

RESPECT



LET'S LISTEN TO THE WOMEN:

How our own women's stories
can support Health Care Professionals (HCPs)
in achieving effective Shared Decision-Making (SDM)
and providing more Respectful Maternity Care



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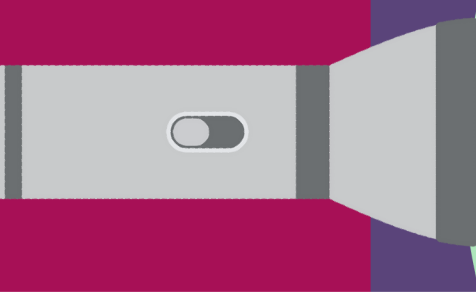


“FIGO members see first-hand how women’s health is often compromised, not because of a lack of medical knowledge, but because of infringements on women’s human rights.”

Prof. Mahmoud F. Fathalla
FIGO (International Federation of Gynaecology & Obstetrics)
Past President, 1994-1997



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LET'S LISTEN TO THE WOMEN:

We need women's stories to teach and develop Shared Decision-Making skills.

Introducing Watchdog mechanisms for documenting women's experiences in maternity care and childbirth can be of great value to health care professionals. It primarily aims to change health care policies, positioning childbirth as a prominent political and human rights issue.

Documentation and watchdogs can support the introduction and strengthening of Shared Decision-Making (SDM) in maternity care, shifting paradigms in how medical students and professionals are trained and practice alongside women.

SDM can work alongside other cultural and educational tools in academic medical and midwifery school syllabuses and curricula, particularly in OB-GYN programs, to teach and implement SDM as a routine practice.

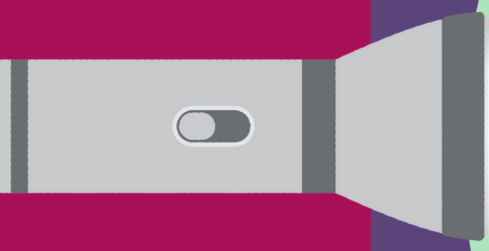
So far, obstetrics curricula, written in an academic, rather "neutral" approach, largely ignore the voice of women, either as patients or as caregivers. In this brief set of recommendations, we explain how Shared Decision-Making (SDM) can be introduced and systematically integrated into the medical training of students, residents, practicing physicians, and health professionals. We also discuss how documenting women's own stories and experiences through research and initiatives such as RespectWATCH is essential for health providers to better understand women and work alongside them as allies in one of the most important experiences of their lives: the birth of their children.



Considering that future obstetricians will mostly be women, just like their clients, they will need curricular opportunities to develop not “neutral,” but women-oriented perspectives, research, and practice. Especially, OB-GYN specialists need to be educated in sharing (and not opposing) midwife-led care scenarios, to achieve the same aim: understanding and supporting women’s well-being, needs, questions, and choices.

Women should be able to express and discuss questions with their health providers, including:

- *Where can I give birth?* At home? At a hospital, clinic, or birth center?
- *Which mode of birth can I select after a cesarean section?* An elective repeat CS or vaginal birth after a CS?
- *Will you follow my birth plan* after reading or listening to it and discussing it with me?
- *Will you support me* in refusing interventions I don’t agree with or feel comfortable with during labor?
- And at the same time, *how can I relate to clinicians* (and birth places) that I know and should support me, and, to a certain extent, make my childbirth safer?
- ? In other words, is decision-making always feasible and woman-centered?⁽¹⁾



Using these experience-based questions as a reference, at the University of Genoa, we designed and implemented the **first experimental class** (presented during our consultancy visit and the RespectWATCH stakeholder meeting in Cyprus), providing the OB-GYN School with a standard curriculum. This also included specific appointments to be held in collaboration with the Midwifery School (tailored according to the needs of each school).

The topics chosen for this pilot class were focused on the following four (4) pillars:

1

FACING WITH HESITATION, AMBIGUITY, CHOICE (SHARED DECISION MAKING):

Assuming that reproduction is a unique female competence, tied to the unpredictability of life's appearances and disappearances, we also believe that uncertainty is ingrained in all medical professions' challenges. Due to the complexity of human beings, medical education in this particular field requires strong communication skills. Undergraduates, residents, teachers, clinicians, and students need to discover and experience empathy and acquire competencies in compassionate care by achieving Shared Decision Making (SDM): how to cope with every crucial moment and help women solve ethical dilemmas, which are also embedded in daily life.

2

THE PELVIC FLOOR IN AN EVOLUTIONARY PERSPECTIVE:

Gaining knowledge about the pelvic floor, from its anthropological perspective and anatomy to its physiological changes and the dynamic transformation it undergoes during pregnancy, birth, puerperium, and aging.

Cognitive elements are merged with interactive, narrative, evidence-based information to better engage students in pregnancy, labor, childbirth, and the daily life of women.

3

DISCOVERING OXYTOCIN AND THE HORMONAL PATHWAY:

Endogenous oxytocin, a key hormone for all life and relationships, is also an incredibly potent enabler of a gentle and successful birth if we know how to work alongside it and not against it.

4

MASTERING PSYCHONEUROENDOCRINOLOGY PATHWAYS:

Relational and reproductive life, including birth, cannot be understood without knowledge (of how) and dialogue (with) the psycho-neuro-endocrine system, the basic protagonist.

Rediscovering these scientific roots equips the physician or midwife with invaluable understanding of crucial steps in a woman's reproductive life (menarche, fertility, pregnancy, menopause).

SHARED DECISION MAKING

Shared Decision Making (SDM) is considered an essential skill for every practicing physician; however, it is not systematically taught in medical schools and OB-GYN residencies.

It is “an approach where the clinician and patient share the best available evidence when faced with the task of making decisions, and where the patient is supported to consider options to achieve his/her informed preferences”⁽¹⁾.

It is a process that leads to a decision made through close collaboration between the clinician and the woman, where, through professional information, personal information, and deliberation, both collaborate toward building a well-informed decision.

SDM THROUGH CHOICE, OPTIONS & DECISION TALK

1

CHOICE TALK

Making sure that patients understand a choice needs to be made and that reasonable options [including “doing nothing”] are available.

2

OPTIONS TALK

Exploring patients’ knowledge and considerations, and providing more detailed information about the options.

3

DECISION TALK

Supporting deliberation, considering preferences, and deciding what is the best option for this patient.

SHARED DECISION MAKING

SDM is a process that enables women to arrive at the best option for themselves, together with their providers, after considering all the well-balanced, available information, their specific circumstances and values, and developing positive involvement.

At least four competencies⁽²⁾ are necessary to perform such a process:

1

Establish a relationship and open dialogue with the woman (and her partner) based on respect and the recognition of cultural diversity.

2

Evaluate the available evidence and experience, and provide the woman with accurate, honest information in the context of her individual situation.

3

Activate and enable the woman to participate in the decision-making process, support her in deliberating about the options, and allow her to express her preferences and views.

4

Reduce tension and guide the process to reach a well-informed decision. SDM in maternity care is not an algorithm, nor does it mean “agreeing with the doctor’s advice.”

SDM requires specific professional skills and competencies, acquired through appropriate training.

It requires presenting options along with evidence on harms and benefits, as well as using varied behavior and communication patterns, including listening to women’s words, observing her non-verbal signals, giving encouragement, demonstrating empathy, and supporting choice—what Elwin defines as the basis for building a “trusting woman-professional relationship”⁽³⁾.

Evidence-based medicine promotes and reinforces the importance of a women-centered approach.



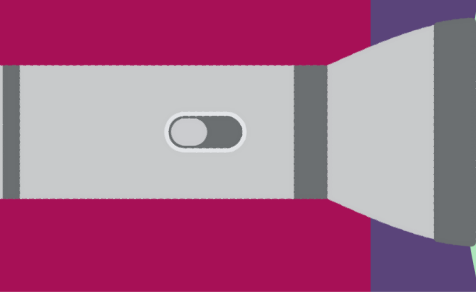
FROM RESEARCH TO ACTION:

Why we need to document and listen to the women's experiences

While discussing these essential aspects of the education of new doctors—OB-GYNs and perinatal health professionals—it is a recurring conclusion that these must not remain isolated from sources outside the medical school curriculum. Instead, subjects from the Humanities disciplines are so deeply linked with scientific, technical, and practical skills that they must not be divided.

After our experience of the Genoa first Italian alongside Birth Center, where women receive midwife-led care and we observed reduced rates of medical interventions in pregnancy and childbirth, we see how the need to enhance women-centered care has become more relevant than ever.

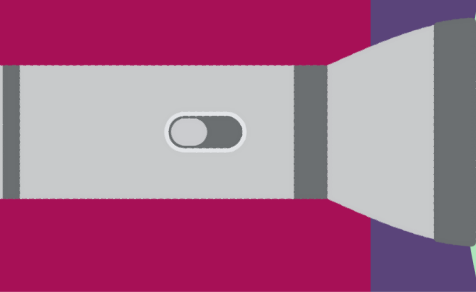
We then proposed and delivered the class we described as a further step that arose from our experience of the deep need to provide a solid foundation in key obstetrics soft skills. Our intention was to make Midwifery students/residents aware of how, when, and why to apply these skills in current practice. This course integrates the standard curriculum followed for one year, with hands-on practice during clinical appointments, and in between, time for study, reflection, and practice. The quality of such interventions can be measured with satisfaction questionnaires, qualitative assessments (interviews), and progress tests.



Such new additions to practitioners' training and practice, in their coursework, residency experience, and how women-centered care is delivered in practice, can only be meaningfully designed, delivered, and achieved if we—the practitioners, OB-GYNs, midwives, nurses, and health professionals—listen to how women experience their births and their wishes.

By listening to the many stories women have shared during studies conducted as part of various efforts, including related projects such as IMagINE EURO and Respect in several European countries, including Italy, Croatia, and Cyprus, we have learned a lot:

- We learned about what women appreciated and described as important to them for having positive experiences: feeling, for example, that they were treated as unique individuals, that they were given choices, and that their wishes and preferences were respected. We learned about how they felt that their health providers acted as their allies and worked as a team for them.
- We also learned about what hurt them, what made them feel invisible, ignored, and disempowered. Much of it had to do with how they experienced interventions without being informed about them or being given a choice; how they were ignored or dismissed when they tried to express their preferences; or how what was important to them was minimized.



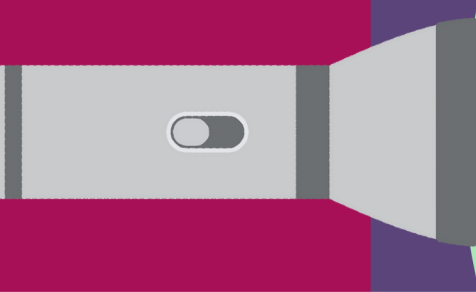
The **RespectWATCH** documentation platform offers another vital tool to continue documenting women's experiences, including their negative experiences during childbirth, so we can understand and address them.

Activists from NGOs such as Birth Forward and CyFPA, along with **human rights advocates** and our legal experts, can analyze them in terms of the human rights that have been affected, providing recommendations for advocacy and policy formation.

We, the **health professionals and educators**, can listen to women's needs and also their complaints, so we can think about how to give space for women to express their wishes to us and discuss with them to reach common decisions.

Decision makers can access essential information through documented cases and our advocacy reports about the reality for many women in relation to the legally safeguarded rights of women as healthcare users, as well as existing recommendations and guidelines for Respectful Maternity Care (RMC).

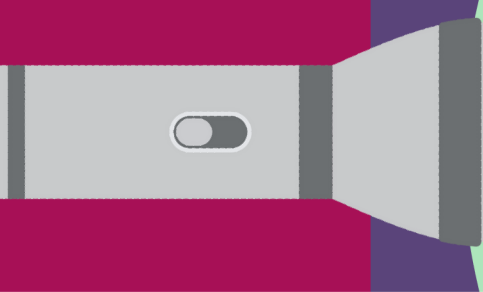
The **women themselves** can experience a safe space for sharing. After sharing their stories, they will be provided with options if they wish to further discuss, seek support, or take further action by filing complaints with competent authorities or even seeking reparations if they wish to. Most importantly, through this sharing—done informally over the years within the Birth Forward community—we are building safe spaces where women support and empower each other.



The RespectWATCH Platform

for Documentation
of Women's Experiences in Maternity
Care & Childbirth in Cyprus
can be found here





The course referenced at the University of Genoa was designed and taught by the following expert contributors:

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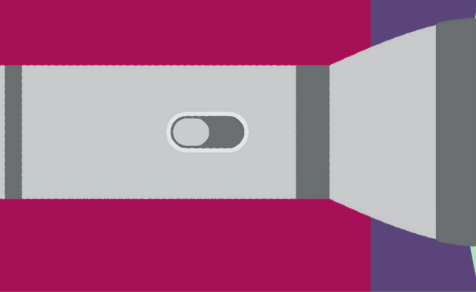
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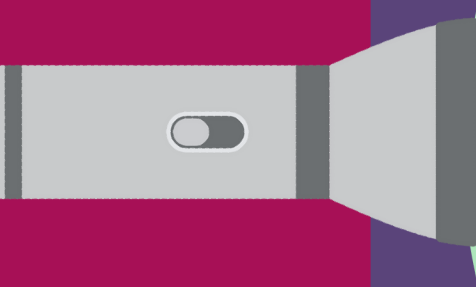
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