a midwife through GHS?**

When a woman is pregnant, she is entitled to 6 visits with a midwife. You can have direct access to a midwife without a referral. The visits can be 6 prenatal, 6 postpartum, or a combination of both. The prenatal visits take place at the midwife's location, while the postpartum visits are done at home, at the mother's location.

SAMPLE QUESTIONS

Pregnancy

What do the prenatal classes with a midwife include, and what do the postpartum classes include?

- Prenatal Classes:
  - Newborn care
  - Breastfeeding
  - Normal childbirth
  - Breathing techniques
  - Pain relief exercises, pelvic exercises
  - Psychological support
  - Anything else the pregnant woman may need
- Postpartum Classes
  - Support for breastfeeding
  - Newborn care (bathing, diaper changing, umbilical cord care, etc.)
  - Psychological support
  - Anything else the postpartum woman may need

Do you know about Baby Buddy?

- It is an online platform aimed at using modern digital media and methods to promote evidence-based practices and enhance the health of pregnant women and children. It is coordinated by the Department of Nursing at the School of Health Sciences, Cyprus University of Technology.
- There, you can access a wealth of reliable information about pregnancy, motherhood, and your baby's early years! Registration is free.

"Does pregnancy only concern the pregnant woman? Is there a way to involve my spouse/partner in the journey of pregnancy and prepare together for the arrival of our baby?"

- Of course, the journey into motherhood is for both of you. You can attend all visits to the obstetrician as well as to the midwife together! This way, you can prepare together. The father can also register on the "Baby Buddy" platform.

SAMPLE QUESTIONS

Childbirth

- **Are there exercises I can do before childbirth?**

Yes, of course! There are exercises that can help prepare you before and during childbirth. Exercise during pregnancy has been proven to assist with labor. Pregnant women who start pelvic exercises before childbirth are more likely to have a natural birth. These exercises are done in preparation classes with the midwife!

- **In which places can a woman give birth in Cyprus?**

1. **Public maternity hospitals**
2. **Private maternity hospitals contracted with GHS**
3. **Private sector (non-contracted)**
4. **In Cyprus, there is also a Natural Birth Center at the Limassol General Hospital.**

- **What are the options regarding the birthing positions a woman can choose in Cyprus?**

The laboring woman can give birth in any position she desires. However, in Cyprus, the most common position is the lithotomy position (the woman lies on the bed with her legs raised and her back against the bed). It would be very helpful to communicate with your obstetrician and midwife about the birthing positions available to you.

- **Can she choose the doctor who will be with her during childbirth?**

Yes, in private sector maternity hospitals and in private maternity hospitals contracted with GHS, but not in public maternity hospitals.

- **Can she choose the midwife who will be with her during childbirth?**

Efforts are being made to allow you to choose the midwife you desire during childbirth, but it is not yet implemented.

SAMPLE QUESTIONS

Childbirth

- **How is pain managed during childbirth? What pain relief options are available to us?**

1. **Pelvic exercises (alternative method)**
2. **Changing positions during childbirth**
3. **Medication (opioid, e.g., pethidine)**
4. **Epidural anesthesia (provided for free through GHS)**

- **Who can be with the laboring woman during childbirth?**

Anyone you wish, mainly your partner/spouse. As a rule, 1 person is allowed. However, there are restrictions in some private and public maternity hospitals where the presence of the partner/spouse is not allowed during a cesarean section.

- **Do I choose the pediatrician, or do the clinics have their own?**

If it is a private maternity hospital, contracted or not with GHS, you have the right to choose the pediatrician who will attend the birth and later monitor the newborn.

- **Are all clinics contracted with GHS?**

No, there are maternity clinics that are not contracted with GHS.

SAMPLE QUESTIONS

Postpartum - Motherhood

- **Where can a postpartum woman get information about breastfeeding?**

1. "Baby Buddy" Platform
2. Informational brochures, books
3. Home visit by a midwife
4. Cyprus National Breastfeeding Helpline: 6262
5. Cyprus Breastfeeding Association "Gift of Life"

- **Is there community midwifery in Cyprus? How can a postpartum woman be supported?**

Yes! It is available nationwide. She can call a midwife of her choice, who will come to her home, assess the newborn, and support any issues the postpartum woman may face during the first few days at home. This includes breastfeeding, newborn care, psychological support, and more.

- **How long is maternity leave in Cyprus?**

1. In the case of having a first child, either through childbirth or a surrogate mother, the employee is entitled to maternity leave of a total duration of 22 consecutive weeks (instead of 18 weeks as was previously applicable).
2. In the case of a second childbirth, the maternity leave period remains at 22 consecutive weeks.
3. In the case of a third and subsequent childbirths, the maternity leave period is 26 consecutive weeks.
4. In the case of premature births, additional maternity leave is provided accordingly.

SAMPLE QUESTIONS

Postpartum - Motherhood

- **Is there also paternity leave?**

Yes, 15 days.

- **When is the first visit to the obstetrician after childbirth?**

Whenever needed after childbirth. Alternatively, 40 days after childbirth, when a gynecological examination and (optionally) a Pap test are performed.

- **Are there specialized mental health services? Whom do I contact if I'm experiencing adjustment difficulties?**

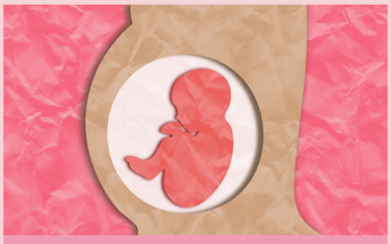
It would be beneficial to first contact your midwife or obstetrician-gynecologist. Immediate assistance can support you with basic issues related to adapting to your new life with your newborn. If the issue persists, they can help you find the appropriate healthcare professional to assist you.

- **Are there community support groups for women? How can I get in touch with other new mothers?**

Connecting with other mothers can help you experience understanding, mutual support, and empowerment. You can find other mothers through chat rooms or even reach out to organizations like Birth Forward (Baby Buddy), the Cyprus Breastfeeding Association, and other groups, which can connect you with other mothers.

Workshop Evaluation

Answer one sentence at a time!



WHAT DID YOU LIKE ABOUT TODAY'S WORKSHOP, AND WHAT DIDN'T YOU LIKE?



HOW DO YOU FEEL UPON COMPLETING THE WORKSHOP?

Mother Empowerment and Education Training

Appendices Workshop 2

Scenario 1: Marilia

“Exactly one year ago today, I gave birth to my little Yiannis. The pregnancy was relatively ‘easy.’ During the detailed ultrasound, the baby was slightly small. My doctor explained everything clearly. He told me that we should monitor the baby more frequently. As childbirth approached, I was given choices. We didn’t proceed immediately with a caesarean, although that could have been an option. The doctor waited for labor to begin naturally because that was my wish. It was the decision I made, fully aware and balancing the benefits and risks of my available options. Fully informed, we decided together, always ensuring safety for both me and the baby.”

Scenario 2: Eleni

“I gave birth, and it was the scariest thing I’ve ever experienced. When I had to push, they pressed on my abdomen—I don’t know what that’s called or if it even has a name! Nobody asked if they could press on my body. Nobody ever explained why it was done.”

Scenario 3: Stefani

“I was alone among doctors, nurses, and midwives. I didn’t even know their names. I’m not even sure whether they were midwives or nurses. My husband was absent—not because he didn’t want to be there, but because he wasn’t ‘allowed.’”

Scenario 4: Pantelia

“I don’t think it’s supportive to be lying there with 3000 lights on you, with 500 people around you, anyone coming and going without permission, lights turned on, everyone entering and exiting without you even knowing who they are or whether they have any business being there. Yet, I wasn’t allowed to have my own person there with me.”

Scenario 5: Ariadni

“The other midwives were talking and going back and forth (I didn’t understand anything, nor did they explain to my partner who was there what was happening or what would follow). At some point, I felt like I was fading away, the activity in the labor room decreased, something was happening outside in the hallway. They told me to get up and go next door, someone mentioned something about ‘kiwi,’ I asked, ‘Can’t it be done here? What are we doing?’ ‘No, find your clothes.’ As I began looking for them, they said, ‘Forget it, we’ll give you a hospital gown.’ I followed them naked, not understanding what was happening, and they quickly put a disposable gown on me.”

Scenario 3: Chrysanthi

“When discussing my wishes for the birth plan with my doctor, I had mentioned that I did not want to use epidural anesthesia. His response was ‘We’ll see at that moment.’ During labor, when I insisted on not having the epidural and the doctor came, he spoke very harshly to me, saying, ‘Stop these things, stop this nonsense,’ or something like that. In the end, because they pressured me so much, while I was crying, I eventually gave up and told them, ‘Do whatever you want,’ as I felt I had no other option.”

Scenario 4: Ariadni

“The birth of my first child was an unforgettable experience. My baby was born at 40+6 weeks, with spontaneous onset of labor (contractions). The contractions started the previous day in the early afternoon, became regular by evening, and shortly before midnight, I went to the clinic for fetal monitoring. We confirmed that I was in labor, and I was given the choice to either stay at the clinic or return home until contractions intensified. I chose the latter and returned early in the morning at about 6 am, experiencing stronger pains and significant dilation. I was immediately admitted to the maternity ward, and within a few hours—at 8:30 am precisely—I was holding my baby in my arms.”

Questions for analysis:

1. How did you feel while reading this scenario?

2. Do you believe there was any violation of rights in the scenario you read? If yes, where did you identify it?

Do you think the mother’s rights were respected and safeguarded? If yes, in what ways?

3. What do you consider to be some fundamental principles that must be upheld to ensure respectful maternity care and childbirth for every woman?

Rights:
Respectful Maternity Care



Right to Dignity and Respect, including the presence of a birth companion

- *Right to dignified treatment during healthcare provision, which is delivered with appropriate respect.*
- *Right to support from family, relatives, and friends.*



Right to be free from harm and mistreatment.

- *Right to relief from pain and suffering, in accordance with available scientific knowledge*
- *Right to information, access, and objection regarding the information contained in medical records*
- *Provision of all necessary information and assistance for the complaint submission process*



Right to timely response and to the highest attainable standard of health care.

- *Right to health care that is appropriate to one's health needs within a reasonable timeframe*
- *Right to uninterrupted continuity of health care*
- *Right to quality health care, characterized by both high technical standards and a humane relationship between the patient and the health care provider*



Right to Information (complete and objective), to Consent and Refusal (regarding interventions and procedures), and to Respect for one's choices and preferences.

- *Right to comprehensive medical information […] in an understandable manner […] including a description of the purpose, intended benefits […] associated risks, and the likelihood of success of various forms of treatment or non-treatment.*



Right to free will, self-determination, and freedom from (any form of) coercion.

- *Consent must be based on comprehensive medical information, provided in a timely and understandable manner, so that the patient can make a free and uninfluenced decision.*
- *The patient also has the right, if they wish, to seek a second medical opinion.*



Right to equal provision of care and freedom from any form of adverse discrimination.

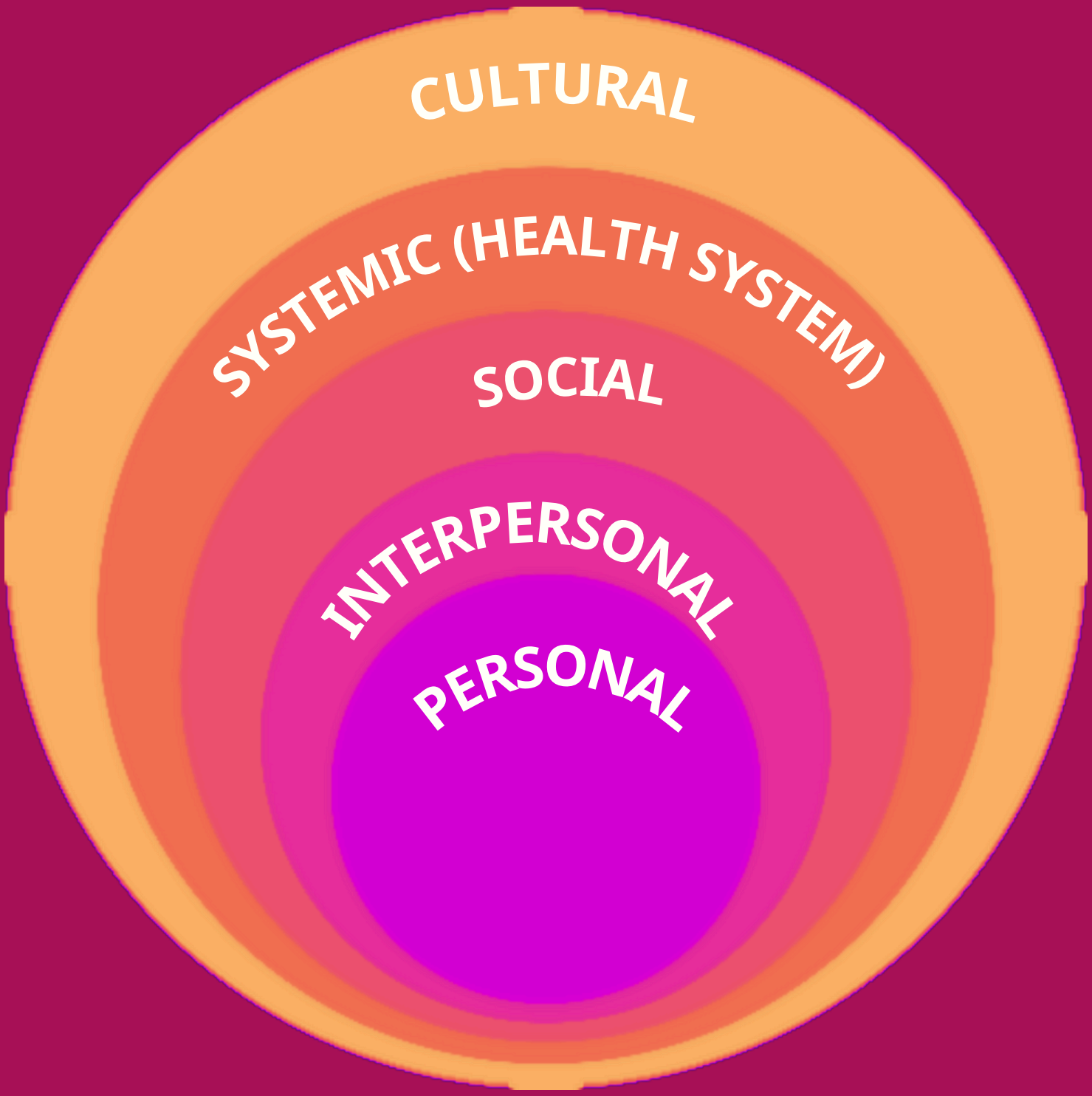
- *Health care is provided to everyone equally, without adverse discrimination […] in a fair manner and based on objective scientific and professional criteria.*



Right to Privacy and Confidentiality

- *A patient admitted to a medical facility is entitled to accommodations or arrangements that ensure the protection of their private life […]*
- *[…] all information […] is kept confidential […] The administration […] makes the appropriate arrangements to ensure that appropriate respect is shown for the patient's personal life, and care is generally provided in the presence of only those individuals necessary for the provision of health care.*

The views and opinions expressed are solely those of the authors and do not necessarily reflect the views of the European Union or the European Commission. The European Union and the European Commission cannot be held responsible for the views expressed.


CULTURAL
SYSTEMIC (HEALTH SYSTEM)
SOCIAL
INTERPERSONAL
PERSONAL

Appendices Workshop 3

BENEFITS
RISKS
ALTERNATIVES
INSTICT
NOTHING
SMILE

RESPECT
Cyprus University of Technology
birth forward
RODA roditelji u akciji
Università di Genova
ΟΣΑΚ
MEDITERRANEAN INSTITUTE OF GENDER STUDIES
Co-funded by the European Union

Compliance [kəmˈplʌɪəns]:

Attitude and behaviour that shows tolerance of something that is about to happen without necessarily implying the acceptance of those directly affected, the action of complying with a wish or command.



Consent [kən'sɛnt]:

The expression of agreement to something that is to be done and has the approval of those directly affected, to allow something to happen.



Name/Surname:
(Labor, Pregnancy)

Maternity Clinic:
Gynecologist:
Pediatrician:

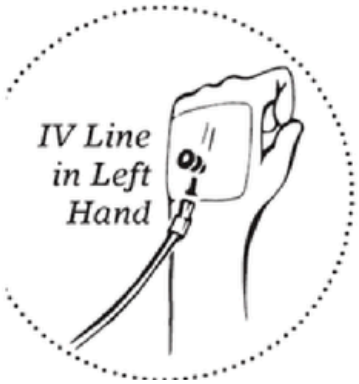
MY BIRTH PLAN

We would like to collaborate with the clinic staff to ensure a safe and as natural a birth as possible. We are presenting our birth plan in order to inform you of our wishes. Our choices were made after careful consideration and in consultation with healthcare professionals. Ensuring the physical and emotional well-being of our child is our top priority. Our goal is to follow through with the plan and, with great joy, to have as positive a birth experience as possible. It is understood that this plan will be followed, provided everything proceeds normally and there is no risk to the baby or myself. In the event that you, as healthcare professionals, deem it necessary for the safety of myself or the newborn to make changes to any part of the plan, we assure you that we agree for this plan to be modified, as long as we are informed beforehand.

Positive Birth Experience







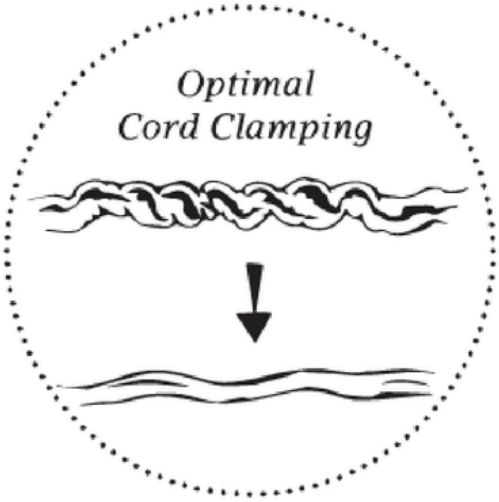


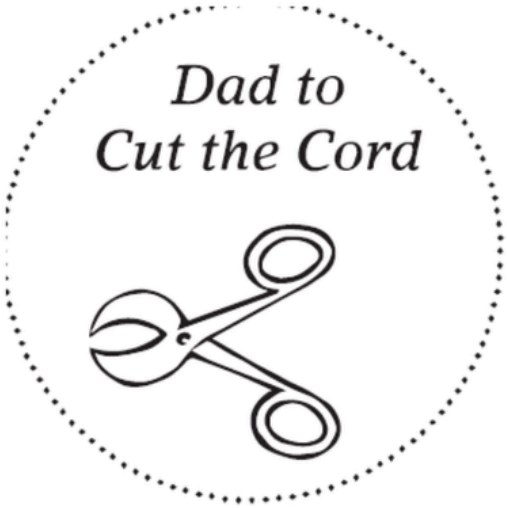

Eating
and
Drinking


Massage


No Medical
Students


Music
to be Played


Optimal
Cord Clamping


Dad to
Cut the Cord


Skin
to
Skin

Rooming In


I Plan
to Breastfeed


Please Don't Wash
or Wipe my Baby
48h


Calm
and Dimly-lit
First Hour


Newborn Care
(in Postpartum)
Admissions, exams, etc. done in room with parent
No formula
No sugar water
No pacifiers

Ottawa Personal Decision Guide

For People Making Health or Social Decisions





❶ Clarify your decision.

What decision do you face?

What are your reasons for making this decision?

When do you need to make a choice?

How far along are you with making a choice?

- ☐ Not thought about it
- ☐ Thinking about it
- ☐ Close to choosing
- ☐ Made a choice

❷ Explore your decision.



Knowledge

List the options and benefits and risks you know.



Values

Rate each benefit and risk using stars (★) to show how much each one matters to you.



Certainty

Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

	Reasons to Choose this Option Benefits / Advantages / Pros	How much it matters to you: 0★ not at all 5★ a great deal	**Reasons to Avoid this Option** Risks / Disadvantages / Cons	How much it matters to you: 0★ not at all 5★ a great deal
Option #1				
Option #2				
Option #3				

Which option do you prefer? ☐ Option #1 ☐ Option #2 ☐ Option #3 ☐ Unsure



Support

Who else is involved?						
Which option do they prefer?						
Is this person pressuring you?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
How can they support you?						

What role do you prefer in making the choice?

- ☐ Share the decision with…
- ☐ Decide myself after hearing views of…
- ☐ Someone else decides…

Ottawa Personal Decision Guide © 2015 O'Connor, Stacey, Jacobsen. Ottawa Hospital Research Institute & University of Ottawa, Canada.

❸ Identify your decision making needs.

Adapted from The SURE Test © 2008 O'Connor & Légaré.

Knowledge	Do you know the benefits and risks of each option?	☐ Yes	☐ No
Values	Are you clear about which benefits and risks matter most to you?	☐ Yes	☐ No
Support	Do you have enough support and advice to make a choice?	☐ Yes	☐ No
Certainty	Do you feel sure about the best choice for you?	☐ Yes	☐ No

If you answer 'no' to any question, you can work through steps two ❷ and four ❹, focusing on your needs.
People who answer "No" to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes.

❹ Plan the next steps based on your needs.

Decision making needs	✓ Things you could try
Knowledge If you feel you do NOT have enough facts	☐ Find out more about the options and the chances of the benefits and risks. ☐ List your questions. ☐ List where to find the answers (e.g. library, health professionals, counsellors):
Values If you are NOT sure which benefits and risks matter most to you	☐ Review the stars in step two ❷ to see what matters most to you. ☐ Find people who know what it is like to experience the benefits and risks. ☐ Talk to others who have made the decision. ☐ Read stories of what mattered most to others. ☐ Discuss with others what matters most to you.
Support If you feel you do NOT have enough support	☐ Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends). ☐ Find help to support your choice (e.g. funds, transport, child care).
If you feel PRESSURE from others to make a specific choice	☐ Focus on the views of others who matter most. ☐ Share your guide with others. ☐ Ask others to fill in this guide. (See where you agree. If you disagree on facts, get more information. If you disagree on what matters most, consider the other person's views. Take turns to listen to what the other person says matters most to them.) ☐ Find a person to help you and others involved.
Certainty If you feel UNSURE about the best choice for you	☐ Work through steps two ❷ and four ❹, focusing on your needs.

Other factors making the decision DIFFICULT

List anything else you could try:

Appendices Workshop 4

ΠΑΓΚΥΠΡΙΟΣ ΙΑΤΡΙΚΟΣ ΣΥΛΛΟΓΟΣ



CYPRUS MEDICAL ASSOCIATION

CONSENT FORM
FOR MEDICAL EXAMINATION, TREATMENT OR SURGERY

Patient's Personal Information:	**Hospital or Clinic:**
Name: ……	……
Surname: ……..	……
Address: ……	
Date of Birth: ……	
Sex: Male ☐ Female ☐	

DOCTOR: (to be filled by the doctor) (See notes on 2nd page).

Kind of surgery, examination or treatment for which written signed proof of consent is needed:

……

I assure that I have explained to the patient the surgery, examination or treatment and the existing alternative procedures & the type of anesthesiology if mentioned (general, local, sedation) the possible complications that might occur, with a way that according to my knowledge is understandable to the patient.

Signature……. (Presence of a witness if needed)
Date…… Signature…….
Doctors Name…… Witness's Name……..

PATIENT:

1. Please read this form and the back notes carefully.
2. If there is anything you do not understand from the explanation or you need more information you will have to ask the doctor.
3. Please make sure if all the information of the form are correct. If yes, and you understood the explanation that was given to you, singed the form.

I am the patient…….

I declare

A. That the doctor has explained to me in detail the kind of the surgery, the risks, the advantages and the alternative solutions of this treatment.

B. That I understand fully the explanations that were given to me regarding the nature, the advantages and the purpose of the surgery, treatment and other procedures, the possible risks, the alternative solutions and the possible complications that might occur.

I agree

A. To what it is proposed, which was explained to me by the doctor stated above.
B. To the usage of anesthetic that was mentioned to me.
C. To the joining of medical students or medical practitioner doctors under supervision. (Delete if not needed). **Yes** ☐ **No** ☐
D. To the blood transfer or other blood substances. **Yes** ☐ **No** ☐

I acknowledge

A. That during the surgery, treatment or other procedures it will be possible that unpredicted event might occur.

B. That no absolute guarantee is given as far as the outcome is concerned.

C. That any additional procedure to the research or treatment that is being described to this form will be held only if its necessary and to the interest of my health and can be justified for medical reasons.

I have mentioned

To my doctor if I suffer from any contagious disease and I have not hide anything as far as my medical background is concerned.

Signature……...

Date……

In case of a minor patient (under 18 years of age) or in case where the patient is not in a position to consent for the reason
of……
……...

……	……..	……...
Witness	Signature of an authorized Person to consent	Relation with the patient

NOTES FOR:

DOCTORS:

- The patient has the legal right to fill in the concern form before the examination or treatment. The patients have to be given clear information with an understandable to them way, as far as the suggested treatment and the possible alternative solutions. The patients must be left to decide if they agree to the treatment and can refuse or withdraw their concern form for treatment whenever. The patients' consent for treatment has to be written on this form.

PATIENTS:

- The doctor is here to help you. He/She will explain to you the suggested treatment and which are the alternative solutions. You may ask any questions you want and you can also ask for more information. You can also refuse the treatment.
- You can ask for the presence of a relative or a friend or a nurse.

- The education of health professionals is needed for the maintenance and progression of the health services and it also improves the quality of treatment. Your treatment can provide an important chance for such education and where it is needed under the supervision of an experienced doctor. You can refuse any involvement with a formal educational program without an impact to your level of care and treatment.

Summary list of recommendations on intrapartum care for a positive childbirth experience

Care option	Recommendation	Category of recommendation
Care throughout labour and birth		
Respectful maternity care	1. Respectful maternity care – which refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth – is recommended.	Recommended
Effective communication	2. Effective communication between maternity care providers and women in labour, using simple and culturally acceptable methods, is recommended.	Recommended
Companionship during labour and childbirth	3. A companion of choice is recommended for all women throughout labour and childbirth.	Recommended
Continuity of care	4. Midwife-led continuity-of-care models, in which a known midwife or small group of known midwives supports a woman throughout the antenatal, intrapartum and postnatal continuum, are recommended for pregnant women in settings with well functioning midwifery programmes.[a]	Context-specific recommendation
First stage of labour		
Definitions of the latent and active first stages of labour	5. The use of the following definitions of the latent and active first stages of labour is recommended for practice. — The latent first stage is a period of time characterized by painful uterine contractions and variable changes of the cervix, including some degree of effacement and slower progression of dilatation up to 5 cm for first and subsequent labours. — The active first stage is a period of time characterized by regular painful uterine contractions, a substantial degree of cervical effacement and more rapid cervical dilatation from 5 cm until full dilatation for first and subsequent labours.	Recommended
Duration of the first stage of labour	6. Women should be informed that a standard duration of the latent first stage has not been established and can vary widely from one woman to another. However, the duration of active first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 12 hours in first labours, and usually does not extend beyond 10 hours in subsequent labours.	Recommended
Progress of the first stage of labour	7. For pregnant women with spontaneous labour onset, the cervical dilatation rate threshold of 1 cm/hour during active first stage (as depicted by the partograph alert line) is inaccurate to identify women at risk of adverse birth outcomes and is therefore not recommended for this purpose.	Not recommended
	8. A minimum cervical dilatation rate of 1 cm/hour throughout active first stage is unrealistically fast for some women and is therefore not recommended for identification of normal labour progression. A slower than 1-cm/hour cervical dilatation rate alone should not be a routine indication for obstetric intervention.	Not recommended
	9. Labour may not naturally accelerate until a cervical dilatation threshold of 5 cm is reached. Therefore the use of medical interventions to accelerate labour and birth (such as oxytocin augmentation or caesarean section) before this threshold is not recommended, provided fetal and maternal conditions are reassuring.	Not recommended

[a] Integrated from *WHO recommendations on antenatal care for a positive pregnancy experience.*

Care option	Recommendation	Category of recommendation
Labour ward admission policy	10. For healthy pregnant women presenting in spontaneous labour, a policy of delaying labour ward admission until active first stage is recommended only in the context of rigorous research.	Research-context recommendation
Clinical pelvimetry on admission	11. Routine clinical pelvimetry on admission in labour is not recommended for healthy pregnant women.	Not recommended
Routine assessment of fetal well-being on labour admission	12. Routine cardiotocography is not recommended for the assessment of fetal well-being on labour admission in healthy pregnant women presenting in spontaneous labour. 13. Auscultation using a Doppler ultrasound device or Pinard fetal stethoscope is recommended for the assessment of fetal well-being on labour admission.	Not recommended Recommended
Perineal/pubic shaving	14. Routine perineal/pubic shaving prior to giving vaginal birth is not recommended.[a]	Not recommended
Enema on admission	15. Administration of enema for reducing the use of labour augmentation is not recommended.[b]	Not recommended
Digital vaginal examination	16. Digital vaginal examination at intervals of four hours is recommended for routine assessment of active first stage of labour in low-risk women.[a]	Recommended
Continuous cardiotocography during labour	17. Continuous cardiotocography is not recommended for assessment of fetal well-being in healthy pregnant women undergoing spontaneous labour.	Not recommended
Intermittent fetal heart rate auscultation during labour	18. Intermittent auscultation of the fetal heart rate with either a Doppler ultrasound device or Pinard fetal stethoscope is recommended for healthy pregnant women in labour.	Recommended
Epidural analgesia for pain relief	19. Epidural analgesia is recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Opioid analgesia for pain relief	20. Parenteral opioids, such as fentanyl, diamorphine and pethidine, are recommended options for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Relaxation techniques for pain management	21. Relaxation techniques, including progressive muscle relaxation, breathing, music, mindfulness and other techniques, are recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Manual techniques for pain management	22. Manual techniques, such as massage or application of warm packs, are recommended for healthy pregnant women requesting pain relief during labour, depending on a woman's preferences.	Recommended
Pain relief for preventing labour delay	23. Pain relief for preventing delay and reducing the use of augmentation in labour is not recommended.[b]	Not recommended
Oral fluid and food	24. For women at low risk, oral fluid and food intake during labour is recommended.[b]	Recommended
Maternal mobility and position	25. Encouraging the adoption of mobility and an upright position during labour in women at low risk is recommended.[b]	Recommended
Vaginal cleansing	26. Routine vaginal cleansing with chlorhexidine during labour for the purpose of preventing infectious morbidities is not recommended.[a]	Not recommended
Active management of labour	27. A package of care for active management of labour for prevention of delay in labour is not recommended.[b]	Not recommended

[a] Integrated from *WHO recommendations for prevention and treatment of maternal peripartum infections.*
[b] Integrated from *WHO recommendations for augmentation of labour.*

Care option	Recommendation	Category of recommendation
Routine amniotomy	28. The use of amniotomy alone for prevention of delay in labour is not recommended.[a]	Not recommended
Early amniotomy and oxytocin	29. The use of early amniotomy with early oxytocin augmentation for prevention of delay in labour is not recommended.[a]	Not recommended
Oxytocin for women with epidural analgesia	30. The use of oxytocin for prevention of delay in labour in women receiving epidural analgesia is not recommended.[a]	Not recommended
Antispasmodic agents	31. The use of antispasmodic agents for prevention of delay in labour is not recommended.[a]	Not recommended
Intravenous fluids for preventing labour delay	32. The use of intravenous fluids with the aim of shortening the duration of labour is not recommended.[a]	Not recommended
Second stage of labour		
Definition and duration of the second stage of labour	33. The use of the following definition and duration of the second stage of labour is recommended for practice. — The second stage is the period of time between full cervical dilatation and birth of the baby, during which the woman has an involuntary urge to bear down, as a result of expulsive uterine contractions. — Women should be informed that the duration of the second stage varies from one woman to another. In first labours, birth is usually completed within 3 hours whereas in subsequent labours, birth is usually completed within 2 hours.	Recommended
Birth position (for women without epidural analgesia)	34. For women without epidural analgesia, encouraging the adoption of a birth position of the individual woman's choice, including upright positions, is recommended.	Recommended
Birth position (for women with epidural analgesia)	35. For women with epidural analgesia, encouraging the adoption of a birth position of the individual woman's choice, including upright positions, is recommended.	Recommended
Method of pushing	36. Women in the expulsive phase of the second stage of labour should be encouraged and supported to follow their own urge to push.	Recommended
Method of pushing (for women with epidural analgesia)	37. For women with epidural analgesia in the second stage of labour, delaying pushing for one to two hours after full dilatation or until the woman regains the sensory urge to bear down is recommended in the context where resources are available for longer stay in second stage and perinatal hypoxia can be adequately assessed and managed.	Context-specific recommendation
Techniques for preventing perineal trauma	38. For women in the second stage of labour, techniques to reduce perineal trauma and facilitate spontaneous birth (including perineal massage, warm compresses and a "hands on" guarding of the perineum) are recommended, based on a woman's preferences and available options.	Recommended
Episiotomy policy	39. Routine or liberal use of episiotomy is not recommended for women undergoing spontaneous vaginal birth.	Not recommended
Fundal pressure	40. Application of manual fundal pressure to facilitate childbirth during the second stage of labour is not recommended.	Not recommended

[a] Integrated from *WHO recommendations for augmentation of labour.*

Care option	Recommendation	Category of recommendation
Third stage of labour		
Prophylactic uterotonics	41. The use of uterotonics for the prevention of postpartum haemorrhage (PPH) during the third stage of labour is recommended for all births.[a]	Recommended
	42. Oxytocin (10 IU, IM/IV) is the recommended uterotonic drug for the prevention of postpartum haemorrhage (PPH).[a]	Recommended
	43. In settings where oxytocin is unavailable, the use of other injectable uterotonics (if appropriate, ergometrine/methylergometrine, or the fixed drug combination of oxytocin and ergometrine) or oral misoprostol (600 µg) is recommended.[a]	Recommended
Delayed umbilical cord clamping	44. Delayed umbilical cord clamping (not earlier than 1 minute after birth) is recommended for improved maternal and infant health and nutrition outcomes.[b]	Recommended
Controlled cord traction (CCT)	45. In settings where skilled birth attendants are available, controlled cord traction (CCT) is recommended for vaginal births if the care provider and the parturient woman regard a small reduction in blood loss and a small reduction in the duration of the third stage of labour as important.[a]	Recommended
Uterine massage	46. Sustained uterine massage is not recommended as an intervention to prevent postpartum haemorrhage (PPH) in women who have received prophylactic oxytocin.[a]	Not recommended
Care of the newborn		
Routine nasal or oral suction	47. In neonates born through clear amniotic fluid who start breathing on their own after birth, suctioning of the mouth and nose should not be performed.[c]	Not recommended
Skin-to-skin contact	48. Newborns without complications should be kept in skin-to-skin contact (SSC) with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding.[d]	Recommended
Breastfeeding	49. All newborns, including low-birth-weight (LBW) babies who are able to breastfeed, should be put to the breast as soon as possible after birth when they are clinically stable, and the mother and baby are ready.[e]	Recommended
Haemorrhagic disease prophylaxis using vitamin K	50. All newborns should be given 1 mg of vitamin K intramuscularly after birth (i.e. after the first hour by which the infant should be in skin-to-skin contact with the mother and breastfeeding should be initiated).[d]	Recommended
Bathing and other immediate postnatal care of the newborn	51. Bathing should be delayed until 24 hours after birth. If this is not possible due to cultural reasons, bathing should be delayed for at least six hours. Appropriate clothing of the baby for ambient temperature is recommended. This means one to two layers of clothes more than adults, and use of hats/caps. The mother and baby should not be separated and should stay in the same room 24 hours a day.[f]	Recommended

[a] Integrated from *WHO recommendations for the prevention and treatment of postpartum haemorrhage.*
[b] Integrated from the *WHO Guideline: delayed cord clamping for improved maternal and infant health and nutrition outcomes.*
[c] Integrated from *WHO Guidelines on basic newborn resuscitation.*
[d] Integrated from *WHO Recommendations for management of common childhood conditions: evidence for technical update of pocket book recommendations.*
[e] Integrated from *WHO recommendations on newborn health.*
[f] Integrated from *WHO recommendations on postnatal care of the mother and newborn.*

Care option	Recommendation	Category of recommendation
Care of the woman after birth		
Uterine tonus assessment	52. Postpartum abdominal uterine tonus assessment for early identification of uterine atony is recommended for all women.[a]	Recommended
Antibiotics for uncomplicated vaginal birth	53. Routine antibiotic prophylaxis is not recommended for women with uncomplicated vaginal birth.[b]	Not recommended
Routine antibiotic prophylaxis for episiotomy	54. Routine antibiotic prophylaxis is not recommended for women with episiotomy.[b]	Not recommended
Routine postpartum maternal assessment	55. All postpartum women should have regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth. Blood pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within six hours. Urine void should be documented within six hours.[c]	Recommended
Postnatal discharge following uncomplicated vaginal birth	56. After an uncomplicated vaginal birth in a health care facility, healthy mothers and newborns should receive care in the facility for at least 24 hours after birth.[c,d]	Recommended

[a] Integrated from *WHO recommendations for the prevention and treatment of postpartum haemorrhage.*
[b] Integrated from *WHO recommendations for prevention and treatment of maternal peripartum infections.*
[c] Integrated from *WHO recommendations on postnatal care of the mother and newborn.*
[d] For the newborn, this includes an immediate assessment at birth, a full clinical examination around one hour after birth and before discharge.

Standards of care and quality statements

Standard 1: Every woman and newborn receives routine, evidence-based care and management of complications during labour, childbirth and the early postnatal period, according to WHO guidelines.	
Quality statements	
1.1a:	Women are assessed routinely on admission and during labour and childbirth and are given timely, appropriate care.
1.1b:	Newborns receive routine care immediately after birth.
1.1c:	Mothers and newborns receive routine postnatal care.
1.2:	Women with pre-eclampsia or eclampsia promptly receive appropriate interventions, according to WHO guidelines.
1.3:	Women with postpartum haemorrhage promptly receive appropriate interventions, according to WHO guidelines.
1.4:	Women with delay in labour or whose labour is obstructed receive appropriate interventions, according to WHO guidelines.
1.5:	Newborns who are not breathing spontaneously receive appropriate stimulation and resuscitation with a bag-and-mask within 1 min of birth, according to WHO guidelines.
1.6a:	Women in preterm labour receive appropriate interventions for both themselves and their babies, according to WHO guidelines.
1.6b:	Preterm and small babies receive appropriate care, according to WHO guidelines.
1.7a:	Women with or at risk for infection during labour, childbirth or the early postnatal period promptly receive appropriate interventions, according to WHO guidelines.
1.7b:	Newborns with suspected infection or risk factors for infection are promptly given antibiotic treatment, according to WHO guidelines.
1.8:	All women and newborns receive care according to standard precautions for preventing hospital-acquired infections.
1.9:	No woman or newborn is subjected to unnecessary or harmful practices during labour, childbirth and the early postnatal period.

Standard 2: The health information system enables use of data to ensure early, appropriate action to improve the care of every woman and newborn.

Quality statements

2.1: Every woman and newborn has a complete, accurate, standardized medical record during labour, childbirth and the early postnatal period.

2.2: Every health facility has a mechanism for data collection, analysis and feedback as part of its activities for monitoring and improving performance around the time of childbirth.

Standard 3: Every woman and newborn with condition(s) that cannot be dealt with effectively with the available resources is appropriately referred.

Quality statements

3.1: Every woman and newborn is appropriately assessed on admission, during labour and in the early postnatal period to determine whether referral is required, and the decision to refer is made without delay.

3.2: For every woman and newborn who requires referral, the referral follows a pre-established plan that can be implemented without delay at any time.

3.3: For every woman and newborn referred within or between health facilities, there is appropriate information exchange and feedback to relevant health care staff.

Standard 4: Communication with women and their families is effective and responds to their needs and preferences.

Quality statements

4.1: All women and their families receive information about the care and have effective interactions with staff.

4.2: All women and their families experience coordinated care, with clear, accurate information exchange between relevant health and social care professionals.

Standard 5: Women and newborns receive care with respect and preservation of their dignity.

Quality statements

5.1: All women and newborns have privacy around the time of labour and childbirth, and their confidentiality is respected

5.2: No woman or newborn is subjected to mistreatment, such as physical, sexual or verbal abuse, discrimination, neglect, detainment, extortion or denial of services.

5.3: All women have informed choices in the services they receive, and the reasons for interventions or outcomes are clearly explained.

Standard 6: Every woman and her family are provided with emotional support that is sensitive to their needs and strengthens the woman's capability.

Quality statements

6.1: Every woman is offered the option to experience labour and childbirth with the companion of her choice.

6.2: Every woman receives support to strengthens her capability during childbirth.

Standard 7: For every woman and newborn, competent, motivated staff are consistently available to provide routine care and manage complications.

Quality statements

7.1: Every woman and child has access at all times to at least one skilled birth attendant and support staff for routine care and management of complications.

7.2: The skilled birth attendants and support staff have appropriate competence and skills mix to meet the requirements of labour, childbirth and the early postnatal period.

7.3: Every health facility has managerial and clinical leadership that is collectively responsible for developing and implementing appropriate policies and fosters an environment that supports facility staff in continuous quality improvement.

Standard 8: The health facility has an appropriate physical environment, with adequate water, sanitation and energy supplies, medicines, supplies and equipment for routine maternal and newborn care and management of complications.

Quality statements

8.1: Water, energy, sanitation, hand hygiene and waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families.

8.2: Areas for labour, childbirth and postnatal care are designed, organized and maintained so that every woman and newborn can be cared for according to their needs in private, to facilitate the continuity of care.

8.3: An adequate stock of medicines, supplies and equipment is available for routine care and management of complications.

Appendices Workshop 5

EVALUATION OF THE EDUCATION EMPOWERMENT PROGRAM WITHIN THE FRAMEWORK OF RESPECTFUL MATERNITY CARE

We kindly ask you to take a few moments to answer the following questions.
Your comments and suggestions will make a valuable contribution to improving our educational workshops and programs.

How did you find out about the program? (multiple choice)

1. What do you believe are the positive aspects of the educational program?

2. Which aspects of the training seminar do you believe need improvement? Please provide your suggestions so we can improve these specific aspects.

(a) Aspects that need improvement

(b) Suggestions for improvement

3. What additional information do you believe you need?

4. Mention 3 important takeaways from the program that you believe will help you during your experience with pregnancy, childbirth, and motherhood.
(1) ……

(2) ……

(3) ……

5. Please evaluate how useful you found each of the training modules/content by giving your answer on a scale from 1 to 5, where:

1 = Completely useless / not practical at all
5 = Very useful / very practical

- Q&A game on pregnancy, childbirth, and motherhood (1st workshop)
- Discussion on what respect/lack of respect means (1st workshop)
- Childbirth stories and scenarios (2nd workshop)
- Socio-ecological model (2nd workshop)
- Rights Bingo (2nd workshop)
- Role-playing exercises (3rd workshop)
- Discussion and analysis of the role-playing games (3rd workshop)
- Birth plan (3rd workshop)
- Quality Standards – folders (4th workshop)
- Open discussions (throughout the program)
- The room/space where the program took place
- The location where the program was held
- The time/frequency of the sessions
- The overall duration of the program
- (please clarify whether you think more or less time is needed, or anything else related to the duration)
- The materials provided
- The snacks/drinks offered

6. Please evaluate each of the following statements regarding various aspects of the training seminar by giving your answer on a scale from 1 to 5, where:

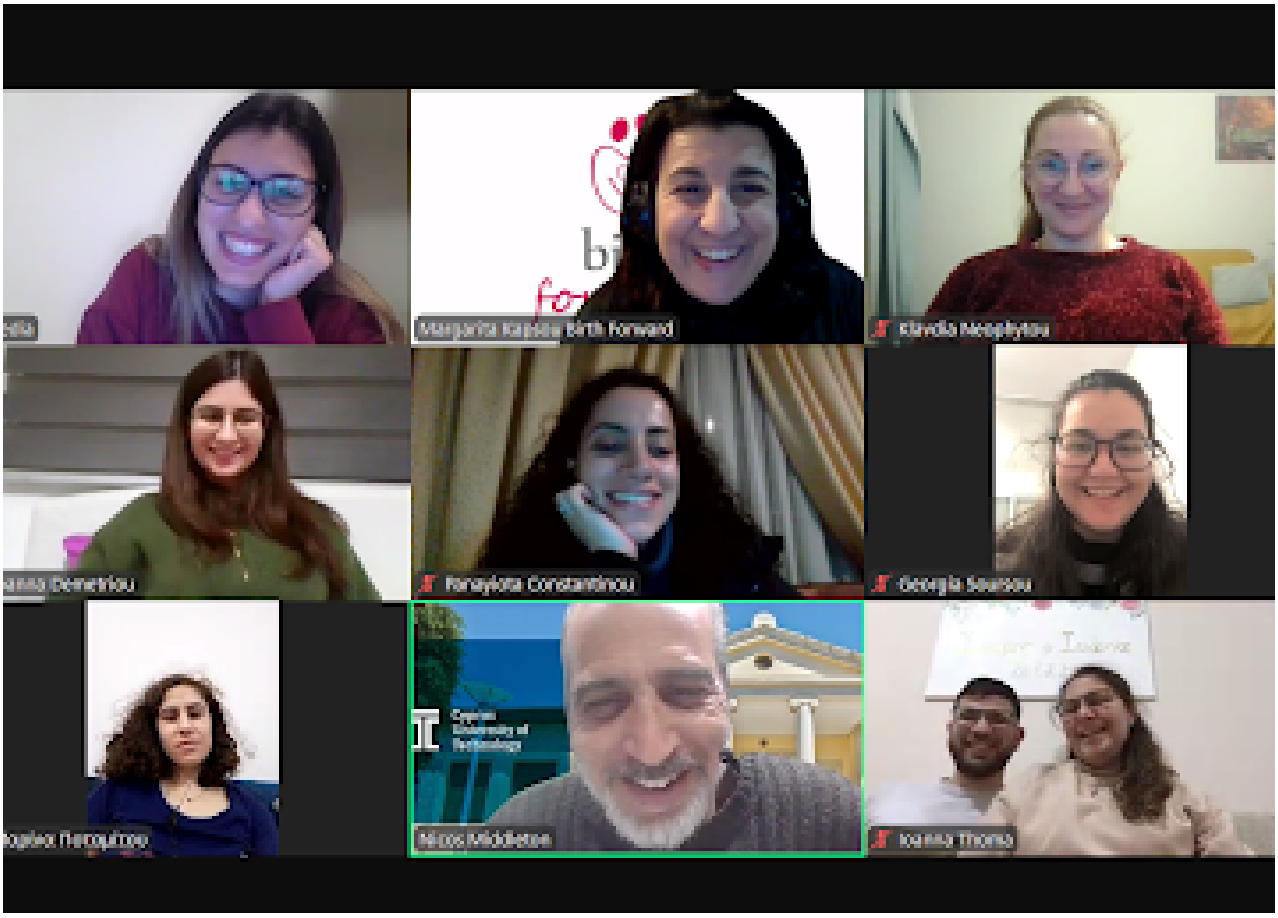
1 = Strongly disagree
5 = Strongly agree

- The content of the training met my informational needs as a new/expectant mother.
- The training maintained my interest throughout its duration.
- The exercises/structure of the program offered sufficient interactivity and variety.
- The trainers had adequate knowledge and expertise on the subject matter.
- I felt comfortable and safe to ask questions and share my concerns with the trainers and the group.
- I will use the information I gained during the training in my own experience.
- I will apply the techniques and skills I acquired during the training in my own experience.
- I actively participated in the learning process.
- As a result of this program, I feel more confident in handling pregnancy, childbirth, and parenting.
- I would recommend the program to other pregnant women/mothers.
- I believe that my participation in this program will help me experience pregnancy, childbirth, and motherhood in a way that aligns more closely with my personal desires.

7. If you have anything to add, please write it below.

We sincerely thank you for your participation.


RESPECT


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Klavdia Neophytou
Panayiota Constantinou
Georgia Saatsou
Nikos Middleton

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