

Background & National Situation Report



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**Με τη συγχρηματοδότηση
της Ευρωπαϊκής Ένωσης**

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Background & National Situation Report

Abstract:

This report examines the state of perinatal and maternity care in Cyprus, highlighting needs that we try to address through the RespectWATCH project. These needs are identified through a review of and watchdog reports, stakeholder feedback, and collected stories. The report first sets the framework on Respectful Maternity Care from both a legal-patient's rights and healthcare perspective. It then describes significant disparities in care quality across healthcare provider categories, issues related to uneven resource allocation, and the lack of standardized data collection methods. The findings underscore the urgent need for systemic reform and targeted advocacy to enhance maternal and infant health outcomes. The recommendations provided aim to guide efforts in establishing a more equitable and effective perinatal care system, ensuring that all mothers and children receive the quality of care they deserve.

Background

Respectful and compassionate perinatal and maternity care form the foundation of a robust maternity healthcare system, directly impacting maternal and infant health outcomes. While advances in medical interventions have made strides in improving accessibility and treatment options, gaps persist in the delivery of truly respectful, human-rights-centered care that acknowledges and prioritizes individual autonomy and shared decision-making¹.

RespectWatch is a project dedicated to advocating for these essential values in maternity care. By promoting a model that is respectful, dignified, and responsive to the preferences and needs of each individual, we align our approach with globally established principles of Respectful Maternity Care (RMC). Organizations such as the World Health Organisation (WHO), White Ribbon Alliance, and the International Confederation of Midwives (ICM) underscore the importance of ensuring that maternity care services uphold human rights and honour bodily autonomy, grounded in principles of informed consent². This project seeks to bridge these gaps in Cyprus, establishing watchdog mechanisms that not only protect these principles but also foster a culture of respect within maternity care practices across the region.

For example, variations in healthcare delivery can result in differences in the standard of care that mothers receive, ranging from prenatal consultations to labour and delivery practices. Accessibility issues may mean that some women face barriers to receiving timely and adequate care, whether due to geographic, economic, or systemic constraints. Additionally, inconsistencies in the quality of care can lead to variable health outcomes, contributing to preventable complications and adverse events.

These disparities underscore the urgent need for targeted advocacy and systemic reform to address the existing gaps. Focused advocacy is necessary to ensure that all women receive equitable and high-quality care, regardless of their circumstances. This includes promoting policies and practices that standardize care, improve accessibility, and enhance the overall quality of perinatal services.

¹ Graham WJ, Cairns J, Bhattacharya S, et al. Maternal and Perinatal Conditions. In: Jamison DT, Breman JG, Measham AR, et al., editors. *Disease Control Priorities in Developing Countries*. 2nd edition. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2006. Chapter 26

² International Confederation of Midwives (2020) *RESPECT workshops: a toolkit*, The Hague: ICM

Addressing these issues requires a multidisciplinary approach that involves engaging healthcare professionals, policymakers, and community stakeholders. By implementing strategies that focus on closing these gaps, healthcare systems can better meet the needs of mothers and infants, ultimately leading to improved health outcomes and a more equitable healthcare landscape.

The project team has chosen to undertake an analysis of advocacy campaigns on tackling obstetric violence, promoting RMC and human rights in maternity care/childbirth from the 21st century to address the need for systematic monitoring and watchdog procedures for maternity care violations. This investigation involves examining a range of effective advocacy efforts that have been implemented globally over recent decades. The aim is to understand the strategies, methodologies, and outcomes that have proven successful in similar contexts.

This review will encompass various dimensions of advocacy, including grassroots mobilisation, policy influence, public awareness campaigns, and stakeholder engagement. By evaluating these successful campaigns, the team intends to identify key factors and best practices that can be adapted and applied to the current situation in Cyprus.

By leveraging the lessons learned from these global advocacy efforts, the project aims to foster a more informed and strategic approach to addressing gaps in perinatal and maternity care, ultimately leading to better understanding the norms of RMC/OBV/HRV.

In addition to documenting campaigns on RMC/OBV/HRV in childbirth, the project will also assess the impact of these international advocacy efforts, such as changes in policy and shifts in public perception. This thorough analysis will ensure that the recommendations are grounded in evidence and tailored to address the specific challenges faced in the Cypriot context, by ensuring the Watchdog Mechanisms are established upon the grounds of RMC.

Respectful Maternity Care (RMC) is a framework for safeguarding human rights in childbirth, centered around the dignity, autonomy, and agency of the mother. It emphasises a person-centered approach that upholds shared decision-making between healthcare providers and service users, ensuring respect for bodily autonomy and individual preferences. RMC encompasses care that is free from mistreatment, coercion, and neglect, and aligns with internationally recognized human rights standards.

Human Rights Violations in Childbirth involve a range of mistreatments, including physical abuse, non-consensual medical procedures, lack of confidentiality, neglect, and discriminatory practices. These violations are often referred to as **Obstetric Violence (OBV)** when they occur within the context of maternity care. OBV can manifest as unnecessary medical interventions, lack of informed consent, verbal abuse, and denial of pain relief, among other forms of mistreatment³.

WHO's Respectful Maternity Care (RMC) Guidelines: The World Health Organisation's RMC guidelines provide a comprehensive global framework aimed at eradicating mistreatment during childbirth. These guidelines advocate for care practices that prioritize the dignity, autonomy, and respect of the birthing individual, ensuring their rights are upheld at all stages of maternity care. By

³ Stanton ME, Gogoi A Dignity and respect in maternity care BMJ Global Health 2022;5:e009023.

incorporating these principles into healthcare systems, the WHO seeks to foster environments that respect human rights and provide equitable, respectful care for all⁴.

White Ribbon Alliance's Respectful Maternity Care Charter: The White Ribbon Alliance's charter establishes the universal rights of childbearing women, emphasising key principles such as the right to privacy, confidentiality, and freedom from harm. This document serves as a vital reference for ensuring that healthcare practices during childbirth uphold the basic human rights of women, recognizing their inherent dignity and autonomy. It advocates for care that is free from violence, discrimination, and coercion, setting the standard for respectful maternity practices globally⁵.

International Confederation of Midwives (ICM): The ICM, as the leading body for midwives worldwide, promotes a model of care that is holistic, respectful, and centered around the individual needs of the mother and child. Through its guidelines and professional standards, the ICM encourages midwifery practices that prioritize the well-being, autonomy, and informed decision-making of women, fostering a care environment that is both compassionate and scientifically sound.

European Charter of Patients' Rights: The European Charter of Patients' Rights outlines the fundamental rights of patients within healthcare systems across Europe. These include the right to receive accurate information, provide informed consent, and actively participate in healthcare decisions. In the context of maternity care, these rights ensure that women are empowered to make informed choices about their care and that their preferences and autonomy are respected throughout the birthing process⁶.

CEDAW Article 12: Under Article 12 of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), states are obligated to eliminate discrimination in healthcare, with a particular emphasis on reproductive health services. This article asserts the right of women to access high-quality maternity care without facing bias or unequal treatment, ensuring that healthcare systems provide equitable and respectful care to all women, particularly during pregnancy and childbirth⁷.

Istanbul Convention: The Istanbul Convention, a landmark treaty focused on combating violence against women, extends its protections to include violence and mistreatment within healthcare settings, including maternity care. It emphasizes the need for systemic reforms to protect women from abuse, neglect, and mistreatment during childbirth, ensuring that healthcare providers respect the rights and dignity of all birthing individuals⁸.

At the European level, in addition to the basic articles of the European Convention on Human Rights, which mirror most articles of the Constitution, Article 35 of the Charter of Fundamental Rights of the European Union⁹, which explicitly states that "*Everyone has the right to access to prevention, health care and medical treatment, in accordance with the conditions laid down in national laws and*

⁴ WHO recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. 3., Evidence and recommendations. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK513805/>

⁵ <https://whiteribbonalliance.org/resources/rmc-charter/>

⁶ https://ec.europa.eu/health/ph_overview/co_operation/mobility/docs/health_services_co108_en.pdf

⁷ Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979

⁸ The Council of Europe Convention on preventing and combating violence against women and domestic violence, 1st of August 2014

⁹ Council of Europe, *European Convention on Human Rights, as amended by Protocols Nos. 11, 14 and 15*, ETS No. 005, 4 November 1950

practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities."

On the basis of this article, the Patients' Charter of Rights¹⁰ was created, which includes essential references to rights such as "*Right to preventive measures, right of access, right to information, right to consent, right to free choice, right to privacy and confidentiality, Right to respect for patients' time, Right to respect for quality standards, Right to safety, Right to safety, Right to innovation, Right to avoid unnecessary suffering and pain, Right to personalised treatment, Right to complaint, Right to compensation, Right to active citizenship.*"

Reports from various countries highlight that obstetric violence (OBV) and mistreatment during childbirth are widespread issues, demanding urgent attention. Recent findings, including those discussed by the European Parliament Intergroup in 2024, underscore the scale and consistency of these violations across Europe¹¹.

For instance, reports from Croatia, Italy, and other European nations reveal recurring patterns of non-consensual procedures, neglect of bodily autonomy, and over-medicalisation. A study published by the **Euro-Peristat initiative** found high rates of unnecessary procedures, such as caesarean sections and episiotomies, particularly in countries like Romania and Portugal, despite WHO recommendations discouraging routine use of these interventions without medical necessity. This over-medicalization is identified as a form of OBV that undermines patient rights and informed consent¹².

Moreover, the **SAAGE report** (Scientific Analysis and Advice on Gender Equality in the EU) highlights that between 21% and 81% of women surveyed in various EU countries reported experiencing mistreatment during childbirth. These violations often include non-consensual care, verbal and physical abuse, and lack of proper communication. The report also emphasizes that OBV disproportionately affects vulnerable groups, including women of certain ethnicities, socioeconomic statuses, and ages¹³.

In a recent study by Hadjigeorgiou et al.,¹⁴ out of 360 mothers surveyed in **Cyprus**, 24.2% reported a "bad experience," 11.1% a "good experience," 13.9% a "very good experience," and 13.3% a "very bad experience." The top three factors positively influencing their overall experience were the

¹⁰ Charter of Patients' Rights was drawn up and adopted in November 2002 by the Active Citizenship Network. Although the Charter does not qualify as an official document of the European Union, several documents of the EU and decisions of the Court refer to it.

¹¹ RODLER, Angelika & BRUNELLO, Silvia & GAY-BERTHOMIEU, Magali & SIOULA-GEORGOULEA, Ismini & RYDAHL, Eva & Viilukas, Hāli & KUURNE, Kaisa & HARTMANN, Katharina & VAJAI, Dora & SMILES, Beth & PUTNINA, Aivita & Jakštienė, Ramunė & VIGLIOLA, Agustina & Waal, Rodante & Baranowska, Barbara & Costa, Raquel & BORZA, Ioana & SLOVSA, Spela & Mena-Tudela, Desirée & Linden, Karolina. (2024). Obstetric and gynaecological violence in the EU - Prevalence, legal frameworks and educational guidelines for prevention and elimination. 10.2861/32832.

¹² Patrizia Quattrocchi, *Obstetric violence in the European Union: Situational analysis and policy recommendations*, 2024 and <https://www.fondazionebrodolini.it/en/news-and-events/obstetric-violence-european-union-new-saage-report>

¹³ *Ibid.*

¹⁴ E Hadjigeorgiou et al., *Exploring mothers' experiences of perinatal care in Cyprus: Babies Born Better survey*, BMC Pregnancy Childbirth. 2023; 23: 487; E Hadjigeorgiou et al., *Healthy mothers- Happy children. Prenatal Assessment for Psychosocial factors in public hospitals of Cyprus Republic*. Minerva Psychiatrica. 2020;61(4):113-25

“Relationship with health care professionals” (33.6%), “Birth environment and care” (11.4%), and “Breastfeeding guidance” (10.8%).

Introduction

The primary objective of this report is to advocate to competent authorities and stakeholders for addressing human rights violations and gaps in perinatal and maternity care in Cyprus, especially pertaining to Respectful Maternity Care (RMC). To achieve this, this report aims to put forth recommendations to establish tools, systems, and procedures for systematically recording, coding, analysing, and identifying patterns and gaps in perinatal care. Through desk and background research, the report will collect examples of effective advocacy, analyse collected stories, and conduct a national stakeholder mapping exercise.

This preparatory work will inform the experts and general public and lay the groundwork for the formation of the **RespectWATCH Advocacy & Watchdog Working Group**, including the establishment of its Terms of Reference and procedures for the RespectWATCH project. The ultimate goal is to compile a report that highlights successful advocacy models but also provides actionable recommendations for enhancing perinatal and maternity care in Cyprus. This report will serve as a resource for stakeholders and authorities, offering insights into effective advocacy techniques and strategies that can drive meaningful improvements in care quality and accessibility.

The basis of the Cyprus General Health System (Gesy) was passed as a legislation in 2001¹⁵, yet the three governmental bills and regulations¹⁶ introducing the system, were only agreed by parliamentary voting on the 16th of June 2017¹⁷ after prolonged negotiations led by the Minister of Health. The first phase was implemented in June 2019¹⁸. The system was established as part of a requirement in the bail-out agreement with the International Monetary Fund, the EU Commission and the European Central Bank, also known as Troika. It became operational on the 1st of July 2020¹⁹.

The implementation of the General Healthcare System (Gesy), as outlined in the Memorandum of Understanding with the Troika²⁰, was designed to improve healthcare delivery. Key objectives include promoting competition across all levels, ensuring universal access, fostering social solidarity, and achieving equitable cost-sharing. These elements are critical to establishing a national health system

¹⁵ *The General Healthcare System Law of 2001 (N. 89(I)/2001)*

¹⁶ *The General Healthcare System (Amending) Law of 2002 (N.134 (I)/2002); The General Healthcare System (Amending) Law of 2004 (N.101 (I)/2004); The General Healthcare System (Amending) Law of 2005 (N.62 (I)/2005); General Healthcare System (Collection, Payment and Withholding of Contributions Procedures) Regulations of 2019,*

General Healthcare System (Copayment, Maximum Copayment, Contribution I and II) Regulations of 2019

¹⁷ *The General Health Care System (Amendment) Law of 2017 (N. 74(I)/2017)*

¹⁸ https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=en_US&lookuphost=/en-us/&lookuppage=hioclinicalguidelinesproviders

¹⁹ Panagiotis Petrou, *The 2019 introduction of the new National Healthcare System in Cyprus*, Health Policy: Volume 125, Issue 3, March 2021, Pages 284-289

²⁰ https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=en_US&lookuphost=/en-us/&lookuppage=hioclinicalguidelinesproviders

that is fair, effective, and financially sustainable²¹. Although the 2020 reforms had the potential to strengthen the autonomy of midwives in Cyprus, they have, in practice, perpetuated—and in some cases worsened—existing systemic distortions. These limitations have constrained the full utilisation of midwifery care. Furthermore, the system's apparent undervaluation of critical aspects of midwifery services has contributed to a diminished recognition and acceptance of the midwifery model of care by the broader public²².

The protection of patients' rights derives from international and European conventions and other legal instruments, in particular, from the international conventions ratified by the Republic of Cyprus, such as the Declaration on the Promotion of Patients' Rights in Europe²³, the World Health Organisation, the European Charter of Patients' Rights and the Charter of Fundamental Rights of the European Union, which was incorporated into the Constitutional Treaty signed on 29 October 2004.

Any person, including patients, who are within the Republic of Cyprus, has certain basic and fundamental rights, which derive from the Constitution of the Republic of Cyprus and from the European Conventions and Regulations mentioned above.

The substantive rights, which a patient in the Republic must claim under the Constitution, are as follows:

The right to life and physical integrity (Article 7),
the right not to be subjected to torture, inhuman or degrading punishment or treatment (Article 8),
the right to liberty and security of person (Article 11),
the right to freedom of movement within the territory of the Republic (Article 13),
the right to equality, everyone is equal before the law, the administration and the judiciary and is entitled to equal protection and treatment (Article 28).

Although the Cypriot legal framework provides effective protection for patients, the conditions in public hospitals have received strong criticism about gaps in patient's rights implementation. Citizens' complaints often refer to serious violations of their rights, which often reach the public eye. The underlying problem is that patients, due mainly to not informing general public which ends up in ignorance, do not know and do not claim their rights. In order to improve the situation, patients need to know and claim their rights. The right to life, the right to physical and mental integrity and safety, the right to respect for privacy and dignity in the provision of health services and the right to health protection through appropriate disease prevention and health care measures are basic human rights²⁴ whose violations should be taken seriously and addressed systematically.

The above-mentioned constitutional aspects of the Cypriot legal framework are further affirmed in the private Hospitals (Establishment and Operation Assessment) Law of 2001 and the Law on the

²¹ https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=en_US&lookuphost=/en-us/&lookuppage=hioghsprinciples

²² Nicos Middleton, Eleni Hadjigeorgiou, Ourania Kolokotroni, Veronika Christodoulides, Ioanna Koliandri, Christiana Nicolaou, Maria Papadopoulou, Christiana Kouta, Maria Karanikola, Alison Baum & the Baby Buddy Forward team, 'Identifying barriers to the educational role of midwives in Cyprus and defining determinants in behaviour terms using the Behaviour Change Wheel: a mixed-method formative study', 2022

²³ Declaration on the Promotion of Patients' Rights in Europe 2002

²⁴ Universal Declaration of Human Rights, 1948

Protection of Patients (1) (I)/2005 (hereinafter "the Law") guarantees the rights of patients. Article 4 of the Act enshrines the right to health care and the right to be treated with dignity in health care which must be provided with due respect for the cultural and moral values of the patient. Under Article 10, a patient admitted to a medical institution has the right to be informed in detail and in writing about the state and development of his or her health. Disclosure of information to the patient is limited only in exceptional cases, i.e. where the information is likely to cause serious harm to the patient's mental and physical health.

The Patients' Rights Officer²⁵ is an important institution established under Article 22. They are responsible for providing advice and assistance for the purpose of safeguarding patients' rights, for receiving and handling complaints from patients requiring immediate attention and for informing the medical, paramedical, nursing and administrative staff of the institution on all matters relating to the provisions of the Act.

Article 23 of the Act gives jurisdiction to the Complaint Review Committee to investigate and resolve problems which have not been satisfied by the decision of the Rights Officer. Patients who have a complaint, concern or query have the right to these to refer to the services so that they may receive prompt assistance and service.

In addition to the aforementioned rights which are protected by law, our case law has long recognised the duty of care owed by doctors and, by extension, hospitals to their patients. In *Angelis v Vorka* (2007), AAD 761 Eliades, D., with reference to Article 51 (1) of the Civil Offences Act, Cap. 148, as amended, states, inter alia, that "a medical practitioner shall, in providing medical care to a patient, exercise such skill or care as would be expected of a prudent person qualified to practice medicine." A breach of this duty by a physician, if it causes injury to the patient, gives a justiciable right against the physician and the nursing homes for damages. The above-mentioned key case also justifies that a doctor can be held liable for negligence even if medical professionals claimed that they would have acted in a similar way. Additionally, there should be a knowledge of the legal obligations and rights of a doctor as they arise from the Registration of Doctors Law Chap. 250, the Doctors (Associations, Discipline and Pension Fund) Act 1967 (16/1967) - Code of Medical Ethics. It is also important to highlight that medical negligence claims have increased during the last decade in Cyprus and the Courts have awarded significant amounts as remedies in medical negligence cases.

Organised efforts and discourse around **obstetric violence, human rights violations in childbirth, and Respectful Maternity Care (RMC)** have been intensifying worldwide. Legal recognitions are mirrored in these efforts build on movements that initially gained momentum in **Southern regions**, such as **Latin America** and **Africa**, where the concept of obstetric violence was first legally recognised and addressed. In 2004, Argentina took a pioneering step by enacting the *Law on Humanized Childbirth*²⁶ and later in 2009 by formally recognising obstetric violence through *Law*

²⁵ <https://www.gov.cy/moh/en/patients-rights-commission/>

²⁶ <https://iecs.org.ar/en/parto-humanizado/> accessed on the 17th of October, 2024

26.485²⁷, which defined and legislated against inhumane treatment during childbirth²⁸. Venezuela followed, becoming the first country to legislate against obstetric violence in 2007²⁹. In South Africa, activists and healthcare professionals have championed the humanization of childbirth, advocating for more respectful and compassionate care, though legal frameworks are still evolving³⁰.

In North America, the discourse around maternal rights and respectful care has grown, particularly concerning racial disparities in maternity outcomes. Patient advocacy groups and civil rights organisations have highlighted the need for humane treatment in childbirth, with specific emphasis on addressing systemic inequalities that disproportionately affect women of colour³¹.

Countries like **Argentina** and **Venezuela** were pioneers in defining and legislating against obstetric violence, while in **South Africa**, activists and healthcare professionals began advocating for the humanisation of childbirth. In **North America**, discussions around maternal rights and respectful care also grew, with increased attention to racial disparities in maternity outcomes and the rise of patient advocacy groups calling for more humane treatment in childbirth. Obstetric violence is increasingly recognised in various legal frameworks as a form of gender-based violence; however, these laws primarily address the conduct of individual providers rather than addressing the broader institutional or systemic issues at play³².

An important achievement in this area is the increasing international recognition of obstetric violence as a specific form of gender-based violence affecting women³³, trans, and non-binary individuals³⁴.

More recently, the focus has shifted to **Europe**, where there have been notable developments in recognising and addressing these issues. The Committee on the Elimination of Discrimination against Women has recently urged Spain to implement comprehensive legal and policy reforms aimed at addressing obstetric violence. The recommendations emphasise the need for Spain to establish robust protections and systemic measures to prevent, address, and rectify instances of

²⁷ Caitlin R Williams, Celeste Jerez, Karen Klein, Malena Correa, José M Belizán, Gabriela Cormick, *Obstetric violence: A Latin American legal response to mistreatment during childbirth*, accessed online: https://ri.conicet.gov.ar/bitstream/handle/11336/96449/CONICET_Digital_Nro.4a5022d7-0299-46a3-9568-a6dc64191b74_A.pdf?sequence=2&isAllowed=y#:~:text=7%2C%2011%20National%20Law%2025%2C929,n ewborns%2C%20birth%20companions%20and%20families.

²⁸ Daisy Kaother Jeanrenaud, *Obstetric Violence In International Human Rights Law*, 2022 and : Patrizia Quattrocchi (2019): *Obstetric Violence Observatory: Contributions of Argentina to the International Debate*, Medical Anthropology

²⁹ Daisy Kaother Jeanrenaud, *Obstetric Violence In International Human Rights Law*, 2022

³⁰ *Ibid.*

³¹ *Ibid.*

³² Dixon (n 92) 269. In fact, Farías Rodríguez and Magnone Alemán highlight that, in Uruguay, all references to the structural dimensions of obstetric violence were cut from the legal definition of obstetric violence during the legislative drafting process, leaving behind references to issues on an interpersonal level. See Carolina Farías Rodríguez and Natalia Magnone Alemán, 'Violencia Obstétrica En Uruguay. Desafíos Para La Protección de Los Derechos Reproductivos de Las Mujeres' (2022) 7 Musas 62, 76.

³³ *SFM v Spain* (n 6); *NAE v Spain* (n 6); *Brítez Arce v Argentina* (n 6).

³⁴ Tlaleng Mofokeng, 'Report by the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health—Racism and the Right to Health' (United Nations 2022) A/77/197.

mistreatment and discrimination against women in maternity care settings³⁵. This underscores that obstetric violence is encompassed by the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), imposing a human rights obligation on ratifying governments to address this form of violence. The United Nations Special Rapporteur on violence against women and girls, in her thematic report on mistreatment and abuse in childbirth, adopts a similar perspective³⁶.

Several **EU reports** have highlighted the need for better enforcement of women's rights in childbirth. For instance, the **European Parliament** has discussed maternal health disparities and called for policies that ensure Respectful Maternity Care across member states. The Special Rapporteur further advises that states undertake investigations into reported cases of obstetric violence and leverage the findings to amend laws, policies, and national action plans. She also emphasizes the importance of raising awareness among legal professionals, judiciary members, and the general public to promote effective use of available remedies. Similarly, the Council of Europe's Parliamentary Assembly has urged states to establish distinct and accessible channels for reporting and lodging complaints related to gynecological and obstetric violence, both within hospital settings and externally, including mechanisms involving ombudspersons³⁷. Additionally, grassroots movements and advocacy organisations have been working to raise awareness and push for systemic changes in maternity care throughout Europe, including Cyprus.

Mothers are increasingly advocating for maternity care that upholds their dignity and autonomy. They seek healthcare professionals who provide evidence-based information and engage in shared decision-making³⁸. These mothers expect their childbirth rights to be safeguarded and call for improved support from healthcare providers, emphasizing the need for humanized and respectful care. The existing gaps in perinatal care indicate that substantial improvements are needed to align services with mothers' needs and preferences. Addressing these gaps is crucial to ensuring that maternity care is both respectful and responsive to the expectations of those it serves.³⁹

³⁵ *SFM v Spain* (n 6); *NAE v Spain* (n 6).

³⁶ Dubravka (n 6) para iv.

³⁷ Council of Europe Parliamentary Assembly, '*Obstetrical and Gynaecological Violence*' (Council of Europe Parliamentary Assembly 2019) Resolution 2306, para 8.10.

³⁸ Deherder E, Delbaere I, Macedo A, Nieuwenhuijze MJ, Van Laere S, Beeckman K. Women's view on shared decision making and autonomy in childbirth: cohort study of Belgian women. *BMC Pregnancy Childbirth*. 2022 Jul 8;22(1):551.

³⁹ E Hadjigeorgiou et al., *Exploring mothers' experiences of perinatal care in Cyprus: Babies Born Better survey*, *BMC Pregnancy Childbirth*. 2023; 23: 487

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

1
ARTICLE I
**EVERY WOMAN HAS THE RIGHT TO
BE FREE FROM
HARM AND ILL
TREATMENT**
NO ONE CAN PHYSICALLY
ABUSE YOU

2
ARTICLE II
**EVERY WOMAN HAS THE RIGHT TO
INFORMATION, INFORMED
CONSENT AND REFUSAL,
AND RESPECT FOR HER
CHOICES AND
PREFERENCES, INCLUDING
COMPANIONSHIP
DURING MATERNITY CARE**
NO ONE CAN FORCE YOU OR DO
THINGS TO YOU WITHOUT YOUR
KNOWLEDGE AND CONSENT

3
ARTICLE III
**EVERY WOMAN HAS THE RIGHT TO
PRIVACY AND
CONFIDENTIALITY**
NO ONE CAN EXPOSE YOU OR
YOUR PERSONAL INFORMATION

4
ARTICLE IV
**EVERY WOMAN HAS THE RIGHT TO
BE TREATED WITH
DIGNITY AND
RESPECT**
NO ONE CAN HUMILIATE
OR VERBALLY ABUSE YOU

All rights are grounded in established international human rights instruments, including the Universal Declaration of Human Rights; the Universal Declaration on Bioethics and Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; the Declaration of the Elimination of Violence Against Women; the Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights; and the United Nations Fourth World Conference on Women, Beijing. National instruments are also referenced if they make specific mention of childbearing women.

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

**RESPECTFUL
MATERNITY CARE:
THE UNIVERSAL
RIGHTS OF
CHILDBEARING
WOMEN**



5
ARTICLE V
**EVERY WOMAN HAS THE RIGHT TO
EQUALITY,
FREEDOM
FROM DISCRIMINATION,
AND EQUITABLE CARE**
NO ONE CAN DISCRIMINATE
BECAUSE OF SOMETHING THEY
DO NOT LIKE ABOUT YOU

6
ARTICLE VI
**EVERY WOMAN HAS THE RIGHT TO
HEALTHCARE
AND TO THE HIGHEST
ATTAINABLE LEVEL
OF HEALTH**
NO ONE CAN PREVENT
YOU FROM GETTING THE
MATERNITY CARE YOU NEED

7
ARTICLE VII
**EVERY WOMAN HAS THE RIGHT TO
LIBERTY, AUTONOMY,
SELF-DETERMINATION,
AND FREEDOM
FROM COERCION**
NO ONE CAN DETAIN YOU OR YOUR
BABY WITHOUT LEGAL AUTHORITY

**Disrespect and abuse during
maternity care are a violation of
women's basic human rights.**



For more information visit:
www.whiteribbonalliance.org/respectfulcare

Stakeholders/Actors

A variety of international organisations and alliances have played critical roles in advancing Respectful Maternity Care (RMC) and addressing Obstetric Violence (OBV) globally. These stakeholders are not only reshaping maternal healthcare practices but also spearheading advocacy and research efforts to foster accountability and awareness across healthcare systems.

White Ribbon Alliance (WRA): WRA is a global advocacy organisation known for its campaigns and resources promoting respectful care during childbirth. The Alliance is committed to amplifying the voices of women, particularly through initiatives like the "What Women Want" campaign, which surveyed over a million women worldwide to identify key priorities in maternal healthcare. WRA has positioned itself as a vital voice in advocating for RMC by highlighting the importance of dignity, autonomy, and the rights of women in healthcare settings⁴⁰.

FIGO (International Federation of Gynecology and Obstetrics): FIGO brings together gynecological and obstetric organizations from around the world, providing standardized guidelines that reinforce RMC and address OBV. Through initiatives like the International Safe Motherhood Program⁴¹, FIGO works to improve maternity care by focusing on evidence-based practices and advocating for ethical standards within obstetric care. FIGO's work underlines the significance of informed consent, respectful communication, and maternal choice as fundamental components of RMC⁴².

International Confederation of Midwives (ICM): As the voice of midwifery worldwide, ICM has been instrumental in promoting respectful maternity care, especially in low-resource settings where maternal health disparities are often most pronounced⁴³. ICM collaborates with global healthcare stakeholders to enhance the skills and resources available to midwives, advocating for policies that recognise and support the autonomy of midwives and the dignity of patients in obstetric care. ICM's framework for midwifery education, updated to include RMC principles, plays a central role in educating midwives about respectful care practices⁴⁴.

Pan American Health Organisation (PAHO): PAHO, a regional branch of the World Health Organisation (WHO) for the Americas, has taken substantial steps in promoting RMC through educational resources and e-learning courses aimed at healthcare providers⁴⁵. Their focus on respectful care training seeks to equip professionals with the knowledge to prevent OBV and uphold patient dignity. PAHO's educational programs also provide a foundation for healthcare settings to address cultural and systemic factors contributing to OBV, especially in Latin American countries where such issues are highly prevalent⁴⁶.

⁴⁰ White Ribbon Alliance, *What Women Want: Demands for Quality Healthcare from Women and Girls*, 2019

⁴¹ FIGO, Global Health Programmes, *Promoting Safe Motherhood and Ethical Care Standards Worldwide*, 2020

⁴² FIGO, *Global Declaration on Violence Against Women and Girls*, 2021

⁴³ International Confederation of Midwives, *ICM Global Standards for Midwifery Education*, 2021

⁴⁴ International Confederation of Midwives, *Midwives' Voices, Midwives' Demands*, 2019

⁴⁵ Pan American Health Organisation, *Training Course on Respectful Maternity Care for Health Professionals in Latin America and the Caribbean*, 2020

⁴⁶ Pan American Health Organisation, *Guidelines and Recommendations on Maternal Health Practices*, 2022

European COST Alliances and Research Networks: Through COST (European Cooperation in Science and Technology) alliances, European stakeholders are collaborating to address RMC through research, policy formulation, and advocacy. These alliances provide a structured platform for knowledge exchange, with participants contributing insights into ongoing projects that prioritize patient rights, research-driven advocacy, and policy recommendations. COST alliances facilitate coordinated responses across member countries, addressing shared challenges and enhancing RMC by aligning it with broader human rights frameworks. The alliances also focus on generating data to influence policy development, supporting a Europe-wide approach to maternal healthcare that respects autonomy and safeguards against OBV.

Advocacy Campaigns

Break the Silence

The Croatian "Break the Silence" (#PrekinimoŠutnju) campaign has been a leading grassroots advocacy initiative that targets obstetric violence by encouraging individuals to share personal stories of mistreatment during childbirth. This campaign has been instrumental in highlighting OBV as a human rights issue, breaking down stigma, and prompting both healthcare providers and policymakers to address practices that compromise respectful care. By amplifying the voices of those affected, it has created a platform for change, raising awareness and advocating for necessary reforms in obstetric care.

Maternal Health Taskforce/WRA on Disrespect and Abuse (D&A) during Childbirth

The Maternal Health Taskforce and White Ribbon Alliance (WRA) have focused on eliminating disrespect and abuse (D&A) during childbirth through education, research, and policy recommendations. By documenting instances of D&A and bringing attention to its impacts, these organizations advocate for healthcare environments where patient dignity is prioritized. They emphasize accountability and implement tools and strategies to reduce OBV globally, aligning with broader goals of equity and respect in healthcare.

European Initiatives (EU Parliament 2024)

The recent 2024 report from the European Parliament has underscored an urgent need to address violations of patient rights in maternal healthcare across Europe. Highlighting common patterns of OBV and neglect in countries like Croatia and Italy, the report advocates for concrete actions to protect physical autonomy and enhance informed consent during childbirth. These recommendations serve as a foundation for a unified European approach toward respectful, patient-centered maternity care, urging member states to adopt regulatory and educational measures that support RMC.

Advocacy is essential for driving policy changes and enhancing healthcare systems by highlighting deficiencies, mobilising support, and pushing for reforms.

One prominent organisation in this realm is Human Rights Watch, which plays a critical role in addressing human rights violations globally. Their work includes a focus on maternal health and obstetric care, where they document and report on various issues affecting women during pregnancy and childbirth.

Human Rights Watch is renowned for its in-depth investigative reports on human rights abuses across the world. In the context of maternal health, the organization has produced several impactful reports that shed light on systemic failures and advocate for improvements in healthcare practices.

For example:

- "Neglected and Unprotected: Women's Rights in Egypt's State Hospitals"⁴⁷: this report examines the conditions faced by women in Egypt's state-run hospitals, focusing on the lack of adequate maternal care and the prevalence of obstetric violence. It details how systemic neglect and inadequate protections compromise women's rights and health outcomes, calling for urgent reforms to ensure respectful and safe maternity care.
- "No Tally of the Anguish: Accountability in Maternal Health Care in India"⁴⁸: this report highlights the severe gaps in maternal healthcare in India, particularly focusing on accountability and the quality of care provided. It documents instances of negligence, inadequate treatment, and the broader implications of these failures on women's health and well-being. The report advocates for stronger oversight, better training for healthcare professionals, and more comprehensive policies to address and rectify these issues.

These reports from Human Rights Watch not only provide a thorough analysis of systemic failings in maternal healthcare but also offer targeted recommendations for policy changes aimed at promoting Respectful Maternity Care (RMC). By documenting issues such as inadequate maternal care, obstetric violence, and a lack of accountability, these reports serve as impactful advocacy tools. They raise awareness, influence public opinion, and exert pressure on governments and institutions to implement necessary reforms. Through this detailed documentation and advocacy, Human Rights Watch brings critical maternal health issues to the forefront, driving systemic changes that enhance respectful and safe maternity care for women worldwide.

Amnesty International has made significant contributions to the advocacy for Respectful Maternity Care (RMC), particularly through its in-depth reports that expose violations of maternal health rights. One key example is the "Deadly Delivery: The Maternal Health Care Crisis in the USA"⁴⁹ report, which sheds light on alarming rates of maternal mortality and morbidity, with a focus on the experiences of marginalised communities.

This report is particularly relevant to RMC and Obstetric Violence (OBV) as it highlights the disparities in treatment that pregnant individuals face, emphasizing how systemic healthcare failures lead to neglect, discrimination, and mistreatment. The report documents instances where women, especially from Black and low-income backgrounds, experience disrespectful and inadequate care

⁴⁷ *Neglected and Unprotected: Women's Rights in Egypt's State Hospitals*, Dale Huntington, Laila Nawar, Ezzeldin Osman Hassan, Hala Youssef, Nahla Abdel-Tawab. Accessible online: https://www.guttmacher.org/sites/default/files/article_files/2402598.pdf

⁴⁸ *No Tally of the Anguish: Accountability in Maternal Health Care in India*, available online: <https://www.hrw.org/report/2009/10/07/no-tally-anguish/accountability-maternal-health-care-india#:~:text=Our%20research%20identified%20four%20important,for%20delivery%20of%20healthcare%20services.>

⁴⁹ <https://www.amnesty.org/en/documents/amr51/007/2010/en/>

that compromises their safety and dignity during childbirth. Amnesty International calls for urgent reforms to ensure adherence to human rights standards in maternal healthcare.

Key recommendations from the report include:

- **Ensuring Respectful and Dignified Care:** Policies should be implemented to eliminate racial and socioeconomic disparities, ensuring equitable treatment for all patients.
- **Strengthening Accountability:** There must be mechanisms to hold healthcare providers and institutions accountable for violating patients' rights.
- **Improving Access to Quality Care:** The report underscores the need for comprehensive prenatal and postnatal services that respect the autonomy and informed choices of birthing individuals.

Through such advocacy, Amnesty International aims to raise awareness and drive systemic reforms, aligning maternal healthcare practices with global human rights standards and promoting a culture of respect and dignity in childbirth.

Centre for Reproductive Rights is dedicated to ensuring that individuals have access to comprehensive reproductive health services and their rights are upheld globally⁵⁰. Their reports often focus on specific challenges and systemic issues affecting maternal health, providing valuable insights and recommendations for improvement.

World Health Organisation (WHO) as a leading global health authority, the World Health Organization plays a central role in setting standards and providing evidence-based guidelines for improving maternal health. WHO's reports cover a broad spectrum of topics related to childbirth and maternal care. For instance:

- "WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience"⁵¹ offers a set of guidelines designed to enhance the quality of care during labor and delivery. It provides evidence-based recommendations aimed at ensuring that childbirth experiences are positive and supportive. The guidelines emphasize practices such as respectful maternity care, pain management, and the importance of continuous support during labor. By promoting these recommendations, WHO seeks to improve maternal and neonatal outcomes and ensure that every woman receives compassionate and high-quality care during one of the most critical periods of her life.

National and International NGOs: Numerous non-governmental organisations (NGOs) both nationally and internationally contribute valuable insights through their advocacy and watchdog reports. These organizations focus on specific issues within maternal health and obstetric care, providing targeted recommendations and raising awareness about pressing challenges. Notable examples include:

⁵⁰ <https://reproductiverights.org/>

⁵¹ <https://www.who.int/publications/i/item/9789241550215>

- Médecins Sans Frontières⁵² (Doctors Without Borders) the organisation is renowned for its humanitarian work and often produces reports highlighting maternal health crises in conflict zones and underserved areas. Reports from Médecins Sans Frontières may cover issues such as the impact of conflict on maternal health services, challenges in delivering emergency obstetric care, and the need for increased support for maternal health in crisis settings. Their findings help to inform humanitarian responses and advocate for improved healthcare access in some of the world's most challenging environments.
- Planned Parenthood⁵³, as a major provider of reproductive health services, publishes reports focusing on various aspects of maternal and reproductive health. These reports often address issues such as access to prenatal care, family planning, and reproductive rights. Planned Parenthood's advocacy efforts aim to ensure that all individuals have access to comprehensive and equitable maternal health services, regardless of their socio-economic status.
- Local advocacy groups in addition to international organisations, many local advocacy groups focus on maternal health issues within specific countries or regions. These groups often produce reports that address local challenges, such as barriers to accessing care, disparities in health outcomes, and specific cultural or systemic issues affecting maternal health. By focusing on local contexts, these organizations provide targeted recommendations and mobilize efforts to address the unique needs and concerns of their communities.

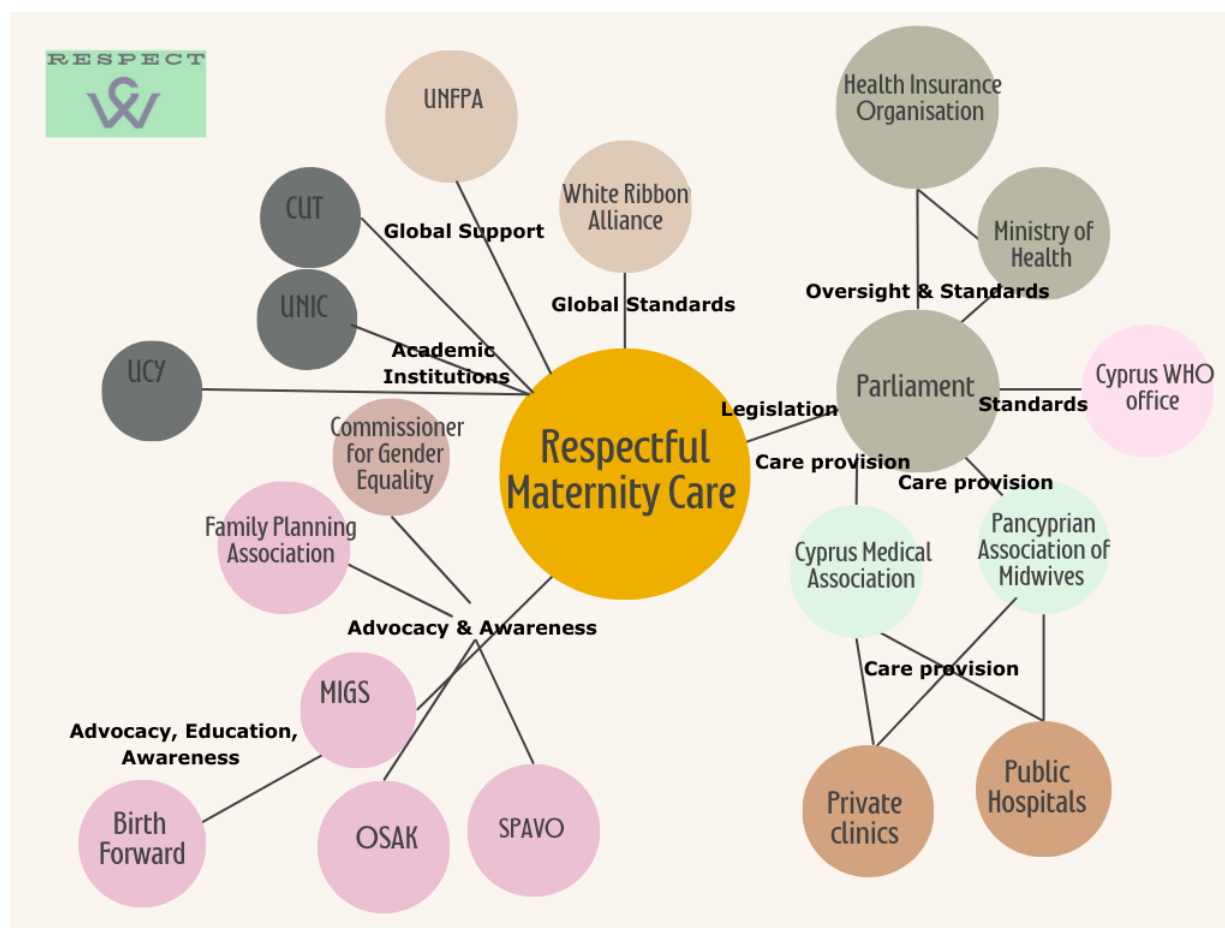
The role of advocacy in maternal health is crucial for addressing systemic issues, promoting policy reforms, and enhancing healthcare systems. The organizations highlighted—Human Rights Watch, Amnesty International, the Centre for Reproductive Rights, the World Health Organization, Médecins Sans Frontières, Planned Parenthood, and various local advocacy groups—each bring unique perspectives and expertise to this vital field.

The choice to refer to these organisations is deliberate, as each contributes essential knowledge, advocacy, and recommendations that collectively inform a comprehensive approach to improving maternal health. Their diverse perspectives and targeted focus areas provide a robust foundation for understanding and addressing the complex issues faced in perinatal care. By drawing on their reports and recommendations, we gain a deeper understanding of the global and local challenges in maternal health and can better advocate for systemic improvements that ensure respectful, equitable, and high-quality care for all women.

⁵² <https://www.doctorswithoutborders.org/what-we-do/medical-issues/maternal-health>

⁵³ <https://www.plannedparenthood.org/>

National Stakeholder Mapping for Respectful Maternity Care in Cyprus



This stakeholder map outlines the key actors involved in the provision, regulation, and advocacy of Respectful Maternity Care (RMC) in Cyprus. The aim is to highlight the roles and interconnections of each stakeholder, providing a framework to identify areas for collaboration, accountability, and improvement in maternal care.

Government & Regulatory Bodies

- **Ministry of Health:** The Ministry sets health policy, regulations, and guidelines. It is responsible for establishing standards of care, overseeing healthcare practices, and ensuring that hospitals and clinics comply with RMC guidelines. The Ministry's role includes both direct healthcare provisions and coordination with other stakeholders.
- **Parliament:** The legislative body plays a critical role in enacting laws related to healthcare standards, patient rights, and protections against mistreatment. Parliament's policies directly affect both public and private healthcare providers, mandating adherence to RMC principles.
- **Health Insurance Organisation:** The Health Insurance Organisation administers Cyprus's national health system, which affects access to and quality of care. By ensuring funding aligns with RMC standards, this organisation can incentivise respectful and patient-centered care practices across both public and private sectors.

Healthcare Providers

- **Public Hospitals:** As primary providers of maternal care, public hospitals are directly involved in implementing RMC. They need to ensure that their healthcare professionals are trained and equipped to provide respectful and evidence-based maternity care. Monitoring and accountability within hospitals are essential for maintaining standards.
- **Private Clinics:** Like public hospitals, private clinics provide maternity services but often have more autonomy in their operations. Ensuring that private clinics align with RMC standards is essential, as they serve a significant portion of the population seeking maternity care.
- **Cyprus Medical Association:** This association represents healthcare professionals and is a key stakeholder in advocating for RMC standards. It also holds a role in the ethical regulation of doctors, ensuring they adhere to RMC practices.
- **Pancyprian Association of Midwives:** Midwives play a central role in maternal care, and their association is essential in promoting RMC values. By training midwives in respectful care practices and advocating for their recognition in policy, this association supports the core principles of RMC.

Global Standards & Academic Institutions

- **Cyprus WHO Office:** The Cyprus WHO Office functions primarily as a liaison office, focusing on facilitating communication between the World Health Organization and national stakeholders in Cyprus.
- **White Ribbon Alliance:** A global network advocating for respectful maternity care, the White Ribbon Alliance offers support and resources to stakeholders in Cyprus, aligning local practices with international RMC standards.
- **UNFPA (United Nations Population Fund):** The UNFPA supports Cyprus through advocacy and resources to improve maternal healthcare. Its guidance is instrumental in framing RMC within global human rights principles.
- **Academic Institutions (University of Cyprus, Cyprus University of Technology, University of Nicosia):** These universities contribute to the research, training, and education of healthcare providers. Academic institutions play a vital role in promoting evidence-based practices and fostering a workforce trained in RMC values. Their involvement ensures that healthcare professionals are educated on the importance of respectful care from the beginning of their careers.

Advocacy, Education, and Awareness

Civil Society Organizations: NGOs and Federations.

- **Birth Forward:** A non-profit organisation in Cyprus advocating for maternal health rights, Birth Forward focuses on educating the public and healthcare professionals on RMC. They provide resources, raise awareness, and advocate for policy changes that support respectful care.
- **OSAK (Federation of Cyprus Patients' Associations):** Representing patient rights, OSAK plays a critical advocacy role in ensuring that RMC principles are protected in Cyprus. By highlighting patient experiences and advocating for transparent and fair care practices, OSAK supports RMC at both policy and practice levels.

- **SPAVO (Association for the Prevention and Handling of Violence in the Family):** SPAVO's involvement is crucial in ensuring that vulnerable populations, especially women at risk of domestic violence, receive respectful and non-judgmental care in maternity settings.
- **MIGS (Mediterranean Institute of Gender Studies):** MIGS works on gender equality issues, including maternal rights, and supports RMC by highlighting how respectful care intersects with gender equity. Through research and advocacy, MIGS helps address systemic factors contributing to mistreatment in maternal care.
- **Family Planning Association:** This organisation advocates for reproductive health rights and plays a role in promoting informed choice and consent in maternity care, both key components of RMC.
- **Cyprus Women's Lobby:** The Cyprus Women's Lobby is an umbrella network of women's NGOs that brings together women across Cyprus. Serves as an excellent jumping off point for more specific women NGOs and works to promote gender equality and participation of women in policy and law making.

Commissioner for Gender Equality: This office works to uphold gender equity and advocates for respectful care practices that protect the rights and dignity of women. Although the Commissioner does not have the authority to enforce accountability, she plays a vital role in raising awareness and making recommendations to healthcare providers and policymakers. By highlighting cases of gender-based discrimination or mistreatment, the Commissioner can influence practices and policies to better align with respectful maternity care standards.

This stakeholder mapping highlights the interconnected roles of various stakeholders, each of which plays a critical role in achieving RMC in Cyprus. However, systemic issues within the healthcare structure and a lack of accountability mechanisms present ongoing challenges. By involving these stakeholders in regular discussions and collaborative exercises, such as the stakeholder mapping exercise, we can clarify their roles, responsibilities, and contributions to the RMC framework.

In particular, the healthcare system in Cyprus can benefit from:

Enhanced Coordination: Regular communication and collaboration among stakeholders and participatory consultations with CSOs, grassroots movements, end users, and academia, to ensure alignment with human-rights based approaches including RMC goals.

Strengthened Accountability Mechanisms: Clear roles and oversight by regulatory bodies, including checks on private and public healthcare providers to ensure adherence to RMC standards.

Increased Awareness and Training: Ensuring all healthcare providers understand and are trained in respectful care practices.

Inclusion of Advocacy Groups in Policy Discussions: Engaging organisations like Birth Forward and OSAK in legislative discussions to represent the needs and rights of patients.

Collected Stories Analysis

The healthcare system in Cyprus, particularly concerning maternity care, has not yet faced significant systematic criticism, especially when it comes to how labouring mothers feel about their safety, support, and humane treatment. In fact, conversations about obstetric violence and mistreatment are only now starting to emerge, often met with resistance from various stakeholders. While there is some literature addressing these issues, such as the research by Hadjigeorgiou et al., the broader discourse and systemic criticism are still developing. Much of the existing information

comes from anecdotal evidence and personal stories that, while powerful, have not been systematically recorded or analysed, limiting their effectiveness in advocacy efforts.

The **Respect WP2 research findings**, which focus on gathering data related to Respectful Maternity Care (RMC), further highlight this gap. These research efforts have identified areas where women's experiences during childbirth in Cyprus fall short of international standards, but comprehensive, coded, and systematically recorded data is lacking. Advocacy efforts thus far have relied heavily on such anecdotal stories, which underscores the urgent need for structured data collection tools to inform policy and advocacy work more effectively.

For the **Respect Project** ⁵⁴ and related initiatives, we have identified the need to formalise the collection and analysis of these stories to build a compelling case for change. This would mirror similar efforts in other countries, where structured reporting of human rights violations in childbirth has driven significant reforms, as seen in countries like Croatia and Italy.

By systematically coding and recording these personal experiences, the project can provide a more robust foundation for advocacy, ensuring that the patterns of mistreatment are clearly understood and addressed by those in positions of power.

Reports from mothers often include patterns of inadequate attention to their emotional and psychological needs during childbirth. Many women describe a pervasive lack of a humane approach from healthcare providers, which manifests as insufficient support, limited bonding opportunities, and a general sense of insecurity. The quality of presence from doctors is frequently criticized, with many women feeling that their interactions with healthcare professionals lack the necessary empathy and attentiveness⁵⁵. Furthermore, there are concerning reports of abuse of power and psychological manipulation. Many mothers feel exploited and viewed merely as sources of income rather than individuals requiring compassionate care. This exploitation occurs when women are at their most vulnerable, amplifying the distress they experience during childbirth. Such practices undermine the trust and respect fundamental to effective maternal care and highlight a systemic issue that needs urgent address⁵⁶.

The conclusions presented are indeed derived from an analysis of collected stories from mothers, healthcare providers, and other stakeholders, shedding light on the key issues related to maternal care. To align these findings with the principles of Respectful Maternity Care (RMC), we can reference the **7 Universal Rights of Childbearing Women** established by the White Ribbon Alliance, which serve as a framework for evaluating the quality of maternal healthcare services. These principles are crucial in addressing the deficiencies highlighted by the collected narratives.

⁵⁴ <https://eoc.org.cy/cyprus-university-of-technology-respect-the-department-of-nursing-participates-in-a-project-on-maternity-care/>

⁵⁵ E Hadjigeorgiou et al., *Exploring mothers' experiences of perinatal care in Cyprus: Babies Born Better survey*, BMC Pregnancy Childbirth. 2023; 23: 487

⁵⁶ *Ibid.*

Key Themes Aligned with RMC Principles:

1. Access to Care:

- **Right to Information and Informed Consent:** Many mothers reported challenges in accessing timely and appropriate perinatal care, particularly due to a lack of clear and comprehensive information. This issue is directly related to the RMC principle that emphasizes the right of women to be fully informed and to make autonomous decisions about their care. Ensuring that mothers have access to understandable, accurate, and relevant information is critical for fostering autonomy and informed consent during the perinatal period.

2. Quality of Care:

- **Right to High-Quality and Safe Care:** The variations in care quality, insufficient staffing, inadequate equipment, and high patient loads observed in public hospitals are contrary to the RMC principle that all women have the right to the highest attainable standard of health. This includes receiving high-quality, safe, and respectful maternal healthcare. The collected stories underline the need for better training, particularly in communication skills, to ensure that healthcare professionals can provide compassionate and effective care.

3. Patient Experience:

- **Right to Dignity and Respect:** Emotional and psychological support during the perinatal period was frequently found lacking. The RMC framework stresses the importance of preserving the dignity, privacy, and respect of all women during childbirth. The reported lack of empathetic and personalized care contributes to negative experiences, which can adversely affect maternal and neonatal outcomes. Enhancing psychological support and individualized attention aligns with the principle that women should receive care that respects their dignity and addresses their emotional well-being.

By linking these real-world accounts to the established RMC principles, it becomes clear that systemic reforms are needed to address the gaps in access, quality, and patient-centered care in maternal health services. These findings can guide advocacy efforts to implement policies that promote Respectful Maternity Care, ensuring that all women receive dignified, informed, and respectful treatment throughout their childbirth journey.

In summary, the dissatisfaction expressed by mothers in Cyprus about their childbirth experiences is deeply rooted in systemic and cultural challenges that undermine the principles of Respectful Maternity Care (RMC). Through the analysis of collected narratives from mothers, healthcare providers, and other stakeholders, several key issues were identified that reflect gaps in the implementation of RMC principles. These stories highlight a recurring pattern of unmet needs, indicating broader systemic failures in ensuring dignified, respectful, and patient-centered maternal healthcare.

Key Issues in Respectful Maternity Care:

1. Lack of Information and Informed Consent:

- Many mothers reported feeling uninformed about their care options and procedures during childbirth, which is a clear violation of their right to information and informed decision-making. This aligns with the RMC principle that emphasizes every woman's

right to receive accurate and timely information, enabling them to make autonomous choices regarding their care.

2. Disparities in Quality of Care:

- The variations in care quality across different facilities, especially the under-resourced public hospitals, were frequently mentioned. Issues such as inadequate staffing, lack of essential medical supplies, and overwhelmed healthcare providers often result in suboptimal care. These conditions compromise the **RMC principle of high-quality, safe maternity care**, which requires healthcare systems to be adequately equipped to meet the needs of all women.

3. Lack of Emotional Support and Compassionate Care:

- Emotional neglect and a lack of compassionate care were common themes in the collected stories. Many mothers described feeling dismissed or disregarded by healthcare professionals, which affects their overall childbirth experience. This is a direct breach of the **RMC principle of respect for women's dignity** and the need for a supportive environment that addresses both the physical and emotional well-being of mothers.

4. Cultural Barriers and Stigma:

- Some stories revealed cultural insensitivities and biases that led to discriminatory treatment, particularly for marginalized groups. This issue touches upon the **RMC principle of non-discrimination**, which stresses that all women, regardless of their background, should receive equal and respectful care.

By linking these real-life accounts to the framework of the **7 Universal Rights of Childbearing Women**, we can better understand the specific areas where the Cypriot healthcare system is falling short. These findings underline the urgent need for targeted reforms to align healthcare practices with the principles of Respectful Maternity Care, ensuring that every woman receives dignified, informed, and compassionate care during one of the most critical times in her life.

Addressing these systemic issues is essential not only for improving maternal health outcomes but also for fostering a healthcare environment that genuinely respects and supports women's rights. This can drive meaningful changes in policies and practices that promote a more respectful, equitable, and effective maternity care system in Cyprus.

Identified Patterns and Gaps in Respectful Maternity Care

Through an in-depth analysis of collected stories from mothers, healthcare providers, and other stakeholders, several key patterns and systemic gaps have been identified within Cyprus' maternity care landscape. These insights underscore the urgent need for improvements to align with the principles of Respectful Maternity Care (RMC).

1. Inadequate Access to Information and Support for Informed Decision-Making

A recurring theme in the collected narratives is the lack of access to comprehensive and clear information, which is essential for making informed and autonomous healthcare decisions. Many mothers reported feeling uninformed about their rights and the available options during the perinatal period. This deficit is a direct violation of RMC principles, which emphasize the importance of informed consent and shared decision-making.

- **Gap:** Implementing standardised patient education protocols to ensure that all women receive accessible, understandable, and timely information about their care options is crucial. Empowering patients with knowledge is a key component of respectful care.

2. Disparities in Quality of Care Across Facilities

Significant variations in the quality of care between public and private healthcare facilities were reported. Public hospitals, in particular, are often burdened with high patient loads, insufficient staffing, and a lack of essential resources. These disparities compromise the standard of care and undermine the RMC principle of equitable access to high-quality healthcare.

- **Gap:** Addressing this issue requires targeted investments in public healthcare infrastructure, ongoing training for healthcare providers, and policies to ensure equitable distribution of resources across facilities.

3. Lack of Compassionate and Dignified Care

Numerous accounts reveal a lack of respectful and compassionate care, with instances of verbal abuse, neglect, and dismissive attitudes from healthcare staff. Such treatment not only violates the dignity of women but also exacerbates the stress and trauma associated with childbirth.

- **Gap:** There is a pressing need for training programs that focus on communication skills, empathy, and the principles of patient-centered care. Promoting a culture of respect within maternity wards is essential for improving maternal experiences and outcomes.

4. Limited Emotional and Psychological Support

Many mothers highlighted the lack of emotional and psychological support during labor and delivery, which can lead to negative childbirth experiences and poor mental health outcomes. This gap reflects a failure to provide holistic maternity care, which should address both physical and emotional well-being.

- **Gap:** Integrating psychological support services into maternity care pathways and providing healthcare professionals with training on the psychosocial aspects of childbirth can enhance the overall care experience.

5. Cultural and Socioeconomic Barriers to Care

Reports also point to systemic biases and cultural insensitivity that disproportionately affect vulnerable populations, such as immigrants and low-income families. These barriers hinder access to quality care and contradict RMC principles focused on equity and non-discrimination.

- **Gap:** Developing culturally sensitive care models and implementing policies to address disparities are critical steps towards ensuring that all women receive fair and respectful treatment.

The Need for Establishing Watchdog Mechanisms

To address these patterns and gaps effectively, it is essential to establish robust watchdog mechanisms that can monitor compliance with RMC standards. These mechanisms would serve as independent oversight bodies to ensure that healthcare providers adhere to ethical guidelines and respect patients' rights.

Key functions of such watchdog mechanisms might include:

- **Systematic Data Collection:** Gathering detailed feedback from patients and healthcare professionals to identify recurring issues and areas for improvement.

- **Accountability and Transparency:** Holding healthcare institutions accountable for violations of RMC principles, promoting transparency in reporting practices, and ensuring that corrective measures are implemented.
- **Policy Advocacy:** Using data-driven insights to advocate for policy changes that support respectful and equitable maternity care, thereby influencing legislative frameworks and healthcare practices.
- **Continuous Improvement:** Providing recommendations for training, resource allocation, and best practices to enhance the quality of maternity care services.

By implementing these mechanisms, Cyprus can build a more resilient and responsive healthcare system that upholds the dignity, autonomy, and rights of all mothers, ensuring that respectful maternity care becomes the standard, not the exception.

Recommendations for enhancing RMC

- **Implement Innovative Patient Education Protocols:** Establish standardised procedures that leverage technology to ensure all women receive clear, accessible information on their healthcare options throughout the perinatal period. This can include creating an AI-powered chatbot that provides real-time guidance on patient rights, available choices, and the implications of various medical interventions. Additionally, offering interactive online courses and digital resources can empower mothers with the knowledge needed for informed decision-making, making education both engaging and widely accessible.
- **Promote Shared Decision-Making:** Introduce training for healthcare providers on shared decision-making practices, ensuring patients are actively involved in their care plans and consent processes.

Address Disparities in Care Quality Across Healthcare Facilities

- **Increase Investment in Public Healthcare Infrastructure:** Allocate targeted resources to public hospitals to reduce patient loads, improve staffing levels, and ensure the availability of essential medical supplies. This will help standardise the quality of care across both public and private facilities.
- **Continuous Professional Development:** Establish mandatory, ongoing training programs for healthcare providers to enhance skills and knowledge, focusing on maintaining high standards of maternity care.

Foster Compassionate and Dignified Maternity Care

- **Implement Empathy-Focused Training Programs:** Develop workshops and training modules that emphasise communication skills, empathy, and respect in patient interactions. This initiative aims to address the prevalent issues of verbal abuse, dismissiveness, and neglect reported by mothers.
- **Strengthen Accountability Mechanisms:** Introduce monitoring and evaluation frameworks to assess healthcare staff performance, with a focus on respectful care practices.

Integrate Emotional and Psychological Support in Maternity Care

- **Incorporate Psychosocial Support Services:** Ensure that psychological support, including counseling and mental health services, is integrated into the maternity care pathway, especially during labor and postpartum.
- **Train Healthcare Professionals on Mental Health:** Equip maternity care providers with the skills to recognize and address the emotional and psychological needs of mothers, aiming to reduce childbirth-related trauma and improve overall maternal mental health outcomes.

Develop Culturally Sensitive and Inclusive Care Models

- **Address Cultural and Socioeconomic Barriers:** Implement culturally sensitive training for healthcare providers to eliminate biases and discrimination, particularly against immigrants and low-income families. This includes language support services and culturally appropriate care practices.
- **Policies to Promote Equity in Healthcare:** Advocate for policy reforms that prioritize equitable access to high-quality maternity care for all women, irrespective of their socioeconomic or cultural background.

Establish Independent Watchdog Mechanisms for Monitoring Compliance

- **Create an Oversight Body for RMC Standards:** Develop an independent body responsible for monitoring adherence to RMC guidelines in healthcare facilities. This body should have the authority to investigate complaints, enforce accountability, and ensure transparency in reporting practices.
- **Data-Driven Advocacy and Policy Reform:** Use systematic data collection on patient experiences to inform policy changes, aiming to promote a culture of respect in maternity care and enhance legislative frameworks.
- **Continuous Quality Improvement:** Provide healthcare institutions with actionable recommendations based on data analysis, fostering a continuous improvement approach in maternity care practices.

Strategic Action Points

- **Short-Term:** Immediate focus on training healthcare staff, improving communication with patients, and setting up protocols for informed consent.
- **Medium-Term:** Strengthening public healthcare infrastructure, reducing disparities in care, and integrating psychosocial support.
- **Long-Term:** Establishing sustainable watchdog mechanisms and promoting policy changes that enshrine RMC principles into national healthcare standards.

These recommendations are essential for transforming Cyprus' maternity care landscape into one that upholds the dignity, rights, and autonomy of all mothers, ensuring that respectful maternity care becomes the norm.

Tools for Systematic Recording and Coding of Disrespect & Abuse and Human Rights Violations in Childbirth

Ensuring the accurate and consistent documentation of Disrespect and Abuse (D&A) and Human Rights Violations, including Obstetric Violence (OBV), in perinatal care is paramount. While achieving a fully comprehensive database depends on the voluntary reports we receive, it remains essential to provide a structured and secure platform for these reports. This structure will allow for the identification of patterns and critical needs within the care system. These findings can then be presented to key decision-makers and those accountable, ensuring targeted interventions where they are most needed. Since the establishment of the GeSy, there have been initiatives to holistically establish the Electronic Health Records System (EHR)⁵⁷. Therefore, building upon existing capabilities and structures the project team is suggesting for recording and coding care data, the following tools:

1. Fact-Finding

Definition: Fact-finding refers to the process of identifying human rights violations within a specific event or series of events and establishing the relevant facts associated with these violations. This process involves gathering detailed information to understand the nature and extent of the violations. Fact-finding and investigation are often used interchangeably, though they both involve the systematic examination of evidence to uncover the truth.

Purpose: The goal of fact-finding is to uncover what occurred, who was involved, and the impact of the violations. This involves interviewing witnesses, collecting physical evidence, and analyzing documents related to the event. Accurate fact-finding is crucial for understanding the full scope of the violations and for holding perpetrators accountable.

2. Documentation

Definition: Documentation is the systematic recording of the results obtained from fact-finding or investigation. It involves creating detailed records of the violations, including descriptions of the events, the individuals affected, and any evidence collected. Documentation serves to preserve the findings of fact-finding efforts in a structured and accessible manner.

Purpose: The main objective of documentation is to create a reliable and comprehensive account of human rights violations that can be used for advocacy, legal proceedings, and historical record-keeping. Proper documentation helps ensure that the facts are accurately represented and can be used to support efforts to address and rectify the violations.

3. Monitoring

Definition: Monitoring involves the ongoing observation of a particular situation or context over an extended period to assess whether human rights standards are being upheld. Unlike fact-finding and

⁵⁷ Dr. Eleftherios Loizou, *Cyprus Regional Report*, Elaborated in the framework of the additional activities' implementation (IE 5 th Call) Interreg Europe, 2022

documentation, which focus on specific events, monitoring is concerned with tracking the broader trends and systemic issues affecting human rights.

Purpose: The aim of monitoring is to ensure that human rights standards are consistently met and to identify any emerging patterns of violations. It requires continuous data collection and analysis, often involving repeated investigations and observations. Monitoring helps to assess the effectiveness of human rights protections and to detect and address any ongoing or systemic issues.

In summary, fact-finding, documentation, and monitoring are integral components of a holistic approach to addressing human rights violations. Fact-finding uncovers the details of specific incidents, documentation preserves these findings for future use, and monitoring tracks ongoing compliance with human rights standards. Each plays a critical role in ensuring accountability, transparency, and the protection of human rights.

Steps for Systematic Recording and Coding of Disrespect & Abuse (D&A) and Human Rights Violations in Childbirth

As part of our commitment to improving maternal healthcare in Cyprus, a key focus of this project is the systematic documentation, analysis, and reporting of Disrespect & Abuse (D&A) and Human Rights Violations, including Obstetric Violence (OBV), during the perinatal period. Given the lack of a centralised and structured platform for reporting such violations, our project aims to establish and pilot tools that will enable consistent and secure collection of data, with a clear process for coding, categorizing, and analysing reports. This will allow for the identification of patterns, systemic gaps, and urgent needs within the maternity care system, driving advocacy for targeted interventions.

The first step in this process will involve the design and development of a **secure online complaints' platform**, which will serve as the primary tool for collecting reports of D&A and OBV. This platform will be user-friendly and accessible, ensuring that women and families can report their experiences anonymously if desired, while safeguarding their privacy. The platform will also include clear guidance on how to document incidents, with specific **coding guides** and **Standard Operating Procedures (SOPs)** for categorising cases. These tools will standardize the way incidents are recorded, making it easier to identify trends and areas that require attention.

In parallel, the project will compile **summary reports** based on the data collected, with detailed **case reports** highlighting the most egregious and common violations. These reports will be crucial for understanding the scale of the problem, particularly in identifying vulnerable populations or specific healthcare settings where violations are more prevalent. Additionally, **factsheets** and **infographics** will be developed to communicate key findings and raise awareness about D&A and OBV, making the data more accessible to both the public and decision-makers.

Once the tools for recording and analysing cases are in place, the project will **pilot the online platform** and initiate the **coding system** in collaboration with selected healthcare providers, advocacy groups, and women's organizations. This pilot phase will help refine the tools and ensure they are both effective and practical for real-world use. Feedback from this phase will inform further development and adjustments to the platform and reporting procedures.

As part of the broader advocacy efforts, the project will also **disseminate** the findings from the collected reports to **key stakeholders**—including health authorities, professional bodies, and

policymakers—through **stakeholder meetings** and **reports**. These discussions will highlight systemic issues in the maternity care system and call for targeted changes, including the establishment of more robust accountability mechanisms for healthcare providers.

Ultimately, the goal of these steps is to create a **sustainable and transparent monitoring system** that ensures incidents of D&A and OBV are documented, analyzed, and acted upon, contributing to a safer, more respectful maternity care environment in Cyprus.

Deliverables:

- **Online complaints platform** with coding guides and SOPs (Month 8)
- **Summary and case reports** detailing collected incidents (Month 8)
- **Factsheets and infographics** summarizing key findings (Month 8)
- **Meeting minutes** from stakeholder discussions (Month 11)
- **Advocacy summary report** for policy-makers (Month 12)

Documentation Methodology for Perinatal Care Violations

One suggested methodology for documenting perinatal care violations draws on best practices established by HURIDOCS, an organization renowned for its expertise in human rights documentation. This approach is designed to ensure a comprehensive understanding of incidents and their implications, facilitating effective responses and improvements. The following steps outline the documentation process, tailored to the context of perinatal care:

1. **Identifying Acts Leading to Violations:** Determine the specific actions or failures by healthcare providers that result in substandard or harmful perinatal care. These may include neglectful practices, inadequate medical interventions, or instances of mistreatment during labour and delivery.
2. **Determining the Victims:** Identify the mothers and infants affected by these violations. Document their experiences and the physical, emotional, or psychological harm they have endured as a result of inadequate care or mistreatment.
3. **Organising Acts into Events:** Classify related acts into discrete events to understand their context and sequence. For instance, an event may encompass a series of related incidents during labour and delivery that collectively contribute to a negative perinatal experience.
4. **Determining Perpetrators and Their Involvement:** Identify the healthcare professionals and institutions responsible for the care, and assess their level of involvement in the violations. This includes understanding their roles and responsibilities throughout the perinatal care process.
5. **Identifying Relationships Among Events:** Analyze how different events are interconnected. For example, a failure in prenatal care might lead to complications during delivery, affecting postnatal care and overall outcomes.
6. **Identifying Other Roles and Participants:** Recognize additional roles related to the event, such as family members or support staff, and the contributions or actions of these individuals or groups in relation to the perinatal care experience.
7. **Showing Relationships Between Individuals or Groups:** Map out the interactions and relationships between various stakeholders involved in the perinatal care process. This

includes relationships between patients and providers, as well as interactions among different care providers.

8. **Providing Updates and Further Information:** Continuously update information about the individuals and groups involved, reflecting any changes or new developments related to the perinatal care incidents.
9. **Identifying Areas for Additional Information:** Determine where there are gaps in the documentation and where further information is needed to fully understand the scope of the violations and the context in which they occurred.

Conclusion

Key Findings:

1. **Systemic Gaps and Disparities in Maternity Care:** The analysis of stakeholder feedback and personal narratives has revealed concerns regarding the quality of perinatal and maternity care in Cyprus. These include needs to safeguard humane treatment, insufficient emotional and psychological support, instances of disrespectful or abusive behaviour by healthcare providers at various levels of severity, and a lack of patient autonomy during decision-making processes.
2. **Need for Systematic Collation of Cases/Reports:** There is currently no formal or centralized system for collecting and analyzing reports or cases of disrespect and abuse in maternity care. This lack of systematic data makes it difficult to accurately assess the scale and scope of these issues, limiting efforts to implement targeted interventions. This gap is being addressed by the present project, which aims to create a more structured mechanism for reporting, tracking, and responding to incidents of abuse or mistreatment within maternity care.
3. **Disparities in Care Quality:** Significant disparities exist across healthcare facilities, as these particularly between public and private hospitals, augmenting class differences. Differences are observed in terms of staffing, available resources, and care quality indicators. These inconsistencies can be obstacles to the standardization of care quality and contribute to unequal treatment of mothers.
4. **Need for Increased Health Rights Literacy and Patient Education:** Accessible, clear, and timely information regarding patients' rights, available choices, and the implications of medical interventions is a consistent issue. Many women reported feeling uninformed, pressured or even coerced into making decisions without understanding the full scope of their options.
5. **Need for Cultural Sensitivity:** Extant research also identifies challenges in addressing the needs of culturally diverse and economically disadvantaged groups, with immigrant and low-income mothers particularly vulnerable to discrimination and neglect. This reflects the need for more inclusive and culturally sensitive care practices.
6. **Emotional and Psychological Support Gaps:** Emotional and psychological well-being is frequently neglected, despite the well-established impact of mental health on maternal

outcomes. Many women feel unsupported during labor and postpartum, contributing to adverse psychological effects such as postpartum depression and trauma.

7. **Barriers to Effective Communication:** Instances of verbal abuse, dismissiveness, and neglect were commonly reported, indicating a need for improved communication skills, empathy, and respect in patient-provider interactions.

The above is framed within the caution that extant literature has only just started to tap on experiences of Disrespect & Abuse and Human Rights Violations linked to dissatisfaction among labouring mothers within Cyprus's perinatal and maternity care process. More systematic data collection and monitoring is needed to understand the prevalence of these issues, as well as qualitative, formative research is necessary to understand how these violations are experienced and how they impact women's healthcare experience. Also, more systematic coding and analysis is needed to elucidate critical systemic deficiencies. The identified concerns—ranging from inadequate humane treatment to insufficient support and instances of exploitation—underscore pervasive and systemic shortcomings, as revealed through the analysis of collected stories and stakeholder feedback. The present project will try to codify, group and hence guide advocacy efforts to promote systemic changes to prevent them, as well as mechanisms to redress these violations.

“Mothers, the newborn and children represent the well-being of a society and its potential for the future. Their health needs cannot be left unmet without harming the whole of the society”.⁵⁸

⁵⁸ Lee Jong-wook, former Director-General, World Health Organization, Make Every Mother and Child Count, Geneva, April 2005

Appendix A

Key Concepts for Perinatal Care Documentation

Events and Acts

- **Definition:** In perinatal care, an event is a specific occurrence or series of occurrences with a clear beginning and end, leading to a particular outcome. An event can be a single incident or a combination of related incidents affecting the quality of care. To be relevant in monitoring, at least one act within the event must qualify as a violation of care standards or related patient rights, such as failures in providing appropriate medical interventions or respect for patient autonomy.

What Happened?

- **Identification of Events:** Recognize the incidents within the perinatal care process that contribute to the overall outcome. This includes examining the care provided, any deviations from standard practices, and the progression of care through labor, delivery, and postnatal periods.

Who Did What to Whom?

- **Roles and Responsibilities:** Document the actions of healthcare providers, the experiences of mothers and infants, and any other relevant participants. Understand who was responsible for specific actions, who was affected by these actions, and how these interactions influenced the care experience.

What Actions Were Taken in Response?

- **Response Actions:** Record any actions taken to address the issues identified, including corrective measures implemented by healthcare institutions, responses from regulatory bodies, or support provided to affected individuals.

Who Did What?

- **Accountability:** Clearly identify the individuals and groups involved in the care process, their specific roles, and their contributions to the observed outcomes. This includes understanding their involvement in any violations or deviations from expected standards of care.

Source of Methodology

The above documentation methodology is informed by HURIDOCS, an organization dedicated to improving human rights documentation through collaboration, purpose, safety, humanity, and adaptability. HURIDOCS emphasizes:

- **Collaboration:** Engaging with partners to co-create solutions and leverage contextual knowledge.
- **Purpose:** Ensuring that information management serves the goal of advancing human rights on the ground.
- **Safety:** Prioritizing the protection of sensitive information and environments.
- **Humanity:** Designing solutions that address real-world interactions and needs.
- **Adaptability:** Employing agile methodologies to adapt to new information and conditions.

By applying these principles, the methodology ensures a thorough and effective approach to documenting and addressing violations in perinatal care, ultimately contributing to improved practices and outcomes.

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