



CERV-2022-DAPHNE

Toward a culture of Respectful Maternity Care (RMC): Enhancing Shared Decision Making and Informed Choice in Cyprus and Croatia



WP2: Research - Understanding Experiences and Needs of Women from Maternity Care, and provider's understandings and motivations

D2.3- Research Report



Co-funded by the
European Union



National report

Cyprus



Table of Contents

Brief description of study methods.....	5
Data analysis.....	5
Socio-demographic profile of survey participants	7
Pregnancy-related characteristics	7
Person-centred Maternity Care.....	8
Responsive and Supportive Care	9
Emotional well-being:.....	9
Dignity and Respect.....	10
Respect of privacy:	11
Heard and valued:	12
Disrespect and Abuse.....	12
Discrimination:	13
Harm and mistreatment:.....	13
Disrespectful communication:	15
Communication and Autonomy	15
User-provider information exchange:	16
Lack of information-State of Doubt:.....	17
Holding back from asking questions:	17
Accepting or declining care:	18
Preferences and Choices	18
Baby feeding Choices:	18
Autonomy in decision-making	19
Informed Choices:.....	20
Informed Consent:	20
Appendix A: Detailed presentation of survey data analysis	22
Table 1: Socio-demographic characteristics of survey participants, Cyprus (N=516) and comparison with survey participants in Croatia (N=855).....	23
Table 1a: Place of residence of participants, Cyprus (N=516)	24
Table 2: Pregnancy-related characteristics of participants, Cyprus N(N=516) and comparison with survey participants in Croatia (N=855).....	25
Table 3: How did participants find out about the survey in Cyprus (N=516)	26
Table 4: Person-Centred Maternity Care (PCMC-US) scale - Responses of survey participants at item level, Cyprus (N=516).....	27
Table 5: Person-Centred Maternity Care (PCMC-US) questionnaire scale – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care, Cyprus (N=516).....	29

Table 5a: Person-Centred Maternity Care (PCMC-US) questionnaire scale – Percentage of participants according to overall score and sub-scale score classification, Cyprus (N=516).....	29
Table 6: Person-Centred Maternity Care (PCMC-US) – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to socio-demographic characteristics, Cyprus (N=516).....	30
Table 7: Person-Centred Maternity Care (PCMC-US)– Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to pregnancy-related characteristics, Cyprus (N=516).	32
Table 8: Maternal Autonomy in Decision-Making (MADM): Responses of survey participants at item level, Cyprus (N=516).....	34
Table 9: Maternal Autonomy in Decision-Making (MADM) scale score and classification of degree of autonomy, Cyprus (N=516).....	35
Table 10: Maternal Autonomy in Decision-Making (MADM) according to socio-demographic characteristics, Cyprus (N=516).	36
Table 11: Maternal Autonomy in Decision-Making (MADM) according to pregnancy-related characteristics, Cyprus (N=516*).	37
Figure 1: MADM mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Cyprus.	38
Figure 2: MORi mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Cyprus.	39
Table 12a: Mothers on Respect Index (MORi) – Section A: Responses of survey participants at item level, Cyprus (N=516).....	40
Table 12b: Mothers on Respect Index (MORi) – Section B and C: Responses of survey participants at item level, Cyprus (N=516).....	41
Table 13: Mothers on Respect Index (MORi) score and classification of degree of Respect, Cyprus (N=516).	42
Table 14: Mothers on Respect Index (MORi) according to socio-demographic characteristics, Cyprus (N=516).	43
Table 15: Mothers on Respect Index (MORi) according to pregnancy-related characteristics, Cyprus (N=516).	44
Table 16: Correlations between MADM, MORi, PCMC-Overall and Sub-scales, Cyprus (N=516).....	45
Table 17: Maternal Autonomy in Decision Making (MADM) and Mothers on Respect index (MORi) according to Person-Centred Maternity Care (<i>quartiles</i>), Cyprus (N=516).	46
Table 18: Experience of Mistreatment by providers index (MIST) - Responses of survey participants at item level, Cyprus (N=516).....	47
Table 19: Experience of Mistreatment by Providers index (MIST) according to socio-demographic characteristics, Cyprus (N=516).	48
Table 20: Experience of Mistreatment by Providers index (MIST) according to pregnancy-related characteristics, Cyprus (N=516).	49

Table 21: Lack of informed consent - Responses of survey participants at item level, Cyprus (N=516).	50
Table 22: Lack of informed consent according to socio-demographic characteristics, Cyprus (N=516).	51
Table 23: Lack of informed consent according to pregnancy-related characteristics, Cyprus (N=516).	52
Table 24: Experience of Mistreatment by Providers index (MIST) according to classification of Maternal Autonomy in Decision Making (MADM), Mothers on Respect index (MORi) and Person-Centred Maternity Care (<i>quartiles</i>), Cyprus (N=516).	53
Table 25: Lack of informed consent according to classification of Maternal Autonomy in Decision Making (MADM), Mothers on Respect index (MORi) and Person-Centred Maternity Care (<i>quartiles</i>), Cyprus (N=516).	54
Appendix B: Deductive content analysis of focus groups and responses to the open-ended question in the RESPECT survey based on the RMC framework	55
B1. Count analysis of responses to the open-ended question in the RESPECT survey ..	56
B1. Narrative description and characteristic quote based on the RMC framework.....	57
Ιδιωτικότητα και Εμπιστευτικότητα (Maintaining privacy and confidentiality).....	57
Προστασία της αξιοπρέπειας (Preserving women's dignity).	57
Παροχή πληροφοριών και ενημερωμένη συγκατάθεση (Provision of information and seeking informed consent)	57
Σεβασμός στις ανάγκες και επιθυμίες (Respecting women's choices).....	58
Δικαίωμα του οφελείν και μη βλάπτει (Being free from harm and mistreatment)	58
Πρόσβαση συντρόφου-οικογένειας και στήριξη στην κοινότητα (Ensuring continuous access to family and community support).	58
Παροχή αποτελεσματικής φροντίδας (Provision of efficient and effective care)	58
Ισοτιμία στη φροντίδα (Providing equitable maternity care)	59
Ποιότητα περιβάλλοντος και διαθεσιμότητα πόρων (Enhancing quality of physical environment and resources).	59
Επαγγελματική επάρκεια προσωπικού (Availability of competent and motivated human resources)	59
Συνεχιζόμενη φροντίδας (continuity of care)	60
Appendix C: Infographic presentation of main findings.	61

Brief description of study methods

During November and December 2023, the RESEPCT survey was disseminated widely using a range of approaches - both online (e.g. social media, Baby Buddy platform) as well as in the community (e.g. personal visits to nurseries, community events etc).

The full study protocol, detailing the study design, survey tools, data collection methods, is described elsewhere (*see D2.1. Study Protocols and Research Tools*).

Briefly, the survey included a battery of questionnaires, tapping on women's:

- (a) self-reported rating of person-centred maternity care (as measured by PCMC scale¹),
- (b) perceived autonomy in decision making (MADM²),
- (c) sense of respect by providers during maternity care (MORi³),
- (d) experience of mistreatment by providers (MIST⁴), and
- (e) reported incidences of lack of informed consent⁵.

An open-ended question was also included in the survey for any additional comment women wanted to share in writing with the research team.

As part of the survey, an open invitation was also extended towards anyone who wish to share their experience with the research team by participating in a focus-group discussion with other women and/or on a personal basis. The open call to participate in a focus-group was also share via social media.

For the focus-groups, a semi-structured topic guide, developed specifically for this purpose, was used (*see D2.1. Study Protocols and Research Tools*).

Data analysis

Women across Cyprus responded to the RESPECT call to participate in the survey.

Descriptive statistical analysis was used to present the participants' responses across the various topics explored in the survey. The analysis explored responses both at item level of all the above scales as well as at aggregate level, estimating scale and sub-scale scores, after exploring the dimensionality of the scales using exploratory factor analysis and according to the developer's instructions (e.g. degree of maternal autonomy in decision-making – MADM classification),

¹ Person-Centred Maternity Care (PCMC): 35-item scale with a dimensionality of three sub-scales, namely Communication and Autonomy; Dignity and Respect; and Responsive and Supportive Care, developed by the Person-Centered Equity Lab, University of San Francisco California

² Maternal Autonomy in Decision Making (MADM): 7-item scale tapping on the perceived participation in the decision-making process, developed by the Birth Place Lab, University of British Columbia. Adapted from the most-widely but generic questionnaire on Shared-Decision Making –SDM-Q-9, with a focus on maternity care and taps on key elements of the user-provider interaction that are supportive of participation in decision making, best known as the three-talk approach: CHOICE, OPTIONS, DECISION talk.

³ Mothers on Respect index (MORi): 14-item scale, developed by the Birth Place Lab, University of British Columbia, tapping on level of comfort when accepting or declining care options, and/or perceptions of racism or discrimination when receiving care.

⁴ Pregnant Persons Experience of Mistreatment b Providers index (MIST): set of indicators of mistreatment that align with the dimensions of mistreatment identified by the Bohren typology: physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport during interactions with providers, and poor conditions and constraints presented by the health system.

⁵ List of procedures performed without written and/or oral consent, sourced from relevant literature.

Differences in maternal care experience according to socio-demographic (e.g. age group, educational attainment, district of residence) and pregnancy-related characteristics (e.g. first-time mother, complication, mode of birth) were explored with the use of inferential statistical tests as appropriate.

The current analysis is based on the responses of 516 women who completed the questionnaire up until the end of December 2023.⁶

Among survey participants, 106 women also responded to the open-ended question. The free-text led to 225 meaningful units (MU) for the qualitative analysis. For the purpose of analysis, MU could be whole paragraphs, single sentences or even just short phrases. From a total of 225 MUs, 38 were tapping on positive experiences and 187 on negative experiences).

Furthermore, six focus-groups, either online or in-person, were conducted in this period with a total of 28 women. The focus group discussions were audio-recorded and transcribed verbatim, resulting in over 200 pages of material

In the first instance, a deductive content analysis was used to analyse the qualitative data both from open-ended responses as well as the transcripts from the focus-groups. For the deductive approach, the second- and third-order level classification of the Respectful Maternity Framework as described by Shakibazadeh et al (2018)⁷ was used to analyse the data. In order to move from a more manifest to a higher-order latent interpretation of the data, the transcripts will also be analysed inductively. Analysing this rich material forms part of a doctoral thesis at the Department of Nursing, CUT and will also lead to academic publications in peer-reviewed journals.

Below, an integrated description of the main findings from both the quantitative survey and the qualitative data. Select quotes from the open-ended question written responses and focus groups are interjected in the description to assist the narrative.

Included in Appendices:

- Detailed presentation of survey data analysis in tables and figures in **Appendix A**.
- Summary of deductive content analysis of focus groups and open-ended survey responses, classified according to the 12 domain Respectful Maternity Care framework, in **Appendix B**
- Infographic presentation of the main quantitative and qualitative data, in **Appendix C**.

⁶ The analysis is based on responses up to the end of December 2023. There have been more responses after this date. Thus, the online survey will remain active as further calls might follow during the course of the rest of the activities of the RESPECT project.

⁷ Drawing on previous frameworks, including the WHO and White Ribbon Alliance Frameworks along with an original synthesis of evidence from 67 qualitative studies, Shakibazadeh et al (2018) described a twelve third-order typology of domains with several second- and first-order. The first-order themes are identification criteria describing specific respectful care activities. The second- and third-order themes further classify these first-order themes into meaningful groups based on common attributes. E Shakibazadeh et al. Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis. *BJOG* 2018; 125: 932–942.

Socio-demographic profile of survey participants

The call was addressed to women who gave birth in Cyprus in the last 5 years. About half of the women in the sample reported that they found out about the survey exclusively from social media, while the other half found out about the survey through others means e.g. promotional leaflets and/or personal contact with the research team (in paediatrician offices, nurseries, community events etc), recommendation by doctor or midwife and/or friends and family.

With some exceptions, the geographical distribution of completed questionnaires by District of Residence in the online survey was consistent with what would be expected based on official statistics as published in the Perinatal Health report by the Cyprus Ministry of Health.⁸ There was a slightly higher representation in the sample of women from Nicosia (53.6% Vs the 47.5% of all births reported in official statistics).

The survey addressed women who gave birth in Cyprus in the past 5 years. Based on the current age of child (for the reference birth), the survey responses cover the whole time period of reference. There was slightly higher participation from women who gave birth within the past 6 months or 3-4 years ago, which includes the COVID-19 pandemic containment efforts.

The majority of participants were University graduates (85.8%) and between the ages of 25-35 (73.3%). This was slightly higher than expected according to official statistics (61.5%) suggesting a slightly under-representation of women of younger (<25 years) and older (>35 years) of age. There was also under-representation of women with nationality other than non-Greek-Cypriot; only 12.2% of the survey participants compared to 32.8% based on 2021 official statistics – see Table 1, Appendix A.

Pregnancy-related characteristics

For 61.2% of the survey responders, this was their first childbirth/ first child and, consistently with official statistics, for 95.5%, it was a singleton pregnancy. Only about 1 in 10 (15.1%) women gave birth in a state hospital, which, nevertheless, is not surprising since with the recent launch of the new General Healthcare System (GeSY) and the majority of private maternity clinics joining the national health insurance scheme, there was a large shift of births towards the private sector; the figure recorded in the 2021 perinatal report for births in state hospitals was 13.6%. However, it is of note that even though childbirth is covered by the new National Health Insurance, 16.7% of women in the survey reported covering the cost with a private or non-private insurance while 18.8% of them reported covering the cost out-of-pocket. While the latest official MoH report only reports the overall percentage of births in the private sector to be as high as 86.4%, it does not provide the split between GeSY and non-GeSY maternity clinics; in the survey sample, 56.4% of women gave birth in a private clinic operating with GeSY and 26.4% in a non-GeSY clinic - see Table 2, Appendix A.

According to official statistics, the rate of caesarean sections (C/S) in Cyprus in 2021 was 58.9%. In the survey, 49% of women reported having a C/S. Among a total of 266 C/S, 44.7% were reported as being emergency C/S (compared to the official figure of 31.6%), 42.4% were reported by women as planned due to medical indications and 12.9% as elective C/S. The percentage of vaginal births among the survey participants was 38.8% (vs 35.3% reported in official 2021 statistics) and the percentage of assisted vaginal births was 8.9% (vs

⁸ The latest published report refers to period 2021 as later statistics have not been made available yet.

the official 5.8% figure). In the survey, 2.7% of women reported having a VBAC (Vaginal Birth After Caesarean); VBAC births are not reported separately in the official report.

One in four (25%) of women in the sample self-reported complications in pregnancy and/or birth (11.0% mother, not baby, 10.5% baby, not mother, and 3.5% mother and baby); no comparison can be made with official statistics.

Person-centred Maternity Care

Based on the women's responses to the 35-item Person-Centred Maternity Care (PCMC) questionnaire⁹, it appears that women with varying experiences, negative as well as positive, participated in the survey. The overall scores of the PCMC represent the full continuum of satisfaction with maternity care. The PCMC, in essence, can be interpreted as the degree of adherence/ deviation of the care received from Person-Centred Maternity Care standards on a scale from 0-100% - *see Tables 4-5 in Appendix A*.

About one in three women (29.8%) reported total scores higher than 90%, signifying high levels of satisfaction with care. Nevertheless, for as many as two in five (40.7%) women the reported experience deviated significantly from optimal standards of care; for 17.1%, the total PCMC score was lower than 50% and for 23.6% of the women it was between 50-75%.

Higher deviation was recorded among younger women, first-time mothers, women who gave birth in state hospitals and women who reported complications in pregnancy and/or childbirth. Significant geographical differences were also recorded across the districts of the island. Furthermore, women who gave birth 2.5-3 years ago (i.e. between Dec 2019-June 2021) reported even lower scores on average; this is the period which corresponds closely to the COVID-19 pandemic which impacted greatly on maternity care standards - *see Table 6 in Appendix A*.

Mode of birth was also associated with standards of maternity care practices as women who gave birth by C/S reported on average lower scores, while women who had a vaginal birth or VBAC reported higher scores (with the exception of assisted vaginal births). Among women who had a C/S, there was also significant variation in the overall PCMC scores with higher on average scores among women who reported elective C/S vs. planned (due to medical indications) vs. emergency C/S, where the lowest scores were recorded - *see Tables 7 in Appendix A*.

There were differences depending on the place of birth with higher on average scores among women who gave birth in private clinics that do not operate within GeSY, followed by private GeSY clinics and lower on average scores among women who gave birth in state hospital (public sector); highlighting as social inequity in care.

The 35 PCMC items can be grouped into three sub-scales, namely:

- Dignity & Respect
- Responsive & Supportive Care, and

⁹ The PCMC scale was developed by the Person-Centred Equity Lab, University of California, San Francisco. For the purposes of the RESPECT survey, the original English and a Greek-translated version of the scale was used. Permission to translate and use the scale was granted by the developers. An overall score as well as three sub-scale scores can be calculated, namely: Communication and Autonomy; Dignity and Respect; and Responsive and Supportive Care.

- Communication & Autonomy.

According to women's responses, the highest degree of satisfaction (0-100%) was recorded in terms of Dignity & Respect (at 82% on average), followed by Responsive & Supportive Care (73%) and lastly Communication & Autonomy with the lowest average scores (70%); further supporting the need to explore these aspects of care in more depth in the RESPECT by including specific scales that tap on informed choice and autonomy in decision-making,

Responsive and Supportive Care

In terms of the "Responsive and Supportive Care" subscale, the percentage of women who reported not experiencing good practices at least "most of the time"¹⁰, ranges from 20% (one in 5 women) to 40% (two in 5 women). In ascending order in terms of higher deviation from optimal practices:

- **20.5%** of women reported that healthcare providers did not report in a **timely manner** when requesting assistance
- **23.6%** reported that they were denied **companionship** and were not allowed to have everyone they wanted (e.g. partner) during childbirth.
- **25.0%** reported that they were not satisfied with **pain management** as healthcare providers did not do everything they could to help them manage the pain
- **26.0%** reported that they were not adequately supported in creating an environment that made them feel **comfortable**
- **36.6%** reported that healthcare providers did not ask about their **emotional well-being**
- **37.4%** reported that they did not receive the support they needed to reach the **feeding goals** for their baby.

Emotional well-being:

With regard to healthcare providers being responsive to their emotional well-being, women described both positive as well as negative experiences. Often, positive experiences related to surprisingly simple yet tangible acts of caring. For example, one woman remembering the childbirth described the closeness she felt to the caring midwife who just caressed her belly and was speaking in a soft tone:

"[NAME], my midwife [...] she caressed me, [...] she just caressed me, she was just rubbing my belly, and she was telling me 'relax, give it all your strength [for baby] to come out' [emotional, mimicking her soft voice]. I mean, she was just doing this to me... [demonstrates stroking with gentle movements on her belly] ...I felt very good. I felt like I had a person next to me who respected all that I asked for" – FG.

¹⁰ Responses to the PCMC items are given on a 4-point response scale, namely, "never", "a few times", "most of the time" and "all the time". While optimal standards of care would require full adherence to these practices "all the time", for the purposes of reporting a more relaxed interpretation of adherence to standards was applied as long as these practices were applied at least "most of the time", even if they were not adhered to "all the time". Thus, the figures reported here correspond only to the percentage of women reporting "never" and "a few times". The reported percentages would be much higher if a definition of full adherence was applied.

However, this was not a common experience for all women. Several of them shared negative experiences in terms of how unresponsive healthcare providers might have been to their emotional well-being. In fact, it seems that often the experience might be highly dependent on personality and behaviour characteristics of the healthcare provider:

“The lady [midwife] of the night-shift, who I remember coming in and yawning was indifferent, but the lady who came during the day, the midwife who attended the birth, who was an older lady, she was very caring. My husband thought so too” – FG.

For women who were dealing with emotional difficulties, the unresponsiveness of healthcare providers was very distressing. One of the survey participants described that she was struggling with her emotions while in the clinic (and experiencing symptoms of post-partum depressions). However, the healthcare staff not only appeared indifferent to the situation and the circumstances, but their stigmatising attitude and comments (‘it should have been the happiest days of her life’) made her feel ashamed:

“I wasn't well and the nurses, while they saw I was struggling, they wouldn't approach me, and one of them told me 'we are sorry to see you cry' because it should have been the happiest days of your life. So, I was made to feel shame for feeling depressed and I tried to hide it”– M28 (open-ended response)

One woman who gave birth during COVID, describes the experience as devastating especially because her partner was not allowed to be with her at the clinic. Yet, the health care staff did not show any empathy towards her situation, being (and feeling) alone lying on the hospital bed crying. In fact, they rarely even attended to her, minimising their contact to the absolute necessary examinations.

“they would come and go just to examine me, I was crying, crying alone. I didn't have anyone with me... And I was wondering, ‘Why? Isn't anyone listening to me? Is there anyone here for me?’ I mean, they were just coming in to examine me. ...at some point a midwife came in and I tell her... and I was crying, I was crying, and she told me, ‘just lay down on your side’. They didn't even give me the option if I want to get up, to walk.” – FG

Dignity and Respect

In terms of the sub-scale “Dignity and Respect”, the percentage of women who reported not experiencing good practices at least “most of the time”¹¹, ranged from 11% (one in 10 women) to as high as 40% (two in 5 women). In ascending order in terms of higher deviation from optimal practices:

- **11.6%** of women reported that there were instances that their health information was not kept **confidential** and private all or at least most of the time.
- **17.6%** reported that there were instances that they were not treated with **respect**

¹¹ Responses to the PCMC items are given on a 4-point response scale, namely, “never”, “a few times”, “most of the time” and “all the time”. While optimal standards of care would require full adherence to these practices “all the time”, for the purposes of reporting a more relaxed interpretation of adherence to standards was applied as long as these practices were applied at least “most of the time”, even if they were not adhered to “all the time”. Thus, the figures reported here correspond only to the percentage of women reporting “never” and “a few times”. The reported percentages would be much higher if a definition of full adherence was applied.

- **19.3%** reported that their **partner, family or other companions** who were with them were not treated with respect
- **21.0%** reported that they felt exposed and their **privacy** was violated with instances when they were not covered up with a cloth or blanket or screened with a curtain during exams
- **31.0%** did not feel **heard and listened** to by providers all or at least most of the time
- **38.7%** did not feel that their experience and knowledge were **valued**.

Respect of privacy:

In the women's narratives there were descriptions of how they often felt embarrassed and exposed, their dignity was not preserved or their privacy was not respected. In a number of descriptions, it seems that the lack of privacy was a combination of lack of infrastructure (e.g. non-private rooms in state hospitals) and national reimbursement policy (i.e. GeSY). Speaking about privacy when it comes to state hospitals, one of the women in the focus groups very characteristically said, with a touch of irony:

"It doesn't exist. There is no privacy. It's all PUBLIC, like the hospital itself" – FG.

For some women, lack of privacy was an important factor even if, otherwise, they were very satisfied with the overall care they received. For example, a woman who, due to clinic policies, had to share a room with another women/family and their guests, said:

"The only thing that really disappointed me. Otherwise my care was excellent. I was uncomfortable, with pains, having to think about not disturbing the newborn next to me and at the same time having to tolerate the other woman's guests coming in and out of the room" - M81

Using the term '*tolerate*' points to the fact that this was not just a matter of privacy and feeling exposed, but it also relates to problematic practices or policies in terms of visitation hours and the clinic's responsibility to provide a comfortable and respectful environment for birthing women. In fact, the same woman described how the guests were not only loud but also smelled of cigarette smoke as they would go in and out the room to smoke.

In fact, many of the women's descriptions which related to issues of privacy reflected lack of policies at the clinic level (e.g. regarding student training) and problematic practices (e.g. staff attitudes or behaviours)

"I was treated in an embarrassing way in [CLINIC]. While in labour, having painful contractions' and naked from the bottom down, I was wheeled in a wheelchair, that was actually even too small for me, through the busy main reception for an examination" - M4

"I had a room full of students, and the doctor who was disrespecting me in Greek, in front of them, assuming I can't understand Greek" -M3

Commonly, it had to do with the presence of others in the room without clear purpose and often without their consent. Some characteristics quotes below:

"Well, I think it's not very supportive to be like this [lying on your back] with three thousand lights on top of you and five hundred individuals around you, with whoever

[emphasis] going in and out, no matter how irrelevant, yet you should be like this, with your legs wide open ... everyone coming in and going out and you don't even know who they are. If they have a job or don't have a job there" – FG

Heard and valued:

In the survey, one in three women reported that they did not always feel heard and listened to. According to one woman's description, this was literally the case as the healthcare staff at the clinic where she gave birth turned off the bell so that she wouldn't annoy them with her requests:

"...at some point the bell next to the bed stopped working until I realized it had been turned off" - M24

Not feeling valued and being treated “*just like a number*” by healthcare staff rather than an individual person was a recurring theme in many of the women's descriptions. In fact, there were relevant references for the entire maternity journey from antenatal appointments with their doctor to the lack of compassionate care by healthcare staff while at the clinic.

"... some doctors should have less patients so that they can give more thorough attention and generally be more involved with patients. [...]...my doctor couldn't remember if I'm having a boy or a girl, I had to constantly remind her that my blood is negative etc. I know she wasn't obliged to remember my personal details, but I was getting a feeling that every time I was seeing her it was like she's seeing me for the first time" -M10

In other descriptions, the issue of not feeling “*heard and valued*” often linked with lack of time and rushed appointments, but it often related to problematic attitudes from health care staff even when women would specifically request assistance.

"...after my caesarean and the removal of the catheter, I asked for someone to help me go to the toilet and the answer was 'you can do it on your own'" -M62

Of course, this was not the case for all the women and many of them actually described positive experiences, warm interactions and feeling valued by their doctors and midwives, which was usually founded in building a relationship of trust. Interestingly, sometimes warm encounters of personalised care with healthcare staff were described like single incidences or nice memorable moments, or down to one particular person, instead of the norm.

"I remember a nurse. Maybe, she was a midwife. She was very supportive. At night, she came and took care of me and put pillows on my bed and let my baby sleep with me" - FG

Disrespect and Abuse

The percentage of women in the survey who reported experiencing disrespect and abuse at least “a few times”¹² ranges from a low of 5% (one in 20) when it comes to discrimination to

¹² Unlike the rest of the PCMC items which refer to optimal practices and are phrased positively, the specific items tap on particularly problematic situations and are negatively-phrased. Thus, for these items, the 4-point response scale ranging from “never” to “all the time” takes a different interpretation. The desired response

a high of 37% (one in 3) when it comes to feeling coerced or pressured into a decision. The specific nature of mistreatment and abuse was also explored in more depth with the use of the MIST questionnaire. (*see sub-section Harm and Mistreatment*).

Specifically, with regard to the relevant questions included in the PCMC scale, the following figures were recorded:

- **5.0%** of the women (one in 20) reported that they felt **discriminated** against. The question refers collectively to discrimination “due to race, ethnicity, income, education, sexual orientation or anything else”.
- **14.7%** of the women (one in 7) reported **physical abuse**. The item in the PCMC questionnaire refers to “*handled roughly, held down or physically restrained*”.
- **15.3%** of the women (one in 7) reported **verbal abuse**. The item in the PCMC questionnaire refers to being “*shouted at, scolded, talked to rudely, insulted or threatened in any way*”.
- **23.8%** of the women (one in 4) reported **neglect**. The item in the PCMC questionnaire refers to “*healthcare providers avoided, ignored or otherwise neglected you*”.
- **36.6%** of the women (one in 3) reported **coercion**. The item in the PCMC questionnaire refers to being “*coerced or pressured into a decision by a healthcare provider*”.

Discrimination:

While the percentage of women reporting discrimination appears low, it should be noted that it might not be representative of the experience of all communities served by the maternity healthcare system since the majority of the survey participants are Greek-Cypriot nationality.

The MORi questionnaire also taps specifically on discrimination, including socio-economic aspects of discrimination and difference of opinion with healthcare providers. The findings appear consistent: only a small percentage (<1%) of the survey participants reported that they were treated poorly by healthcare providers due to sexual orientation, gender, race, ethnicity, cultural background or language.

A slightly higher percentage, around 3%, reported that they felt discrimination due to the type of health insurance or lack of insurance. The percentage of women reporting that were treated poorly due to a difference of opinion with their caregivers about the right care for themselves or their baby was slightly higher than other aspects of discrimination, but still only around 8%.

Harm and mistreatment:

Across the set of eleven indicators of mistreatment by healthcare providers, as they appear in the extended MIST questionnaire, **32.0%** of women reported at least one (18.4% reporting one and 13.6% reporting two or more) – *see Table 18 in Appendix A*.

would be “never” (rather than “all the time”). In fact, unlike the other items of the questionnaire for which even a response of “most of the time” (even if not “all of the time”) was taken to be a positive response, in this case only the response “never” was taken to be free from harm and mistreatment.

The ranking order of problematic situations or attitudes from most to least frequently reported was as following:

- “physical privacy violated (e.g. uncovered or people in the examination or delivery room without consent)” (reported by 12.8%),
- “forced to remain in an uncomfortable or painful position” (11.1%),
- “withheld treatment or forced to accept treatment you did not want” (10.1%), and
- “shouted at or scolded by healthcare provider” (9.1%)
- “ignored, refused request for help or healthcare providers not responding to requests for help in a reasonable amount of time (8.3%),
- “criticized by ironic or discrediting remarks and/or treated with nicknames and diminutives” (6.2%)
- “offensive or humiliating things to you by a healthcare provider” (6.2%)
- “forced to sign a paper” (4.1%),
- “physical abuse”¹³ (3.7%),
- “private or personal information shared without consent” (2.5%), and
- “threatened by healthcare providers in any way” (1.7%).

Younger women and first-time mothers were more likely to report the above incidences of mistreatment by healthcare providers. Also, women who gave birth in the public sector (versus the private sector), had an instrumental vaginal birth or emergency C/S and reported complications were more likely to report incidences of mistreatment – see Tables 19 and 20 in Appendix A.

Other than violations of physical privacy, restriction of movement during labour or childbirth, episiotomies without full informed consent based on women’s understanding¹⁴ seem to also be a recurring pattern in women’s qualitative descriptions.

Another issue that emerged both in the focus groups as well as the written responses in the open-ended question was the practice of fundal pressure (also referred to as Kristeller technique). Some of the women even described that they were aware of this harmful practice but didn’t realise that this is what was happening, or even tried to speak up but they were met with dismissal attitudes. Other women report that they only realised that this happened to them months later but they remember it as a very traumatic experience.

"The worst thing that happened, it was [,,] when they pushed, and I called out to them 'Stop, I can't breathe'. I've read about this thing, that it can happen, uh, I don't remember the terminology, but when it happened to me, I couldn't perceive it was this thing and that it was wrong, but it felt wrong" – FG

"I asked the midwife not to push my belly, and the answer was 'the doctor told me'. The doctor didn't speak [...] I consider this violence". -M42

¹³ Defined in MIST as “experienced physical abuse, such as aggressive physical contact, inappropriate sexual conduct, a refusal to provide anaesthesia for an episiotomy, etc”,

¹⁴ This would also appear consistent with the very high rate of episiotomies recorded in official statistics.

"[...] they did the Kristeller technique on me, I realized months later...I had post-traumatic stress-very intense" -M25

Disrespectful communication:

Women's descriptions also contained incidences where they were verbally abused (*shouted at, scolded, talked to rudely and insulted*).

"When the doctor came, and I was adamant about the epidural, the doctor came, he spoke to me very badly, he said 'stop these things' he literally said 'stop these nonsense'[in Greek 'απωμάρες' which as a term is also used to refer to 'caprices' or 'whims'] -FG

Often these incidences were recounted by the women in the form of 'stories', even in the written responses. Sometimes women recited the whole dialogue with the healthcare provider, opting to use the present rather than the past tense (i.e. 'says to me', rather than 'said to me'). The following is a characteristics example:

"He [DOCTOR] says to me,

- 'Well, we have to plan for you to give birth'. I say to him: 'Why?'. And he says*
- 'What do you want coming out of you, a little donkey? ("γαουρούι").*

I will never forget it [sounds angry]...I say 'excuse me doctor? ', and he repeats

- 'how big are you going to make him' he tells me.*

...eh, he was a nice normal baby...he was 3200g. ...eh, I was shocked, I mean, what are you talking about, I'm getting close to give birth, and you're telling me this thing" - FG

Communication and Autonomy

The lowest scores by comparison across the PCMC items were recorded on several of the items of the "*Communication and Autonomy*" sub-scale. Several of the items in this sub-scale tap on the processes of information-exchange that allows women to participate actively (e.g. ask questions) and to feel informed about what was happening during childbirth. Items in this sub-scale also tap on the degree of autonomy women had in shaping their own choices and the respect of those choices (such as respect for their birth plan, birth position of choice, companionship, baby feeding etc).

The percentage of women in the survey who reported some problematic aspect with the information-exchange process at least "*most of the time*" ranges from 18.8% with regard to the most passive aspect of communication (i.e. they didn't feel that they couldn't even ask their healthcare providers any questions they had) to 37.4% with regard to the most interactive aspect of communication (i.e. their healthcare provider actually checking that they understood the information that was provided to them).

Specifically, the following figures were recorded in ascending order in terms of the percentage of women reporting this to be an issue:

- **18.8%** of the women (one in 5) reported that they couldn't always or at least most of the time ask their healthcare providers any **questions** they had.

- **19.8%** of the women (one in 5) reported that their healthcare provider did not always or at least most of the time speak to them using a **language** or words they could understand.
- **26.0%** of the women (one in 4) reported that health care providers did not always or at least most of the time **introduce** themselves (i.e. who they are, their name and their professional role)
- **26.7%** of the women (one in 4) reported that their healthcare providers did not always or at least most of the time explained to them the **reasons** why they were performing examinations or procedures on them (or the baby)
- **28.8%** of the women (one in 3) reported that their healthcare providers did not always or at least most of the time **involve them in decisions** about their care
- **29.8%** of the women (one in 3) reported that they did not always or at least most of the time **felt informed** about what was happening during childbirth.
- **37.4%** of the women (one in 3) reported that their healthcare provider did not always or at least most of the time **check** that they understood the information that they were given to them

User-provider information exchange:

Descriptions of problematic user-provider information exchange were very prominent in women's narratives, both in the focus-group discussions and in the written responses on the open-ended survey question. Descriptions didn't only refer to women's experiences during childbirth even though many of them did with women describing being confused, not feeling informed about what was happening, why certain procedures were necessary and for what purpose. In fact, some women described that even when some information was given to them, it was often conflicting between different healthcare providers causing even more confusion and leaving them in doubt as to what was valid. The following quote is characteristic especially since, instead of information, words like "*opinion*" or "*point of view*" are used to describe the information received from the midwives.

"...each one [MIDWIVES] had her own opinion and point of view on the progress of childbirth but also later about the care of the infant...it was so confusing" - M104

This problematic information-exchange between women and healthcare providers starts early during the antenatal appointments. Some women may recognise the problem early enough to change provider, while others only seem to realise in retrospect.

"The doctor that was seeing me for seven months did not treat me right. He didn't sign my maternity leave, he didn't explain the appointments to me, what he was seeing, and he was putting appointments every two weeks without any reason" - M19

Women did not always feel that their healthcare providers were involving them in decision about their care. In fact, they often found it challenging to even ask questions:

"He was not listening to me -like I was just a number among the many women he was going to see that day" - FG

The quality of information exchange might be depended on women's self-efficacy and assertiveness. For example, one woman, who described how challenging it was to get answers from her healthcare provide, is wondering at the same time how much more difficult it must be for women who are not "white, European, well-educated" like herself.

"Please note that I am white European, well educated. Yet, I was treated like any questions about my child were bothersome. I am not sure how do they treat people of other races and religions" - M3.

Lack of information-State of Doubt:

There were several positive descriptions from women who felt that their wishes and preferences were respected by their healthcare providers. Often having a birth plan, discussing in advance with their healthcare provider and being assertive about what they wanted were factors they considered important for their positive experience. In fact, some women explained that they particularly choose their healthcare provider for this reason and in this way, with the expectation that many healthcare providers may try to sway them away from their preferences.

"My experience with this particular doctor... she respected what I wanted, my plan. And she didn't tell me "no, no, we in Cyprus this is how we do it, so we do it like this" -FG

However, consistent with the survey finding that one in three women reported feeling coerced or pressured into a decision, this appears to be a recurring pattern in the women's narratives. Some women talked about feeling pushed into a decision (even if described with mild terms such as 'encouragement' like in the select quote below) or at least not presented with alternative options to actively participate in decision-making (even if they consented to the procedure like in the select quote below).

This lack of information was leaving women in a state of doubt as to whether induction, episiotomy, caesarean or some other intervention or procedure was necessary or not, a question that remains unanswered in their mind and continues to bother them long after the birth.

"The induction of labour was done with my own consent at 40+1 weeks after encouragement by my doctor. In retrospect, I consider that the lack of information about the options I had and the procedures that would be followed ...slowly and painfully led to a caesarean section" - M100

"I have doubts whether my Caesarean was necessary or not, not that it affects me psychologically, at least not to a great extent but natural birth is something I want to experience and I will definitely pursue in my next pregnancy" - M59

Holding back from asking questions:

The MOR index specifically taps on some of the reasons why women may hold back from asking questions during prenatal appointments:

- **26.2%** reported that they held back due to the appointment with their doctor-midwife being rushed

- **24.0%** reported that they held back so that their doctor/midwife would not think of them as being difficult.
- **25.8%** reported that this was due to them wanting care that was different from what the doctor-midwife recommended.

Accepting or declining care:

The MOR index also taps on the level of comfort when accepting or declining care options.

- **19.5%** (one in three) of the women reported that they were not comfortable **accepting** options the doctor or midwife recommended
- **28.5%** (one in three) of the women reported that they were **pushed into** accepting options the doctor or midwife suggested
- **29.7%** (one in three) of the women reported that they did not feel comfortable **declining** care they were offered.

Preferences and Choices

With regard to autonomy and respect of specific choices included in the PCMC questionnaire, the following figures were recorded in ascending order:

- **22.6%** of women (one in 4) reported that the healthcare providers did not always or at least most of the time respected their **baby feeding choices** (e.g. breastfeeding, bottle feeding, both)
- **30.0%** of women (one in 3) reported that their **birth plan or preferences** were not always or at least most of the time respected (such as moving during labour, pain management, music, etc.), and
- **40.9%**, among the women who gave birth vaginally, reported that they were not able to give birth in the **position of their choice**

Baby feeding Choices:

Healthcare providers did not always respect women's baby feeding choice. In fact, while birth position of choice was most frequently reported in the survey (among women who had a vaginal birth), disrespecting mothers' baby feeding preferences was the complaint with highest frequency in the written responses to the open-ended question.

Several of the descriptions do not only point to lack of support, but also an active effort by healthcare providers to influence women's decision, often presenting arguments about how difficult breastfeeding would be.

“It was my choice to breastfeed exclusively and they knew it but they urged me several times to give formula to 'rest'. Of course, I never approved it but in such a difficult moment you need the right guidance and not the easy solution” - M61

Women also reported that healthcare providers would sometimes outright disrespect their expressed preference to breastfeed their baby and give formula to the baby without their

consent. Whether women got the breastfeeding support they needed often depended on who was on shift.

"...when I asked for help because I was struggling, the answer I got was 'that's what you get with breastfeeding, better give formula'. (The girls on the next shift were more helpful)" - M94

Of course, this was not every woman's experience, and there were several women who talked about how supportive their healthcare providers were with breastfeeding. Some women highlighted how important it is to have good post-natal care in the community and referred to home-visits by midwives under the new General Health System scheme.

"I am grateful to my midwife who came to home-visits and helped me a lot psychologically and responded even in the middle of the night to questions and concerns I had about breastfeeding" - M35

Not all women want to breastfeed. Some women who were not exclusively breastfeeding the baby also described disrespect from healthcare staff towards that choice. The following quote is characteristic. Other than describing the pressure that a woman who did not want to breastfeed felt from healthcare providers, it also points to possible reasons guiding some women's decision not to breastfeed, suggesting that it might be easy to misinterpret efforts by healthcare staff to explain the physiology of breastfeeding as exerting pressure.

"...the pressure exerted by nurses /midwives [for EBF], even when the [breast milk] quantity is insufficient to feed the infant". - M80

Autonomy in decision-making

Active participation of women in decision-making during pregnancy and childbirth was measured according to the MADM scale which is based on the shared-decision making three-talk model – team talk, option talk, and decision talk - see Table 8 in Appendix A.

Based on the MADM classification, about half of the women in the survey (47.3%) had high degree of autonomy in decision making. One in four women were classified as having moderate degree of autonomy (23.8%) and about one in four women classified as having low (14.1%) or very low (14.7%) degree of autonomy- - see Table 9 in Appendix A.

Lower levels of autonomy in decision-making were recorded among first-time mothers, women who gave birth in state hospitals (compared to clinics in the private sector), women who gave by C/S or instrumental vaginal birth (compared to vaginal birth and VBAC) and women who reported complications in pregnancy and/or childbirth. Significant geographical differences were also recorded across the districts of the island. Furthermore, women who gave birth 2.5-3 years ago (i.e. between Dec 2019-June 2021) reported even lower scores on average; this is the period which corresponds closely to the COVID-19 pandemic which impacted greatly on maternity care standards - see Tables 10 and 11 in Appendix A.

Level of autonomy was strongly associated with the overall experience of person-based care; among women in the highest quartile of overall satisfaction with maternity care (as indexed by the PCMC scale), only 1.7% had a low level of autonomy in decision-making. In contrast, the equivalent percentage among women at the bottom quartile of scores was as high as 75% - - see Tables 17 in Appendix A.

Informed Choices:

About one in three women (28.8%) in the survey reported that the healthcare providers did not involve them in decision about their care all or at least most of the time while at the clinic. A similar percentage (30.0%) reported that their birth plan (if they had one) or preferences were not always or at least most of the time respected, with 28.9% of them expressing disagreement to some degree with the statement “*the care options I received were my choice*”.

In their narratives, women highlighted the importance of shaping informed choices and referred to antenatal classes and birth plans as a means of discussing the various options of care with their healthcare providers, knowing what to expect, shaping their preferences and being in control

“Wouldn’t be nice if during pregnancy, when the days are getting closer [to labour], if they [the HCPs] could have a birth plan, in paper form, to be given to the woman, so that she knows what care she can get during and after the birth, so that she knows the choices... eh, you might not know something” - FG

“I was much more in control at my second birth since I KNEW what I DID NOT WANT and I also took classes and prepared myself. I wish they promoted them more” - M1.

Informed Consent:

The percentage of women reporting that healthcare providers asked for their permission /consent before touching or doing procedures on them all the time was 39.5%. A further 20.2% of women reported that the healthcare providers asked permission or consent, if not all of the time, at least most of the time. The remaining 40.3% of women reported that this was not systematic - healthcare providers did not always explain or asked permission before performing procedures or examinations. Assuming that this must be the norm in Cyprus, said:

“No one explained why they were doing all these checks on me and it feels strange having to ask all the time. It seems like Cypriot doctors don’t explain so much and people do not want to know as much” - M14

Frequent vaginal examinations without explanations or permission was a common occurrence among women’s descriptions. However, reports of problematic processes around providing information for the need to perform certain procedures or examinations and securing informed consent from the women concerned a range of procedures or examinations (e.g. inductions, episiotomies):

“I am thankful to my doctor because he helped us deliver our baby via IVF, yet [...] several vaginal examinations, before and after the birth, without my consent,... and an episiotomy which I found out about after I gave birth, when I realized they were stitching me” - M18

“I was induced, I signed the paper but I had my doubts but they gave me no other choice.... it was a traumatic experience for me.” - M39

From a list of procedures or examinations provided in the survey, **33.7%** of women reported that at least one (17.2% reporting one, and 16.5% reporting two or more) were performed without informed consent (either oral and/or in writing).

The most frequently reported procedures performed by healthcare staff without consent were:

- *“feeding the newborn with formula or other liquids”* (reported by 13.6%), followed by
- *“vaginal examinations”* (11.6%), and
- *“episiotomy”* (7.8%).

The least frequently reported procedures or examinations performed without informed consent were:

- *“cardiotocography”* (2.9%),
- *“insertion of intravenous canula”* (4.1%), and
- *“shaving of pubic hair”* (4.6%).

A similar percentage of around 5% reports having had an induction or a C/S without informed consent – *see Table 21 in Appendix A* for full list.

There was a strong association between lack of informed consent and maternal autonomy in decision-making (as measured by MADM). While around 12% of women at the highest level of MADM classification (high autonomy) reported that they had at least one of the procedures or examinations listed without informed consent, the percentage rises to 51.3% among women with low and 79.5% among women with very low autonomy in decision-making – *see Table 24 in Appendix A*.

A similar association was observed with the overall Person-centred Maternity Care with only 0.9% of women with PCMC scores in the highest quartile reporting lack of informed consent.

Appendix A: Detailed presentation of survey data analysis

Table 1: Socio-demographic characteristics of survey participants, Cyprus (N=516) and comparison with survey participants in Croatia (N=855).

Variable		Cyprus (N=516)		Official statistics CY (2021)	Croatia (N=855)	
		N	%		N	%
Age at childbirth <i>(for reference birth)</i>	<24 years old	18	3.5%	10.4%	53	6.2%
	25-29 years old	183	35.5%	61.5%	362	42.3%
	30-34 years old	195	37.8%		300	35.1%
	35-39 years old	91	17.6%	28.1%	122	14.3%
	40 years or older	29	5.6%		18	2.1%
Highest educational attainment	Up to lower Secondary	2	0.4%	7.2%	5	0.6
	Secondary-Higher	19	3.7%	14.5%	243	28.4%
	Tertiary-College	52	10.1%	78.3%	75	8.8%
	Tertiary-University	174	33.7%		489	57.2%
	Postgraduate	247	47.9%		30	3.5%
	Doctoral	22	4.3%		13	1.5%
Nationality	Greek-Cypriot	453	87.8%	67.2%	-	-
	Turkish-Cypriot	1	0.2%	-	-	-
	Croatian	-	-	-	849	98.9%
	EU national	42	8.1%	12.0%	5	0.6%
	Non-EU national	15	2.9%	20.8%	3	0.4%
	Refugee/Asylum	4	0.8%		-	-
	Other	1	0.2%		1	0.1%
Employment	Full-time	399	77.3%		698	81.6%
	Part-time	35	6.8%		29	3.4%
	Unemployed	21	4.1%		70	8.2%
	Not working at present	11	2.1%		29	3.4%
	Full-time mother	44	8.5%		6	0.7%
	Refugee/Asylum	1	0.2%		-	-
	Other	5	0.5%		23	2.7%
Current age of child	<1-month-old	33	6.4%		26	3.0%
	1-3 months old	62	12.0%		54	6.3%
	3-6 months old	53	10.3%		88	10.3%
	6-9 months old	32	6.2%		80	9.4%
	9-12 months old	35	6.8%		77	9.0%
	1-1.5 year old	48	9.3%		110	12.9%
	1.5-2 years old	41	7.9%		97	11.3%
	2-2.5 years old	37	7.2%		72	8.4%
	2.5-3 years old	31	6.0%		64	7.5%
	3-4 years old	60	11.6%		85	9.9%
	4-5 years old	54	10.5%		68	8.0%
	5 years or older	30	5.8%		34	4.0%

Table 1a: Place of residence of participants, Cyprus (N=516)

Variable		Cyprus (N=516)		Official statistics CY 2021
		N	%	
Place of Residence	Nicosia	275	53.6%	47.5%
	Limassol	131	25.5%	28.7%
	Larnaca	58	11.3%	10.2%
	Paphos	33	6.4%	9.9%
	Famagusta	16	3.1%	3.6%
	Other	3	0.6%	-

Table 2: Pregnancy-related characteristics of participants, Cyprus N(N=516) and comparison with survey participants in Croatia (N=855).

Variable		Cyprus (N=516)		Official statistics CY 2021	Croatia (N=855)	
		N	%		N	%
Parity	First childbirth/child	316	61.2%		548	64.1%
	Not first birth/other children	191	37.0%		299	35.0%
	Other	9	1.7%		8	0.9%
Pregnancy	Single	493	95.5%	94.8%	831	97.2%
	Multiple	17	3.3%	5.2%	21	2.5%
	Other	6	1.2%		3	0.4%
Type of birth	Vaginal	200	38.8%	35.3%	557	65.1%
	Assisted vaginal	46	8.9%	5.8%	26	3.0%
	C/S (with general anaesthesia)	31	6.0%	58.9%	84	9.8%
	C/S (w/out general anaesthesia)	222	43.0%		172	20.1%
	VBAC	14	2.7%	-	11	1.3%
	Other	3	0.6%	-	4	0.5%
Reason for C/S (N=266)	Planned C/S (medical indications)	108	42.4%	68.4%	98	36.8%
	Elective C/S	33	12.9%		6	0.7%
	Emergency C/S	114	44.7%	31.6%	162	60.9%
Complications	Neither Mother, Nor Baby	387	75.0%		515	60.2%
	Mother, not Baby	57	11.0%		172	20.1%
	Baby, Not Mother	54	10.5%		74	8.7%
	Both Mother and Baby	18	3.5%		94	11.0%
Place of birth	Public sector (GeSY in CY)	78	15.1%	13.6%	835	97.8%
	Private sector (GeSY in CY)	291	56.4%	86.4%	-	-
	Private sector (Not GeSY,CY)	136	26.4%		11	1.3%
	Home birth	1	0.2%	-	4	0.5%
	Other	10	1.9%	-	4	0.5%
Cost of maternity care and childbirth	GeSY/ Health Insurance	288	55.8%		767	89.7%
	GeSY/HI plus other means	45	8.7%		66	7.7%
	Private Insurance	42	8.1%		1	0.1%
	Private plus other nonGeSY/HI	27	5.2%		1	0.1%
	Non-private insurance	11	1.4%		-	-
	Out-of-pocket	97	18.8%		16	1.9%
	Other	6	1.2%		4	0.5%

Table 3: How did participants find out about the survey in Cyprus (N=516)

Means of dissemination	1.	2.	3.	4.	5.	6.	7.	8.
1. In person by organisers	67 (13%)	3	2	11	3	4	0	0
2. Recommendation by doctor/ midwife	3	40 (7.8%)	0	7	0	4	0	0
3. Promotional leaflet/ banner	2	0	14 (2.7%)	4	1	1	1	0
4. Social Media	11	7	4	276 (53.5%)	12	10	2	0
5. From a website	3	0	1	12	10 (1.9%)	0	1	0
6. From friend/ family/ colleague	4	4	1	10	0	48 (9.3%)	0	0
7. Radio, Print Media, TV	0	0	1	2	1	0	0 (0.0%)	0
8. Other	0	0	0	0	0	0	0	15 (2.9%)

Table 4: Person-Centred Maternity Care (PCMC-US) scale - Responses of survey participants at item level, Cyprus (N=516).

PCMC-US (35 items)									
Did you feel/How did you feel: (13 items) Did your providers: (10 items) Did you feel your providers: (5 items) Were you/ Was your/ Did you/ Would you say: (7 items)		Dignity & Respect (10 items, Cronbach's α =0.87) Responsive & Supportive Care (11 items, Cronbach's α =0.92) Communication & Autonomy (14 items, Cronbach's α = 0.94)		No, never	A few times	Most of the time	Yes, all the time	Not all the time (or not never for revere) - in ascending order	Not applicable (incl. Covid protocols)
[PCMC31_Discrimination]*reverse: ...were discriminated against because of [...], or anything else?			95.0%	4.1%	0.8%	0.2%	5.0%		
[PCMC28_PhysicalAbuse]*reverse: ...handled you roughly, held you down, or physically restrained []?			85.3%	8.9%	3.1%	2.7%	14.7%		
[PCMC27_VerbaAbuse]*reverse: ...shouted [...], scolded, insulted, threatened, or talked [...] rudely?			84.7%	10.7%	3.5%	1.2%	15.3%		
[PCMC26_Neglected]*reverse: ...avoided, ignored, or otherwise neglected you?			76.2%	16.7%	4.8%	2.3%	23.8%		
[PCMC5_CustomsRespected]: ...your customs and culture were respected by your providers?			4.5%	9.5%	14.5%	55.4%	28.5%	16.1%	
[PCMC1_Wait]*reverse: ... about the amount of time you had to wait before being examined by [...]?			70.0%	20.0%	6.8%	3.3%	30.0%		
[PCMC21_Companioship]: ...allowed to have everyone you wanted (e.g. [...]) during childbirth?			14.7%	8.9%	9.1%	52.5%	32.8%	14.7%	
[PCMC8_InformationConfidential]: ...your health information was kept confidential and private [...]?			3.1%	8.5%	24.6%	63.8%	36.2%		
[PCMC24_BelievedAboutPain]: ... providers believed you when you said you were in pain?			4.5%	19.0%	17.6%	59.1%	36.6%	4.3%	
[PCMC35_FeltSafe]: ... physically safe in the place you gave birth?			7.2%	10.1%	20.5%	62.2%	37.8%		
[PCMC22_FamilyRespected]: ...respect your partner, your family or companions who were with you?			7.9%	11.4%	20.0%	57.9%	39.3%	2.7%	
[PCMC34_ComfortableBirthEnvironment]: ...supported in creating [...] you feel comfortable?			13.6%	12.4%	14.7%	51.7%	40.7%	7.5%	
[PCMC19_BirthPositionChoice]: ...[...] in position of your choice? (*among those applicable)			22.1%	-	-	32.0%	40.9%	45.9%	
[PCMC7_PrivacyCovered]: ...covered up [...] or screened [...] so [...] not feel exposed during exams?			7.0%	14.0%	20.3%	56.0%	41.3%	2.7%	
[PCMC32_BabyFeedingChoiceRespected]: ...feeding choice for your baby [...] respected by [...]?			8.1%	14.5%	20.5%	56.8%	43.2%		

[PCMC3_TreatWithRespect]: ...treat you with respect?	2.9%	14.7%	26.0%	56.4%	43.6%	
[PCMC23_TimelyResponse]: ... providers responded in timely manner when requested assistance?	6.2%	14.3%	24.2%	53.5%	44.8%	1.7%
[PCMC18_BirthPreferenceRespected]: ...your birth plan or preferences (i.e. [...]) were respected?	15.1%	14.9%	16.1%	45.7%	46.1%	8.1%
[PCMC17_Coersion]*reverse: ...coerced or pressured into a decision by your providers?	63.4%	20.7%	8.7%	7.2%	46.6%	
[PCMC13_CouldAskQuestions]: ...you could ask your providers any questions you had?	3.7%	15.1%	29.1%	52.1%	47.9%	
[PCMC15_LanguageUnderstood]: ...speak to you using language or words you could understand?	3.9%	15.9%	28.5%	51.7%	48.3%	
[PCMC11_ExplainBabyProcedures]: ...explain why [...] doing examinations/procedures on baby?	8.9%	18.8%	21.5%	47.7%	49.2%	3.1%
[PCMC10_ExplainedProcedures]: ...explain why they were doing examinations or procedures on you?	9.1%	17.6%	24.6%	48.6%	51.4%	
[PCMC30_Trust]: ...you could completely trust your providers with regards to your care?	6.6%	16.1%	29.1%	48.3%	51.7%	
[PCMC2_Introduction]: ...introduce themselves to you when they first saw you?	6.4%	19.6%	26.4%	47.3%	52.3%	0.4%
[PCMC29_TookBestCare]: ...took the best care of you?	7.0%	15.9%	30.6%	46.5%	53.5%	
[PCMC25_PainManagement]: ...did everything they could to help you manage your pain?	6.4%	18.6%	29.3%	45.7%	54.3%	
[PCMC16_FeltInformed]: ...informed about what was happening to you during your childbirth?	9.1%	20.7%	24.4%	45.7%	54.3%	
[PCMC9_InvolvedInDecisions]: ...involve you in decisions about your care?	11.4%	17.4%	26.7%	44.4%	55.6%	
[PCMC20_EmotionalWellbeing]: ...ask about your emotional well-being?	17.4%	19.2%	22.1%	41.3%	58.7%	
[PCMC33_SupportBabyFeeding]: ...receive support you needed (i.e. [...] to reach feeding goals [...])?	15.7%	21.7%	22.3%	36.4%	59.7%	3.9%
[PCMC12_Consent]: ...ask your permission/consent before touching or doing procedures on you?	20.7%	19.6%	20.2%	39.5%	60.5%	
[PCMC14_CheckedUnderstanding]: ...check that you understood information that was given to you?	15.9%	21.5%	25.8%	36.8%	63.2%	
[PCMC6_FeltHeard]: ...heard and listened to by your providers?	9.5%	21.5%	33.1%	35.9%	64.1%	
[PCMC4_ExperienceValued]: ...your experience and knowledge were valued?	14.7%	24.0%	33.3%	27.9%	72.1%	

For PCMC1: responses are “extremely long”, “very long”. “somewhat long”, and “it was just right”.

For PCMC2: responses are “No, none of them”, “A few of them”, “Most of them”, “Yes, all of them”, with note *If you were seen by only one provider and they introduced themselves, you can select “yes, all of them”.*

Table 5: Person-Centred Maternity Care (PCMC-US) questionnaire scale – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care, Cyprus (N=516).

Scale/ Sub-scale	Theoretical range	Mean	SD	Min	Q1	Median	Q3	Max
PCMC- Overall (35 items)								
Aggregate score	0-105	77.94	23.10	6.00	64.00	85.00	97.00	105.00
Re-scaled score	0-100	74.23	22.00	5.71	60.95	80.95	92.38	100.00
Communication & Autonomy (!4 items)								
Aggregate score	0-42	29.19	10.58	2.00	22.00	32.00	38.00	42.00
Re-scaled score	0-100	69.51	25.19	4.76	52.38	76.19	90.48	100.00
Dignity & Respect (10 items)								
Aggregate score	0-30	24.71	5.27	1.00	22.00	26.00	29.00	30.00
Re-scaled score	0-100	82.37	17.58	3.33	73.33	86.67	96.67	100.00
Responsive & Supportive Care (11 items)								
Aggregate score	0-33	24.04	8.10	0.00	19.00	27.00	31.00	33.00
Re-scaled score	0-100	72.83	24.56	0.00	57.58	81.82	93.94	100.00

Table 5a: Person-Centred Maternity Care (PCMC-US) questionnaire scale – Percentage of participants according to overall score and sub-scale score classification, Cyprus (N=516).

Scale/ Sub-scale	Theoretical range	<50%	50%-75%	75%-90%	>90%
		Of total score			
PCMC- Overall (35 items)	0-100	17.1%	23.6%	29.6%	29.8%
Communication & Autonomy (!4 items)	0-100	23.6%	26.0%	21.9%	28.5%
Dignity & Respect (10 items)	0-100	6.8%	19.0%	34.7%	39.5%
Responsive & Supportive Care (11 items)	0-100	18.6%	22.1%	26.4%	32.9%

Table 6: Person-Centred Maternity Care (PCMC-US) – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to socio-demographic characteristics, Cyprus (N=516).

Variable		PCMC-Overall		Communication & Autonomy		Dignity & Respect		Responsive & Supportive Care	
		M (SD)	p-value (trend)	M (SD)	p-value (trend)	M (SD)	p-value (trend)	M (SD)	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	68.8 (29.3)		66.7 (31.1)		76.7 (27.1)		64.3 (31.0)	
	25-29 years old	72.1 (22.4)		67.1 (26.0)		81.4 (16.8)		70.1 (25.3)	
	30-34 years old	74.7 (22.9)		70.3 (26.0)		82.3 (18.5)		73.3 (25.9)	
	35-39 years old	76.6 (18.5)	0.18	71.7 (22.0)	0.43	83.7 (16.0)	0.17	76.5 (18.9)	0.047
	40 years or older	80.4 (16.4)	(0.013)	74.3 (19.2)	(0.057)	88.5 (11.8)	(0.021)	80.9 (19.1)	(0.002)
Highest educational attainment	Secondary-Lower	66.7 (35.0)		64.3 (37.0)		68.3 (30.6)		68.2 (36.4)	
	Secondary-Higher	74.4 (26.0)		69.7 (30.0)		82.6 (21.1)		72.9 (29.3)	
	Tertiary-College	75.7 (22.3)		70.7 (26.0)		83.7 (17.9)		74.9 (23.6)	
	Tertiary-University	73.6 (22.9)		69.5 (25.6)		81.9 (18.1)		71.4 (26.4)	
	Postgraduate	74.2 (20.8)	0.98	69.2 (24.4)	0.99	82.5 (16.4)	0.89	73.1 (23.0)	0.90
	Doctoral	76.2 (24.0)	(0.92)	71.2 (25.5)	(0.93)	82.6 (22.4)	(0.91)	76.9 (25.8)	(0.75)
Nationality	Greek-Cypriot	74.0 (22.3)		69.3 (25.4)		82.0 (17.9)		72.7 (23.4)	
	EU national	74.9 (20.8)		69.5 (24.4)		84.2 (15.9)		73.3 (18.2)	
	Other	77.2 (18.1)	0.80	73.4 (22.1)	0.78	86.0 (13.0)	0.46	74.0 (18.2)	0.97
Employment	Full-time	74.3 (21.8)		69.7 (25.2)		82.2 (17.1)		72.9 (17.6)	
	Part-time	69.5 (25.4)		63.5 (27.8)		79.5 (20.5)		68.1 (24.1)	
	Unemployed	80.9 (14.3)		73.9 (18.6)		90.8 (9.1)		80.8 (17.8)	
	Full-time mother	77.2 (22.3)		72.8 (25.0)		84.7 (18.7)		76.1 (24.6)	
	Other	66.1 (24.8)	0.15	62.5 (25.2)	0.32	75.3 (23.4)	0.053	62.2 (28.4)	0.11
Place of residence	Nicosia	75.1 (21.5)		70.4 (24.5)		82.9 (17.5)		73.9 (24.2)	
	Limassol	79.0 (17.4)	<0.001	75.1 (20.5)	<0.001	86.4 (13.4)	<0.001	77.1 (19.9)	<0.001

	Larnaca	71.0 (24.3)		65.9 (27.8)		79.9 (19.1)		69.5 (26.8)
	Paphos	58.8 (27.5)		52.3 (30.9)		70.2 (21.8)		56.7 (31.0)
	Famagusta	61.0 (25.2)		53.1 (28.2)		71.9 (20.8)		61.0 (27.80)
Current age of child	<1 month old (Nov 2023)	77.9 (20.6)		72.9 (24.0)		83.8 (16.7)		78.9 (22.4)
	1-3 months old	81.7 (18.1)		79.8 (20.3)		86.7 (14.2)		79.5 (21.0)
	3-6 months old	80.2 (17.1)		75.4 (21.5)		87.5 (13.0)		79.8 (18.1)
	6-9 months old	80.4 (21.4)		76.1 (23.8)		87.3 (19.2)		79.5 (22.6)
	9-12 months old (Nov 2022)	72.9 (20.8)		67.3 (24.1)		81.9 (14.8)		71.7 (24.5)
	1-1.5 year old	70.0 (24.4)		65.6 (27.4)		78.8 (21.1)		67.8 (26.1)
	1.5-2 years old (Nov 2021)	70.1 (24.8)		65.2 (26.9)		78.8 (19.7)		68.5 (28.2)
	2-2.5 years old	73.2 (21.6)		67.8 (25.5)		82.8 (17.0)		71.4 (23.6)
	2.5-3 years old (Nov 2020)	63.0 (27.4)		57.9 (29.3)		75.3 (21.5)		58.5 (32.6)
	3-4 years old (Nov 2019)	69.4 (21.2)		63.5 (25.2)		78.6 (17.4)		68.6 (23.2)
	4-5 years old	76.5 (19.4)		72.2 (22.2)		84.0 (15.8)		75.1 (22.1)
	5 years or older	69.9 (25.4)	0.001	63.0 (29.4)	0.001	80.2 (19.5)	0.013	69.4 (28.0)

Table 7: Person-Centred Maternity Care (PCMC-US)– Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to pregnancy-related characteristics, Cyprus (N=516).

Variable		PCMC-Overall		Communication & Autonomy		Dignity & Respect		Responsive & Supportive Care	
		M (SD)	p-value	M (SD)	p-value	M (SD)	p-value	M (SD)	p-value
Parity	First childbirth/child	71.8 (22.7)		66.6 (26.0)		80.9 (18.0)		70.2 (25.5)	
	Not first birth/other children	78.1 (20.1)	0.002	74.1 (23.0)	0.001	84.9 (16.5)	0.014	77.0 (22.3)	0.002
Pregnancy	Single	74.0 (21.7)		69.2 (24.9)		82.3 (17.3)		72.5 (24.2)	
	Multiple	73.9 (30.4)	0.99	69.2 (32.3)	0.99	81.0 (25.9)	0.77	73.4 (33.9)	0.88
Type of birth	Vaginal	79.0 (20.6)		74.7 (24.0)		85.8 (16.0)		78.3 (22.9)	
	Assisted vaginal	67.6 (25.8)		62.5 (29.0)		76.5 (22.4)		65.9 (27.7)	
	C/S (with general anaesthesia)	60.6 (26.1)		54.8 (28.5)		71.2 (23.6)		58.4 (28.5)	
	C/S (w/out general anaesthesia)	73.5 (20.6)		68.5 (23.6)		82.4 (16.0)		71.7 (23.7)	
	VBAC	74.7 (21.3)	<0.001	71.9 (26.4)	<0.001	81.7 (15.2)	<0.001	71.9 (22.5)	<0.001
Reason for C/S (N=255)	Planned C/S	76.1 (19.6)		71.5 (22.7)		84.3 (13.6)		74.9 (21.8)	
	Elective C/S	81.0 (18.0)		78.2 (20.3)		87.3 (19.8)		78.9 (25.6)	
	Emergency C/S	65.0 (22.8)	<0.001	58.8 (25.3)	<0.001	75.7 (17.5)	<0.001	63.1 (24.7)	<0.001
Place of birth	Public sector/ GeSY	63.1 (26.4)		58.1 (28.9)		73.3 (23.1)		60.2 (28.9)	
	Private sector/ GeSY	74.8 (21.4)		70.0 (24.6)		83.0 (16.7)		73.5 (24.3)	
	Private sector/ Not GeSY	79.7 (17.1)	<0.001	75.4 (21.3)	<0.001	86.5 (12.2)	<0.001	79.1 (18.8)	<0.001
Cost of maternity care and childbirth	GeSY	71.2 (23.4)		66.6 (25.9)		79.9 (19.4)		69.2 (26.4)	
	GeSY plus other means	76.5 (22.1)		72.0 (26.6)		83.9 (16.3)		75.2 (23.9)	
	Private Insurance	80.3 (17.7)		74.2 (22.0)		87.5 (12.5)		81.4 (20.0)	
	Private and other non-GeSY	80.9 (14.9)		74.2 (19.3)		89.9 (9.4)		81.3 (16.6)	
	Non-private insurance	81.5 (17.4)		79.4 (20.8)		85.5 (15.4)		80.4 (16.7)	
	Out-of-pocket	77.8 (19.7)	0.009	73.4 (24.3)	0.055	84.9 (14.0)	0.004	76.8 (21.0)	0.002
Complication	Neither Mother, Nor Baby	76.6 (20.6)	<0.001	71.9 (24.1)	<0.001	84.4 (15.7)	<0.001	75.5 (23.1)	<0.001

Mother, not Baby	71.5 (22.8)	67.5 (25.0)	79.1 (19.8)	69.6 (25.7)
Baby, Not Mother	66.3 (24.8)	61.0 (27.6)	76.4 (20.4)	63.8 (27.2)
Both Mother and Baby	55.7 (26.7)	49.2 (28.7)	67.4 (26.5)	53.2 (28.5)

Table 8: Maternal Autonomy in Decision-Making (MADM): Responses of survey participants at item level, Cyprus (N=516).

MADM (7 items)		Disagreement				Agreement		% Disagreement	% Not Agree/ Strongly Agree
		Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree		
My doctor or midwife:									
asked me how involved in decision making I wanted to be. [MADM1]	TEAM TALK	9.9%	11.4%	7.0%	14.7%	23.4%	33.5%	28.3%	43.0%
told me that there are different options for my maternity care. [MADM2]	TEAM TALK	11.0%	11.6%	9.3%	14.0%	25.4%	28.7%	32.0%	46.0%
explained the advantages/ disadvantages of the maternity care options. [MADM3]	OPTION TALK	12.8%	10.3%	10.5%	14.5%	21.5%	30.4%	33.5%	48.0%
helped me understand all the information. [MADM4]	OPTION TALK	8.9%	8.3%	7.6%	14.6%	25.0%	35.5%	24.8%	39.4%
I was:									
given enough time to thoroughly consider the different care options. [MADM5]	DECISION TALK	11.6%	12.4%	8.5%	14.7%	24.0%	28.7%	32.6%	47.3%
able to choose what I considered to be the best care options. [MADM6]	DECISION TALK	10.9%	11.6%	9.3%	15.7%	22.3%	30.2%	31.8%	47.5%
My doctor or midwife:									
respected my choices [MADM7]	OVERALL (DECISION)	6.6%	6.8%	4.5%	14.5%	22.3%	45.3%	17.8%	32.3%

Cronbach's α coefficient for internal consistency=0.96

KMO measure of sampling adequacy = 0.902, Bartlett's test of sphericity, $p < 0.001$

% variance explained - unidimensional based on eigenvalues = 81.0%

% variance explained - three extracted factors tapping on postulated dimensionality = 91.2%

Table 9: Maternal Autonomy in Decision-Making (MADM) scale score and classification of degree of autonomy, Cyprus (N=516).

MADM score	Theoretical range	Mean	SD	Min	Q1	Median	Q3	Max
Cyprus								
Score	7-42	30.12	10.63	7.00	23.00	33.00	40.00	42.00
Level of autonomy classification, % (N)								
Very low	7-15	14.1% (73)			14.1% (73)			
Low	16-24	14.7% (76)			28.9% (149)			
Moderate	25-33	23.8% (123)			52.7% (272)			
High	34-42	47.3% (244)			100.0% (516)			

Table 10: Maternal Autonomy in Decision-Making (MADM) according to socio-demographic characteristics, Cyprus (N=516).

Variable		MADM score		Low autonomy	
		M (SD)	p-value (trend)	%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	30.4 (12.4)		33.3%	
	25-29 years old	29.8 (10.9)		30.6%	
	30-34 years old	30.1 (10.7)		28.7%	
	35-39 years old	30.3 (9.8)	0.88	25.3%	0.90
	40 years or older	32.1 (9.9)	(0.42)	27.6%	(0.36)
Highest educational attainment	Secondary-Lower	27.5 (10.6)		50.0%	
	Secondary-Higher	28.4 (12.2)		36.8%	
	Tertiary-College	30.2 (10.8)		26.9%	
	Tertiary-University	30.2 (10.9)		28.2%	
	Postgraduate	30.1 (10.5)	0.98	30.4%	0.56
	Doctoral	30.9 (9.5)	(0.60)	13.6%	(0.49)
Nationality	Greek-Cypriot	30.1 (10.8)		29.4%	
	EU national	30.6 (9.8)		23.8%	
	Other	30.4 (9.2)	0.94	28.6%	0.75
Employment	Full-time	30.3 (10.6)		27.3%	
	Part-time	28.1 (11.3)		40.0%	
	Unemployed	33.2 (7.8)		19.0%	
	Full-time mother	30.9 (10.6)		27.3%	
	Other	23.2 (10.4)	0.03	58.8%	0.03
Place of residence	Nicosia	30.4 (10.4)		28.7%	
	Limassol	32.0 (9.1)		18.3%	
	Larnaca	29.2 (11.0)		34.5%	
	Paphos	24.1 (13.8)		48.5%	
	Famagusta	24.0 (12.2)	<0.001	62.5%	<0.001
Current age of child	<1 month old (Nov 2023)	32.1 (8.9)		27.3%	
	1-3 months old	33.6 (9.3)		16.1%	
	3-6 months old	32.8 (8.8)		20.8%	
	6-9 months old	33.4 (9.0)		12.5%	
	9-12 months old (Nov 2022)	30.7 (9.3)		17.1%	
	1-1.5 year old	28.6 (11.8)		35.4%	
	1.5-2 years old (Nov 2021)	27.7 (11.4)		34.1%	
	2-2.5 years old	28.5 (10.1)		40.5%	
	2.5-3 years old (Nov 2020)	25.7 (11.9)		38.7%	
	3-4 years old (Nov 2019)	27.0 (10.5)		40.0%	
	4-5 years old	31.2 (11.3)		29.6%	
	5 years or older	28.2 (12.3)	<0.001	36.7%	0.02

Table 11: Maternal Autonomy in Decision-Making (MADM) according to pregnancy-related characteristics, Cyprus (N=516*).

Variable		MADM score		Low autonomy	
		M (SD)	p	%	p-value
Parity	First childbirth/child	28.9 (10.7)	0.002	32.9%	0.008
	Not first birth/other children	32.0 (10.3)		22.2%	
Pregnancy	Single	30.1 (10.6)	0.86	28.8%	0.56
	Multiple	30.5 (11.0)		35.3%	
Type of birth	Vaginal	32.2 (9.8)	0.001	21.0%	0.002
	Assisted vaginal	28.5 (11.3)		34.8%	
	C/S (without general anaesthesia)	29.4 (10.3)		30.6%	
	C/S (with general anaesthesia)	24.4 (12.5)		54.8%	
	VBAC	32.4 (12.6)		28.6%	
Reason for C/S (N=255)	Planned C/S (medical indications)	29.9 (9.7)	< 0.001	31.5%	0.017
	Elective C/S	34.4 (8.7)		15.2%	
	Emergency C/S	26.0 (11.6)		41.2%	
Place of birth	Public sector/ GeSY	25.6 (12.8)	< 0.001	46.2%	< 0.001
	Private sector/ GeSY	30.2 (10.2)		27.8%	
	Private sector/ Not GeSY	32.6 (9.0)		20.6%	
Cost of maternity care and childbirth	GeSY	29.0 (11.0)	0.023	31.9%	0.19
	GeSY plus other means	30.5 (10.7)		31.1%	
	Private Insurance	33.3 (7.8)		19.0%	
	Private and other non-GeSY	33.2 (7.9)		14.8%	
	Non-private insurance	34.1 (8.1)		18.2%	
	Out-of-pocket	31.6 (10.7)		24.7%	
Complications	Neither Mother, Nor Baby	31.1 (10.0)	< 0.001	25.3%	< 0.001
	Mother, not Baby	28.9 (11.70)		29.8%	
	Baby, Not Mother	27.7 (10.9)		40.7%	
	Both Mother and Baby	19.7 (12.3)		66.7%	

Figure 1: MADM mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Cyprus.

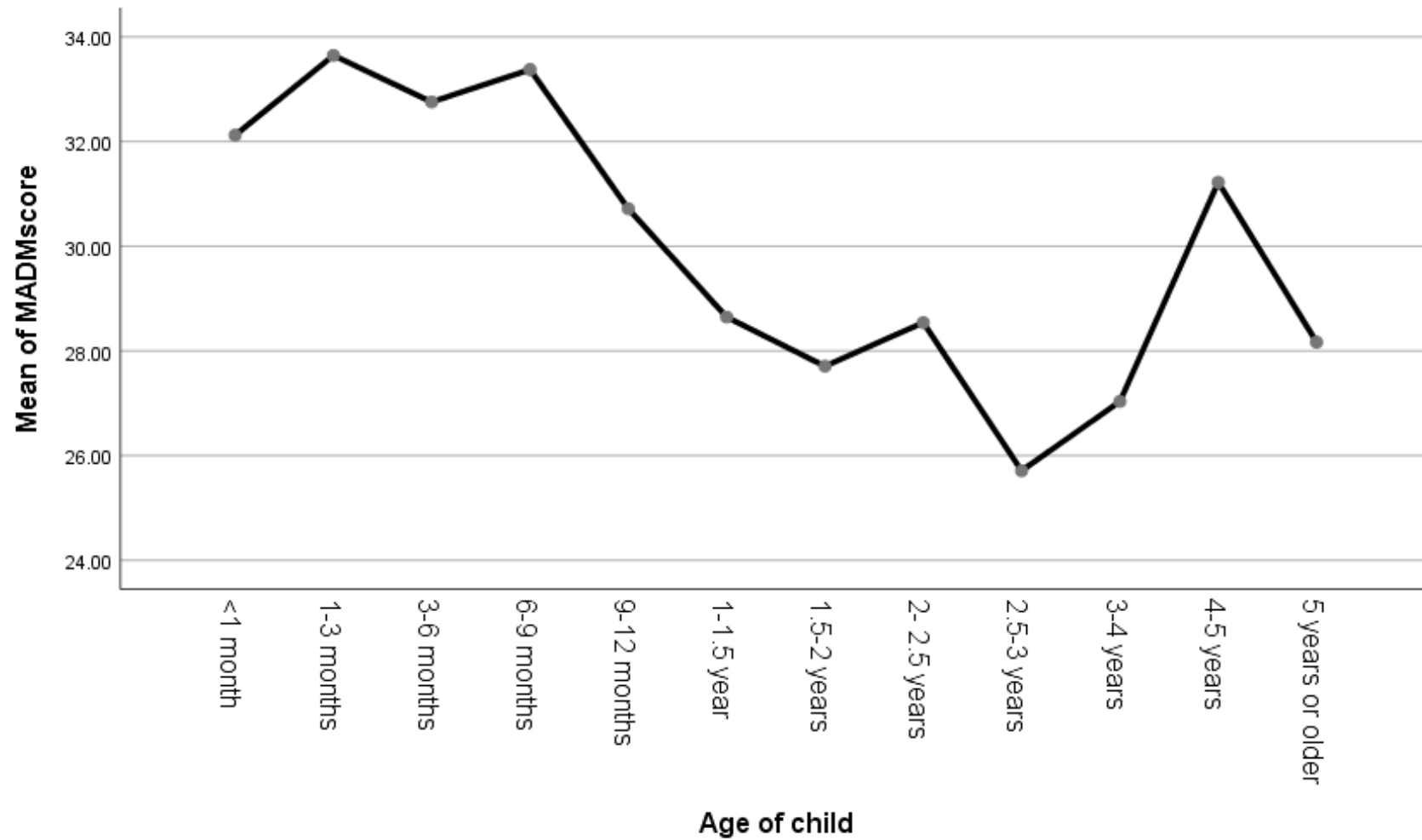


Figure 2: MORi mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Cyprus.

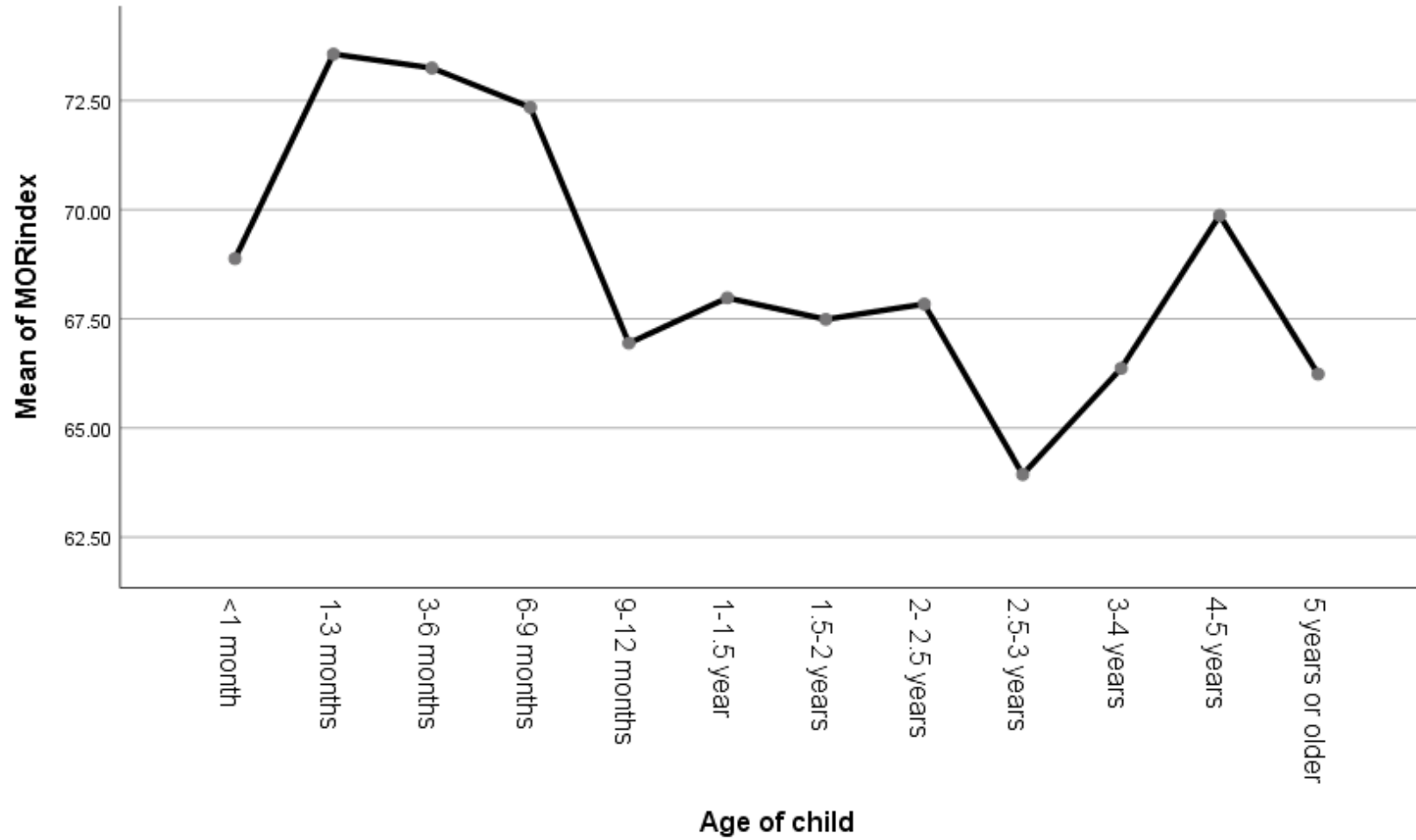


Table 12a: Mothers on Respect Index (MORi) – Section A: Responses of survey participants at item level, Cyprus (N=516).

MORi – Section A (7 items)	Disagreement			Agreement			% Disagreement	% Not Agree or Strongly Agree
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree		
Overall, while making decisions about my pregnancy or birth care I felt:								
Comfortable asking questions [MOR_A1]	2.7%	4.8%	7.4%	15.7%	22.3%	47.1%	14.9%	30.6%
Comfortable accepting the options for care that my doctor or midwife recommended [MOR_A3]	4.3%	5.6%	9.5%	16.9%	27.7%	36.0%	19.4%	36.3%
Comfortable declining care that was offered [MOR_A2]	5.2%	11.0%	13.4%	18.0%	22.7%	29.7%	29.7%	47.7%
Pushed into accepting the options my doctor or midwife suggested [MOR_A4] <i>*reverse</i>	40.5%	19.2%	11.8%	12.4%	10.3%	5.8%	71.5%	83.9%
With regard to the care options that I received:								
My cultural preferences were respected [MOR_A7]	5.6%	4.5%	5.6%	15.5%	24.6%	44.2%	15.7%	31.2%
My personal preferences were respected [MOR_A6]	7.4%	8.9%	7.4%	16.7%	23.8%	35.9%	23.6%	40.3%
They were my choice [MOR_A5]	9.5%	10.3%	9.1%	20.0%	22.7%	28.5%	28.9%	48.9%

Cronbach's α coefficient for internal consistency=0.94

Table 12b: Mothers on Respect Index (MORi) – Section B and C: Responses of survey participants at item level, Cyprus (N=516).

MORi – Section B (4 items) and Section C (3 items)	Disagreement			Agreement			% Agreement	% Not Disagree or Strongly Disagree
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree		
Section B: During my pregnancy I felt that I was treated poorly by my doctor or midwife because of:								
My sexual orientation and/or gender identity [MOR_B2] *reverse	94.4%	5.2%	0.2%	0.0%	0.2%	0.0%	0.2%	0.4%
My race, ethnicity, cultural background or language [MOR_B1] *reverse	94.0%	5.2%	0.6%	0.0%	0.2%	0.0%	0.2%	0.8%
My type of health insurance or lack of insurance [MOR_B3] *reverse	90.7%	6.2%	0.6%	1.4%	0.4%	0.8%	2.5%	3.1%
A difference of opinion with my caregivers about the right care for myself or my baby [MOR_B4] *reverse	82.2%	9.3%	1.7%	3.7%	1.2%	1.9%	6.8%	8.5%
Cronbach's α coefficient for internal consistency=0.64								
Section C: During my pregnancy I held back from asking questions or discussing my concerns because:								
My doctor or midwife seemed rushed [MOR_C1] *reverse	44.0%	22.3%	7.8%	14.1%	7.2%	4.7%	26.0%	33.8%
I thought my doctor or midwife might think I was being difficult [MOR_C3] *reverse	44.6%	21.1%	10.3%	9.1%	7.6%	7.4%	24.0%	34.3%
I wanted maternity care that differed from what my doctor or midwife recommended [MOR_C2] *reverse	35.3%	26.0%	13.0%	12.8%	9.1%	3.9%	25.8%	38.8%

Cronbach's α coefficient for internal consistency=0.82

KMO measure of sampling adequacy = 0.902, Bartlett's test of sphericity, $p < 0.001$

% variance explained – two-factor dimension based on eigenvalues = 65.0%

% variance explained - three extracted factors tapping on postulated dimensionality = 72.0%

Table 13: Mothers on Respect Index (MORi) score and classification of degree of Respect, Cyprus (N=516).

MORi	Theoretical range	Mean	SD	Min	Q1	Median	Q3	Max
Cyprus								
Score	14-84	69.07	12.99	29.00	60.00	73.00	80.00	84.00
Level of Respect classification, % (N)								
Very low	14-31	0.4% (2)			0.4% (2)			
Low	32-49	9.7% (50)			10.1% (52)			
Moderate	50-66	26.4% (136)			36.4% (188)			
High	67-84	63.6% (328)			100.0% (516)			

Table 14: Mothers on Respect Index (MORi) according to socio-demographic characteristics, Cyprus (N=516).

Variable		MADM score		Not high Respect	
		M (SD)	P (trend)	%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	68.6 (13.3)		33.3%	
	25-29 years old	68.4 (13.3)		39.3%	
	30-34 years old	68.7 (13.6)		36.9%	
	35-39 years old	70.1 (11.5)	0.49	33.0%	0.70
	40 years or older	72.6 (10.9)	(0.11)	27.6%	(0.22)
Highest educational attainment	Secondary-Lower	60.0 (9.9)		50.0%	
	Secondary-Higher	65.4 (14.1)		42.1%	
	Tertiary-College	67.7 (14.0)		48.1%	
	Tertiary-University	69.9 (13.3)		34.5%	
	Postgraduate	69.1 (12.5)	0.57	35.6%	0.46
	Doctoral	69.3 (13.5)	(0.28)	27.3%	(0.12)
Nationality	Greek-Cypriot	69.2 (13.1)		35.5%	
	EU national	69.1 (12.8)		42.9%	
	Other	67.2 (11.3)	0.81	42.9%	0.53
Employment	Full-time	69.6 (12.8)		34.8%	
	Part-time	65.6 (15.3)		48.6%	
	Unemployed	71.3 (10.4)		38.1%	
	Full-time mother	69.5 (12.4)		34.1%	
	Other	60.1 (13.7)	0.017	52.9%	0.31
Place of residence	Nicosia	69.5 (12.5)		34.2%	
	Limassol	71.7 (11.2)		29.8%	
	Larnaca	67.3 (13.4)		44.8%	
	Paphos	59.7 (16.9)		60.6%	
	Famagusta	62.9 (14.8)	<0.001	56.3%	0.003
Current age of child	<1-month-old (Nov 2023)	68.9 (13.6)		36.4%	
	1-3 months old	73.6 (11.5)		19.4%	
	3-6 months old	73.2 (10.9)		30.2%	
	6-9 months old	72.3 (12.6)		25.0%	
	9-12 months old (Nov 2022)	66.9 (11.51)		37.1%	
	1-1.5 year old	67.9 (14.6)		41.7%	
	1.5-2 years old (Nov 2021)	67.5 (13.5)		43.9%	
	2-2.5 years old	67.8 (12.6)		43.2%	
	2.5-3 years old (Nov 2020)	63.3 (15.0)		51.6%	
	3-4 years old (Nov 2019)	66.4 (12.6)		48.3%	
	4-5 years old	69.9 (12.4)		25.9%	
	5 years or older	66.2 (13.5)	0.005	46.9%	0.015

Table 15: Mothers on Respect Index (MORi) according to pregnancy-related characteristics, Cyprus (N=516).

Variable		MOR Index		Not high Respect	
		M (SD)	p	%	p-value
Parity	First childbirth/child	67.6 (13.1)	0.001	43.0%	<0.001
	Not first birth/other children	71.5 (12.3)		25.1%	
Pregnancy	Single	69.1 (12.9)	0.80	36.7%	0.91
	Multiple	68.3 (16.3)		35.3%	
Type of birth	Vaginal	72.0 (11.9)	<0.001	27.0%	<0.001
	Assisted vaginal	66.8 (13.3)		43.5%	
	C/S (without general anaesthesia)	68.1 (12.8)		39.6%	
	C/S (with general anaesthesia)	60.5 (15.1)		64.5%	
	VBAC	71.4 (13.7)		28.6%	
Reason for C/S (N=255)	Planned C/S (medical indications)	68.2 (12.3)	<0.001	38.9%	0.001
	Elective C/S	75.2 (9.9)		18.2%	
	Emergency C/S	63.7 (13.8)		53.5%	
Place of birth	Public sector/ GeSY	62.9 (15.0)	<0.001	53.8%	<0.001
	Private sector/ GeSY	69.3 (13.1)		38.1%	
	Private sector/ Not GeSY	72.4 (9.6)		22.1%	
Cost of maternity care and childbirth	GeSY	67.5 (14.1)	0.014	43.1%	0.008
	GeSY plus other means	70.6 (12.3)		31.1%	
	Private Insurance	72.4 (9.7)		21.4%	
	Private and other non-GeSY	72.9 (9.5)		25.9%	
	Non-private insurance	74.3 (9.6)		27.3%	
	Out-of-pocket	71.0 (11.1)		26.8%	
Complications	Neither Mother, Nor Baby	70.5 (12.1)	<0.001	31.8%	0.001
	Mother, not Baby	66.8 (14.7)		43.9%	
	Baby, Not Mother	64.7 (13.9)		53.7%	
	Both Mother and Baby	57.5 (15.2)		61.1%	

Table 16: Correlations between MADM, MORi, PCMC-Overall and Sub-scales, Cyprus (N=516).

	MADM	MORi	PCMC	PCMC-CA	PCMC-DR	PCMC-RS
Maternal Autonomy in Decision-Making (MADM)	1.00					
Mothers on Respect Index (MORi)	0.79	1.00				
Person-Centred Maternity Care (PCMC)	0.75	0.80	1.00			
Communication & Autonomy (PCMC-CA)	0.76	0.79	0.97	1.00		
Dignity & Respect (PCMC-DR)	0.68	0.75	0.92	0.85	1.00	
Responsive & Supportive Care (PCMC-RS)	0.71	0.74	0.96	0.89	0.86	1.00

Table 17: Maternal Autonomy in Decision Making (MADM) and Mothers on Respect index (MORi) according to Person-Centred Maternity Care (*quartiles*), Cyprus (N=516).

Variable		Maternal Autonomy in Decision-Making (MADM)		Mothers on Respect Index (MORi)	
		% Low	p-value for trend	% Not high	p-value for trend
PCMC	Quartile 1 (<i>lowest</i>)	75.2%	<0.001	91.0%	<0.001
	Quartile 2	25.4%		37.7%	
	Quartile 3	10.3%		11.8%	
	Quartile 4 (<i>highest</i>)	1.7%		1.7%	

Table 18: Experience of Mistreatment by providers index (MIST) - Responses of survey participants at item level, Cyprus (N=516).

Did you experience any of the following problems or attitudes in your care during pregnancy or birth?	% (N) <i>in ascending order</i>
Healthcare providers threatened you in any other way [MISTindex8]	1.7% (9)
Your private or personal information was shared without your consent [MISTindex1]	2.5% (13)
You experienced physical abuse, such as aggressive physical contact, inappropriate sexual conduct, a refusal to provide anesthesia for an episiotomy, etc. [MISTindex10]	3.7% (19)
You were forced to sign a paper [MISTindex7]	4.1% (21)
A healthcare provider said offensive or humiliating things to you [MISTindexextra1]	6.2% (32)
You were criticized by ironic or discrediting remarks and/or treated with nicknames and diminutives [MISTindex5]	6.2% (32)
Healthcare providers ignored you, refused your request for help or failed to respond to requests for help in a reasonable amount of time [MISTindex9]	8.3% (43)
A healthcare provider shouted at or scolded you [MISTindex3]	9.1% (47)
Healthcare providers withheld treatment or forced you to accept treatment that you did not want [MISTindex6]	10.1% (52)
You were forced to remain in an uncomfortable or painful position [MISTindex11]	10.1% (52)
Your physical privacy was violated, for example being uncovered or having people in the examination or delivery room without your consent [MISTindex2]	12.8% (66)
At least one of the above problems and/or attitudes (any)	32.0% (165)
• One of the above reported	18.4% (95)
• Two of the above reported	3.3% (17)
• Three of the above reported	3.1% (16)
• Four of the above reported	3.1% (16)
• Five of more of the above reported	4.1% (21)
None of the above problems and/or attitudes	68.0% (351)

Table 19: Experience of Mistreatment by Providers index (MIST) according to socio-demographic characteristics, Cyprus (N=516).

Variable		MIST index – At least one	
		%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	50.0%	0.11 (0.03)
	25-29 years old	33.9%	
	30-34 years old	31.8%	
	35-39 years old	30.8%	
	40 years or older	13.8%	
Highest educational attainment	Secondary-Lower	0.0%	0.55 (0.55)
	Secondary-Higher	15.8%	
	Tertiary-College	32.7%	
	Tertiary-University	34.5%	
	Postgraduate	32.0%	
	Doctoral	27.3%	
Nationality	Greek-Cypriot	30.9%	0.35
	EU national	38.1%	
	Other	42.9%	
Employment	Full-time	30.6%	0.53
	Part-time	40.0%	
	Unemployed	33.3%	
	Full-time mother	31.8%	
	Other	47.1%	
Place of residence	Nicosia	31.6%	0.012
	Limassol	25.2%	
	Larnaca	31.0%	
	Paphos	51.5%	
	Famagusta	56.3%	
Current age of child	<1 month old (<i>Nov 2023</i>)	36.4%	0.35
	1-3 months old	21.0%	
	3-6 months old	26.4%	
	6-9 months old	25.0%	
	9-12 months old (<i>Nov 2022-Jan 2023</i>)	31.4%	
	1-1.5 year old	31.3%	
	1.5-2 years old (<i>Nov 2021-April 2022</i>)	31.7%	
	2-2.5 years old	29.7%	
	2.5-3 years old (<i>Nov 2020 -April 2021</i>)	41.9%	
	3-4 years old (<i>Nov 2019-Nov 2020</i>)	43.3%	
	4-5 years old	29.6%	
	5 years or older	43.3%	

Table 20: Experience of Mistreatment by Providers index (MIST) according to pregnancy-related characteristics, Cyprus (N=516).

Variable		MIST index – At least one	
		%	p-value
Parity	First childbirth/child	35.4%	0.041
	Not first birth/other children	26.7%	
Pregnancy	Single	32.3%	0.81
	Multiple	29.4%	
Type of birth	Vaginal	28.0%	0.014
	Assisted vaginal	43.5%	
	C/S (without general anaesthesia)	29.3%	
	C/S (with general anaesthesia)	54.8%	
	VBAC	28.6%	
Reason for C/S (N=255)	Planned C/S (medical indications)	26.9%	0.002
	Elective C/S	15.2%	
	Emergency C/S	43.9%	
Place of birth	Public sector/ GeSY	48.7%	<0.001
	Private sector/ GeSY	31.6%	
	Private sector/ Not GeSY	22.8%	
Cost of maternity care and childbirth	GeSY	38.2%	0.003
	GeSY plus other means	22.2%	
	Private Insurance	21.4%	
	Private and other non-GeSY	18.5%	
	Non-private insurance	0.0%	
	Out-of-pocket	26.8%	
Complications	Neither Mother, Nor Baby	27.6%	<0.001
	Mother, not Baby	40.4%	
	Baby, Not Mother	42.6%	
	Both Mother and Baby	66.7%	

Table 21: Lack of informed consent - Responses of survey participants at item level, Cyprus (N=516).

Were any of the following performed <u>WITHOUT</u> your informed consent - either oral and/or in writing	% (N) <i>in ascending order</i>
Cardiotocography	2.9% (15)
Insertion of intravenous cannula	4.1% (21)
Shaving of pubic hair	4.5% (23)
C-section	4.7% (24)
Induction of delivery	5.0% (26)
Presence of students during delivery (e.g. obstetrics, midwifery, etc)	5.4% (28)
Administration of an oxytocin drip	5.6% (29)
Enema	6.6% (34)
Newborn examination, vaccination and/or drug administration	6.6% (34)
Episiotomy	7.8% (40)
Vaginal examination	11.6% (60)
Feeding a newborn baby with modified milk (formula) or other liquids	13.6% (70)
At least one of the above <u>without</u> informed consent	33.7% (174)
• One of the above reported	17.2% (89)
• Two of the above reported	5.6% (29)
• Three of the above reported	3.7% (19)
• Four of the above reported	2.3% (12)
• Five of more of the above reported	4.8% (25)
None of the above problems and/or attitudes	66.3% (342)

Table 22: Lack of informed consent according to socio-demographic characteristics, Cyprus (N=516).

Variable		Lack of informed consent – At least one	
		%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	50.0%	0.03 (0.003)
	25-29 years old	39.3%	
	30-34 years old	30.8%	
	35-39 years old	31.9%	
	40 years or older	13.8%	
Highest educational attainment	Secondary-Lower	50.0%	0.70 (0.36)
	Secondary-Higher	47.4%	
	Tertiary-College	38.5%	
	Tertiary-University	31.0%	
	Postgraduate	33.2%	
	Doctoral	36.4%	
Nationality	Greek-Cypriot	34.9%	0.14
	EU national	31.0%	
	Other	14.3%	
Employment	Full-time	32.6%	0.07
	Part-time	37.1%	
	Unemployed	14.3%	
	Full-time mother	43.2%	
	Other	52.9%	
Place of residence	Nicosia	33.1%	0.015
	Limassol	27.5%	
	Larnaca	34.5%	
	Paphos	54.5%	
	Famagusta	56.3%	
Current age of child	<1 month old <i>(Nov 2023)</i>	24.2%	0.07
	1-3 months old	25.8%	
	3-6 months old	20.8%	
	6-9 months old	28.1%	
	9-12 months old <i>(Nov 2022-Jan 2023)</i>	31.4%	
	1-1.5 year old	39.6%	
	1.5-2 years old <i>(Nov 2021-April 2022)</i>	43.9%	
	2-2.5 years old	35.1%	
	2.5-3 years old <i>(Nov 2020 -April 2021)</i>	48.4%	
	3-4 years old <i>(Nov 2019-Nov 2020)</i>	40.0%	
	4-5 years old	27.8%	
	5 years or older	50.0%	

Table 23: Lack of informed consent according to pregnancy-related characteristics, Cyprus (N=516).

Variable		Lack of informed consent – At least one	
		%	p-value
Parity	First childbirth/child	36.4%	0.10
	Not first birth/other children	29.3%	
Pregnancy	Single	34.1%	0.37
	Multiple	23.5%	
Type of birth	Vaginal	30.0%	0.049
	Assisted vaginal	47.8%	
	C/S (without general anaesthesia)	31.1%	
	C/S (with general anaesthesia)	48.4%	
	VBAC	42.9%	
Reason for C/S (N=255)	Planned C/S (medical indications)	24.1%	<0.001
	Elective C/S	12.1%	
	Emergency C/S	47.4%	
Place of birth	Public sector/ GeSY	41.0%	0.14
	Private sector/ GeSY	33.7%	
	Private sector/ Not GeSY	27.9%	
Cost of maternity care and childbirth	GeSY	36.8%	0.53
	GeSY plus other means	31.1%	
	Private Insurance	28.6%	
	Private and other non-GeSY	25.9%	
	Non-private insurance	18.2%	
	Out-of-pocket	30.9%	
Complications	Neither Mother, Nor Baby	30.5%	0.008
	Mother, not Baby	35.1%	
	Baby, Not Mother	46.3%	
	Both Mother and Baby	61.1%	

Table 24: Experience of Mistreatment by Providers index (MIST) according to classification of Maternal Autonomy in Decision Making (MADM), Mothers on Respect index (MORi) and Person-Centred Maternity Care (*quartiles*), Cyprus (N=516).

Variable		MIST index – At least one		MIST count (among those reporting at least one)	
		%	p-value for trend	M (SD)	p
MADM	Very Low	79.5%	<0.001	3.3 (2.6)	<0.001
	Low	51.3%		2.1 (1.8)	
	Moderate	30.1%		1.5 (1.1)	
	High	12.7%		1.7 (1.3)	
MORi	Very Low	100.0%	<0.001	6.0 (2.8)	<0.001
	Low	88.0%		3.9 (2.6)	
	Moderate	52.2%		2.0 (1.7)	
	High	14.6%		1.2 (0.7)	
PCMC	Quartile 1 (<i>lowest</i>)	75.2%	<0.001	3.1 (2.40)	<0.001
	Quartile 2	35.4%		1.3 (0.8)	
	Quartile 3	13.2%		1.2 (0.5)	
	Quartile 4 (<i>highest</i>)	0.9%		1.0 (-)	

Table 25: Lack of informed consent according to classification of Maternal Autonomy in Decision Making (MADM), Mothers on Respect index (MORi) and Person-Centred Maternity Care (*quartiles*), Cyprus (N=516).

Variable		Lack of informed consent – At least one		Count of Lack of Informed Consent (among those reporting at least one)	
		%	p-value for trend	M (SD)	p
MADM	Very Low	68.5%	<0.001	3.5 (2.2)	<0.001
	Low	56.6%		2.5 (1.8)	
	Moderate	35.0%		1.4 (0.9)	
	High	15.6%		1.6 (1.2)	
MORi	Very Low	50.0%	<0.001	2.0 (-)	<0.001
	Low	68.0%		3.4 (2.3)	
	Moderate	56.6%		2.5 (1.9)	
	High	18.9%		1.5 (1.0)	
PCMC	Quartile 1 (<i>lowest</i>)	66.9%	<0.001	3.0 (2.1)	<0.001
	Quartile 2	40.0%		1.8 (1.4)	
	Quartile 3	15.4%		1.1 (0.5)	
	Quartile 4 (<i>highest</i>)	10.3%		1.8 (1.1)	

Appendix B: Deductive content analysis of focus groups and responses to the open-ended question in the RESPECT survey based on the RMC framework

B1. Count analysis of responses to the open-ended question in the RESPECT survey

12 third-order themes of RMC (Shakibazadeh et al. BJOG 2018)	Deductive/Count content analysis of 225 MU of women's responses (N=106) to the open-ended question in RESPECT survey		
	Negative	Positive	Mainly tapping on
Continuity of care	48	13	Breastfeeding/infant care support, Respecting BF choices, Mother-infant bonding Continuous presence, Community support
Prospective provision of information and seeking informed consent	28	4	Risk/ Benefits of alternatives Permissions/ Consent for intervention
Respecting women's choices that strengthen capabilities to give birth	20	8	Emotional support and Empowerment Respecting and upholding choices
Provision of efficient and effective care	15	1	Unnecessary procedures and interventions, Routine care
Enhancing quality of physical environment and resources	12	2	Calm and relaxing environment COVID protocols
Preserving women's dignity	11		Women's' needs and wishes Transparency in information
Maintaining privacy and confidentiality	11	1	Physically exposed Others without consent
Availability of competent and motivated human resources	11	8	Training and expertise Competences and professionalism
Engaging with effective communication	10		Lack of information Empathy and Compassion
Continuous access to family and community support	9		Partner/ companion of choice
Being free from harm and mistreatment	8		Harmful practices Coercion, Trauma
Providing equitable maternity care	4	1	Discrimination (language)
	187	38	

B1. Narrative description and characteristic quote based on the RMC framework

Ιδιωτικότητα και Εμπιστευτικότητα (Maintaining privacy and confidentiality)

Το πρώτο δικαίωμα στην φροντίδα μητρότητας με σεβασμό είναι η ιδιωτικότητα και την εμπιστευτικότητα. Σύμφωνα με τις εμπειρίες των Κύπριων γυναικών η ιδιωτικότητα και η εμπιστευτικότητα ήταν ανεπαρκής. Οι συμμετέχουσες χώρισαν της δύο αυτές έννοιες σε δύο κατηγορίες, στην έλλειψη ιδιωτικότητας σχετικά με τις δομές των μαιευτηρίων και στην ανεπαρκή παροχή εμπιστευτικότητας από τους επαγγελματίες υγείας.

«[...]Εγώ ήμουν στην άβολη θέση με τους πόνους να πρέπει να σκέφτομαι μην ενοχλήσω το νεογέννητο δίπλα μου, αλλά ταυτόχρονα να ανέχομαι να μπαينوβγαίνουν στο δωμάτιο επισκέπτες της άλλης κοπέλας» [M81]

«Και δεν ήταν θέμα χρημάτων για να κλείσουμε ένα δωμάτιο να είμαι μόνη μου αλλά δυστυχώς διαθεσιμότητας» [M81]

«[...] κατά τα στάδια του τοκετού η γυναίκα πρέπει να είναι σε ένα δωμάτιο μόνη της που θα έχουν πρόσβαση μόνο άτομα που επιθυμεί και το προσωπικό της κλινικής που την παρακολουθεί» [M81]

Λευκή: «[...] δεν υπάρχει, δεν υπήρχε ιδιωτικότητα, έτσι Δημόσιο, όπως και το Νοσοκομείο» (μειδιάμε με ειρωνεία).

Προστασία της αξιοπρέπειας (Preserving women's dignity)

Το δεύτερο δικαίωμα αφορά στην προστασία της αξιοπρέπειας των μελλοντικών μητέρων. Έχει διαφανεί ότι οι μητέρες ήταν δυσαρεστημένες από την αντιμετώπιση των επαγγελματιών υγείας αφού αναφέρουν πως δεν ένιωσαν ότι προήγαγαν την αξιοπρέπεια τους καθώς η προσέγγιση που λάμβαναν δεν ήταν ατομοκεντρική.

Παντέλια: «γιατί εν σαν τζαι δεν με άκουγε, σαν τζαι ήμουν τζαι εγώ ένα νούμερο στις πολλές κοπέλες που ήταν να δει εκείνη την ημέρα»

Παντέλια: «[...] εγώ θεωρώ ότι ε ε ενεν υποστηρικτικό το να είσαι έτσι (ξαπλωμένη) με τρεις χιλιάδες φώτα που πάνω σου με πεντακόσια πλάσματα γυρώ σου, να μπαίνει, να βγαίνει ο όποιος (τονίζει την λέξεις) άσχετος, τζαι εσύ να είσαι έτσι, με τα πόθκια ανοικτά... Τζαι να μπαίνει τζαι να βγαίνει ο κάθε ένας που δεν ξέρεις καν ποιος είναι. Ούτε αν έχει δουλειά τζιαμέ, ή δεν έχει δουλειά τζιαμέ».

Λευκή: «εν σε βλέπουν σαν άνθρωπο, βλέπουν σε σαν ένα αντικείμενο. Τούτο εβίωσα τζαι εγώ με τους πόνους τους επιπρόσθετους».

Παροχή πληροφοριών και ενημερωμένη συγκατάθεση (Provision of information and seeking informed consent)

Πολύ σημαντικές ήταν οι αναφορές από τις συμμετέχουσες σχετικά με την παροχή πληροφοριών και την ενημερωμένη συγκατάθεση. Σύμφωνα με τις αναφορές, υπάρχει ανάγκη για περισσότερη πληροφόρηση από τους επαγγελματίες υγείας και παρουσίαση όλων των επιλογών.

«δε μου εξηγούσε ακριβώς στα ραντεβού τι βλέπει, με έβαζε κάθε δύο εβδομάδες χωρίς εν τέλει κάποιο σοβαρό λόγο» [M19]

«Θα ήταν ωραίο κατά την διάρκεια της εγκυμοσύνης εκεί που κοντεύει για τοκετό μια κοπέλα να υπάρχει και να δίνετε σε έντυπη μορφή ένα πλάνο τοκετού για να έχει υπόψη μια γυναίκα σχετικά με τη φροντίδα που μπορεί να λάβει κατά και μετά τον τοκετό έτσι ώστε να μπορεί να επιλέξει αν δεν γνωρίζει κάτι!

[...]Χρειάζεται περισσότερη φροντίδα προς τις μητέρες και παρουσίαση όλων των επιλογών χωρίς την προβολή ενοχής για τις επιλογές τους αν είναι ασφαλείς για τις ίδιες κ το μωρό (π.χ θηλασμός/φόρμουλα κλπ.)» [M72]

«Στο [ΝΟΣΟΚΟΜΕΙΟ] οι γιατροί δεν ενημέρωναν για τις επιλογές τοκετού ούτε γινόταν κάποια προετοιμασία για καμιά από αυτές. Σε αντίθεση με τις μαίες, που κατά τον τοκετό και μετά ήταν, δίπλα στη λεχώνα κάθε στιγμή» [M34]

Σεβασμός στις ανάγκες και επιθυμίες (Respecting women's choices)

Ως προς τον σεβασμό στις ατομικές ανάγκες και επιθυμίες, υπήρχαν αρκετές αναφορές για θετικές εμπειρίες με σεβασμό ενώ παράλληλα υπήρξαν και περιγραφές που αν και φαίνεται να υπήρχε σεβασμός στις επιθυμίες τους, η ενθάρρυνση των επαγγελματιών υγείας ήταν μη ικανοποιητική.

Χρυσάνθη: «[.]η εμπειρία μου με την συγκεκριμένη γιατρό, σεβάστηκε .. τζίνο που ήθελα εγώ, το δικό μου πλάνο. Τζαι δεν μου είπε ότι "όχι όχι εμείς στην Κύπρο κάμνουμε έτσι, οπότε εν να κάμεις έτσι"».

[...]η στήριξη και του συζύγου εν πάρα πολλά σημαντική και της γιατρού, τούτο που λένε ότι ο γιατρός ξέρει. Άρα αφήνομαι στον γιατρό, ήταν πολλά σημαντικό, να δεκτώ, να νιώσω ότι και ο γιατρός .. να σεβαστεί τζαι το άτομο, το ότι είμαι εγώ.... Εν η φύση μας να γεννούμε.

[.] Απλά η ενθάρρυνση απο τους επαγγελματίες ήταν τούτο, ότι σεβάστηκαν την δική μου την προετοιμασία....»

Δικαίωμα του οφελείν και μη βλάπτει (Being free from harm and mistreatment)

Σύμφωνα με το δικαίωμα του οφελείν και μη βλάπτει, οι συμμετέχουσες αναφέρθηκαν κυρίως σε κακές πρακτικές, όπως ο χειρισμός Kristeller, κατά τον οποίο οι επαγγελματίες υγείας εξασκούσαν πίεση στην κοιλία των επιτόκων. Αναλυτικότερα, ανέφεραν ότι ήταν μια τραυματική εμπειρία για τις ίδιες, κάτι που τους προκάλεσε έντονο μετατραυματικό στρες.

«Πρέπει να αλλάξουν αρκετά πράγματα γιατί είναι κρίμα να θυμάσαι μια από τις πιο ωραίες στιγμές με απογοήτευση για την κακή μεταχείριση!» [M51]

«[...]μου έκανε την τεχνική Kristeller, για την οποία ενημερώθηκα μήνες μετά. Λόγω αυτής της πρακτικής είχα μετατραυματικό στρες, πολύ έντονο» .[M25]

«Όταν ζήτησα να μην πιέζει την κοιλία μου η μαία, η απάντηση ήταν, "ο γιατρός μου είπε" ! Ο γιατρός δεν μίλησε! [... ..]Το θεωρώ βία» [M42]

Πρόσβαση συντρόφου-οικογένειας και στήριξη στην κοινότητα (Ensuring continuous access to family and community support).

Υπήρχε μεγάλη επιθυμία ως προς το δικαίωμα της παρουσίας του πατέρα σε όλο το ταξίδι της εγκυμοσύνης και στον τοκετό. Διαφάνηκε έντονη δυσαρέσκεια ως προς την μη τήρηση του δικαιώματος αυτού, αφού οι μητέρες παρά την επιθυμία τους για την παρουσία του πατέρα, δεν εισακούονταν από τους επαγγελματίες υγείας. Παράλληλα, αναφέρθηκε πως η συμμετοχή και η συμπερίληψη του συντρόφου στα προγεννητικά μαθήματα ήταν πολύ σημαντική για την προετοιμασία του συντρόφου ώστε να υποστηρίξει αποτελεσματικά τη γυναίκα στον τοκετό αλλά και μετέπειτα στη φροντίδα του μωρού στο σπίτι.

Μαριάμ: «Τα μαθήματα τοκετού με την μαία [ONOMA] κυρίως βοήθησε πιο πολλά τον άντρα μου γιατί τζείνος εν είχε καμιά ιδέα και μάθαμε και πώς να κάνει μπάνιο το μωρό που στο τέλος τζείνος την έκανε μπάνιο. Πώς να την ντύνει... πολλά βοηθητικά. Πήγαμε σπίτι και ήμασταν έτοιμοι»

Παντελίνα: «...ήμουν μόνη μου δεν είχα τον άντρα μου, ήταν ένα έξτρα άγχος για μένα, εε να γεννήσω μόνη μου....ευτυχώς ήρθεν ο άντρας μου μετά....ηρέμισα κάπως...»

Παροχή αποτελεσματικής φροντίδας (Provision of efficient and effective care)

Παρατηρήθηκε έλλειψη τόσο προγεννητικής προετοιμασίας όσο και ανεπαρκούς μεταγεννητικής φροντίδας, η οποία στην περίπτωση γυναικών που είχαν μια τραυματική εμπειρία περιγράφεται ιδιαίτερα έντονη με επιπτώσεις στη ψυχική τους υγεία.

«[...]έχω βιώσει μια δραματική εμπειρία καισαρικής τομής, χωρίς καμία προετοιμασία χωρίς καμία εκπαίδευση για το τι θα ακολουθήσει, για την κινητοποίηση για την φροντίδα της τομής για τον θηλασμό πως να τοποθετώ το μωρό για να μην πονώ». [M35]

«[...]πρέπει να υπάρχει φροντίδα ως προς την ψυχική τους υγεία κ αναγνώριση ..επιλόχειων ψυχικών διαταραχών (κατάθλιψη, αγχώδης, ψυχωσική)» [M72]

Ισοτιμία στη φροντίδα (Providing equitable maternity care)

Ενδείξεις ανισότητας στην μαιευτική φροντίδα αφορούσαν κυρίως στην παροχή φροντίδας μεταξύ δημόσιου και ιδιωτικού τομέα, και προέρχονταν κυρίως από γυναίκες που επέλεξαν τον ιδιωτικό τομέα, και μάλιστα εκτός ΓεΣΥ ανεξαρτήτως του κόστους σε αναζήτησης καλύτερης ποιότητας φροντίδας. Η εμπειρία όμως δεν δικαίωνε πάντοτε αυτή την επιλογή.

«To make my point, the only reason of my positive experience with pregnancy and childbirth is the fact that I paid for it». [M3]

«You would think that by receiving care in a private clinic you would be treated better». [M5]

«You would think that by receiving care in a private clinic you would be treated better. I felt rushed in all my appointments. No time was given to us to process it all». [M5]

Ποιότητα περιβάλλοντος και διαθεσιμότητα πόρων (Enhancing quality of physical environment and resources).

Υπήρχαν αναφορές που υποστήριζαν πως το προσωπικό ήταν υποστηρικτικό ως προς την διασφάλιση της άνεσης. Παράλληλα, αναφέρθηκαν σε περιστατικά που δεν εξασφαλίστηκε η καθαριότητα και ησυχία κατά την διάρκεια της παραμονής τους στο μαιευτήριο. Έγινε επίσης σύσταση για βελτίωση των δομών και πιο συγκεκριμένα όσον αφορά τον εξοπλισμό και την διαμόρφωση των δωματίων τοκετού.

Μιχαέλλα «[...]Εμ α! θυμούμαι μια νοσοκόμα...εν θυμούμαι αν ήταν μαία η όι. Η οποία ήταν πολλά υποστηρικτική, την νύχτα ήρθε τζαι φρόντισε τζαι έβαλε μαξιλάρια μες το κρεβάτι τζαι έβαλε μου το μωρό να κοιμηθεί μαζί μου».

«[...]υπήρχαν κατσαρίδες στο δωμάτιο του συγκεκριμένου νοσοκομείου. Βρήκα 2. Και 1 χάπι που ήταν στο πάτωμα όταν πρωτομπήκα στο δωμάτιο» [M86]

«Γινόταν φασαρία από τις νοσοκόμες το βράδυ μέχρι τις 12. Μιλούσαν δυνατά για προσωπικά τους 'εεματα'. [M86]

«Χρηματοδότηση νοσηλευτηρίων για επαρκή εξοπλισμό» [M92]

Αγάπη: «...καθόλου (βολικό το δωμάτιο). Καθόλου (δυνατή φωνή), όχι καθόλου, καθόλου οικείο. Όπως την αποθήκη [δυνατή φωνή] ...ένα δωμάτιο έτσι [δείχνει], απλά ένα κρεβάτι... δεν ξέρω αν εσείς βλέπατε μαχαίρια, ψαλίδια του, του γιατρού... πολλά ψυχρό»

Επαγγελματική επάρκεια προσωπικού (Availability of competent and motivated human resources)

Υπήρξαν πολλές θετικές αναφορές για το επίπεδο κατάρτισης και επαγγελματικής επάρκειας των επαγγελματιών υγείας με αποτέλεσμα μια θετική. Αρκετές γυναίκες όμως ανέφεραν ότι δεν ήταν ικανοποιημένες με το/τη γιατρό τους και έπρεπε να αλλάξουν κλινική/

«Γέννησα [ΟΝΟΜΑ ΚΛΙΝΙΚΗΣ] και είμαι ΥΠΕΡ ευχαριστημένη απο την εμπειρία μου εκεί καθώς επίσης και από την πλειοψηφία των μαιών» [M38]

«Εγώ ως πρώτη φορά μανούλα, θεωρώ ότι ενώ η συμπεριφορά όλων εμπλεκόμενων ατόμων (γιατροί, νοσηλευτές, μαίες κλπ) ήταν άψογη και με σεβασμό προς εμένα» [M30]

«Ήθελα να αναφέρω ότι άλλαξα γυναικολόγο στις 32 εβδομάδες κύησης και πήγα στο [ΟΝΟΜΑ ΝΟΣΟΚΟΜΕΙΟΥ] όπου το επίπεδο των γιατρών και των μαιών και όλου του προσωπικού ήταν άψογο» [M19]

Συνεχιζόμενη φροντίδας (continuity of care)

Έχουν γίνει αρκετές αναφορές για την σημασία της συνεχιζόμενης φροντίδας και την αναγκαιότητα της εξατομικευμένης προσέγγισης. Η αμεσότητα και η καλή επικοινωνία με μια σταθερή μαιευτική ομάδα περιγράφεται ως ένα σημαντικό στοιχείο για μια θετική εμπειρία σε αντίθεση με την εναλλαγή του προσωπικού λόγω βαρδιών που δεν βοηθούσε στη δημιουργία σχέσης εμπιστοσύνης.

«Ο γιατρός μου ήταν εξαιρετικός και πολύ βοηθητικός καθόλη τη διάρκεια της εγκυμοσύνης και του τοκετού. Οι μαίες όμως, με μερικές εξαιρέσεις, στην κλινική όπου γέννησα δεν ήταν καθόλου υποστηρικτικές...άλλαζαν βάρδιες και επομένως δεν μπορούσες να έχεις επαφή με ένα άτομο, δεν γνώριζα καν τα ονόματα τους», [M104]

Μιχαέλλα «ήρθε κοντά μου, μου συστήθηκε, εμίλησε μου, ήταν η ίδια, μία και μοναδική (τονίζει) γυναίκα από την αρχή μέχρι το τέλος. Όταν ξεκίνησε η διαδικασία του τοκετού το πρωί. Ναι, εν έμπαιναν άλλες, εν αλλάζαν. Έμεινε μαζί μου μέχρι να τελειώσουμε, η συγκεκριμένη

Appendix C: Infographic presentation of main findings.



Cyprus
University of
Technology *birth forward*



RESPECT



Co-funded by
the European Union



Respectful Maternity Care



Questionnaire survey



Focus groups

Women's experiences

Survey tools

- Person-centred Maternity Care (PCMC)
 - *Responsive & Supportive Care*
 - *Dignity & Respect*
 - *Communication & Autonomy*
- Maternal Autonomy in Decision-Making (MADM)
- Mothers on Respect index (MORi)
- Mistreatment (MIST)
- Informed consent (*list of procedures*)



Person-Centered Equity
Lab

UCSF University of California San Francisco



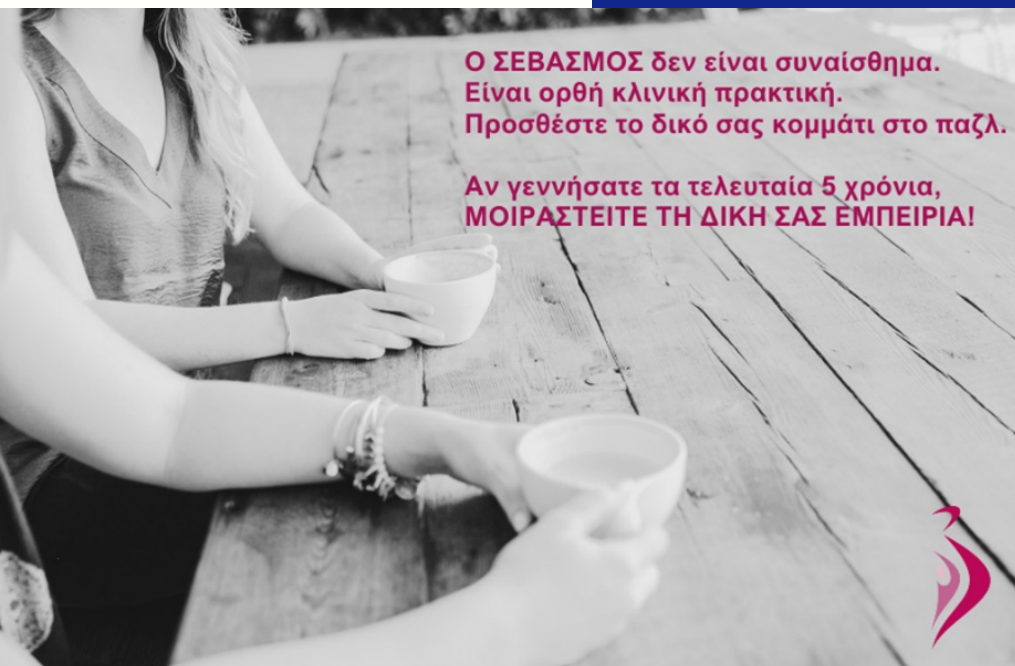
Qualitative

Qre Survey

- Open-ended Q
- 106 responses
- 225 Meaningful Units

Focus Groups

- Semi-structured topic guide
- 6 in-person & online
- 28 participants



Analysis

- Inductive - latent meaning - *in progress*
- Deductive - *classification* - *according to RMC*

Content



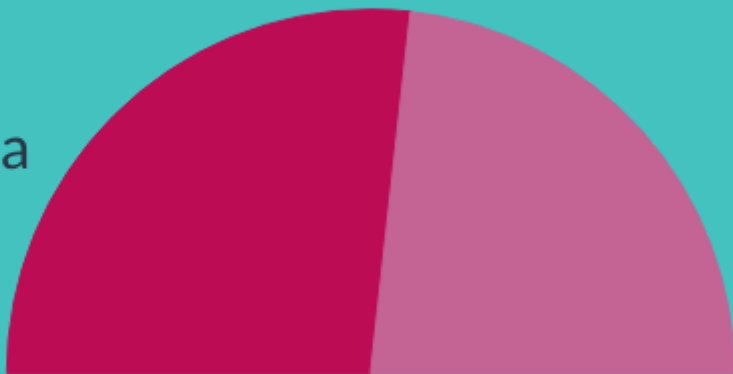
- A.  Socio-demographic profile of survey participants
- B.  Overall reported experience (*PCMC, MADM, MORi, MIST etc*)
- C.  More/less frequently reported issues according to responses, *embedding qualitative quotes*



Respectful Maternity Care

Survey, Oct-Nov 2023 (N=516)

■ Social Media
■ Other



RESPECT



A. Socio-demographic
profile of participants

RESPECTFUL MATERNITY CARE

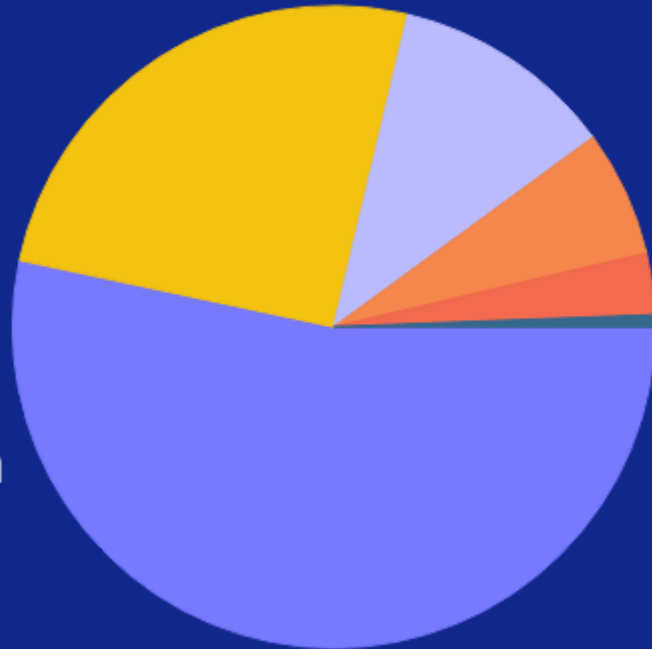
Place of Residence

RESPECT survey

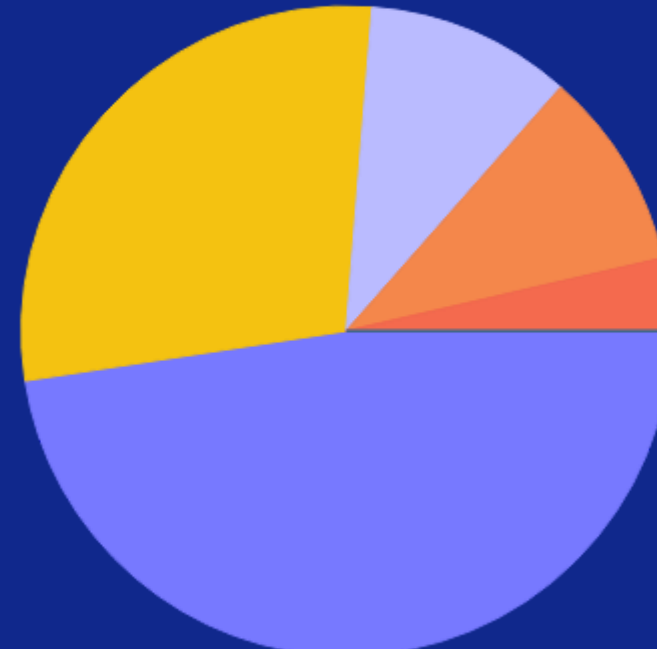


Official Statistics, 2021

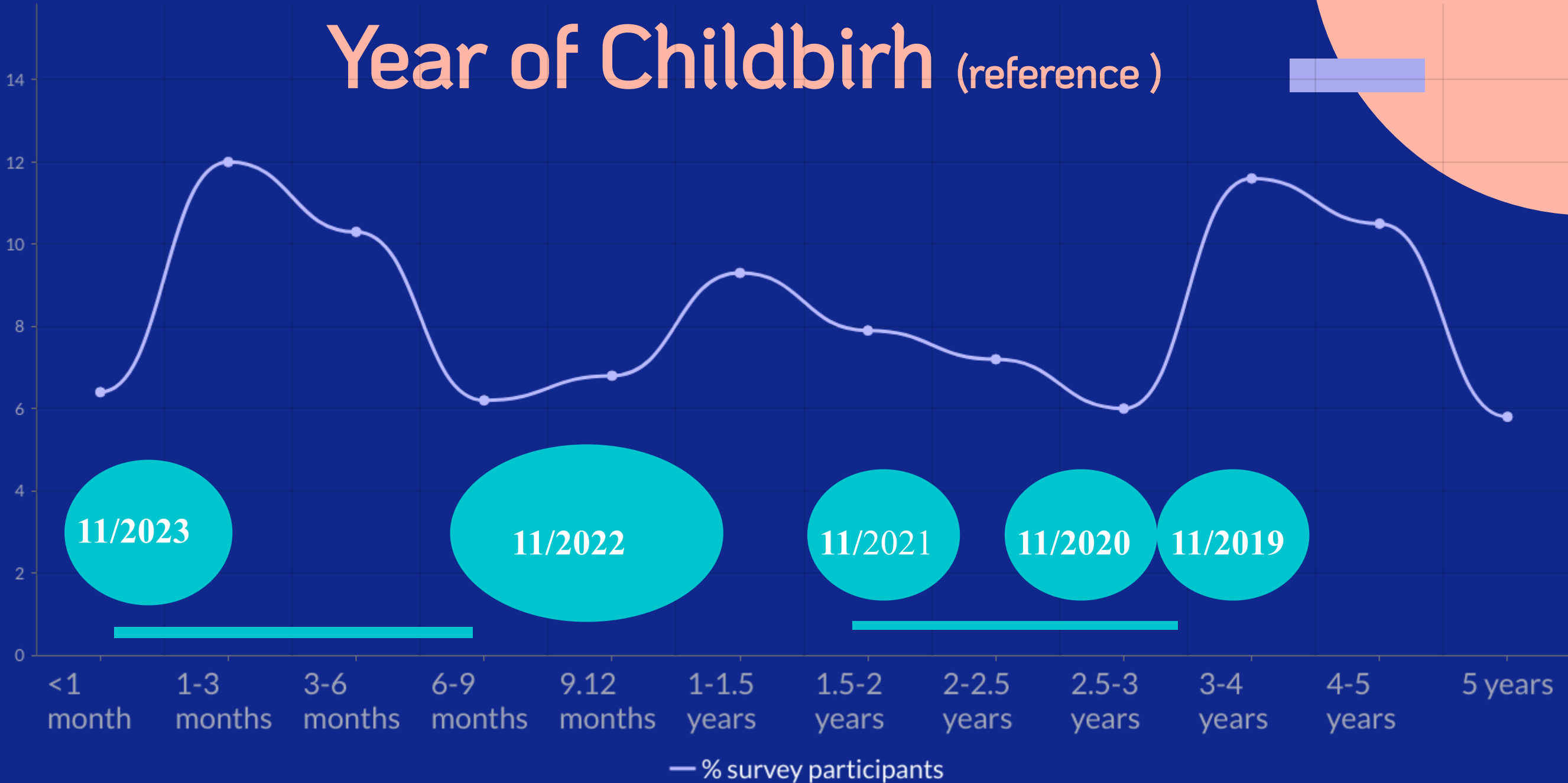
- Nicosia
- Limassol
- Larnaca
- Paphos
- Famagusta
- Other



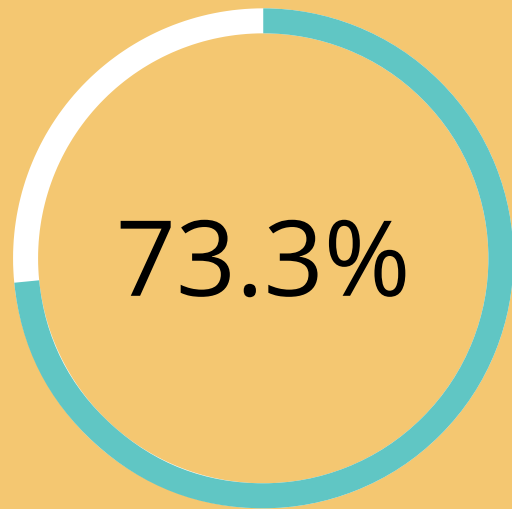
- Nicosia
- Limassol
- Larnaca
- Paphos
- Famagusta
- Other



Year of Childbirth (reference)



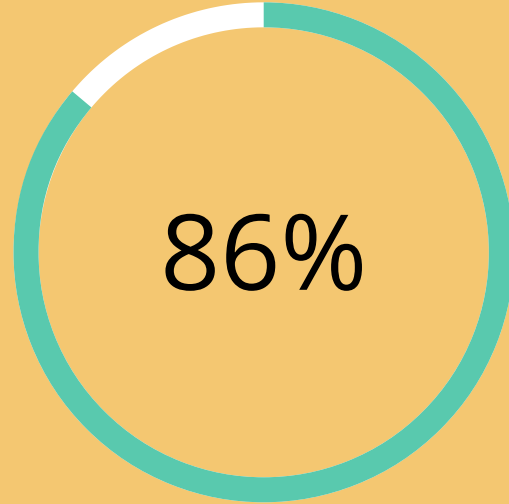
Socio-demographic profile



Age at childbirth:
25-34 years old



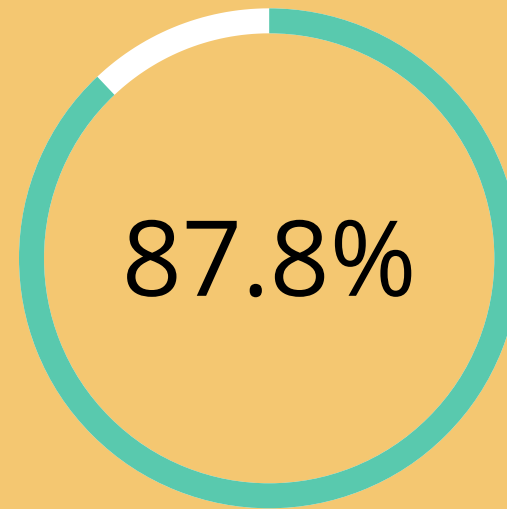
61.5%



Education:
At least Tertiary



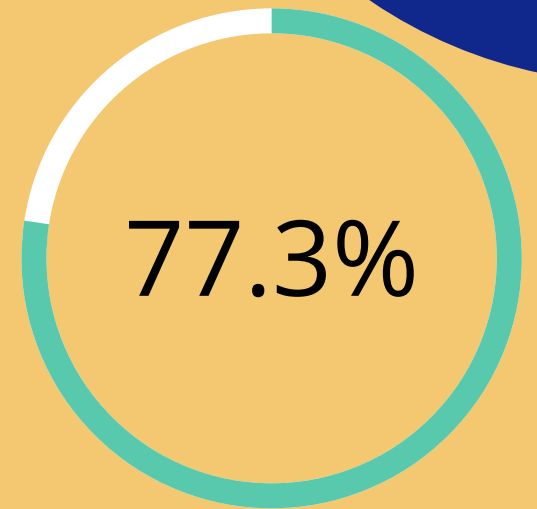
78.3%



Nationality:
Greek-Cypriot



67.2%

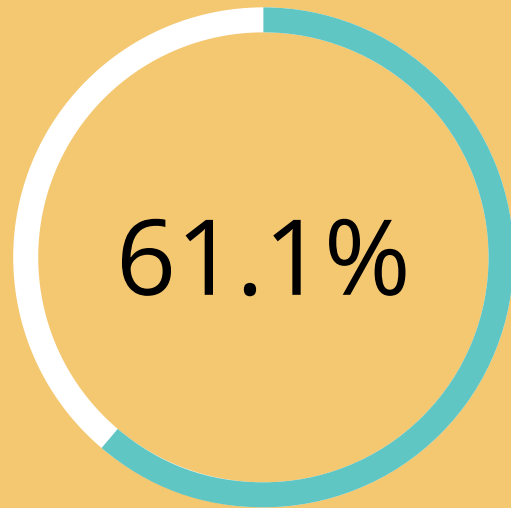


Employment:
Full-time

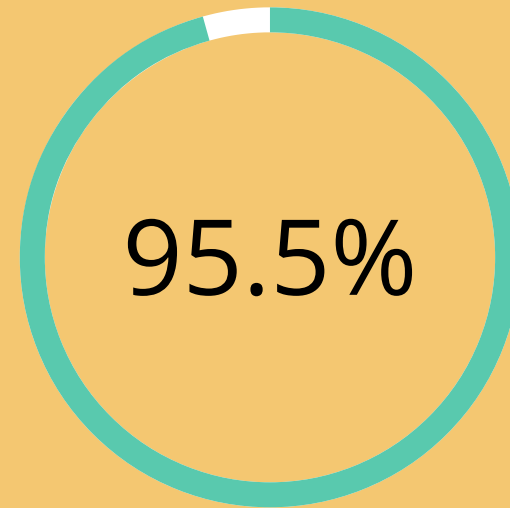


**Official statistics, Perinatal Report,
Cyprus Ministry of Health, 2021*

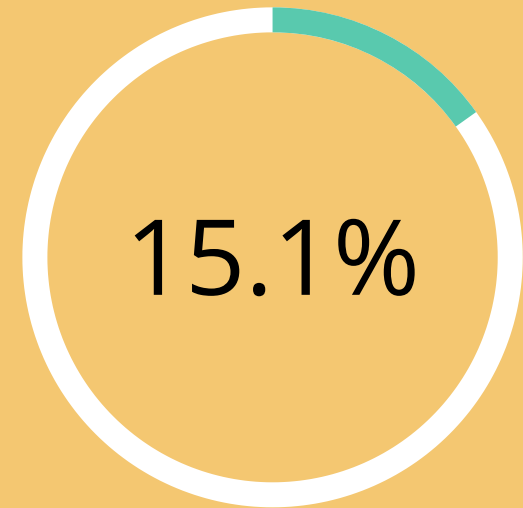
Pregnancy characteristics



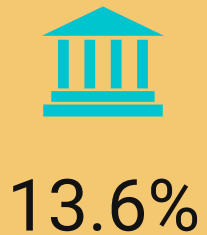
Parity: First child/
First childbirth



Pregnancy:
Single

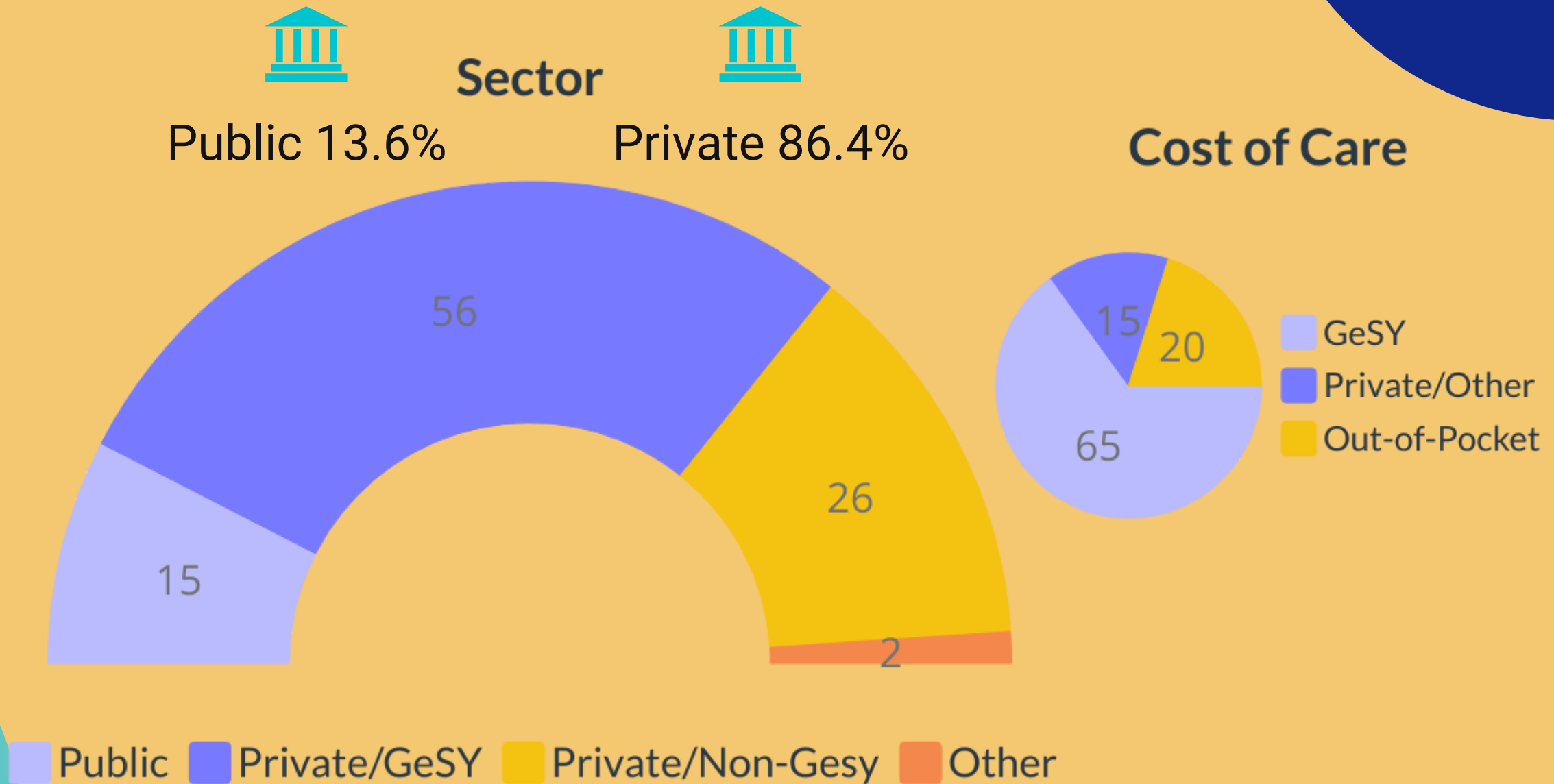


Place of birth:
Public sector

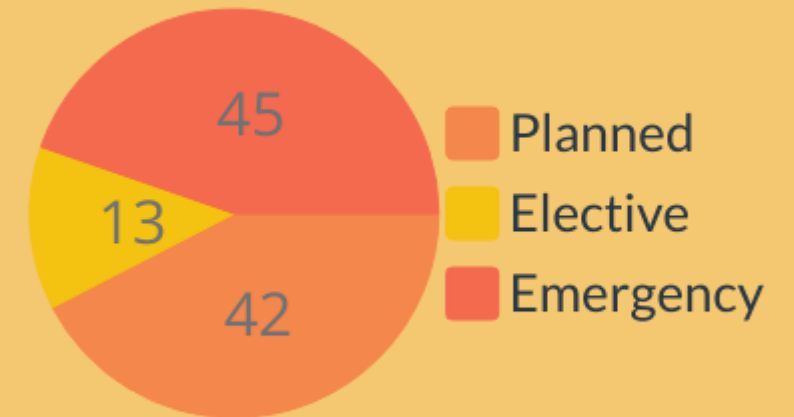
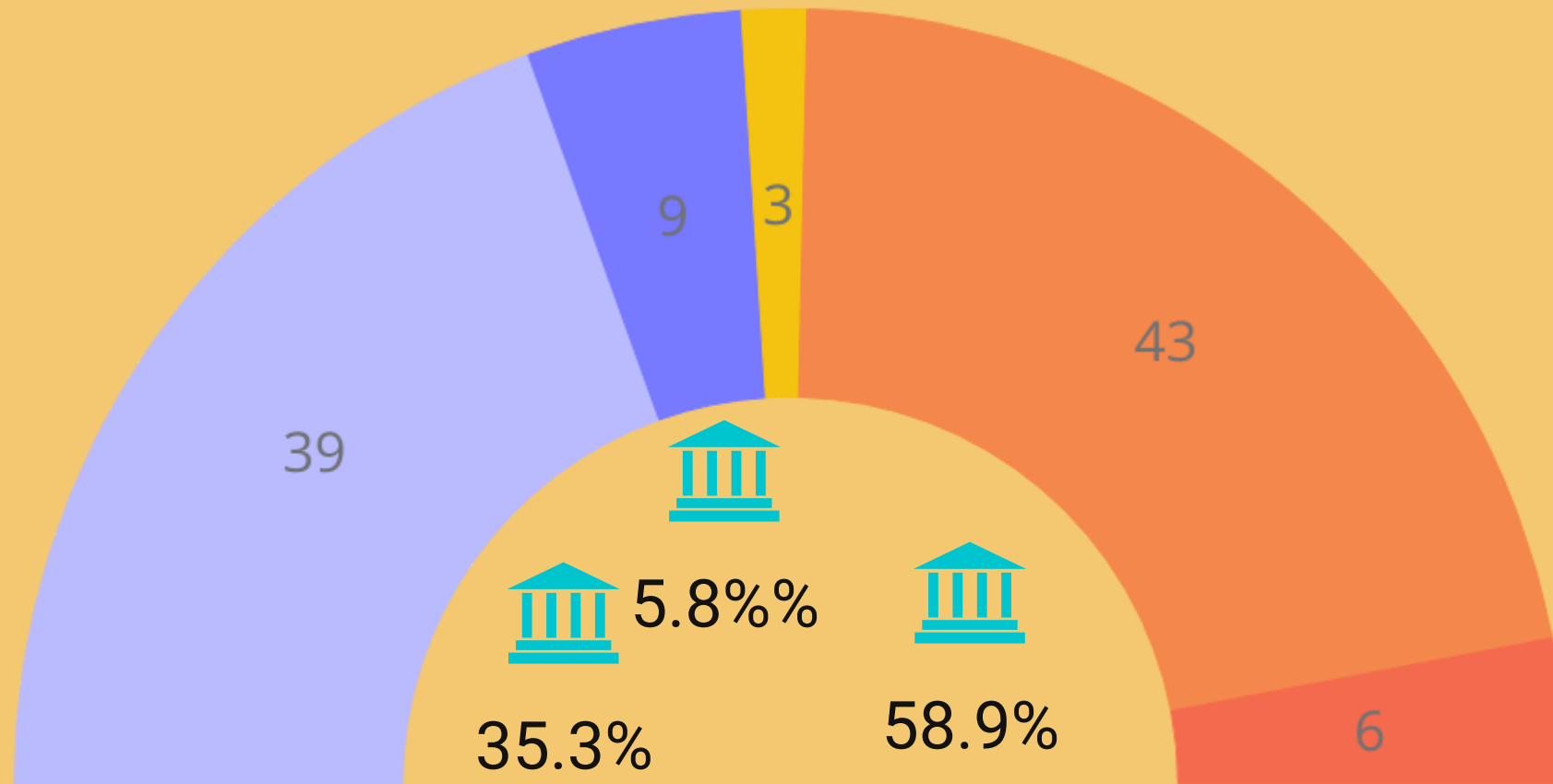


**Official statistics, Perinatal Report,
Cyprus Ministry of Health, 2021*

Place of Birth/ Cost of Care



Mode of Birth



 Emerg. C/S 31.6%

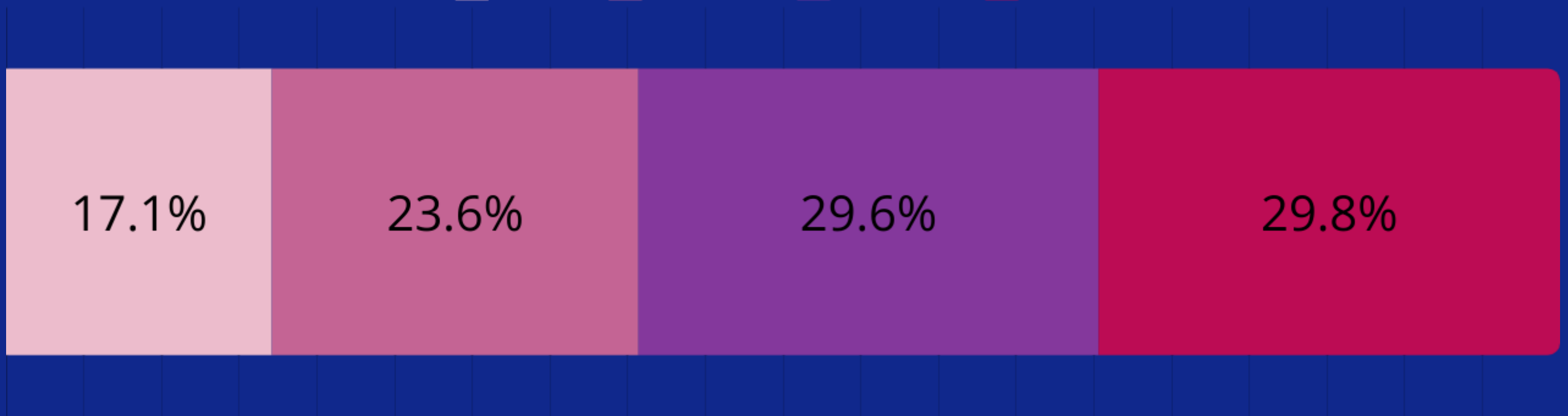
- Vaginal
- Instrumental vaginal
- VBAC
- C/S w/out gen. anesthesia
- C/S w gen. anesthesia

B. Overall Reported
Experience *(survey)*

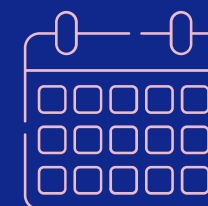
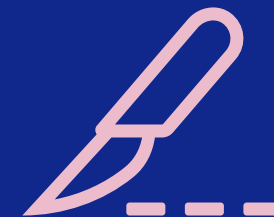
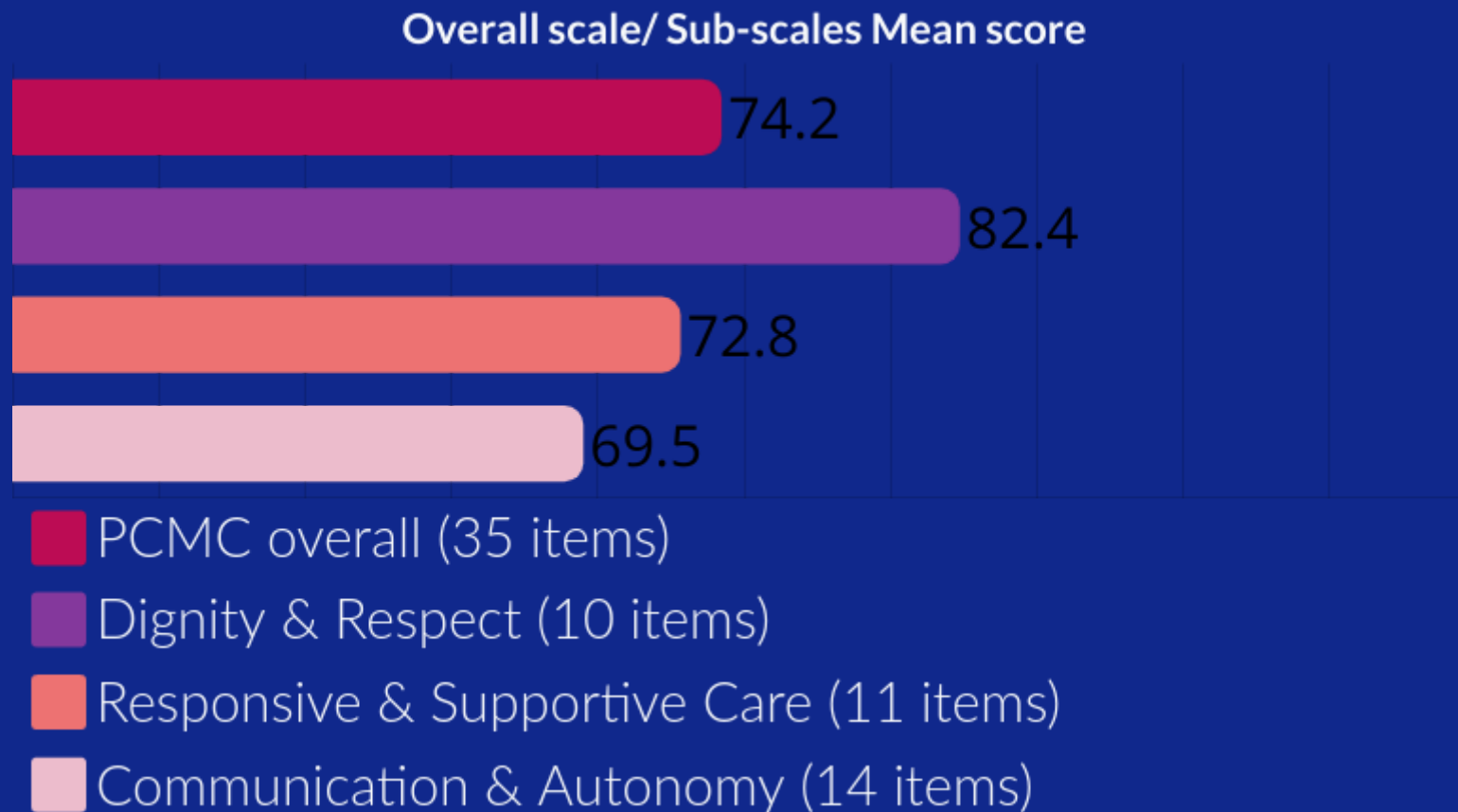
RESPECTFUL MATERNITY CARE

Person-centered Maternity Care (PCMC) - Overall 35-item score (0-100%)

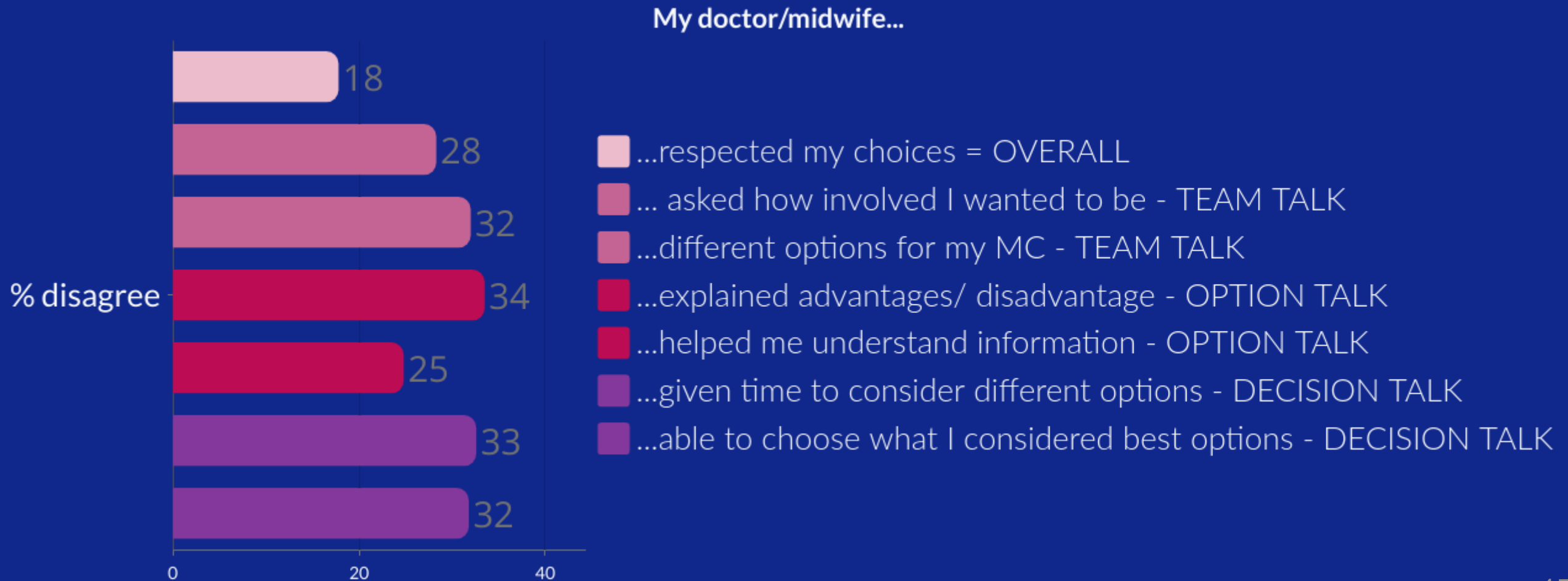
■ <50% ■ 50-75% ■ 75-90% ■ >90%



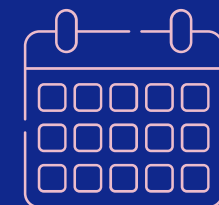
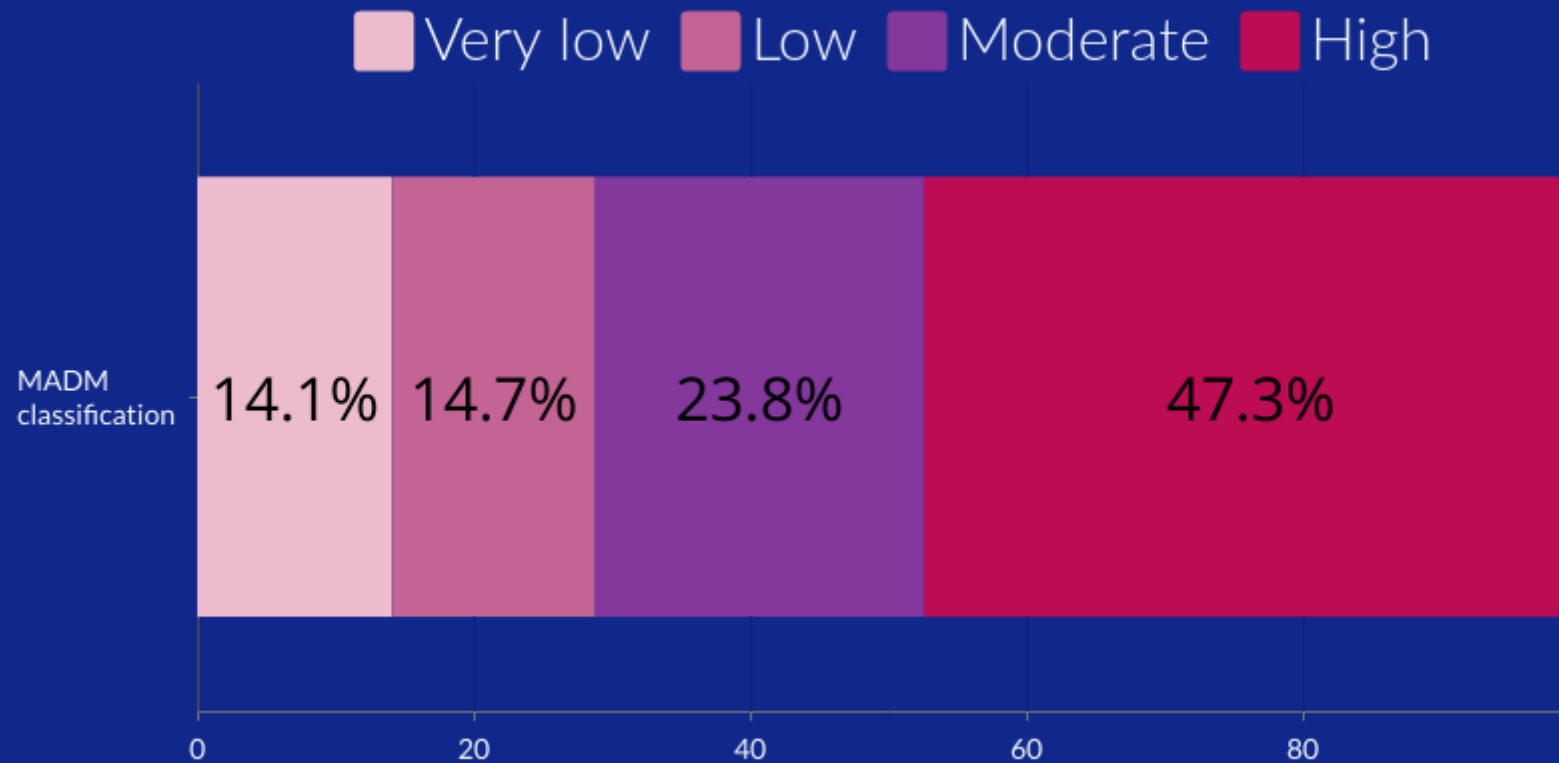
Person-centered Maternity Care (PCMC) - Overall 35-item score (0-100%)



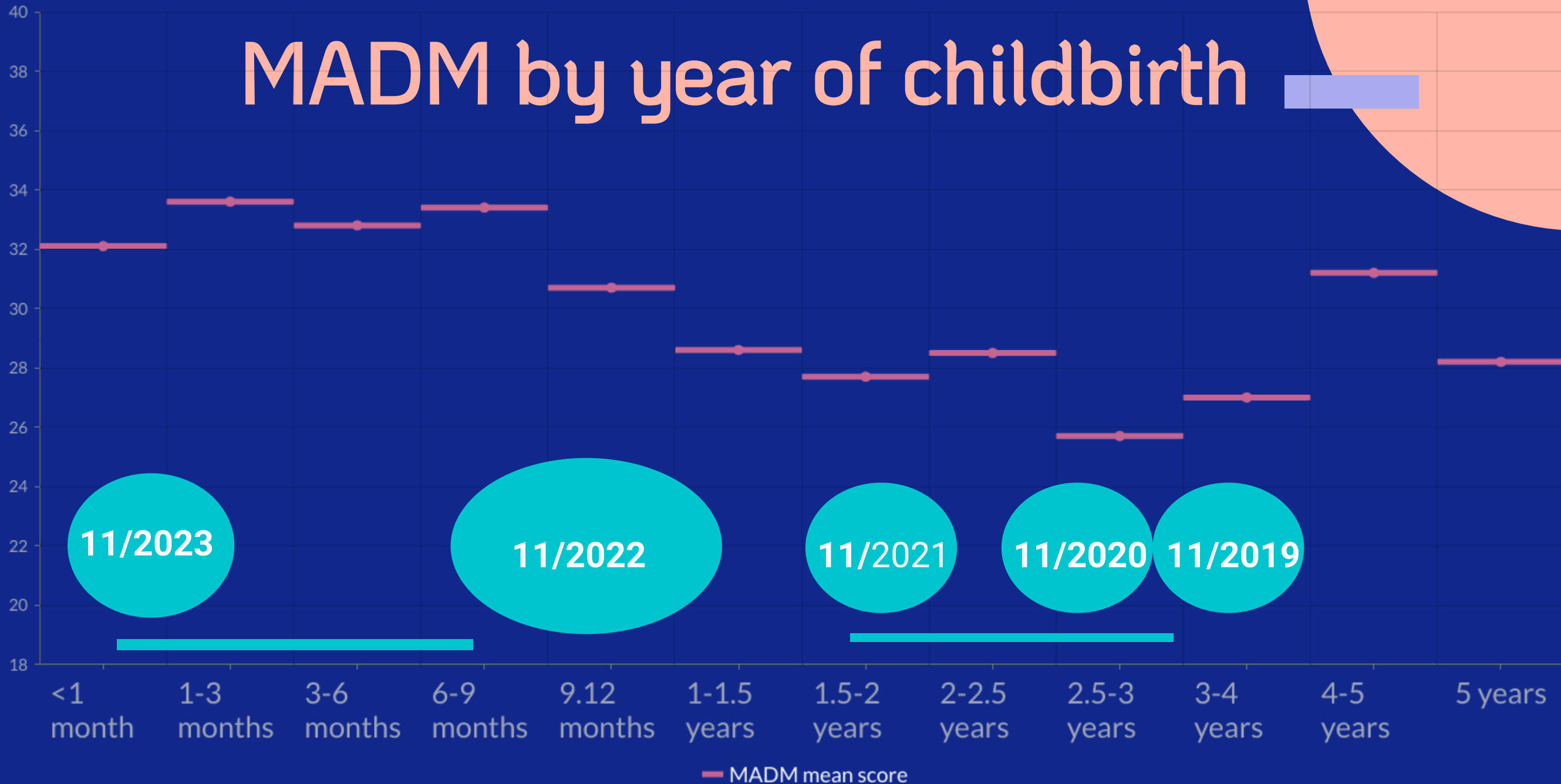
Maternal Autonomy in Decision-Making (MADM)



Maternal Autonomy in Decision-Making (MADM)

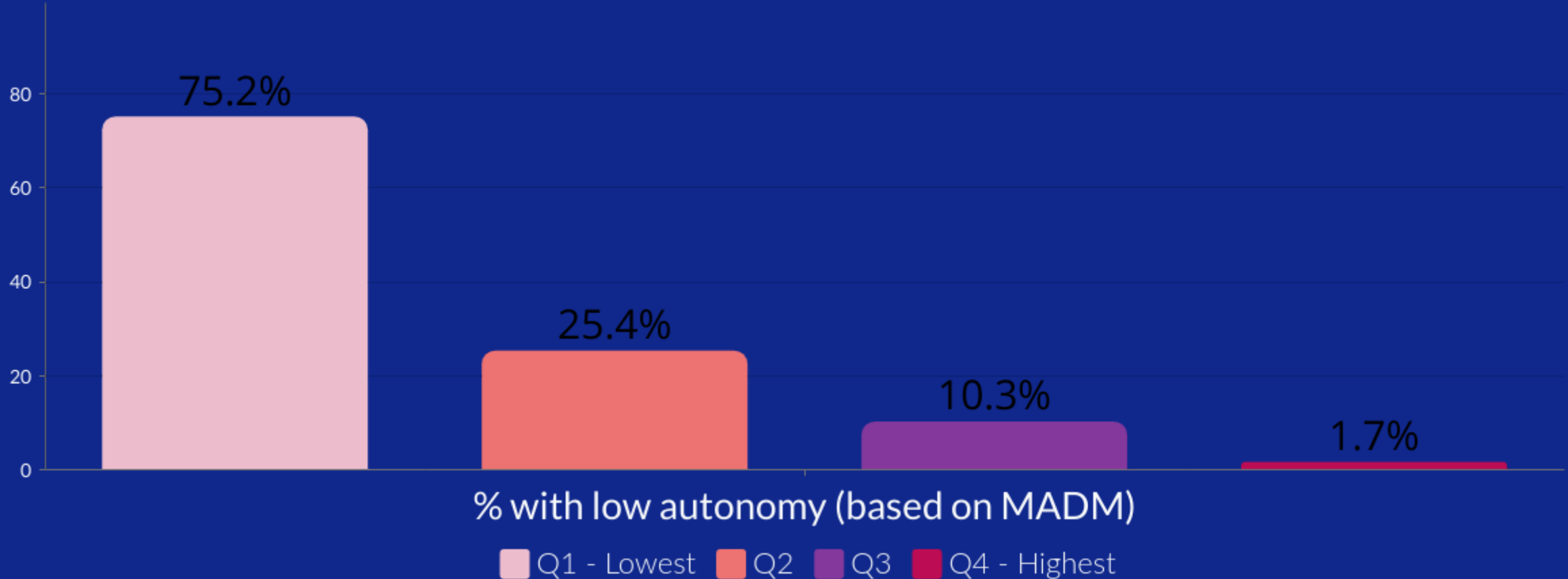


MADM by year of childbirth



Low Autonomy in Decision-Making according to PCMC

By increasing quartiles of PCMC score



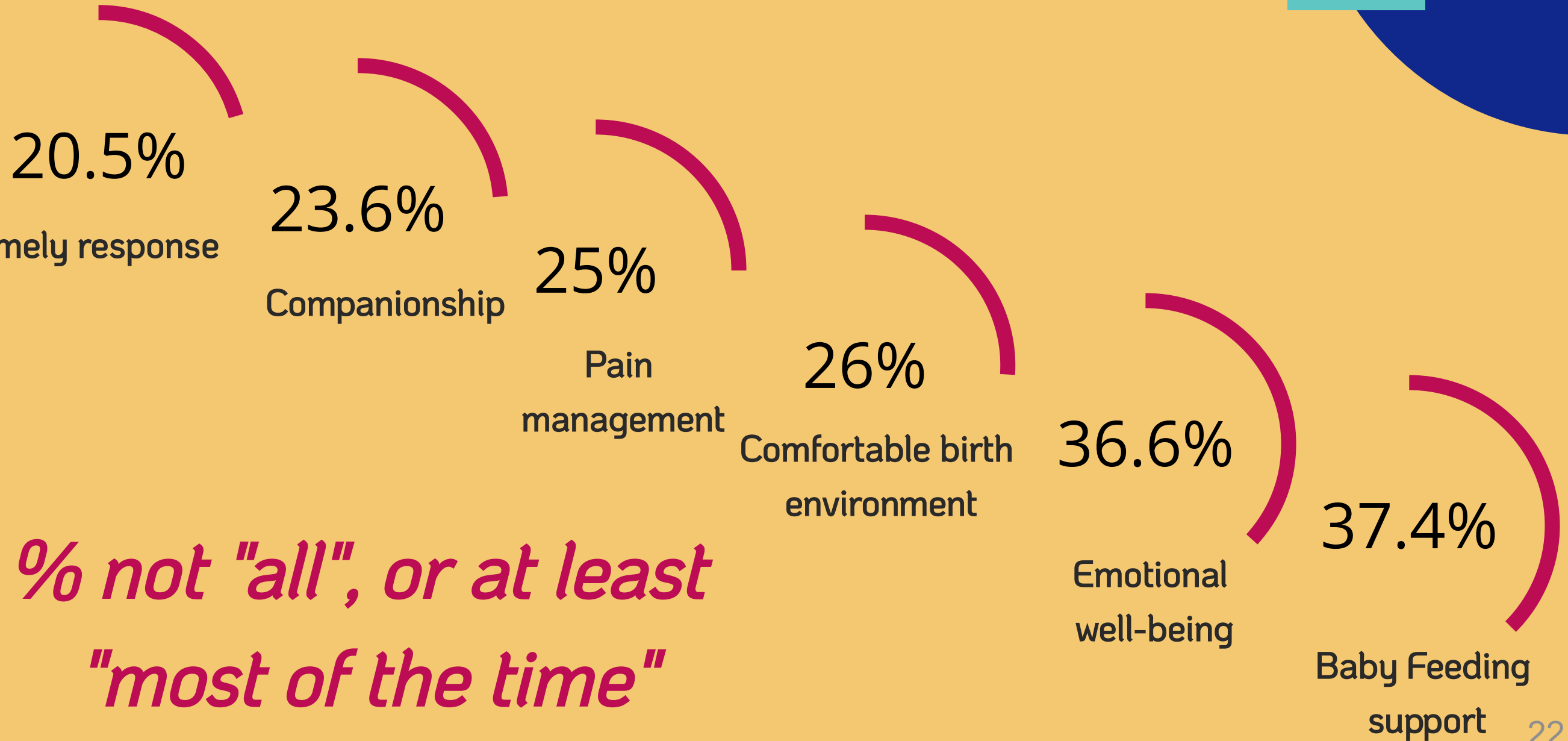


B. More/Less reported
situations/ issues

**embedded quotes
from qualitative study*

RESPECTFUL MATERNITY CARE

PCMC: *Responsive & Supportive Care*

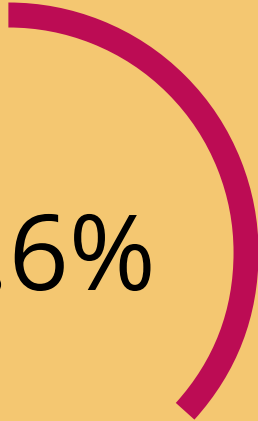


Responsive & Supportive Care

“[NAME], my **midwife** [...] she caressed me, [...] she just caressed me, she was just rubbing my belly, and she was telling me ‘*relax, give it all your strength* [for baby] *to come out*’ [*emotional, mimicking her soft voice*].

I mean, she was just doing this to me...
[demonstrates
stroking with gentle movements on her belly]

...**I felt very good**. I felt like I had a person next to me who **respected** all that I asked for” – **FG**



36.6%

Emotional
well-being

Responsive & Supportive Care

“The lady [midwife] of the night-shift, who I remember coming in and yawning was **indifferent**, but the lady who came during the day, the midwife who attended the birth, who was an older lady, she was very **caring**. My husband thought so too” - FG

"I wasn't well and the nurses, while they saw I was struggling, they **wouldn't approach me**, and one of them told me '*we are sorry to see you cry*' because it should have been the happiest days of your life. So I was made to **feel shame** for feeling depressed and I tried to hide it" - M28

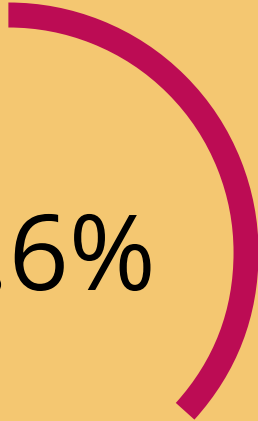
36.6%

Emotional
well-being

Responsive & Supportive Care

“they would come and go just to examine me, I was **crying, crying** alone. I didn’t have anyone with me... And I was wondering, *‘Why? Isn’t anyone listening to me? Is there anyone here for me?’*

I mean, they were just coming in to examine me. ... at some point a midwife came in and I tell her... and I was **crying**, I was **crying**, and she told me, *‘just lay down on your side’*. They didn’t even give me the option if I want to get up, to walk.” - **FG**



36.6%

Emotional
well-being

PCMC: *Dignity & Respect*

11.6%

Information
confidential

17.6%

Treated with
respect

19.3%

Treat family
with respect

21%

Privacy/
Not exposed

31%

Felt heard

38.7%

Experience Valued

*% not "all" or at least
"most of the time"*

Privacy

Infrastructure, policies, practices

“Well, I think it's not very **supportive** to be like this [*lying on your back*] with three thousand lights on top of you and five hundred individuals around you, with whoever [*emphasis*] going in and out, no matter how irrelevant, yet you should be like this, with your legs wide open

.. **everyone coming in and going out** and you don't even know who they are. If they have a job or don't have a job there” - **FG**

“It doesn't exist. There is **no privacy**. It's PUBLIC, like the hospital itself [*irony*]” - **FG**

Privacy

Infrastructure, policies, practices

"I was treated in an **embarrassing** way in [CLINIC]. While in labour, having painful contractions' and **naked from the bottom** down, I was wheeled in a wheelchair, that was actually even too small for me, through the busy main reception for an examination, " - M4

"I had a room **full of students**, and the doctor who was **disrespecting** me in Greek, [in front of them, assuming I can't understand Greek" - M3

"The only thing that really **disappointed** me. Otherwise my care was excellent. I was uncomfortable, with pains, having to think about not disturbing the newborn next to me and at the same time having to tolerate the other woman's **guests coming in and out of the room**" - M81

Heard, valued & supported

"... some doctors should have less patients so that they can give **more thorough attention** and generally be more involved with patients. [...]

...my doctor **couldn't remember** if I'm having a boy or a girl, I had to constantly remind her that my blood is negative etc.

I know she wasn't obliged to remember my personal details, but I was getting a feeling that every time I was seeing her it was like she's **seeing me for the first time**
- M10

"I remember a nurse. Maybe, she was a midwife. She was very **supportive**. At night, she came and took care of me and put pillows on my bed and let my baby sleep with me" - FG

"...at some point the bell next to the bed stopped working until I realized it had been **turned off** - M24

"...after my caesarean and the removal of the catheter, I asked for someone to **help me** go to the toilet and the answer was *'you can do it on your own'* - M62

PCMC: *Dignity & Respect*

5%

Discrimination

(race, ethnicity, income, education, sexual orientation or anything else),

14.7%

Physical abuse

(handled roughly, held down or physically restrained)

15.3%

Verbal abuse

(shouted, scolded, talked to rudely, insulted, threatened)

23.8%

Neglected

(avoided, ignored or otherwise neglected)

36.6%

Coercion

(coerced or pressured into a decision)

% at least "a few times"

Harm and mistreatment

"The worst thing that happened, it was [,,] when they **pushed**, and I called out to them '*Stop, I can't breathe*'. I've read about this thing, that it can happen, uh, I don't remember the terminology, but when it happened to me, I couldn't perceive it was this thing and that it was wrong, but it felt **wrong**" - FG

"I asked the midwife not to **push my belly**, and the answer was '*the doctor told me*'. The doctor didn't speak [...] I consider this **violence**". - M42

"[...] they did the **Kristeller technique** on me, I realized months later...I had **post-traumatic stress** - very intense" - M25

Lack of information-State of Doubt

"I have **doubts** whether my Caesarean was **necessary or not**, not that it affects me psychologically, at least not to a great extent but natural birth is something I want to experience and I will definitely pursue in my next pregnancy" - M59

"My experience with this particular doctor... she **respected** what I wanted, my **plan**. And she didn't tell me ' *no, no, we in Cyprus this is how we do it, so we do it like this*'"- FG

The induction of labor was done with **my own consent** at 40+1 weeks after **encouragement** by my doctor. In retrospect, I consider that the **lack of information** about the options I had and the procedures that would be followed ...slowly and painfully led to a caesarean section - M100

Respectful Communication

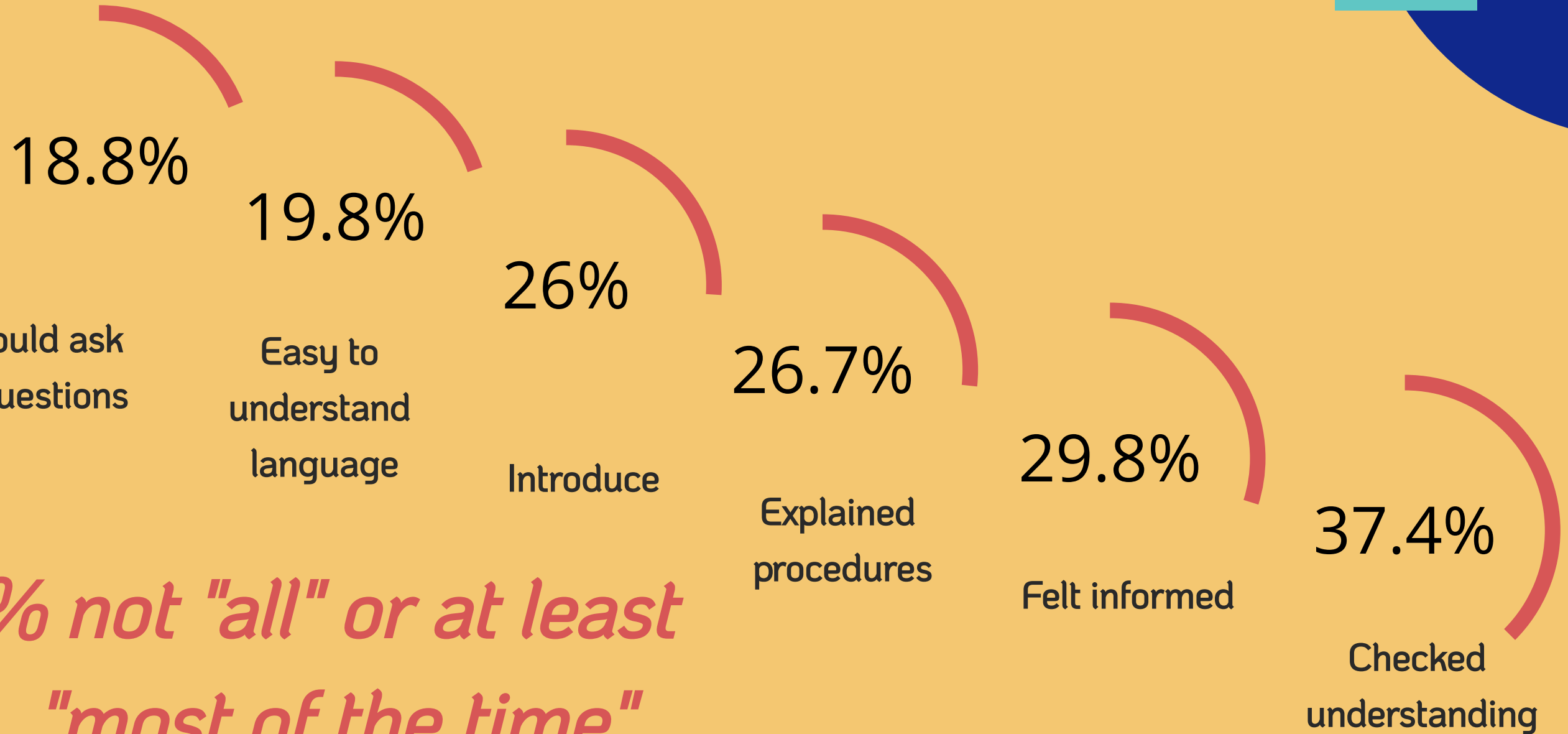
"When the doctor came, and I was adamant about the epidural, the doctor came, he **spoke to me very badly**, he said *'stop these things'*, he literally said *'stop all this nonsense'* (απωμάρες) - FG

“He [DOCTOR] says to me,
- ‘Well, we have to plan for you to give birth’.

I say to him: ‘Why?’. And he says
- ‘what do you want coming out of you, a little donkey? (“γαουρούι”).
I will **never forget** it [sounds angry]....

I say *excuse me doctor?*’, and he repeats
- ‘how big are you going to make him’ he tells me ...eh, he was a nice normal baby...he was 3200g. ...eh, I was shocked, I mean, what are you talking about, I’m getting close to give birth, and you're telling me this thing? - FG

PCMC: *Communication & Autonomy*



*% not "all" or at least
"most of the time"*

User-Provider Information Exchange

"The private doctor that was seeing me for seven months did not treat me right. He didn't sign my maternity leave, he didn't **explain** the appointments to me, what he was seeing, and he was putting appointments every two weeks without **any reason**" - M19

"....each one [MIDWIVES] had her **own opinion** and point of view on the progress of childbirth but also later about the care of the infant..it was so **confusing** - M104

"He was **not listening** to me - like I was just a **number** among the many women he was going to see that day" - FG

"Please note that I am white European, well educated. Yet, I was treated like any **questions** about my child were **bothersome**.
*I am not sure how do they treat people of other **races and religions**" - M3*

PCMC: *Communication & Autonomy*

22.6%

Baby Feeding
Choice

28.8%

Involved in
decisions

30%

Birth plan/
preferences

40.3%

Consent or
Permission
*(before touching or
doing procedures)*

40.9%

Birth Position
of Choice
*(*Y/N among those
applicable)*

*% not "all" or at least
"most of the time"*

Baby Feeding Choice

"...when I asked for help because I was **struggling**, the answer I got was '*that's what you get with breastfeeding, better give formula*'.

(The girls on the next shift where more helpful)" - M94

"...the **pressure** exerted by nurses /midwives [for EBF], even when the [breast milk] quantity is insufficient to feed the infant.- M80

It was my **choice** to breastfeed exclusively and they knew it but they **urged me** several times to give formula to '**rest**'. Of course, I never approved it but in such a difficult moment you need the right guidance and not the easy solution - M61

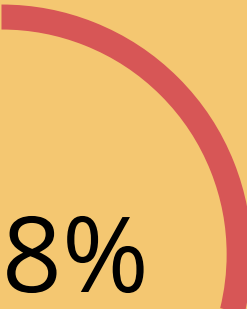
"I am **grateful** to my midwife who came to home-visits and **helped** me a lot psychologically and responded even in the middle of the night to questions and concerns I had about breastfeeding" - M35

Informed choices

“Wouldn’t be nice if during pregnancy, when the days are getting closer [to labour], if **they** [the HCPs] could have **a birth plan**, in paper form, to be given to the woman, so that she knows what care she can get during and after the birth, so that she knows the **choices**... eh, you might not know something - FG

[...] presentation of all **options**, without projecting **guilt for their choices** if they are safe for themselves and the baby - M72

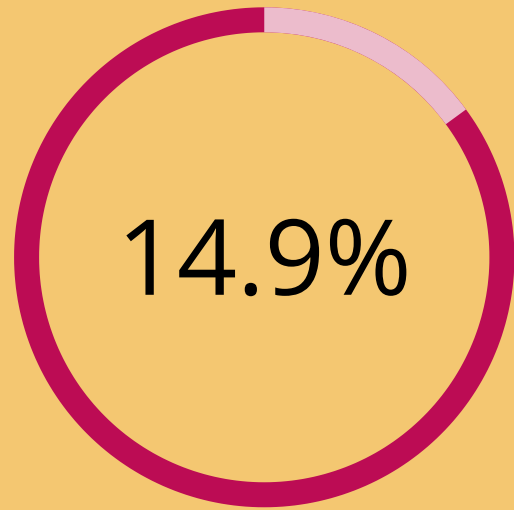
I was much more in **control** at my second birth since I **KNEW** what **I DID NOT WANT** and I also took classes and prepared myself. I wish they promoted them more - M1 .



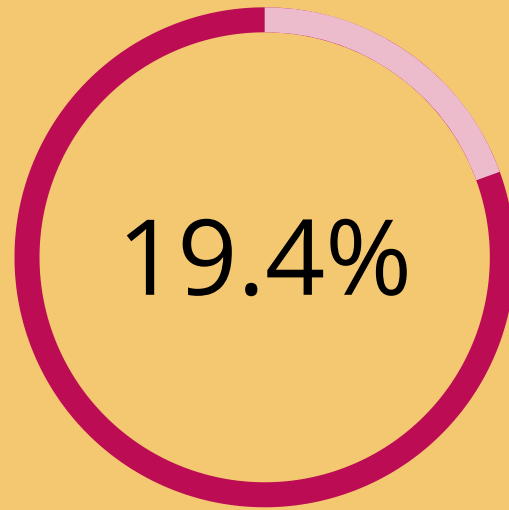
28.8%

Involved in
decisions

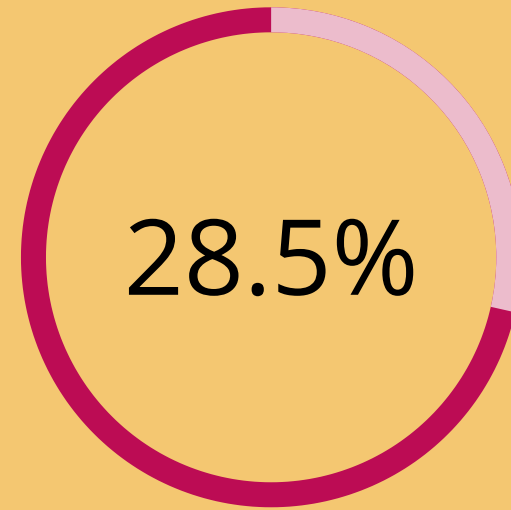
Mothers on Respect index (MORi)



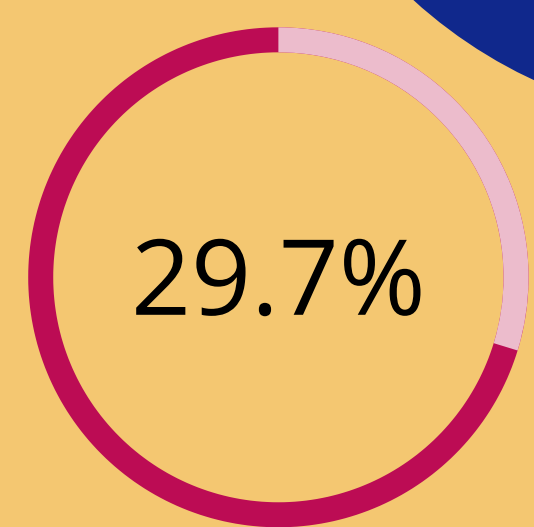
Not comfortable
asking questions



Not comfortable
accepting options
doctor/midwife
recommended



Pushed into
accepting options
doctor/midwife
suggested



Not comfortable
declining care that
was offered

...while making decisions... I felt...

Mothers on Respect index (MORi)

...I held back from asking questions or discussing my concerns because..

26.2%

My doctor/midwife seemed **rushed**

24%

My doctor/ midwife might think I was **being difficult**

25.8%

Wanted **care that differed** from what doctor /midwife recommended

.With regard to the care options that I received....

15.7%

My **cultural** preferences were **NOT** respected

23.6%

My **personal** preferences were NOT respected

28.9%

They were **NOT my** choice

Informed Consent

" I am **thankful** to my doctor because he helped us deliver our baby via IVF, yet [...] several **vaginal examinations**, before and after the birth, without my **consent**.... and a **episiotomy** which I found out about after I gave birth, when I realized they were stitching me " - M18

No one explained why they were doing **all these checks** on me and it feels strange having to ask all the time. It seems like Cypriot doctors don't **explain** so much and people do not want to know as much
- M14

I was induced, I **signed** the paper but I had my **doubts** but they gave me **no other choice**.... it was a traumatic experience for me. - M39

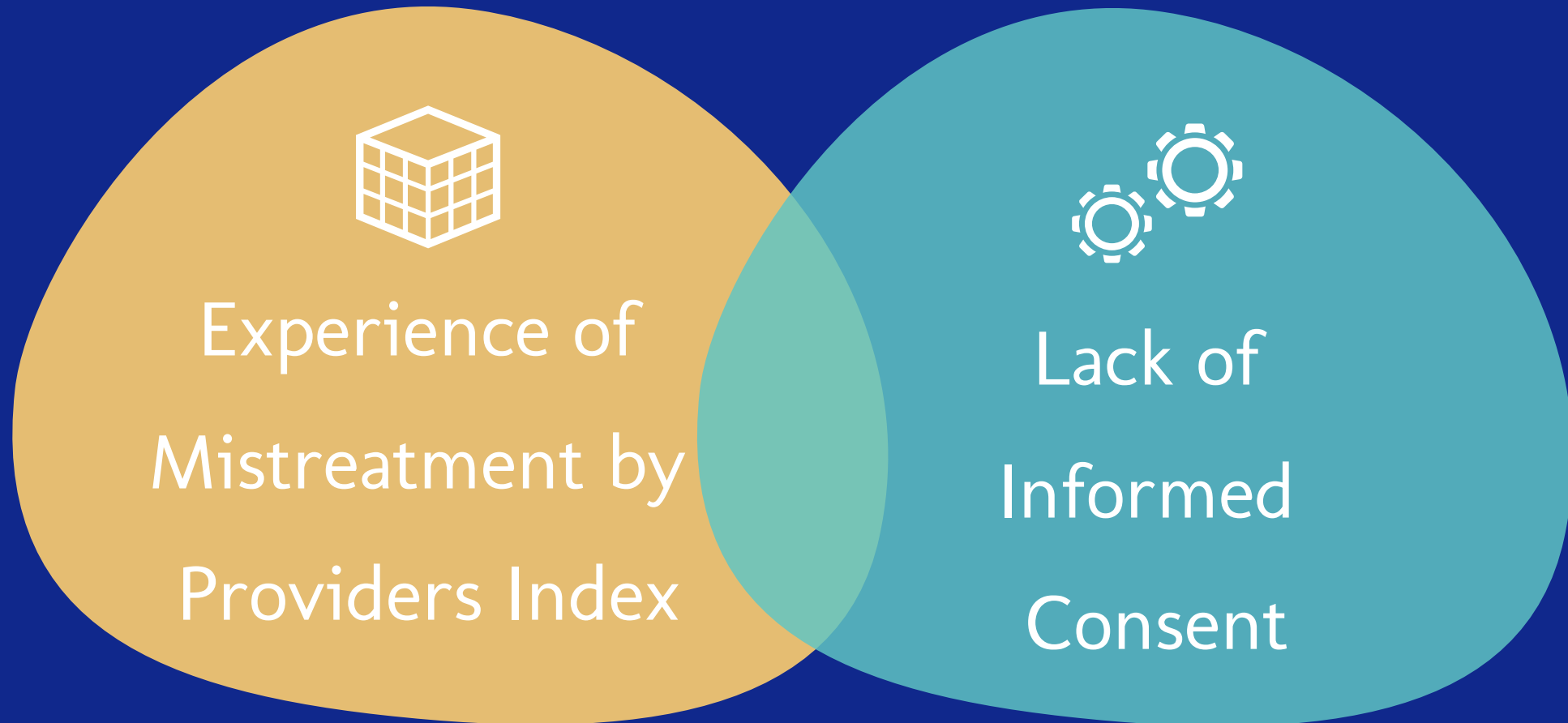


40.3%

Consent or
Permission

*(before touching or
doing procedures)*

MIST index & Informed Consent



Lack of Informed Consent

(either oral and /or in writing)

Cardiotocography

Shaving
pubic hair

Intravenous
cannula

Episiotomy

Enema

Induction of
delivery

C-section

Administration of
Oxytocin drip

Vaginal
examination

Presence of
students/ others

Newborn interventions

*(examination, vaccination,
and/or drug administration)*

Feeding newborn
formula/ liquids

Lack of Informed Consent

(either oral and /or in writing)

Any of the following performed WITHOUT your informed consent?	Ranking order
Cardiotocography	2.9%
Insertion of intravenous cannula	4.1%
Shaving of pubic hair	4.5%
C-section	4.7%
Induction of delivery	5.0%
Presence of students/orher during delivery	5.4%
Administration of oxytocin drip	5.6%
Enema	6.6%
Newborn examination, vaccination and/or drug administration	6.6%
Episiotomy	7.8%
Vaginal examination	11.6%
Feeding newborn with formula or other liquids	13.6%
% of women reporting AT LEAST ONE OF THE ABOVE	33.7%

Experience of Mistreatment by Providers (MIST index)

Threatened in any way

Forced to sign a paper

Aggressive/inappropriate
physical contact

Forced to accept /
Withheld treatment

Offensive/Humiliating words

Forced to remain in

Ironic/discrediting remarks

uncomfortable/ painful position

Shouted/ Scolded

Ignored, refused or failed to
respond to requests

Personal Information shared
without consent

Physical privacy violated (e.g.
people in room without consent)

Experience of Mistreatment by Providers (MIST index)

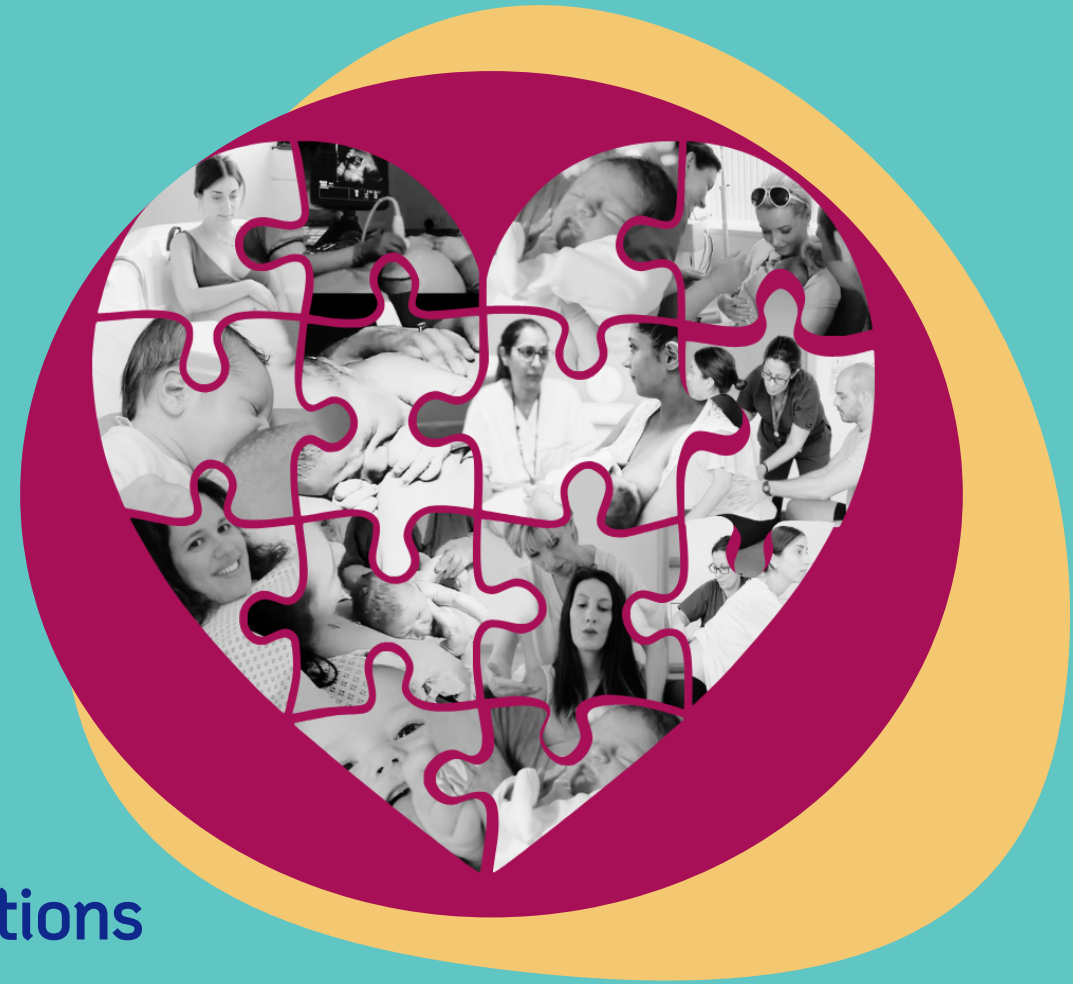
Any of the following problems or attitudes during your care?	Ranking order
Threatened by healthcare providers in any way	1.7%
Personal information shared without consent	2.5%
Physical abuse (<i>e.g. aggressive contact, sexual, no anesthesia for episiotomy etc</i>)	3.7%
Forced to sign a paper	4.1%
Offensive or humiliating words	6.2%
Criticized by ironic/discrediting remarks/nicknames and diminutives	6.2%
Ignored , refused request for help, failed to respond in reasonable time	8.3%
Shouted at or scolded	9.1%
Withheld or forced to accept treatment	10.1%
Forced to remain in uncomfortable or painful position	10.1%
Physical privacy violated (<i>e.g. uncovered or people in room without consent</i>)	12.8%
% women reporting AT LEAST ONE OF THE ABOVE	32.0%

Project partners

- **Cyprus University of Technology**
Deot Nursing, School of Health Sciences
- **Birth Forward**
Mediterranean Institute of Gender Studies
OSAK - Cyprus Federation of Patient Associations
- **RODA - Parents in Action (Croatia)**
University of Genova (Italy)



Co-funded by
the European Union



RESPECT

RESPECT

is best clinical practice



Cyprus
University of
Technology



Co-funded by
the European Union



National report

Croatia



Executive summary

This document represents one of the deliverables of the RESPECT project. The partner of the projects include Cyprus University of Technology (CUT), Birth Forward Cyprus: Birth Forward (BF), Roda - Roditelji u akciji (Croatia), University of Genoa (UNIGE): University of Genoa - DINOEMI (Department of Neurology, Genetics, Ophthalmology, Maternal and Infant Sciences).

RESPECT - Focus respectful care for pregnant women and mothers: Enhancing shared decision-making and informed choice in Cyprus and Croatia – aims to make women be active participants in their pregnancy and childbirth experiences, and for healthcare providers to effectively support a care model for women based on respect. In order to achieve this, several objectives have been set within the project:

- To assess the current situation (through quantitative and qualitative research),
- To standardize procedures (in partnership with the professional community),
- To teach necessary skills and competencies (e.g., preparing future healthcare providers and mothers), and most importantly, and
- To recognize and promote this standard of clinical practice as a right and obligation (e.g., by raising awareness in society about women's rights during childbirth).

This National report focuses on results of a survey conducted in the period from October 12th until February 3rd by the Croatian partner of the project Roda - Roditelji u akciji. The survey focuses on several concepts within the Respectful maternity care (RMC) framework focusing on three main themes: participation in decision-making during pregnancy and/or birth, person-centered maternity care with respect and experiences of discrimination and mistreatment. The research goal was to identify and assess the current situation and the attitude of health care providers towards women in both countries.

The research deals with opinions, experiences, and satisfaction with health care services for pregnant women and mothers, focusing on:

- Respectful care for pregnant women and mothers based on the principles and quality criteria described by the World Health Organization and other European and international organizations,
- Active participation in decision-making promoting and supporting informed choices about options within the healthcare system,
- Respect for choices and desires, including support during childbirth, positions during childbirth, and rights such as informed choice, among others, and
- Providing person-centered care for pregnant women and mothers aimed at a positive childbirth experience.

The survey was conducted in both Croatia and Cyprus, where for the Croatian survey the respondents have been recruited through social media (i.e., Facebook and Instagram) and the official pages of RODA – Roditelji u akciji. This analysis included 855 respondents while the final N represents 858 respondents in the mentioned period.

This report provides a description and summary of main findings of women in Croatia which provide the fundamental base for understanding the specific national experience.

The tables in this document represent the findings as a whole, while the main findings include:

- Most of the participants represent primiparas (64.1%) while the type of birth is mostly vaginal (65.1%) given in the in a public hospital (GeSY) (97.8%).
- While being asked about **autonomy in decision making**, most disagreement is found when asked about being told about different options for their maternity care (81.1%) and being explained the advantages/ disadvantages of the maternity care options (81.1%). A very low level of autonomy is reported by 36% of the respondents (N=308) while an also high number reports a low level of autonomy (26.7%, 228 respondents) (Table 4: **Maternal Autonomy in Decision-Making (MADM)**: Responses of survey participants at item level, Croatia (N=855). Table 5: **Maternal Autonomy in Decision-Making (MADM)** scale score and classification of degree of autonomy, Cyprus (N=516) and Croatia (N=XXX). Table 6: **Maternal Autonomy in Decision-Making (MADM)** according to **socio-demographic characteristics**, Croatia (N=855). Table 6a: **Maternal Autonomy in Decision-Making (MADM)** according to **place of residence**, Croatia (N=855). Table 7: **Maternal Autonomy in Decision-Making (MADM)** according to **pregnancy-related characteristics**, Croatia (N=855*). Figure 1: **MADM mean score by current age of reference child** (indicative of temporal trend in relation to COVID-19 pandemic), Croatia. Figure 2: **MORi mean score by current age of reference child** (indicative of temporal trend in relation to COVID-19 pandemic), Croatia.
- Concerning **respectful care**, women felt most uncomfortable declining care that was offered (79.1%) while cultural preferences and personal preferences were respected in more than 50% responses. The level of respect on the respect classification is most frequent in the moderate group (39.6%) followed by high with 36.4% of all respondents (Table 8a: **Mothers on Respect Index (MORi)** – Section A: Responses of survey participants at item level, Croatia (N=855).until Table 11: **Mothers on Respect Index (MORi)** according to **pregnancy-related characteristics**, Croatia (N=855*).).
- The respondents report quite low frequency on statements that regard **communication and autonomy** that concern birth position choice, explanation and informing about procedures, asking for permission, among others (Table 12: **Person-Centred Maternity Care (PCMC-US)** scale - Responses of survey participants at item level, Croatia (N=855).).
- As for **dignity and respect during childbirth**, discrimination and physical abuse are reported quite scarcely while not valuing the experience of the woman in labour is reported as the most frequent occurrence by respondents (Table 12: **Person-Centred Maternity Care (PCMC-US)** scale - Responses of survey participants at item level, Croatia (N=855).).
- While reporting **experience of mistreatment by providers**, women most often report being forced to remain in an uncomfortable or painful position (38.8%) or being ignored by healthcare providers (28.2%). Furthermore, they were often criticized or ironized by their healthcare providers (27.4%) (Table 18: **Experience of Mistreatment**

by providers index (MIST) - Responses of survey participants at item level, Croatia (N=855).).

- **Lack of informed consent** concerning the baby was most present in feeding a newborn baby with modified milk (formula) or other liquids (27.3%) and administering examination, vaccination and/or drugs (22.8%). For the mothers, administration of an oxytocin drip (24.6) and episiotomy (18.5) were reported most among respondents (Table 21: **Lack of informed consent** - Responses of survey participants at item level, Croatia (N=855)., Table 22: Lack of informed consent according to **socio-demographic characteristics**, Croatia (N=855). and Table 23: Lack of informed consent according to **pregnancy-related characteristics**, Croatia (N=855).).

In addition to the survey results elaborated above, **a qualitative approach was taken by conducting four focus groups throughout October and November of 2023** with participants from different parts of Croatia. The respondents were recruited online or through participation in the survey where they were asked if they wanted to share more of their experience. The total of participants taking part in the focus groups resulted in 11 individual experiences. One focus group was conducted in person in Split, while the other three were conducted online. Participation was completely voluntary and participants could have dropped out in any moment. The results were anonymized during the reporting phase. The focus groups were conducted based on a previously drafted moderation guide that included several themes, also covered in the quantitative survey – communication with HCP, informed choices and decision making, process of shared-decision making and informed consent. The quantitative survey and focus groups are envisioned as two research methods that complement each other in order to gather deeper and clearer insights.

The framework analysis was conducted based on third-order themes and second-order themes of *E Shakibazadeh et al. Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis*. First order themes were too detailed for the analysis to be applicable in this context. The rationale behind taking the framework analysis route in this project is represented in its suitability for applied policy and health research due to its format.

Since the framework assumes only positive connotation, here it was necessary to add another dimension of the analysis – tone (positive, negative or neutral). In order to delineate between different experiences, another analysis category was added - stage (pregnancy, birth, post-birth).

The quotes that stood out were assigned a third and second-order theme. If the quote was deemed to fit several themes it was assigned maximum of three themes to avoid “over-coding”.

From the analysis there are themes that do not appear at all, or appear significantly less frequent than others:

- (3) Preserving women’s dignity
- (7) Providing equitable maternity care

There was one extreme case and one severe experience shared by participants that marks entirely negative experiences (FG2 and FG3). Furthermore, there were two experiences more positive than other, but not deemed too extreme as the negative ones mentioned above (FG1 and FG4).

The following text represents the main conclusions from the focus groups. Furthermore, a deep dive was taken into the 12 third-order themes defined by the previously stated theoretical framework.

General conclusions and remarks:

- There are great differences between participants of all focus groups – depending on their character, previous experiences, preparedness etc. This will be taken into account while drawing conclusions.
- The previous also represents a conclusion in itself. There is no generalization possible in this specific (and in a sense sensitive) research topic, each individual experience needs to be treated carefully and respectfully.
- Significant differences in North/South parts of Croatia. South parts have a quite lower decision participation rate, less communication and decision making, etc. To make a general conclusion, the “south” experiences are quite worse.
- All women had positive experiences if they led their pregnancy by a private gynaecologist- some did it in their second pregnancy, some did not even try the public system because of experiences of other women.
- Birth plans are not present in all cases. Some women mentioned that they are “not allowed” in the hospitals they give birth in (referring to the southern hospitals).
- *Considering women as a "human being" and not a "thing"* was a second-order theme that could have been used in (almost) all quotes in the analysis. This is something that is occurring during pregnancy, birth and post-birth regarding medical interventions, communication (to and about women), participation in the birth, and all else.
- During birth, precautionary decisions made by doctors are often not communicated or miscommunicated which results in women being confused and worried, losing trust in the medical staff, “rebel” and want to go home, etc. Often this also results in a worse birthing experience.
- Women develop “strategies” in order to avoid unnecessary procedures. The mentioned strategies include postponing the arrival to the hospital (staying at home as long as possible) and having their partner present as soon as possible.
- Often women find support and knowledge in their personal relationships (mothers, sisters, friends) or roommates in the hospital rooms. This is often the case with primiparous women if they have women who have had birthing experience as roommates – especially concerning breastfeeding.
- The most prominent problem in the post-birth stage is the lack of support during breastfeeding. The second often occurrence is lack of communication of what is happening to the baby while it is away from the mother.
- For the post-birth stage it is also significant to mention that women who had to stay longer in the hospital due to complications (their or the baby’s) describe the experience as traumatic and terrible.

- At times it is hard to differentiate between the necessity of certain procedures and the perception of the participants was the procedure necessary. Generally, it seems this is the result of miscommunication of the medical staff with the patients. This also results in some difficulties in the analysis, at times it was coded as *Providing information about the environment, labor process/ procedures and care plan clearly and neutrally* or *Avoiding unnecessary examinations and procedures* or a combination of the two.
- It seems as the participation and decision-making rate drops as the stages of pregnancy and birth move forward – during pre-birth (predrađana) there and birth (rađana) there are differences in women being informed of what is happening, being explained alternatives of the procedures undertaken, being given a choice of action or no action, among else.
- Women that had no escort due to corona conditions in hospitals had a more isolating and generally speaking worse experience than women who had the right to have their partner or family member at some stage of the birth.
- Women often speak about their traumatic experiences of being treated like an object, ignored etc. through laughter.

The third-order and second-order themes can be grouped into higher level **categories**. These categories can of course be linked to the moderation guide itself:

- Introduction – general experience
- Communication with health care providers (HCP) – also with focus on informational support
- Informed decision making during childbirth
- Informed choices and process of shared-decision making
- Informed consent

Analysis of (third-order) themes:

(1) *Being free from harm and mistreatment*

- Mostly references rude behaviour from HCP. Often focusing on nurses (but not really sure if I should put it like this 'cause doctors are also really rude).
- Both second order themes *Not shouting and screaming at women* and *Providing safe, supportive and secure care* are equally represented.
- The health care providers, including all staff from nurses to doctors, often treat women in an inappropriate manner making them feel as a burden, high-maintenance, isolated, vulnerable. They are described by women as rude, unapproachable, etc.
- This results in not establishing a safe and secure environment for women who are already in quite a tough position due to their physical and emotional state.
- Women highly appreciate if the HCP introduce themselves and reassure them through the birth that everything is okay and is going to be okay. The feeling of companionship and empathy is highly valued by women and taken as a birth experience that they really remember and appreciate.
- The main issue is that the experience of being free of harm and mistreatment is highly individual and depends on which HCP is working the shift. Some are described as kind

and nurturing people who seem to genuinely care, while others are described as rude and unapproachable.

(2) *Maintaining privacy and confidentiality*

- Only *Ensuring privacy during physical examinations and procedures* and *Considering women as a "human being" and not a "thing"* were coded within the analysis. *Giving women the feeling of being welcomed* was a bit too broad and could have been applied to numerous quotes without giving significant value. It was hard to pin point *Maintaining the confidentiality of women's personal information* since it cannot be sure if the HCP had an opportunity to share data with someone and who they shared it with.
- All the quotes coded within this theme have a negative connotation – this indicated that this is deemed relevant only if confidentiality that is expected is breached.
- The biggest violations were present in the two worst experiences that respondents had (FG2 and FG3).
- The negative experiences mostly entail being physically exposed to others (besides the HCP assigned), being in a room that was not meant for examinations where other people could see them, not limiting the number of attending persons while performing examinations.
- Also, partly in this code, the codes within this category overlapped in some instances with theme (4) *Prospective provision of information and seeking informed consent* concerning proceeding with examinations without consent.
- Often HCP talk to each other like the women are not present.

7

(3) *Preserving women's dignity*

(4) *Prospective provision of information and seeking informed consent*

- All second order themes were coded except for *Providing information about women's rights* due to the fact that women were not provided information about the rights as a patient or provided information about standard care during labour and birth. Even such quotes occurred they were a better fit for the other three second-order themes within this third-order theme.
- This theme was present in all stages (pregnancy, birth and post-birth) with positive and negative tone.
- Providing information was coded for two birth stages – pregnancy and birth – since the providing information in post-birth stage is more aligned with theme (12) *Continuity of care*.
- During both pregnancy and birth, providing information about birth processes and procedures highly depends on the HCP provider itself.
- There is a huge difference between being informed before, during or after a procedure has taken place. Women are often explained the procedure as it is done or already carried out, leaving them not much choice on the matter. Some even say that it would just be nice to be informed, that they would not object in any matter, they would just like to be informed.
- Women are often not asked for consent/permission when carrying out minor procedures or being physically touched. For vaginal examinations, some women

mention gynaecologist who gave them the opportunity to choose if they want to have them and when. As per my understanding, the vaginal examination needs to be done before the birth so some of the women explain how the doctor only proceeded with the one that cannot be avoided.

- Episiotomy is often performed without informing the women before, during or even in some cases after the procedure. Often women do not know the number of stitches made to their incisions after the procedure and it is not written in their discharge letter.
- Women are often induced (given drip) without their consent or an explanation why. Mostly to them it seems to speed up the process even if it is not necessary.
- In several cases, forced extraction of the placenta by nurses is mentioned.
- Administering epidural anaesthesia is something that most women asked for themselves and were explained the benefits and potential repercussions.
- Amniotomy is often administered where women also (as with drip) question if it was necessary. Retrospectively, and with lack of information it is really hard to say. Enema is also something that is often not discussed or explained to women.
- Caesarean section when preformed are often done as a medical emergency and women do not deem the need for consent – in these focus groups there were really no emergency caesarean sections present, only scheduled ones.
- During the focus groups there was not one mention of women being informed on how and when to report incidences of violations or abuse by HCP. In the moderation guide, there was no specific question about this.
- One of the most prominent findings within this theme is the lack of providing alternative solutions and procedures to women. Even if the HCP are good willed and providing information and asking for consent, giving alternatives was not present.
- Signing the consent really varies and is a theme that could be further explored.

(5) *Engaging with effective communication*

- All five second-order themes were coded. Sometimes they tend to overlap so the one more fitting was coded.
- *Availability of interpreters due to language proficiency and cultural differences* was a second order theme that can only be applied to one respondent, since she represents the only immigrant in the focus groups.
- HCP provides often do not trust the judgement of women in regards to the physical sensations they feel in their body and what is going to happen. This lack of trust results in prolonged medical interventions or administering unnecessary medical interventions.
- Difficulties in engaging in effective communication were present in all stages – pregnancy, birth and post-birth.
- The non-verbal communication is something that is mentioned often by participants. Women often feel like a burden, are being ignored, are being left alone without any support. Also, HCP's body language is often described as cold and unapproachable.

- Interestingly, if the HCP are providing empathy and being warm and welcoming, women have a significantly better impression of the birth itself, regardless of how many interventions or complications occurred.
 - There are no rules for pin-pointing who out of all the HCP they encounter is deemed the least effective in communication – it includes doctors, nurses and midwives equally.
 - *Being honest* when complications occur is also something that was not occurring often within the focus groups.
- (6) *Respecting women's choices that strengthen their capabilities to give birth*
- *Facilitating and promoting women's empowerment* is coded the least within this theme. This is due to the fact that for example providing trust to women or addressing their doubts was something that was more fitting into other second-order themes.
 - Some women had a prepared birth plan while others did not. For the participants who did have birth plan it can be said that more of their decisions and wishes' were respected.
 - Some women mention that the hospitals they gave birth in do not facilitate birth plans so that is the reason they did not write them.
 - As in third-order theme *Prospective provision of information and seeking informed consent* it seems that women have trouble to delineate the difference between when a choice was really being given or just information was shared. They sometimes have a feeling they made a choice even though they were never provided an alternative solution.
 - Allowing preferred position for birth was done only in one case that was really specific due to the fact that the women knew a midwife that deals with these kinds of births. In all other cases, which can even be generalized, women are not given the option to give birth in their preferred position, whichever that may be.
 - Furthermore, women are never encouraged into mobilization. They often have to fight for their right to walk around, use a pilates ball, etc. Often they are even forbidden from moving around their room or the hallway. There are instances in which they were forbidden even from going to the toilet.
- (7) Providing equitable maternity care
- (8) Ensuring continuous access to family and community support
- The covid-19 pandemic represent a specific context for a few women that gave birth in 2020 where their partners were not allowed to be present.
 - Other women have a good experience in the sense of their partner being able to be present, but now all mentioned their partner was feeling welcomed by the hospital staff.
 - It was mentioned that the women are treated with more respect if another person, mainly their partner, is present during the birth.
 - There are no general rules that apply to all experiences. For some women their partner was present throughout the whole birth while for other only for the last part. Still, most of the quotes hold a positive connotation.

- (9) Enhancing quality of physical environment and resources
- There are a few hospitals that lacked room and medical equipment for all the women that were giving birth at that time. This is closely related to the Croatian health care system state and is not something specific for gynaecology itself.
 - When described, the technology is described as old and outdated. The waiting for simple examinations is long and often women opt for going to a private gynaecologist for the pregnancy and only give birth in a public hospital.
- (10) Availability of competent and motivated human resources
- Connected to the previous theme of physical environment and resources. There is a significant lack of capacity noticed for all HCP that are necessary for carrying out a birth.
 - Women also often provide understanding of the HCP for their bad behaviour because they are grossly understaffed and overworked.
- (11) Provision of efficient and effective care
- There are two really nice birth experiences that could be deemed as examples of team-based care that involves the women (FG1 and FG4).
 - Still, women often feel like a routine and are being examined in a routine manner.
 - Maybe the most notorious second-order theme would be avoiding unnecessary examinations and procedures. As mentioned in previous themes, women often experience unnecessary procedures (drip, episiotomy, among other) which are not communicated efficiently in the sense of what reasoning stands behind that procedure.
 - Managing pain is taken care of adequately – interestingly women are really informed if they want to take the epidural anaesthesia and ask for it themselves. They seem to be more informed about this than other procedures that can take place.
 - Due to the lack of trust in women and their feelings of what is happening to their bodies, in some cases timely provision of care was not present. Women were sent home or ignored even though they were trying to communicate that they are about to give birth.
 - There is a procedure that is being administered that is not recommended anymore – pushing of the mother's belly to get the baby out. This happened in two of all the shared births.
 - Additionally, forceful extraction of the placenta was present in several cases which was described as a really uncomfortable experience and even was done incorrectly in one case. The nurses did not ask for consent.
 - Waiting time is sometimes prolonged and women are left with no information for how long they should wait or what is the next thing that is going to happen.
- (12) Continuity of care
- The quotes coded here are mostly related to treatment while breast feeding. Almost all women have really negative experiences with the communication and help provided by the nurses and midwives while establishing breastfeeding and breastfeeding.

- Women seek help and advice for breastfeeding from other sources since the HCP, especially nurses, are not helpful.
- Some women describe the couple of days after the birth that they spend in the hospital as traumatic.
- There is no one naming of one midwife that is their familiar midwife (or a group).
- Continuous presence of staff during labour and childbirth is not present. This can be connected also to the lack of capacity in Croatian hospitals.
- Supportive care after child birth also entails promotion of mother and child bonding. This was not done in all cases. Women mention not letting the umbilical cord pulsate, shortening their golden hour, taking the baby away without letting them know where it is, etc.
- Women really mind not being informed of the whereabouts of their new-borns. It is mentioned that HCP take them to various test and examinations without the mothers knowing. They even do not share the results afterwards.

Appendix

Tables

Table 1: Socio-demographic characteristics of survey participants, Cyprus N(N=516) and Croatia (N=855).....	14
Table 1a: Place of residence of participants, Croatia (N=855).....	16
Table 2: Pregnancy-related characteristics of participants, Cyprus N(N=516) and Croatia (N=855).	17
Table 3a: How did participants find out about the survey in Cyprus (N=516).....	18
Table 3b: How did participants find out about the survey in Croatia (N=855)	18
Table 4: Maternal Autonomy in Decision-Making (MADM): Responses of survey participants at item level, Croatia (N=855).....	19
Table 5: Maternal Autonomy in Decision-Making (MADM) scale score and classification of degree of autonomy, Cyprus (N=516) and Croatia (N=XXX).	20
Table 6: Maternal Autonomy in Decision-Making (MADM) according to socio-demographic characteristics , Croatia (N=855).	21
Table 6a: Maternal Autonomy in Decision-Making (MADM) according to place of residence , Croatia (N=855).....	22
Table 7: Maternal Autonomy in Decision-Making (MADM) according to pregnancy-related characteristics , Croatia (N=855*).	23
Figure 1: MADM mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Croatia.	24
Figure 2: MORi mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Croatia.	25
Table 8a: Mothers on Respect Index (MORi) – Section A: Responses of survey participants at item level, Croatia (N=855).....	26
Table 8b: Mothers on Respect Index (MORi) – Section B and C: Responses of survey participants at item level, Croatia (N=855).....	28
Table 9: Mothers on Respect Index (MORi) score and classification of degree of Respect, Cyprus (N=516) and Croatia (N=855).....	29
Table 10: Mothers on Respect Index (MORi) according to socio-demographic characteristics , Croatia (N=855).	30
Table 10a: Mothers on Respect Index (MORi) according to place of residence , Croatia (N=855).	31
Table 11: Mothers on Respect Index (MORi) according to pregnancy-related characteristics , Croatia (N=855*).	32
Table 12: Person-Centred Maternity Care (PCMC-US) scale - Responses of survey participants at item level, Croatia (N=855).....	33
Table 13: Person-Centred Maternity Care (PCMC-US) questionnaire scale – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care, Cyprus (N=516).	35

Table 14: Person-Centred Maternity Care (PCMC-US) – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to socio-demographic characteristics, Cyprus (N=516).	36
Table 15: Person-Centred Maternity Care (PCMC-US)– Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to pregnancy-related characteristics, Cyprus (N=516).	38
Table 16: Correlation between MADM, MORi, PCMC-Overall and Sub-scales, Croatia (N=855).	40
Table 17: Maternal Autonomy in Decision Making (MADM) and Mothers on Respect index (MORi) according to Person-Centred Maternity Care (quartiles), Croatia (N=855).	41
Table 18: Experience of Mistreatment by providers index (MIST) - Responses of survey participants at item level, Croatia (N=855).	42
Table 19: Experience of Mistreatment by Providers index (MIST) according to socio-demographic characteristics, Cyprus (N=516).	43
Table 20: Experience of Mistreatment by Providers index (MIST) according to pregnancy-related characteristics, Croatia (N=855).	44
Table 21: Lack of informed consent - Responses of survey participants at item level, Croatia (N=855).	45
Table 22: Lack of informed consent according to socio-demographic characteristics, Croatia (N=855).	46
Table 23: Lack of informed consent according to pregnancy-related characteristics, Croatia (N=855).	47
Table 24: Experience of Mistreatment by Providers index (MIST) according to classification of Maternal Autonomy in Decision Making (MADM), Mothers on Respect index (MORi) and Person-Centred Maternity Care (quartiles), Croatia (N=855).	48
Table 25: Lack of informed consent according to classification of Maternal Autonomy in Decision Making (MADM), Mothers on Respect index (MORi) and Person-Centred Maternity Care (quartiles), Croatia (N=855).	49

Table 1: Socio-demographic characteristics of survey participants, Cyprus N(N=516) and Croatia (N=855).

Variable		Cyprus (N=516)		Croatia (N=855)	
		N	%	N	%
Age at childbirth <i>(for reference birth)</i>	<24 years old	18	3.5%	53	6.2%
	25-29 years old	183	35.5%	362	42.3%
	30-34 years old	195	37.8%	300	35.1%
	35-39 years old	91	17.6%	122	14.3%
	40 years or older	29	5.6%	18	2.1%
Highest educational attainment	Primary (HR)/Lower Secondary (CY)	2	0.4%	5	0.6
	Secondary-Higher	19	3.7%	243	28.4%
	Tertiary-College	52	10.1%	75	8.8%
	Tertiary-University	174	33.7%	489	57.2%
	Postgraduate	247	47.9%	30	3.5%
	Doctoral	22	4.3%	13	1.5%
Nationality	Greek-Cypriot	453	87.8%	-	-
	Turkish-Cypriot	1	0.2%	-	-
	Croatian	-	-	849	98.9%
	EU national	42	8.1%	5	0.6%
	Non-EU national	15	2.9%	3	0.4%
	Refugee/Asylum	4	0.8%	-	-
	Other	1	0.2%	1	0.1%
Employment	Full-time	399	77.3%	698	81.6%
	Part-time	35	6.8%	29	3.4%
	Unemployed	21	4.1%	70	8.2%
	Not working at present	11	2.1%	29	3.4%
	Full-time mother	44	8.5%	6	0.7%
	Refugee/Asylum	1	0.2%	-	-
	Other	5	0.5%	23	2.7%
Current age of child	<1-month-old	33	6.4%	26	3.0%
	1-3 months old	62	12.0%	54	6.3%
	3-6 months old	53	10.3%	88	10.3%
	6-9 months old	32	6.2%	80	9.4%
	9-12 months old	35	6.8%	77	9.0%
	1-1.5 year old	48	9.3%	110	12.9%
	1.5-2 years old	41	7.9%	97	11.3%
	2-2.5 years old	37	7.2%	72	8.4%
	2.5-3 years old	31	6.0%	64	7.5%
	3-4 years old	60	11.6%	85	9.9%
	4-5 years old	54	10.5%	68	8.0%

5 years or older	30	5.8%	34	4.0%	<u>16</u>
------------------	----	------	----	------	-----------

Table 1a: Place of residence of participants, Croatia (N=855).

Variable		Croatia (N=855)	
		N	%
Place of Residence	1 Zagrebačka	86	10.1%
	2 Krapinsko – zagorska	15	1.8%
	3 Sisačko - moslavačka	24	2.8%
	4 Karlovačka	17	2.0%
	5 Varaždinska	25	2.9%
	6 Koprivničko - križevačka	27	3.2%
	8 Bjelovarsko - bilogorska	17	2.0%
	9 Primorsko - goranska	45	5.3%
	10 Ličko - senjska	5	0.6%
	11 Virovitičko – podravska	15	1.8%
	12 Požeško - slavonska	9	1.1%
	13 Brodsko - posavska	28	3.3%
	14 Zadarska	48	5.6%
	15 Osječko – baranjska	59	6.9%
	16 Šibensko - kninska	22	2.6%
	17 Vukovarsko - srijemska	32	3.7%
	18 Splitsko – dalmatinska	64	7.5%
	19 Istarska	50	5.8%
	20 Dubrovačko - neretvanska	21	2.5%
	21 Međimurska	24	2.8%
	22 Grad Zagreb	218	25.5%
	7 Izvan Hrvatske	4	0.5%

Table 2: Pregnancy-related characteristics of participants, Cyprus N(N=516) and Croatia (N=855).

Variable		Cyprus (N=516)		Croatia (N=855)	
		N	%	N	%
Parity	First childbirth/child	316	61.2%	548	64.1%
	Not first birth/other children	191	37.0%	299	35.0%
	Other	9	1.7%	8	0.9%
Pregnancy	Single	493	95.5%	831	97.2%
	Multiple	17	3.3%	21	2.5%
	Other	6	1.2%	3	0.4%
Type of birth	Vaginal	200	38.8%	557	65.1%
	Assisted vaginal	46	8.9%	26	3.0%
	C/S (with general anaesthesia)	31	6.0%	84	9.8%
	C/S (w/out general anaesthesia)	222	43.0%	172	20.1%
	VBAC	14	2.7%	11	1.3%
	Other	3	0.6%	4	0.5%
Reason for C/S	Planned C/S (medical indications)	108	42.4%	98	36.8%
	Elective C/S	33	12.9%	6	0.7%
	Emergency C/S	114	44.7%	162	60.9%
Complications	Neither Mother, Nor Baby	387	75.0%	515	60.2%
	Mother, not Baby	57	11.0%	172	20.1%
	Baby, Not Mother	54	10.5%	74	8.7%
	Both Mother and Baby	18	3.5%	94	11.0%
Place of birth	Public sector (GeSY in CY)	78	15.1%	835	97.8%
	Private sector (but GeSY in CY)	291	56.4%	-	-
	Private sector (Not GeSY CY/HR)	136	26.4%	11	1.3%
	Home birth	1	0.2%	4	0.5%
	Other	10	1.9%	4	0.5%
Cost of maternity care and childbirth	GeSY (CY/ Health Insurance (HR)	288	55.8%	767	89.7%
	GeSY/HI plus other means	45	8.7%	66	7.7%
	Private Insurance	42	8.1%	1	0.1%
	Private plus other nonGeSY/non-HI	27	5.2%	1	0.1%
	Non-private insurance	11	1.4%	-	-
	Out-of-pocket	97	18.8%	16	1.9%
	Other	6	1.2%	4	0.5%

Table 3a: How did participants find out about the survey in Cyprus (N=516)

[illegible]

Table 3b: How did participants find out about the survey in Croatia (N=855)

[illegible]

Table 4: Maternal Autonomy in Decision-Making (MADM): Responses of survey participants at item level, Croatia (N=855).

MADM (7 items)		Disagreement			Agreement			% Disagreement	% Not Agree/ Strongly Agree
		Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree		
My doctor or midwife:									
asked me how involved in decision making I wanted to be. [MADM1]	TEAM/OPTION TALK	34.2%	25.5%	6.1%	13.6%	9.9%	10.8%	65.7%	79.3%
told me that there are different options for my maternity care. [MADM2]	TEAM/OPTION TALK	30.6%	26.1%	10.1%	14.3%	9.6%	9.4%	66.8%	81.1%
explained the advantages/ disadvantages of the maternity care options. [MADM3]	OPTION/TEAM TALK	29.9%	27.6%	9.7%	13.9%	10.1%	8.8%	67.3%	81.2%
helped me understand all the information. [MADM4]	OVERALL TALK	20.6%	18.9%	13.0%	18.0%	15.6%	13.9%	52.5%	70.5%
I was:									
given enough time to thoroughly consider the different care options. [MADM5]	DECISION TALK	19.5%	21.8%	13.3%	18.9%	14.0%	12.4%	54.6%	73.6%
able to choose what I considered to be the best care options. [MADM6]	DECISION TALK	20.4%	20.0%	15.2%	16.3%	13.6%	14.6%	55.6%	71.8%
My doctor or midwife:									
respected my choices [MADM7]	OVERALL	20.1%	15.6%	10.3%	18.2%	16.7%	19.1%	46.0%	64.2%

Cronbach's α coefficient for internal consistency=0.94

KMO measure of sampling adequacy = 0.886, Bartlett's test of sphericity, $p < 0.001$

% variance explained - unidimensional based on eigenvalues = 73.6%

% variance explained - three extracted factors, but not tapping exactly on postulated dimensionality = 89.1%

Table 5: Maternal Autonomy in Decision-Making (MADM) scale score and classification of degree of autonomy, Cyprus (N=516) and Croatia (N=XXX).

MADM score	Theoretical range	Mean	SD	Min	Q1	Median	Q3	Max
Cyprus								
Score	7-42	30.12	10.63	7.00	23.00	33.00	40.00	42.00
Level of autonomy classification, % (N)								
Very low	7-15	14.1% (73)			14.1% (73)			
Low	16-24	14.7% (76)			28.9% (149)			
Moderate	25-33	23.8% (123)			52.7% (272)			
High	34-42	47.3% (244)			100.0% (516)			
Croatia								
Score	7-42	21.53	10.29	7.00	13.00	20.00	30.00	42.00
Level of autonomy classification, % (N)								
Very low	7-15	36.0% (308)			36.0% (308)			
Low	16-24	26.7% (228)			62.7% (536)			
Moderate	25-33	20.8% (178)			83.5% (714)			
High	34-42	16.5% (141)			100.0% (855)			

Table 6: Maternal Autonomy in Decision-Making (MADM) according to **socio-demographic characteristics**, Croatia (N=855).

Variable		MADM score		Low autonomy	
		M (SD)	p-value (trend)	%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	20.7 (9.8)		67.9%	
	25-29 years old	20.3 (9.9)		66.9%	
	30-34 years old	21.8 (10.3)		61.3%	
	35-39 years old	24.2 (11.1)	<0.001	54.1%	0.04
	40 years or older	26.0 (12.2)	(<0.001)	44.4%	(0.002)
Highest educational attainment	Secondary or lower	21.2 (10.0)		64.1%	
	Tertiary-College	20.3 (10.1)		65.3%	
	Tertiary-University	21.9 (10.4)	0.56	62.4%	0.57
	Postgraduate/Doctoral	21.4 (11.7)	(0.36)	53.5%	(0.34)
Nationality	Croatian	21.6 (10.3)		62.3%	
	Other	15.4 (6.1)	0.08	100.0%	0.02
Employment	Full-time	21.9 (10.4)		61.2%	
	Part-time	17.9 (8.9)		75.9%	
	Unemployed	21.6 (10.6)		64.3%	
	Not-working/ FT Mother	19.1 (9.23)		65.7%	22
	Other	17.9 (8.1)	0.05	82.6%	0.14
Place of residence	Nicosia	30.4 (10.4)		28.7%	
	Limassol	32.0 (9.1)		18.3%	
	Larnaca	29.2 (11.0)		34.5%	
	Paphos	24.1 (13.8)		48.5%	
	Famagusta	24.0 (12.2)	<0.001	62.5%	<0.001
Current age of child	<1-month-old (Nov 2023)	19.8 (9.3)		73.1%	
	1-3 months old	24.0 (10.8)		53.7%	
	3-6 months old	23.0 (10.8)		59.1%	
	6-9 months old	24.4 (9.6)		48.8%	
	9-12 months old (Nov 2022)	24.7 (10.7)		49.4%	
	1-1.5 year old	20.9 (9.8)		64.5%	
	1.5-2 years old (Nov 2021)	20.1 (10.1)		68.0%	
	2-2.5 years old	20.6 (10.3)		68.1%	
	2.5-3 years old (Nov 2020)	19.2 (10.0)		65.6%	
	3-4 years old (Nov 2019)	19.6 (10.1)		72.9%	
	4-5 years old	20.3 (10.0)		67.6%	
	5 years or older	20.9 (10.2)	0.002	62.7%	0.015

Table 6a: Maternal Autonomy in Decision-Making (MADM) according to **place of residence**, Croatia (N=855).

Variable		MADM score		Low autonomy	
		M (SD)	p-value	%	p-value
Place of residence	1 Zagrebačka				
	2 Krapinsko – zagorska				
	3 Sisačko - moslavačka				
	4 Karlovačka				
	5 Varaždinska				
	6 Koprivničko - križevačka				
	8 Bjelovarsko - bilogorska				
	9 Primorsko - goranska				
	10 Ličko - senjska				
	11 Virovitičko – podravska				
	12 Požeško - slavonska				
	13 Brodsko - posavska				
	14 Zadarska				
	15 Osječko – baranjska				
	16 Šibensko - kninska				
	17 Vukovarsko - srijemska				
	18 Splitsko – dalmatinska				
	19 Istarska				
	20 Dubrovačko - neretvanska				
	21 Međimurska				
	22 Grad Zagreb				
	7 Izvan Hrvatske				

Table 7: Maternal Autonomy in Decision-Making (MADM) according to pregnancy-related characteristics, Croatia (N=855*).

Variable		MADM score		Low autonomy	
		M (SD)	p	%	p-value
Parity	First childbirth/child	20.7 (9.9)	0.002	66.4%	0.003
	Not first birth/other children	23.0 (10.9)		56.2%	
Pregnancy	Single	21.4 (10.3)	0.02	63.1%	0.06
	Multiple	26.7 (10.6)		42.9%	
Type of birth	Vaginal	21.5 (10.2)	0.04	62.8%	0.31
	Assisted vaginal	17.8 (8.5)		76.9%	
	C/S (w/out general anaesthesia)	23.1 (10.6)		57.6%	
	C/S (with general anaesthesia)	19.8 (10.2)		66.7%	
	VBAC	22.0 (11.2)		63.6%	
Reason for C/S (N=266)	Planned C/S (medical indications)	24.4 (11.2)	<0.001	49.0%	<0.001
	Elective C/S	31.3 (10.6)		16.7%	
	Emergency C/S	20.1 (9.8)		69.8%	
Place of birth	Public sector	21.5 (10.2)	0.04	63.0%	0.23
	Private sector	27.7 (13.4)		45.5%	
Cost of care and childbirth	Health Insurance	21.4 (10.2)	0.01	63.3%	0.03 ²⁴
	Other, incl. out-of-pocket	26.9 (12.0)		40.9%	
Complications	Neither Mother, Nor Baby	22.2 (10.2)	0.06	59.2%	0.06
	Mother, not Baby	21.0 (10.3)		65.7%	
	Baby, Not Mother	20.8 (10.1)		68.9%	
	Both Mother and Baby	19.3 (10.5)		71.3%	

**Note: sample size in some cases is <855 as variable categories with small sample sizes were not included in the analysis*

Figure 1: MADM mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Croatia.

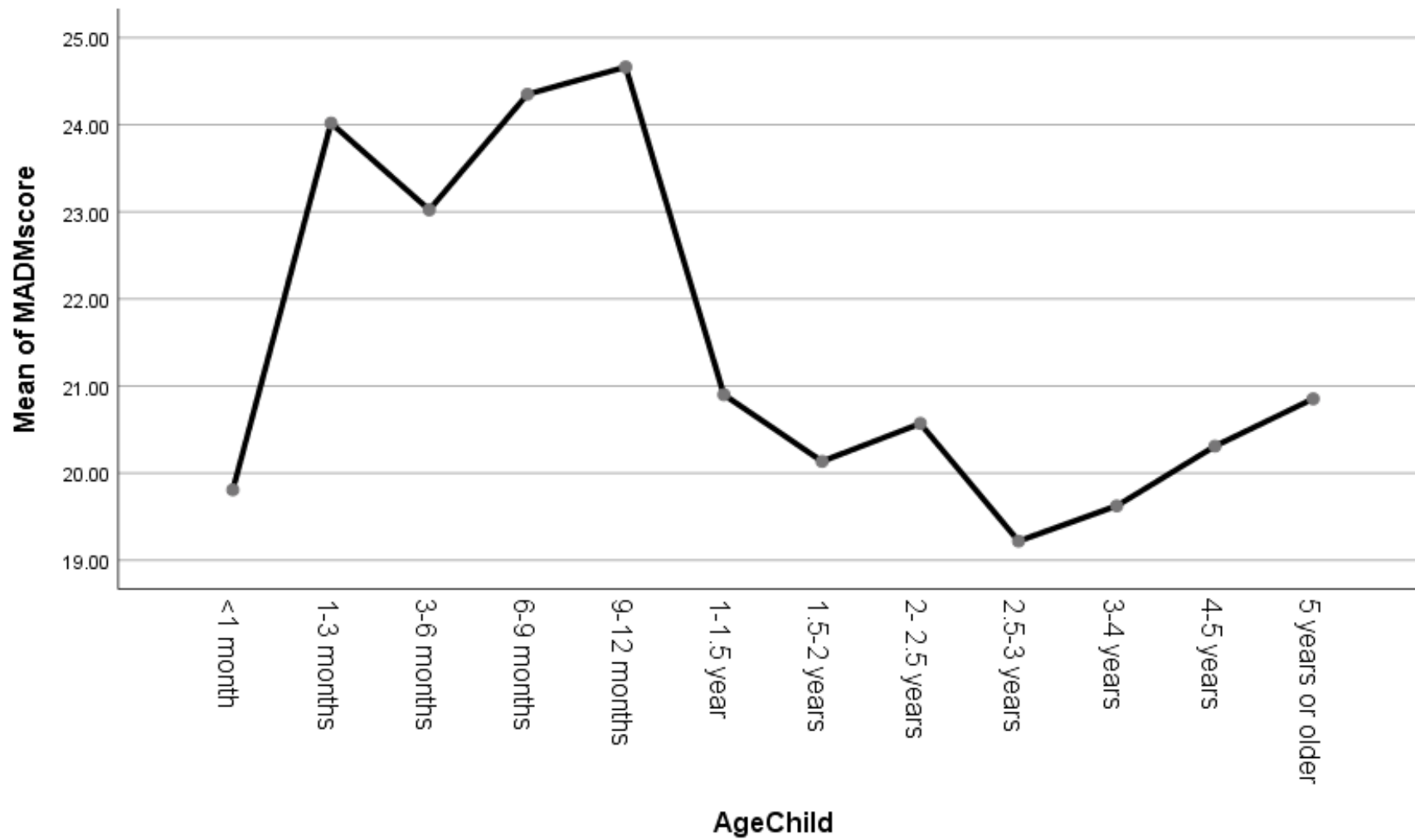


Figure 2: MORi mean score by current age of reference child (indicative of temporal trend in relation to COVID-19 pandemic), Croatia.

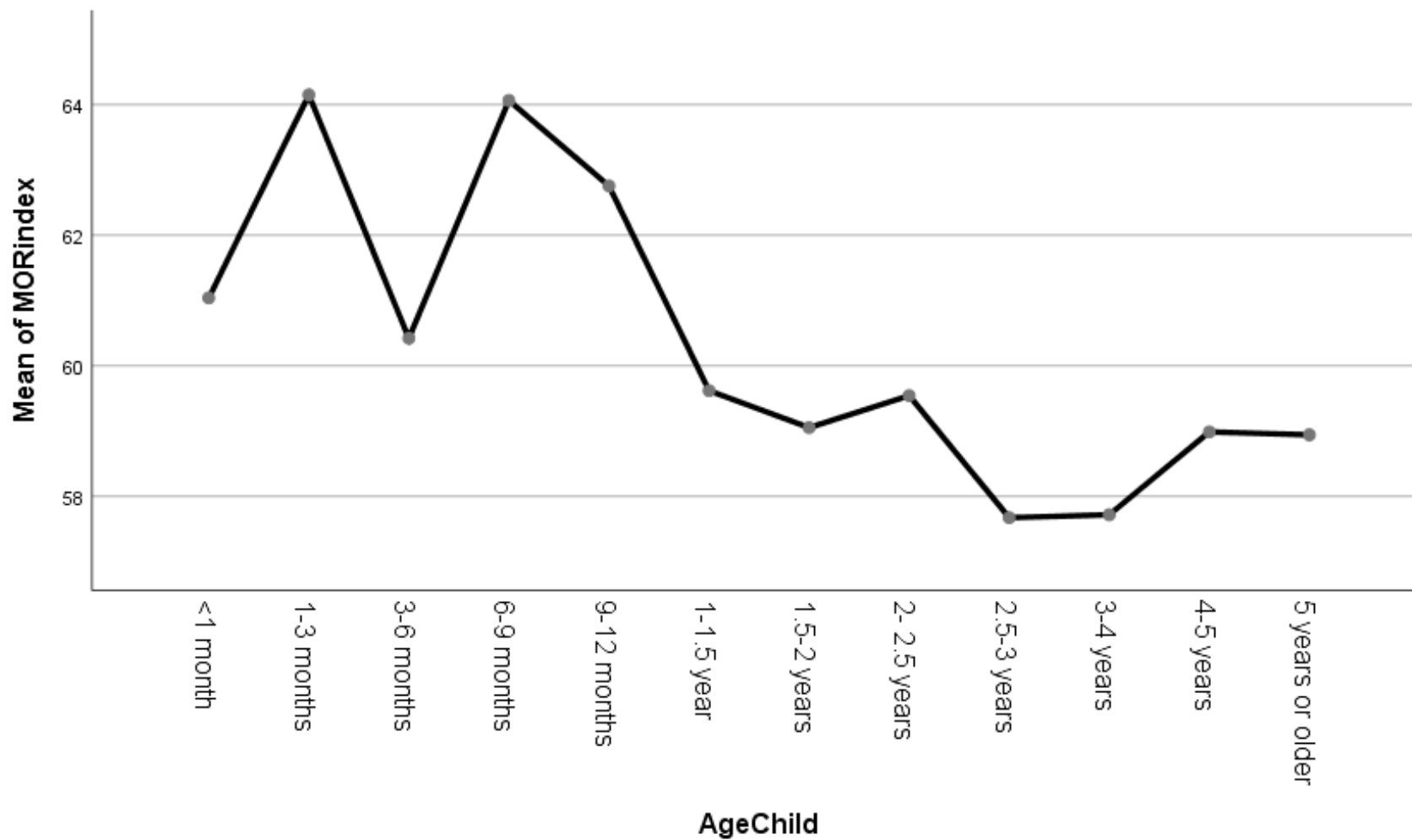


Table 8a: Mothers on Respect Index (MORi) – Section A: Responses of survey participants at item level, Croatia (N=855).

MORi – Section A (7 items)	Disagreement	Agreement	% D	% A	% N	% O	% T
----------------------------	--------------	-----------	-----	-----	-----	-----	-----

	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree		
Overall, while making decisions about my pregnancy or birth care I felt:								
Comfortable accepting the options for care that my doctor or midwife recommended [MOR_A3]	12.6%	14.2%	16.1%	22.8%	18.8%	15.4%	42.9%	65.7%
Comfortable asking questions [MOR_A1]	11.0%	17.8%	14.9%	22.5%	20.2%	13.7%	43.6%	66.1%
Pushed into accepting the options my doctor or midwife suggested [MOR_A4] *reverse	23.6%	16.8%	13.8%	16.5%	15.0%	14.3%	54.3%	70.8%
Comfortable declining care that was offered [MOR_A2]	22.1%	26.9%	16.3%	13.8%	13.0%	8.0%	65.3%	79.1%
With regard to the care options that I received:								
My cultural preferences were respected [MOR_A7]	11.9%	9.9%	9.2%	18.1%	25.7%	25.0%	31.1%	49.2%
My personal preferences were respected [MOR_A6]	15.1%	17.0%	15.1%	20.6%	16.7%	15.6%	47.1%	67.7%
They were my choice [MOR_A5]	13.9%	18.6%	16.4%	19.8%	16.0%	15.3%	48.9%	68.7%

Cronbach's α coefficient for internal consistency=0.92

Table 8b: Mothers on Respect Index (MORi) – Section B and C: Responses of survey participants at item level, Croatia (N=855).

MORi – Section B (4 items) and Section C (3 items)		Disagreement			Agreement			% Agreement	% Not Disagree or Strongly Disagree
		Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree		
Section B: During my pregnancy I felt that I was treated poorly by my doctor or midwife because of:									
My race, ethnicity, cultural background or language [MOR_B1] *reverse		82.6%	16.0%	0.4%	0.6%	0.1%	0.5%	1.2%	1.5%
My sexual orientation and/or gender identity [MOR_B2] *reverse		83.6%	15.4%	0.2%	0.1%	0.2%	0.4%	0.7%	0.9%
My type of health insurance or lack of insurance [MOR_B3] *reverse		82.6%	15.3%	0.7%	0.7%	0.1%	0.6%	1.4%	2.1%
A difference of opinion with my caregivers about the right care for myself or my baby [MOR_B4] *reverse		64.8%	16.4%	5.7%	5.1%	3.3%	4.7%	13.1%	18.8%
Cronbach's α coefficient for internal consistency=0.70									
Section C: During my pregnancy I held back from asking questions or discussing my concerns because:									
I wanted maternity care that differed from what my doctor or midwife recommended [MOR_C2] *reverse		28.2%	31.7%	14.0%	13.3%	6.9%	5.8%	26.1%	40.1%
My doctor or midwife seemed rushed [MOR_C1] *reverse		26.0%	28.8%	9.6%	13.6%	13.6%	8.5%	35.7%	45.3%
I thought my doctor or midwife might think I was being difficult [MOR_C3] *reverse		25.6%	23.5%	11.0%	13.2%	12.7%	13.9%	39.9%	50.9%

Cronbach's α coefficient for internal consistency=0.85

KMO measure of sampling adequacy = 0.896, Bartlett's test of sphericity, $p < 0.001$

% variance explained - three extracted factors based on eigenvalue tapping on postulated dimensionality = 72.2%

Table 9: Mothers on Respect Index (MORi) score and classification of degree of Respect, Cyprus (N=516) and Croatia (N=XXX).

respect, Cyprus (N = 516) and Croatia (N = 855):

MORI	Theoretical range	Mean	SD	Min	Q1	Median	Q3	Max
Cyprus								
Score	14-84	69.07	12.99	29.00	60.00	73.00	80.00	84.00
Level of Respect classification, % (N)								
Very low	14-31	0.4% (2)			0.4% (2)			
Low	32-49	9.7% (50)			10.1% (52)			
Moderate	50-66	26.4% (136)			36.4% (188)			
High	67-84	63.6% (328)			100.0% (516)			
Croatia								
Score	14-84	60.25	13.63	19.00	50.00	60.00	71.00	84.00
Level of Respect classification, % (N)								
Very low	14-31	1.5% (13)			1.5% (13)			
Low	32-49	22.5% (192)			24.0% (205)			
Moderate	50-66	39.6% (339)			63.6% (544)			
High	67-84	36.4% (311)			100.0% (855)			

Table 10: Mothers on Respect Index (MORi) according to socio-demographic characteristics, Croatia (N=855).

Variable		MADM score		Low Respect	
		M (SD)	P (trend)	%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	55.8 (16.2)		39.6%	
	25-29 years old	58.4 (13.2)		26.8%	
	30-34 years old	61.5 (13.2)		21.7%	
	35-39 years old	64.3 (13.4)	<0.001	14.8%	0.004
	40 years or older	63.2 (15.6)	(<0.001)	22.2%	(<0.001)
Highest educational attainment	Secondary or lower	59.8 (13.0)		24.2%	
	Tertiary-College	59.7 (14.2)		25.3%	
	Tertiary-University	60.6 (13.6)	0.86	23.3%	0.90
	Postgraduate/Doctoral	59.9 (16.7)	(0.49)	27.9%	(0.97)
Nationality	Croatian	60.4 (13.6)		23.8%	
	Other	49.4 (13.0)	0.02	44.4%	0.15
Employment	Full-time	60.8 (13.6)		22.5%	
	Part-time	57.6 (13.0)		31.0%	
	Unemployed	60.5 (13.3)		21.4%	
	Not-working/ FT Mother	56.5 (13.4)		34.3%	
	Other	52.7 (15.2)	0.018	52.2%	0.007
Current age of child	<1-month-old (Nov 2023)	61.0 (12.8)		15.4%	
	1-3 months old	64.2 (14.1)		16.7%	
	3-6 months old	60.4 (14.0)		22.7%	
	6-9 months old	64.1 (11.5)		12.5%	
	9-12 months old (Nov 2022)	62.8 (12.7)		18.2%	
	1-1.5 year old	59.6 (13.1)		27.3%	
	1.5-2 years old (Nov 2021)	59.1 (13.2)		24.7%	
	2-2.5 years old	59.5 (13.8)		26.4%	
	2.5-3 years old (Nov 2020)	57.7 (14.4)		29.7%	
	3-4 years old (Nov 2019)	57.7 (14.5)		29.4%	
	4-5 years old	59.0 (14.8)		29.4%	
	5 years or older	59.0 (13.8)	0.04	32.4%	0.15

Table 10a: Mothers on Respect Index (MORi) according to **place of residence**, Croatia (N=855).

Variable		MOR Index		Low respect	
		M (SD)	p-value	%	p-value
Place of residence	1 Zagrebačka				
	2 Krapinsko – zagorska				
	3 Sisačko - moslavačka				
	4 Karlovačka				
	5 Varaždinska				
	6 Koprivničko - križevačka				
	8 Bjelovarsko - bilogorska				
	9 Primorsko - goranska				
	10 Ličko - senjska				
	11 Virovitičko – podravska				
	12 Požeško - slavonska				
	13 Brodsko - posavska				
	14 Zadarska				
	15 Osječko – baranjska				
	16 Šibensko - kninska				
	17 Vukovarsko - srijemska				
	18 Splitsko – dalmatinska				
	19 Istarska				
	20 Dubrovačko - neretvanska				
	21 Međimurska				
	22 Grad Zagreb				
	7 Izvan Hrvatske				

Table 11: Mothers on Respect Index (MORi) according to pregnancy-related characteristics, Croatia (N=855*).

Variable		MOR Index		Not high Respect	
		M (SD)	p	%	p-value
Parity	First childbirth/child	59.2 (13.4)	0.001	25.5%	0.15
	Not first birth/other children	62.3 (13.7)		21.1%	
Pregnancy	Single	60.1 (13.7)	0.07	24.3%	0.12
	Multiple	65.5 (11.8)		9.5%	
Type of birth	Vaginal	60.7 (13.4)	0.07	24.2%	0.50
	Assisted vaginal	56.2 (13.9)		26.9%	
	C/S (without general anaesthesia)	61.1 (14.0)		19.2%	
	C/S (with general anaesthesia)	56.9 (13.6)		28.6%	
	VBAC	61.4 (14.2)		27.3%	
Reason for C/S (N=266)	Planned C/S (medical indications)	62.5 (14.7)	0.002	19.4%	0.51
	Elective C/S	71.3 (18.6)		16.7%	
	Emergency C/S	57.4 (12.9)		25.3%	
Place of birth	Public sector	60.2 (13.5)	0.06	24.0%	0.25
	Private sector	68.0 (14.7)		9.1%	
Cost of care and childbirth	Health Insurance	60.1 (13.6)	0.04	24.0%	0.89 33
	Other, incl. out-of-pocket	66.1 (14.5)		22.7%	
Complications	Neither Mother, Nor Baby	61.9 (13.3)	<0.001	21.6%	0.013
	Mother, not Baby	58.5 (13.2)		24.4%	
	Baby, Not Mother	58.9 (13.0)		23.0%	
	Mother and/or Baby	55.5 (15.0)		37.2%	

Table 12: Person-Centred Maternity Care (PCMC-US) scale - Responses of survey participants at item level, Croatia (N=855).

PCMC-US (35 items)							
Did you feel/How did you feel: (13 items) Did your providers: (10 items) Did you feel your providers: (5 items) Were you/ Was your/ Did you/ Would you say: (7 items)	Dignity & Respect (10 items, Cronbach's $\alpha=0.88$) Responsive & Supportive Care (11 items, Cronbach's $\alpha=0.92$) Communication & Autonomy (14 items, Cronbach's $\alpha=0.94$)	No, never	A few times	Most of the time	Yes, all the time	Not all the time (or not never for reverse) – in ascending order	Not applicable (incl. Covid protocols)
[PCMC31_Discrimination]*reverse: ...were discriminated against because of [...], or anything else?		88.7%	8.8%	2.3%	0.2%	11.3%	
[PCMC28_PhysicalAbuse]*reverse: ...handled you roughly, held you down, or physically restrained []?		82.6%	11.6%	3.5%	2.3%	17.4%	
[PCMC27_VerbaAbuse]*reverse: ...shouted [...], scolded, insulted, threatened, or talked [...] rudely?		68.1%	23.2%	6.2%	2.6%	31.9%	
[PCMC5_CustomsRespected]: ...your customs/culture were respected by your providers?		11.9%	13.5%	19.6%	32.3%	45.0%	34.7%
[PCMC22_FamilyRespected]: ...respect your partner, your family or companions who were with you?		15.9%	12.9%	17.0%	32.7%	45.7%	21.5%
[PCMC17_Coersion]*reverse: ...coerced or pressured into a decision by your providers?		53.1%	22.8%	15.0%	9.1%	46.9%	
[PCMC21_Companioship]: ...allowed to have everyone you wanted (e.g. [...]) during childbirth?		25.3%	7.8%	15.1%	31.9%	48.2%	19.9%
[PCMC26_Neglected]*reverse: ...avoided, ignored, or otherwise neglected you?		48.4%	34.6%	13.3%	3.6%	51.6%	
[PCMC1_Wait]*reverse: ... about the amount of time you had to wait before being examined by [...]?		46.9%	26.3%	17.3%	9.6%	53.1%	
[PCMC32_BabyFeedingChoiceRespected]: ...feeding choice for your baby [...] respected by [...]?		14.7%	19.2%	25.1%	40.9%	59.1%	
[PCMC35_FeltSafe]: ... physically safe in the place you gave birth?		16.3%	17.5%	30.8%	35.4%	64.6%	
[PCMC7_PrivacyCovered]: ...covered up [...] or screened [...] so [...] not feel exposed during exams?		25.8%	18.1%	22.2%	31.1%	65.2%	2.7%
[PCMC24_BelievedAboutPain]: ... providers believed you when you said you were in pain?		22.1%	25.3%	18.1%	29.9%	65.5%	4.6%
[PCMC15_LanguageUnderstood]: ...speak to you using language or words you could understand?		11.9%	26.1%	29.5%	32.5%	67.5%	
[PCMC8_InformationConfidential]: ...your health information was kept confidential and private [...]?		17.3%	23.0%	27.7%	31.9%	68.1%	

[PCMC18_BirthPreferenceRespected]: ...your birth plan or preferences (i.e. [...]) were respected?	40.1%	16.5%	12.0%	15.2%	68.7%	16.1%
[PCMC3_TreatWithRespect]: ...treat you with respect?	8.3%	28.4%	33.3%	29.9%	70.1%	
[PCMC23_TimelyResponse]: ... providers responded in timely manner when requested assistance?	17.7%	32.5%	20.2%	27.5%	70.4%	2.0%
[PCMC34_ComfortableBirthEnvironment]: ...supported in creating [...] you feel comfortable?	47.0%	13.2%	11.2%	14.2%	71.5%	14.4%
[PCMC30_Trust]: ...you could completely trust your providers with regards to your care?	17.7%	30.5%	23.9%	28.0%	72.0%	
[PCMC33_SupportBabyFeeding]: ...receive support you needed (i.e. [...] to reach feeding goals [...])?	20.5%	34.7%	18.4%	24.4%	73.6%	2.0%
[PCMC25_PainManagement]: ...did everything they could to help you manage your pain?	21.1%	29.0%	24.9%	25.0%	75.0%	
[PCMC29_TookBestCare]: ...took the best care of you?	13.5%	30.1%	31.6%	24.9%	75.1%	
[PCMC19_BirthPositionChoice]: ...[...] in position of your choice? (<i>*among those applicable</i>)	54.0%	-	-	17.5%	75.5%*	28.4%
[PCMC10_ExplainedProcedures]: ...explain why they were doing examinations or procedures on you?	23.2%	30.8%	22.0%	24.1%	75.9%	
[PCMC11_ExplainBabyProcedures]: ...explain why [...] doing examinations/procedures on baby?	25.1%	32.5%	18.6%	20.7%	76.3%	3.0%
[PCMC9_InvolvedInDecisions]: ...involve you in decisions about your care?	27.6%	28.3%	21.4%	22.7%	77.3%	35
[PCMC13_CouldAskQuestions]: ...you could ask your providers any questions you had?	22.1%	31.7%	23.9%	22.3%	77.7%	
[PCMC16_FeltInformed]: ...informed about what was happening to you during your childbirth?	28.4%	27.6%	22.0%	22.0%	78.0%	
[PCMC12_Consent]: ...ask your permission/consent before touching or doing procedures on you?	40.2%	22.8%	15.9%	21.1%	78.9%	
[PCMC14_CheckedUnderstanding]: ...check that you understood information that was given to you?	39.8%	24.6%	18.0%	17.7%	82.3%	
[PCMC6_FeltHeard]: ..., heard and listened to by your providers?	20.4%	40.8%	24.0%	14.9%	85.1%	
[PCMC2_Introduction]: ...introduce themselves to you when they first saw you?	35.7%	29.9%	20.9%	12.4%	86.4%	1.2%
[PCMC20_EmotionalWellbeing]: ...ask about your emotional well-being?	64.4%	14.4%	9.8%	11.3%	88.7%	
[PCMC4_ExperienceValued]: ...your experience and knowledge were valued?	44.4%	28.2%	17.0%	10.4%	89.6%	

For PCMC1: responses are “extremely long”, “very long”. “somewhat long”, and “it was just right”.

For PCMC2: responses are “No, none of them”, “A few of them”, “Most of them”, “Yes, all of them”, with note *If you were seen by only one provider and they introduced themselves, you can select “yes, all of them”.*

Table 13: Person-Centred Maternity Care (PCMC-US) questionnaire scale – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care, Cyprus (N=516).

Scale/ Sub-scale	Theoretical range	Mean	SD	Min	Q1	Median	Q3	Max
PCMC- Overall (35 items)								
Aggregate score	0-105	57.46	25.36	4.00	36.00	56.00	78.00	105.00
Re-scaled score	0-100	54.72	24.14	3.81	34.75	53.33	74.29	100.00
Communication & Autonomy (14 items)								
Aggregate score	0-42	20.07	11.37	0.00	10.00	19.00	29.00	42.00
Re-scaled score	0-100	47.78	27.07	0.00	23.81	45.23	69.05	100.00
Dignity & Respect (10 items)								
Aggregate score	0-30	20.41	6.26	1.00	16.00	21.00	26.00	30.00
Re-scaled score	0-100	68.05	17.58	3.33	53.33	70.00	66.67	100.00
Responsive & Supportive Care (11 items)								
Aggregate score	0-33	16.97	8.75	0.00	10.00	16.00	24.00	33.00
Re-scaled score	0-100	51.43	26.51	0.00	30.30	48.48	72.73	100.00

Table 14: Person-Centred Maternity Care (PCMC-US) – Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to socio-demographic characteristics, Cyprus (N=516).

Variable		PCMC-Overall		Communication & Autonomy		Dignity & Respect		Responsive & Supportive Care	
		M (SD)	p-value (trend)	M (SD)	p-value (trend)	M (SD)	p-value (trend)	M (SD)	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	47.6 (25.7)		41.3 (28.5)		60.4 (24.2)		43.8 (28.0)	
	25-29 years old	52.5 (24.2)		45.5 (26.8)		66.3 (21.2)		48.9 (26.9)	
	30-34 years old	55.9 (23.5)		48.4 (26.7)		69.6 (20.0)		53.0 (25.5)	
	35-39 years old	61.0 (23.6)	0.002	55.0 (26.9)	0.005	73.2 (19.3)	0.001	57.5 (26.1)	0.003
	40 years or older	58.1 (24.3)	(<0.001)	52.9 (27.7)	(<0.001)	66.7 (20.1)	(<0.001)	57.1 (25.9)	(<0.001)
Highest educational attainment	At most Secondary	55.7 (25.4)		49.9 (28.6)		67.8 (21.4)		52.1 (27.9)	
	Tertiary-College	56.0 (24.7)		49.6 (27.7)		68.7 (22.0)		52.6 (26.3)	
	Tertiary-University	54.3 (23.5)	0.72	46.8 (26.2)	0.33	68.1 (20.4)	0.08	51.2 (26.0)	0.84
	Postgraduate/Doctoral	52.9 (24.2)	(0.30)	43.9 (27.1)	(0.07)	67.1 (22.0)	(0.98)	48.6 (25.5)	(0.48)
Nationality	Croatian	55.0 (24.1)		48.0 (27.1)		68.3 (20.7)		51.9 (26.5)	
	Other	31.3 (17.5)	0.003	25.7 (14.2)	0.01	44.1 (21.7)	<0.001	26.9 (21.8)	0.005
Employment	Full-time	55.5 (24.1)		48.6 (27.2)		68.6 (20.6)		52.3 (26.4)	
	Part-time	46.7 (24.7)		38.7 (25.8)		61.8 (23.3)		43.1 (26.4)	
	Unemployed	57.3 (23.8)		51.6 (26.8)		70.1 (19.1)		53.0 (26.7)	
	Not-working/ FT Mother	47.6 (24.1)	0.02	40.1 (24.9)	0.01	63.0 (23.9)	0.057	43.4 (27.4)	0.05

	Other	44.8 (23.5)		35.4 (24.9)		60.1 (24.0)		43.0 (26.0)	
Current age of child	<1 month old (Nov 2023)	59.2 (22.9)		50.7 (25.2)		71.3 (19.0)		59.0 (27.6)	
	1-3 months old	64.2 (23.7)		56.7 (26.3)		75.7 (19.9)		63.1 (26.9)	
	3-6 months old	58.3 (23.8)		51.5 (27.7)		72.1 (18.2)		54.4 (27.1)	
	6-9 months old	61.7 (23.7)		56.1 (26.3)		73.2 (19.8)		58.3 (26.5)	
	9-12 months old (Nov 2022)	59.8 (21.8)		53.5 (25.1)		72.2 (19.8)		56.6 (23.0)	
	1-1.5 year old	54.3 (22.3)		47.5 (26.2)		68.9 (18.8)		49.8 (24.1)	
	1.5-2 years old (Nov 2021)	49.6 (23.7)		42.3 (26.8)		64.0 (20.6)		45.7 (26.4)	
	2-2.5 years old	47.7 (23.3)		40.1 (25.2)		62.3 (21.0)		44.1 (25.9)	
	2.5-3 years old (Nov 2020)	49.2 (23.2)		42.6 (25.7)		63.8 (22.3)		44.4 (23.5)	
	3-4 years old (Nov 2019)	50.6 (24.4)		42.4 (27.3)		64.6 (20.7)		48.4 (26.9)	
	4-5 years old	56.0 (27.1)		49.6 (29.6)		67.0 (24.3)		54.1 (28.7)	
	5 years or older	48.0 (26.1)	<0.001	41.5 (28.3)	<0.001	61.4 (23.5)	<0.001	44.0 (28.4)	<0.001

Table 15: Person-Centred Maternity Care (PCMC-US)– Overall score and sub-scale scores in Communication & Autonomy, Dignity & Respect and Responsive & Supportive Care according to pregnancy-related characteristics, Cyprus (N=516).

Variable		PCMC-Overall		Communication & Autonomy		Dignity & Respect		Responsive & Supportive Care	
		M (SD)	p-value	M (SD)	p-value	M (SD)	p-value	M (SD)	p-value
Parity	First childbirth/child	52.1 (23.5)		44.5 (26.3)		66.2 (20.7)		49.0 (25.8)	
	Not first birth/other children	59.6 (24.3)	<0.001	53.7 (27.4)	<0.001	71.8 (20.1)	<0.001	56.1 (27.0)	<0.001
Pregnancy	Single	54.5 (24.1)		47.5 (27.1)		68.0 (20.9)		51.3 (26.5)	
	Multiple	61.9 (24.2)	0.17	59.1 (25.7)	0.05	71.4 (21.6)	0.45	56.9 (25.9)	0.35
Type of birth	Vaginal	55.2 (24.4)		47.4 (27.8)		69.0 (20.8)		52.5 (26.4)	
	Assisted vaginal	49.1 (24.4)		40.9 (27.0)		63.5 (22.8)		46.5 (28.0)	
	C/S (with general anaesthesia)	47.2 (21.7)		41.1 (23.3)		61.3 (21.0)		42.1 (23.9)	
	C/S (w/out general anaesthesia)	58.5 (22.5)		53.8 (25.2)		69.5 (20.1)		54.5 (26.8)	
	VBAC	52.4 (23.4)	0.007	47.6 (26.6)	0.004	66.1 (16.0)	0.016	46.0 (25.5)	0.005
Reason for C/S (N=255)	Planned C/S	59.1 (22.2)		54.4 (24.2)		70.2 (18.6)		54.9 (25.9)	
	Elective C/S	76.7 (26.5)		70.6 (28.8)		82.8 (23.5)		78.8 (27.9)	
	Emergency C/S	50.4 (23.2)	0.001	44.9 (25.2)	0.001	63.7 (21.2)	0.006	45.5 (25.5)	<0.001
Place of birth	Public sector	54.3 (23.9)		47.4 (26.8)		67.8 (20.7)		51.0 (26.3)	
	Private sector	75.6 (25.5)	0.004	70.8 (29.1)	0.004	83.9 (17.8)	0.01	74.1 (28.6)	0.004
Cost of care and childbirth	Health Insurance	54.4 (23.9)		47.4 (26.8)		67.8 (20.7)		51.1 (26.3)	
	Other, incl. out-of-pocket	68.0 (29.5)	0.009	62.8 (33.5)	0.008	77.7 (24.3)	0.027	66.8 (30.7)	0.01
Complication	Neither Mother, Nor Baby	57.8 (24.0)		50.6 (27.2)		71.0 (20.0)		55.0 (26.5)	
	Mother, not Baby	53.0 (23.3)		47.7 (26.7)		65.7 (20.9)		48.3 (24.7)	
	Baby, Not Mother	48.9 (21.5)	<0.001	39.8 (24.1)	<0.001	64.1 (19.0)	<0.001	46.7 (24.3)	<0.001

Both Mother and Baby	45.5 (25.2)	38.9 (26.8)	59.3 (23.2)	41.3 (27.8)
----------------------	-------------	-------------	-------------	-------------

Table 16: Correlation between MADM, MORi, PCMC-Overall and Sub-scales, Croatia (N=855).

	MADM	MORi	PCMC	PCMC-CA	PCMC-DR	PCMC-RS
Maternal Autonomy in Decision-Making (MADM)	1.00					
Mothers on Respect Index (MORi)	0.75	1.00				
Person-Centred Maternity Care (PCMC)	0.66	0.74	1.00			
Communication & Autonomy (PCMC-CA)	0.66	0.72	0.97	1.00		
Dignity & Respect (PCMC-DR)	0.63	0.72	0.95	0.86	1.00	
Responsive & Supportive Care (PCMC-RS)	0.61	0.71	0.97	0.88	0.86	1.00

Table 17: Maternal Autonomy in Decision Making (MADM) and Mothers on Respect index (MORi) according to Person-Centred Maternity Care (*quartiles*), Croatia (N=855).

Variable		Maternal Autonomy in Decision-Making (MADM)		Mothers on Respect Index (MORi)	
		% Low	p-value for trend	% Low	p-value for trend
PCMC	Quartile 1 (<i>lowest</i>)	94.4%		64.5%	
	Quartile 2	80.2%		22.1%	
	Quartile 3	51.2%		5.8%	
	Quartile 4 (<i>highest</i>)	23.6%	<0.001	2.8%	<0.001

Table 18: Experience of Mistreatment by providers index (MIST) - Responses of survey participants at item level, Croatia (N=855).

Did you experience any of the following problems or attitudes in your care during pregnancy or birth?	% (N) <i>in ascending order</i>
You were forced to sign a paper [MISTindex7]	4.2% (36)
Your private or personal information was shared without your consent [MISTindex1]	6.8% (58)
You experienced physical abuse, such as aggressive physical contact, inappropriate sexual conduct, a refusal to provide anesthesia for an episiotomy, etc. [MISTindex10]	7.5% (64)
Healthcare providers threatened you in any other way [MISTindex8]	13.2% (113)
A healthcare provider said offensive or humiliating things to you [MISTindex4]	16.8% (144)
Healthcare providers withheld treatment or forced you to accept treatment that you did not want [MISTindex6]	19.8% (169)
A healthcare provider shouted at or scolded you [MISTindex3]	22.7% (194)
Your physical privacy was violated, for example being uncovered or having people in the examination or delivery room without your consent [MISTindex2]	27.1% (232)
You were criticized by ironic or discrediting remarks and/or treated with nicknames and diminutives [MISTindex5]	27.4% (234)
Healthcare providers ignored you, refused your request for help or failed to respond to requests for help in a reasonable amount of time [MISTindex9]	28.2% (241)
You were forced to remain in an uncomfortable or painful position [MISTindex11]	38.8% (332)
At least one of the above problems and/or attitudes (any)	64.1% (548)
• One of the above reported	17.0% (145)
• Two of the above reported	12.5% (107)
• Three of the above reported	9.6% (86)
• Four of the above reported	8.9% (76)
• Five of the above reported	4.8% (41)
• Six of the above reported	4.0% (34)
• Seven of the above reported	3.5% (30)
• Eight or more of the above reported	3.9% (33)
None of the above problems and/or attitudes	35.9% (307)

Table 19: Experience of Mistreatment by Providers index (MIST) according to **socio-demographic characteristics**, Cyprus (N=516).

Variable		MIST index – At least one	
		%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	73.6%	0.06 (0.01)
	25-29 years old	66.0%	
	30-34 years old	64.7%	
	35-39 years old	53.3%	
	40 years or older	61.1%	
Highest educational attainment	At least Secondary	59.7%	0.37 (0.13)
	Tertiary-College	65.3%	
	Tertiary-University	66.3%	
	Postgraduate/Doctoral	62.3%	
Nationality	Croatian	64.1%	0.87
	Other	66.7%	
Employment	Full-time	63.2%	0.09
	Part-time	75.9%	
	Unemployed	57.1%	
	Not-working/ FT Mother	77.1%	
	Other	78.3%	
Current age of child	<1 month old <i>(Nov 2023)</i>	50.0%	0.008
	1-3 months old	42.6%	
	3-6 months old	69.2%	
	6-9 months old	57.5%	
	9-12 months old <i>(Nov 2022-Jan 2023)</i>	57.1%	
	1-1.5 year old	64.5%	
	1.5-2 years old <i>(Nov 2021-April 2022)</i>	70.1%	
	2-2.5 years old	70.8%	
	2.5-3 years old <i>(Nov 2020 -April 2021)</i>	71.9%	
	3-4 years old <i>(Nov 2019-Nov 2020)</i>	71.8%	
	4-5 years old	58.8%	
	5 years or older	70.6%	

Table 20: Experience of Mistreatment by Providers index (MIST) according to pregnancy-related characteristics, Croatia (N=855).

Variable		MIST index – At least one	
		%	p-value
Parity	First childbirth/child	68.6%	<0.001
	Not first birth/other children	55.9%	
Pregnancy	Single	64.4%	0.11
	Multiple	47.6%	
Type of birth	Vaginal	63.6%	0.14
	Assisted vaginal	80.8%	
	C/S (w/out general anaesthesia)	59.3%	
	C/S (with general anaesthesia)	71.4%	
	VBAC	63.6%	
Reason for C/S (N=255)	Planned C/S (medical indications)	59.2%	0.02
	Elective C/S	16.7%	
	Emergency C/S	67.3%	
Place of birth	Public sector	64.9%	0.01
	Private sector	27.3%	
Cost of care and childbirth	Health Insurance	64.8%	0.006
	Other, incl. out-of-pocket	36.4%	
Complications	Neither Mother, Nor Baby	59.4%	0.001
	Mother, not Baby	68.0%	
	Baby, Not Mother	68.9%	
	Both Mother and Baby	78.7%	

Table 21: Lack of informed consent - Responses of survey participants at item level, Croatia (N=855).

Were any of the following performed <u>WITHOUT</u> your informed consent - either oral and/or in writing	% (N) <i>in ascending order</i>
C-section	1.5% (13)
Cardiotocography	5.4% (46)
Insertion of intravenous cannula	7.5% (64)
Induction of delivery	8.2% (70)
Shaving of pubic hair	8.3% (71)
Enema	9.0% (77)
Vaginal examination	12.9% (110)
Presence of students during delivery (e.g. obstetrics, midwifery, etc)	15.3% (131)
Episiotomy	18.5% (158)
Newborn examination, vaccination and/or drug administration	22.8% (195)
Administration of an oxytocin drip	24.6% (210)
Feeding a newborn baby with modified milk (formula) or other liquids	27.3% (233)
At least one of the above <u>without</u> informed consent	61.6% (527)
• One of the above reported	22.2% (190)
• Two of the above reported	14.2% (121)
• Three of the above reported	9.9% (85)
• Four of the above reported	5.5% (47)
• Five of the above reported	4.3% (37)
• Six or more of the above reported	5.5% (47)
None of the above	38.4% (328)

Table 22: Lack of informed consent according to **socio-demographic characteristics**, Croatia (N=855).

Variable		Lack of informed consent – At least one	
		%	p-value (trend)
Age at childbirth <i>(for reference birth)</i>	<24 years old	73.6%	<0.001 (<0.001)
	25-29 years old	66.3%	
	30-34 years old	62.3%	
	35-39 years old	43.4%	
	40 years or older	44.4%	
Highest educational attainment	At least Secondary	63.3%	0.35 (0.32)
	Tertiary-College	61.3%	
	Tertiary-University	62.0%	
	Postgraduate/Doctoral	48.8%	
Nationality	Croatian	61.5%	0.32
	Other	77.8%	
Employment	Full-time	60.0%	0.03
	Part-time	79.3%	
	Unemployed	58.6%	
	Not-working/ FT Mother	80.0%	
	Other	69.6%	
Current age of child	<1 month old <i>(Nov 2023)</i>	53.8%	0.03
	1-3 months old	46.3%	
	3-6 months old	56.6%	
	6-9 months old	50.0%	
	9-12 months old <i>(Nov 2022-Jan 2023)</i>	63.6%	
	1-1.5 year old	64.6%	
	1.5-2 years old <i>(Nov 2021-April 2022)</i>	67.0%	
	2-2.5 years old	69.4%	
	2.5-3 years old <i>(Nov 2020 -April 2021)</i>	71.9%	
	3-4 years old <i>(Nov 2019-Nov 2020)</i>	58.8%	
	4-5 years old	60.3%	
	5 years or older	76.5%	

Table 23: Lack of informed consent according to **pregnancy-related characteristics**, Croatia (N=855).

Variable		Lack of informed consent – At least one	
		%	p-value
Parity	First childbirth/child	66.4%	<0.001
	Not first birth/other children	52.8%	
Pregnancy	Single	61.5%	0.97
	Multiple	61.9%	
Type of birth	Vaginal	62.5%	0.003
	Assisted vaginal	69.2%	
	C/S (w/out general anaesthesia)	51.2%	
	C/S (with general anaesthesia)	75.0%	
	VBAC	45.5%	
Reason for C/S (N=255)	Planned C/S (medical indications)	43.9%	<0.001
	Elective C/S	33.3%	
	Emergency C/S	69.8%	
Place of birth	Public sector	62.4%	0.02
	Private sector	27.3%	
Cost of care and childbirth	Health Insurance	62.3%	0.01
	Other, incl. out-of-pocket	36.4%	
Complications	Neither Mother, Nor Baby	58.6%	0.03
	Mother, not Baby	61.0%	
	Baby, Not Mother	68.9%	
	Both Mother and Baby	73.4%	

Table 24: Experience of Mistreatment by Providers index (MIST) according to classification of **Maternal Autonomy in Decision Making (MADM)**, **Mothers on Respect index (MORi)** and **Person-Centred Maternity Care (quartiles)**, Croatia (N=855).

Variable		MIST index – At least one		MIST count (among those reporting at least one)	
		%	p-value for trend	M (SD)	p
MADM	Very Low	82.8%	<0.001	2.5 (0.2)	<0.001
	Low	76.8%		1.8 (0.1)	
	Moderate	44.9%		1.6 (0.2)	
	High	27.0%		1.2 (0.2)	
MORi	Very Low	100.0%	<0.001	7.8 (2.4)	<0.001
	Low	92.7%		4.4 (2.2)	
	Moderate	74.3%		2.9 (1.9)	
	High	32.8%		1.9 (1.3)	
PCMC	Quartile 1 (<i>lowest</i>)	97.2%	<0.001	5.1 (2.3)	<0.001
	Quartile 2	81.5%		2.8 (1.5)	
	Quartile 3	61.4%		1.7 (1.0)	
	Quartile 4 (<i>highest</i>)	15.1%		1.3 (0.6)	

Table 25: Lack of informed consent according to classification of **Maternal Autonomy in Decision Making (MADM)**, **Mothers on Respect index (MORi)** and **Person-Centred Maternity Care (quartiles)**, Croatia (N=855).

Variable		Lack of informed consent – At least one		Count of Lack of Informed Consent (among those reporting at least one)	
		%	p-value for trend	M (SD)	p
MADM	Very Low	78.2%	<0.001	3.2 (2.0)	<0.001
	Low	68.4%		2.5 (1.6)	
	Moderate	52.8%		1.6 (1.0)	
	High	25.5%		1.7 (1.3)	
MORi	Very Low	92.3%	<0.001	4.6 (2.1)	<0.001
	Low	85.9%		3.5 (2.0)	
	Moderate	67.6%		2.3 (1.5)	
	High	38.9%		1.7 (1.1)	
PCMC	Quartile 1 (<i>lowest</i>)	93.0%	<0.001	3.7 (2.1)	<0.001
	Quartile 2	71.2%		2.4 (1.2)	
	Quartile 3	58.0%		1.7 (1.1)	
	Quartile 4 (<i>highest</i>)	23.6%		1.4 (0.9)	



Cyprus
University of
Technology



RESPECT



Co-funded by
the European Union



Respectful Maternity Care



Women's experiences

Survey and Focus
Group Discussions



Healthcare Providers

Meetings, Consultations, Workshops
and/or Working Groups.

Respectful Maternity Care

Survey, Oct-Nov 2023 (N=855)

■ Social Media
■ Other



RESPECT

Survey tools

- Person-centred Maternity Care (PCMC)
 - *Responsive & Supportive Care*
 - *Dignity & Respect*
 - *Communication & Autonomy*
- Maternal Autonomy in Decision-Making (MADM)
- Mothers on Respect index (MORi)
- Mistreatment (MIST)
- Informed consent



SKRB S POŠTOVANJEM
ZA TRUDNICE I RODILJE

ANKETA



Person-Centered Equity
Lab

UCSF University of California San Francisco

Content



- A.  Socio-demographic profile of survey participants
- B.  Overall reported experience (*PCMC, MADM, MORi, MIST etc*)
- C.  More or less frequently reported problems according to responses



A. Socio-demographic
profile of participants

RESPECTFUL MATERNITY CARE

Place of Residence

RESPECT survey

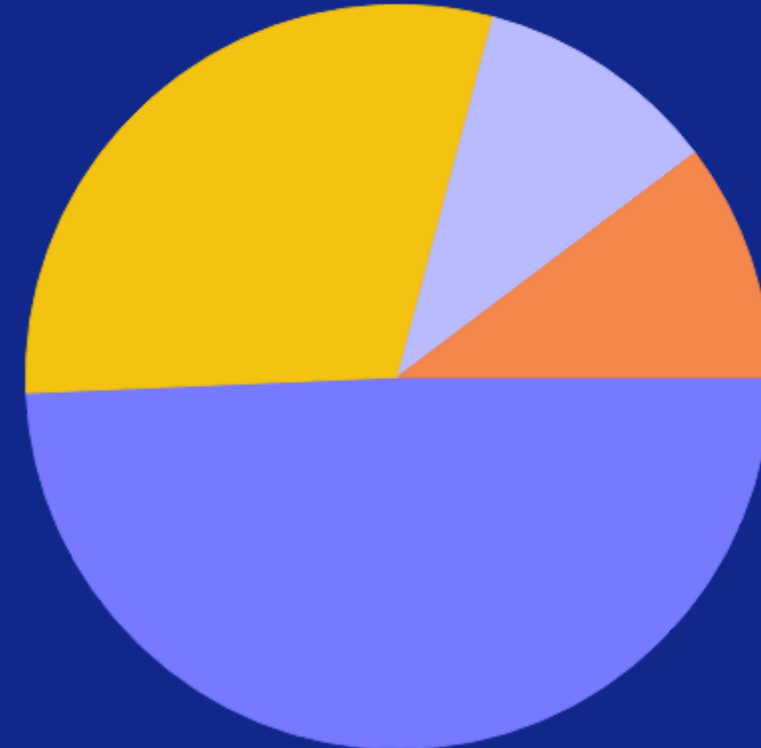


Official Statistics, 2021

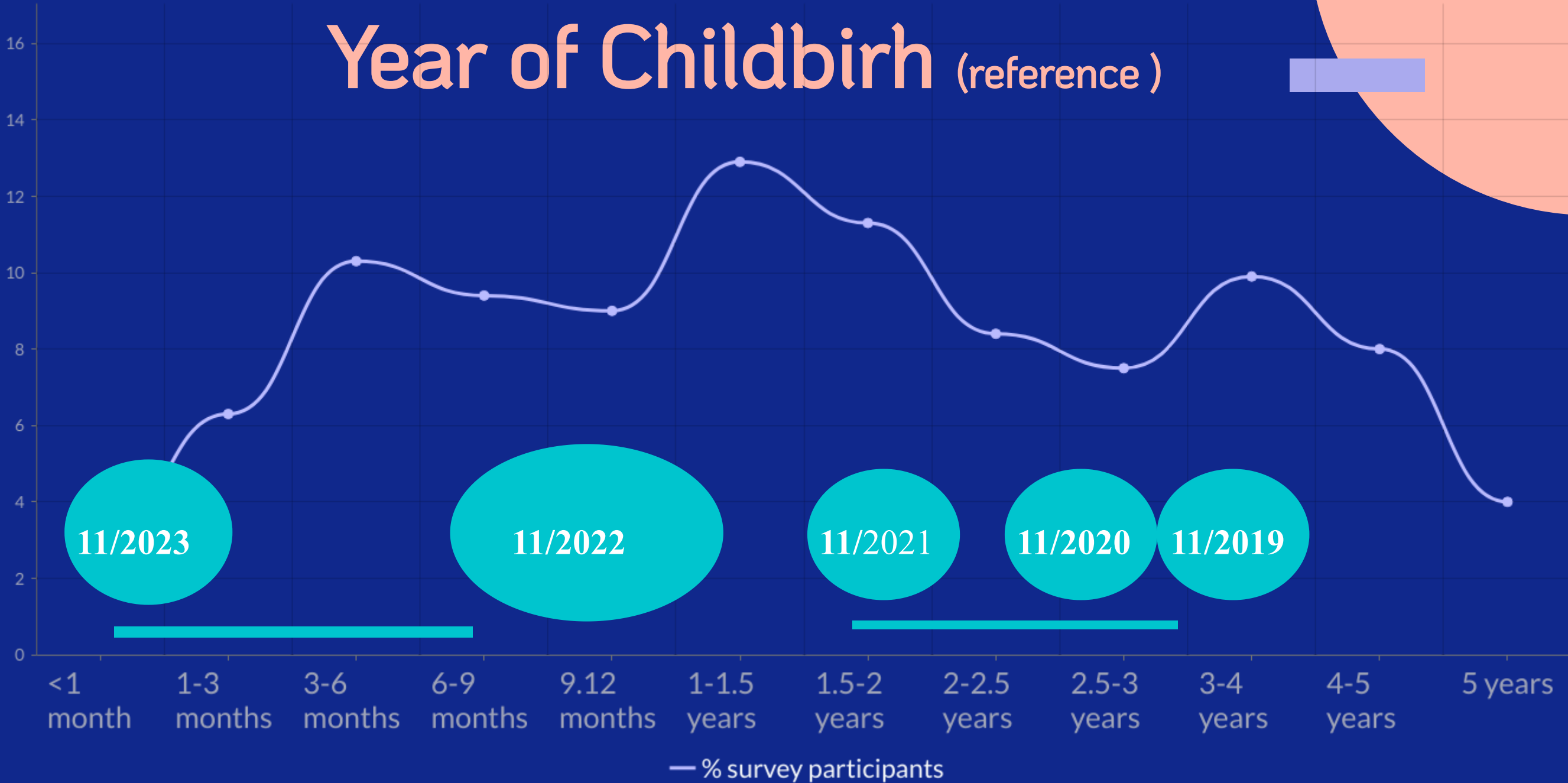
- Grad Zagreb
- Sjeverna Hrvatska
- Panonska
- Jadranska



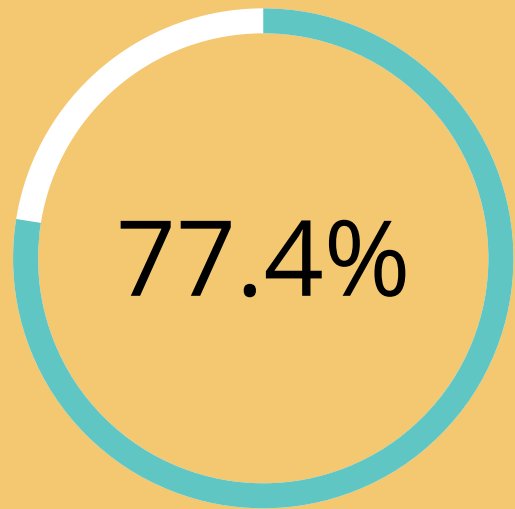
- Nicosia
- Limassol
| Larnaca | Light Blue |
| Paphos | Orange |



Year of Childbirth (reference)



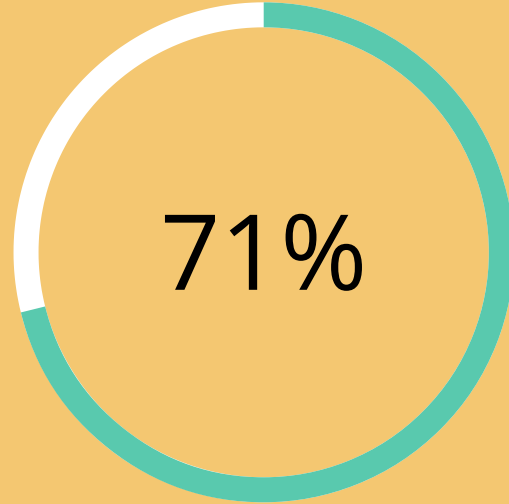
Socio-demographic profile



Age at childbirth:
25-34 years old



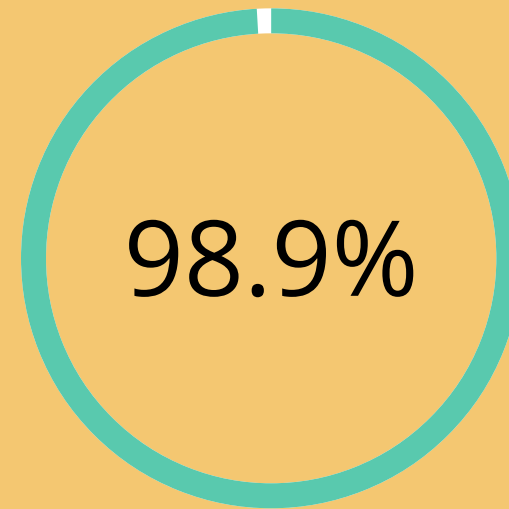
XX.X%



Education:
At least Tertiary



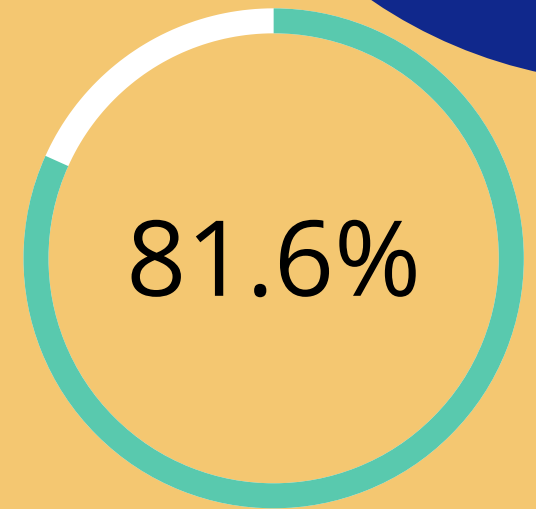
XX.X%



Nationality:
Croatian



XX.X%



Employment:
Full-time

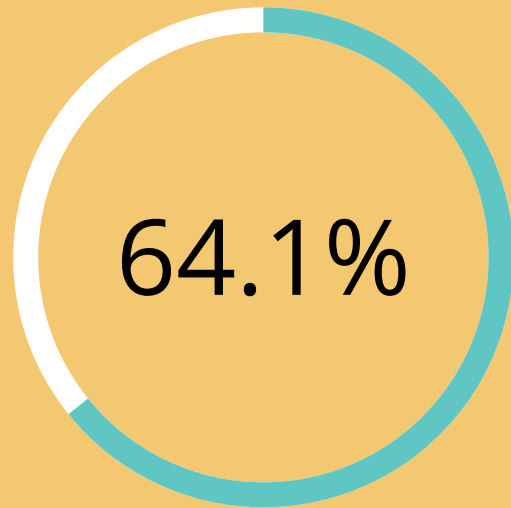


XX.X%

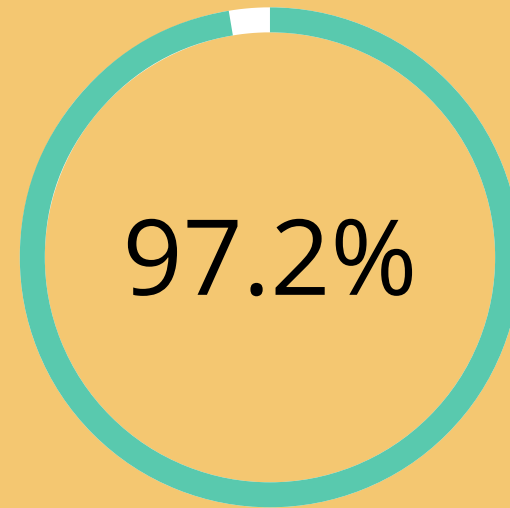


**Official statistics, Perinatal Report*

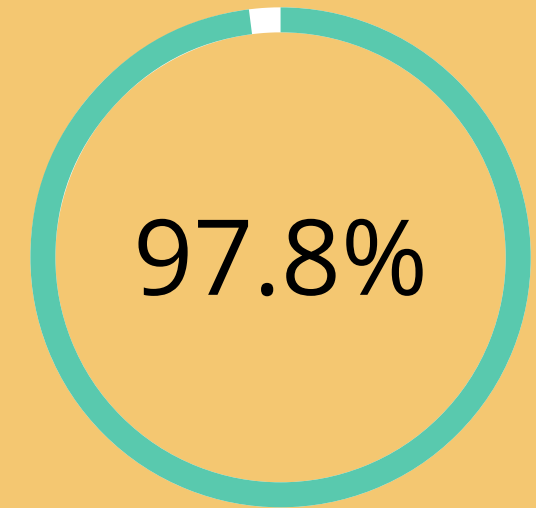
Pregnancy characteristics



Parity: First child/
First childbirth



Pregnancy:
Single

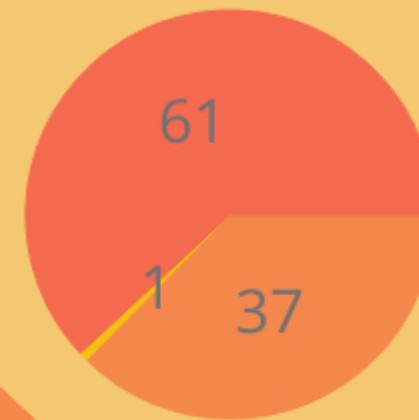
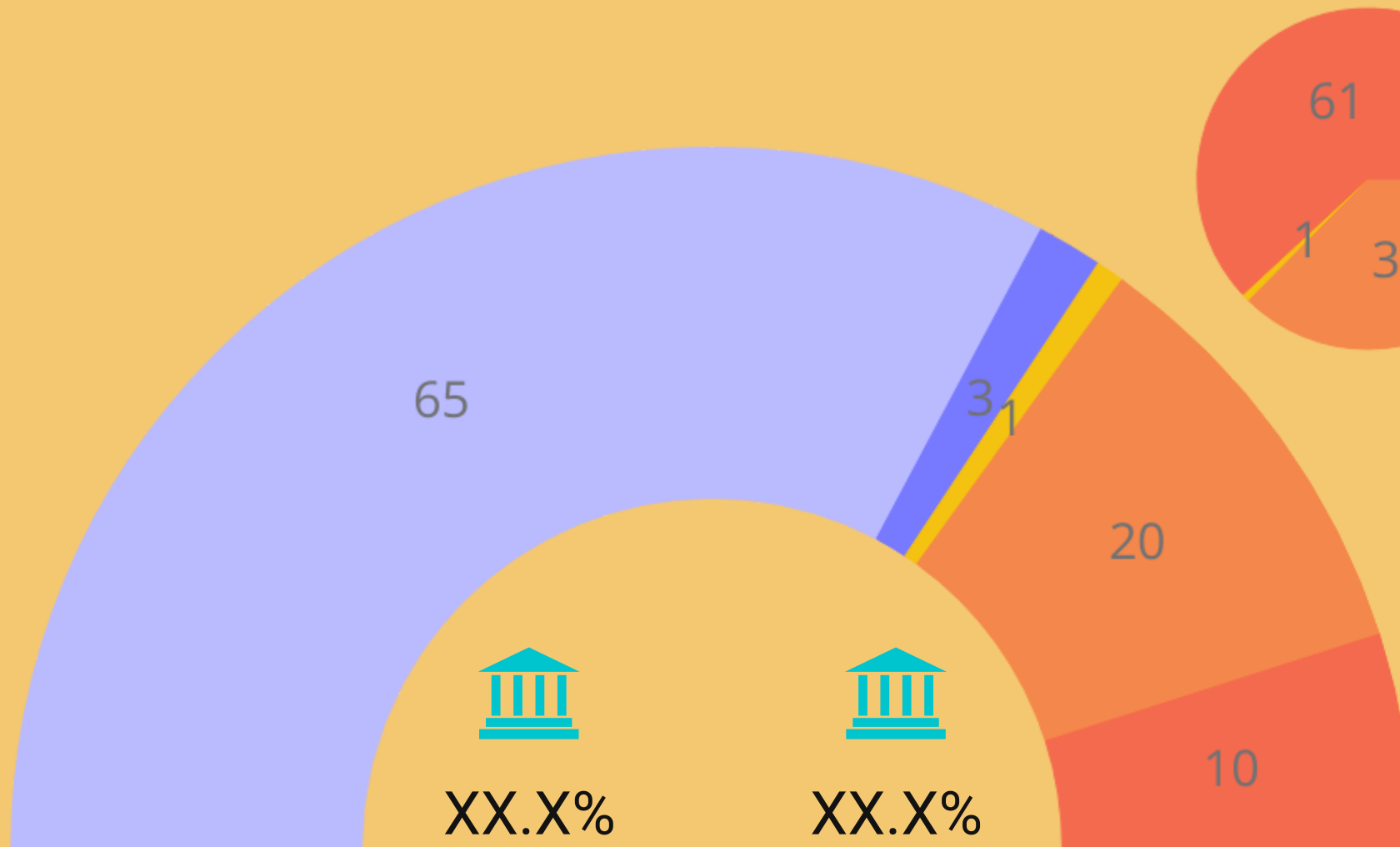


Place of birth:
Public sector



**Official statistics, Perinatal Report*

Mode of Birth

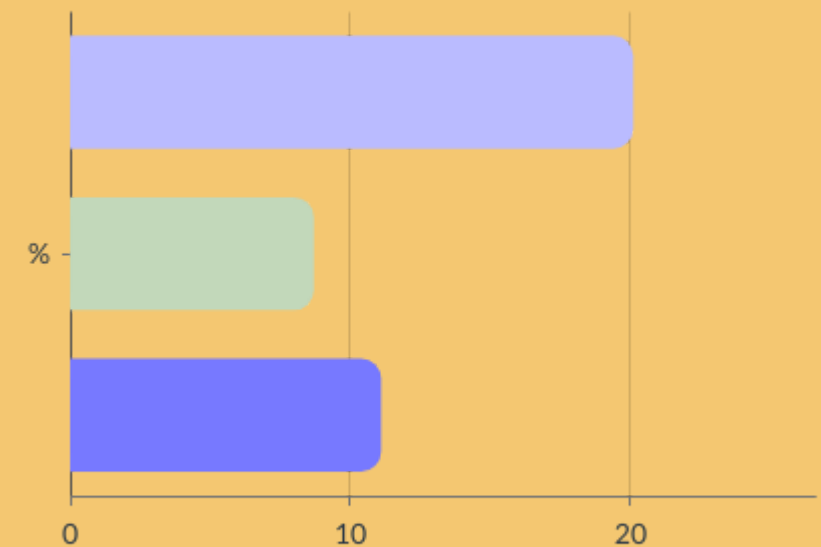


Planned
Elective
Emergency



Emerg. C/S XX.X%

Complications



Vaginal
Instrumental vaginal
VBAC
C/S w/out gen. anesthesia
C/S w gen. anesthesia

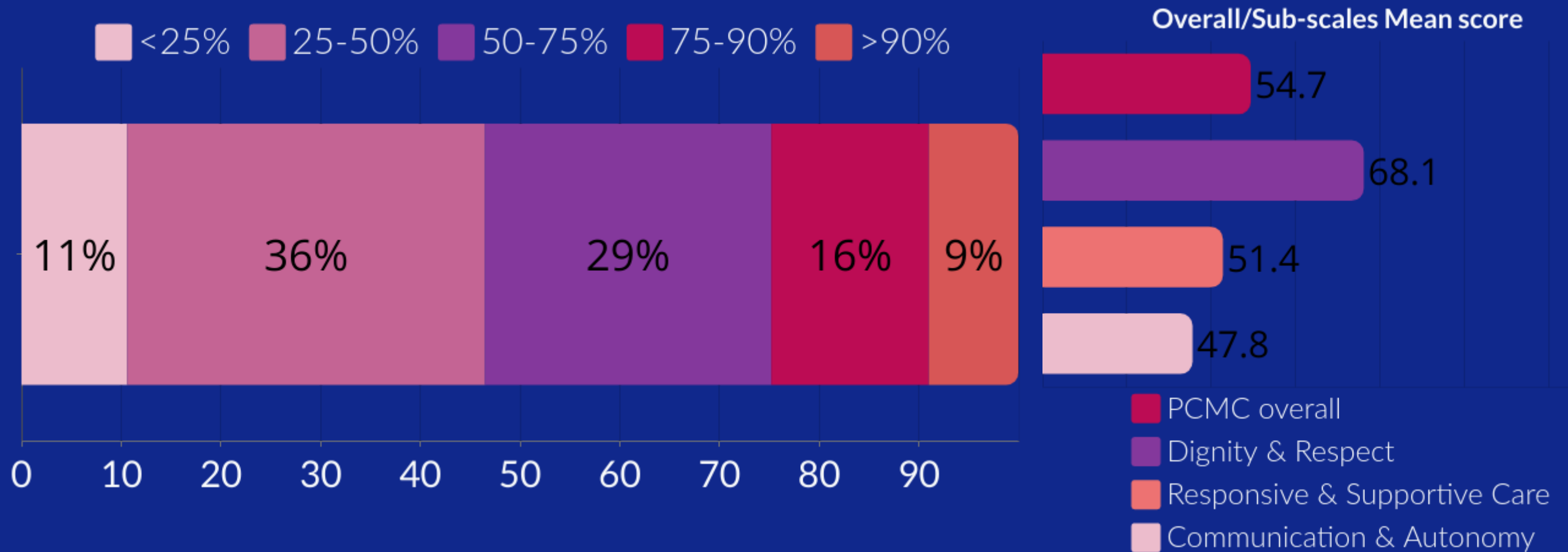
Mother
Baby
Both



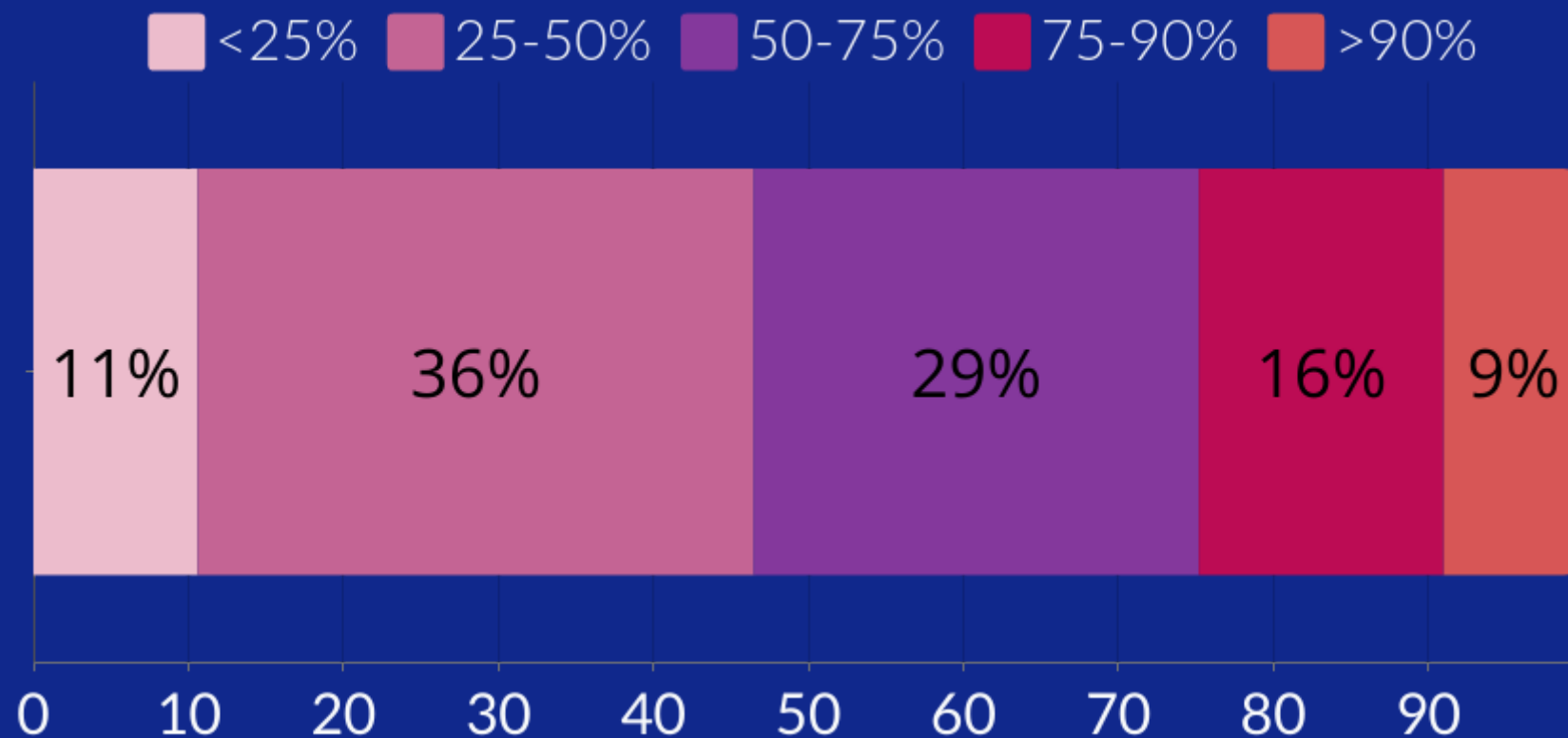
B. Reported Experience

RESPECTFUL MATERNITY CARE

Person-centered Maternity Care (PCMC) - Overall 35-item score (0-100%)



Person-centered Maternity Care (PCMC) - Overall 35-item score (0-100%)





B. More/Less reported
situations/ problems

RESPECTFUL MATERNITY CARE

PCMC: *Responsive & Supportive Care*

33.1%

Companionship

50.1%

Pain
management

50.2%

Timely
response

55.2%

Baby Feeding
support

60.2%

Comfortable birth
environment

78.8%

Emotional
well-being

*% "not all" or at least
"most of the time"*

PCMC: *Dignity & Respect*

28.8%

Treat family
with respect

36.7%

Treated with
respect

40.3%

Information
confidential

43.9%

Privacy/
Not exposed

61.2%

Felt heard

72.6%

Experience
valued

*% "not all" or at least
"most of the time"*

PCMC: *Dignity & Respect*

11.3%

Discrimination

(race, ethnicity, income, education, sexual orientation or anything else),

17.4%

Physical abuse

(handled roughly, held down or physically restrained)

31.9%

Verbal abuse

(shouted, scolded, talked to rudely, insulted, threatened)

46.9%

Coercion

(coerced or pressured into a decision)

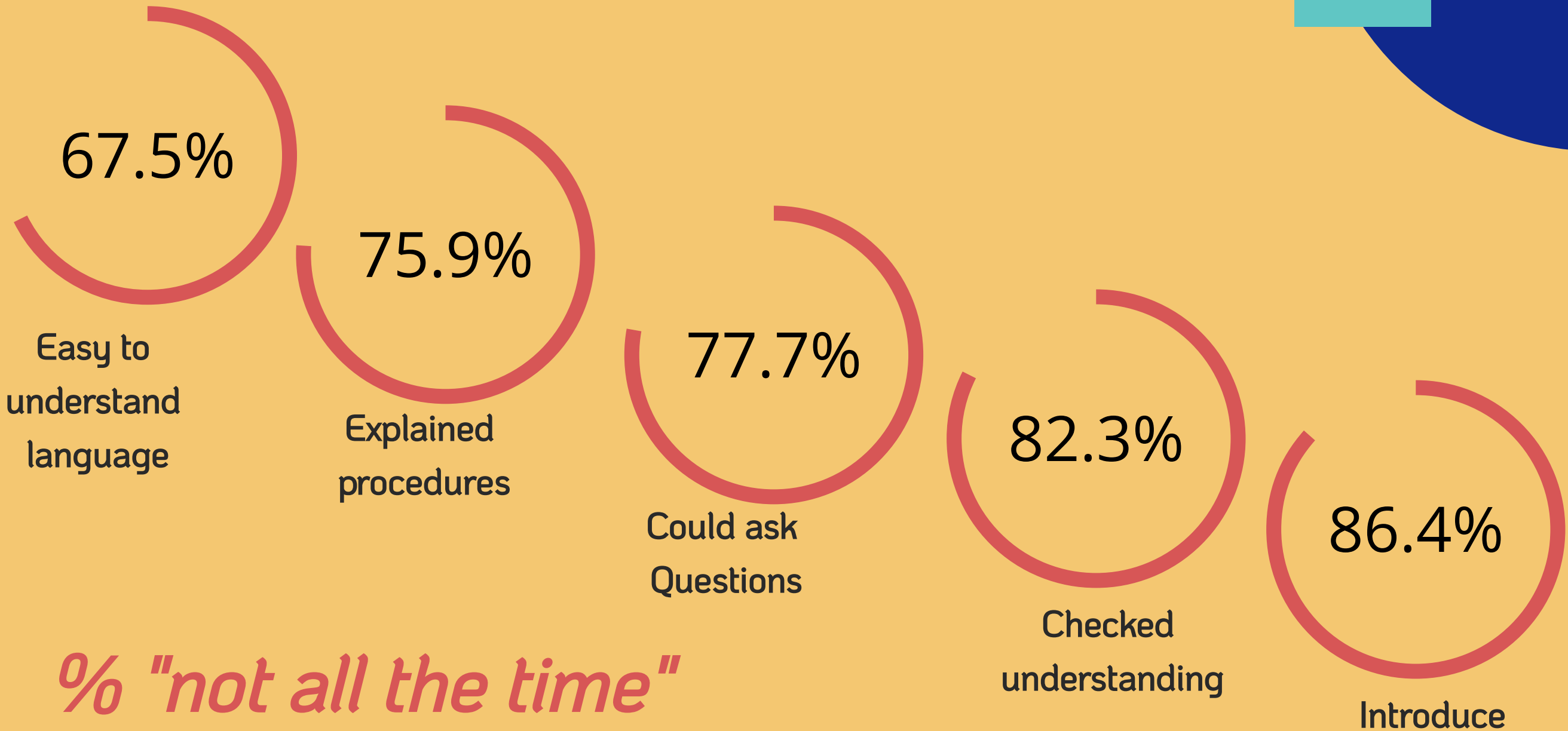
51.6%

Neglected

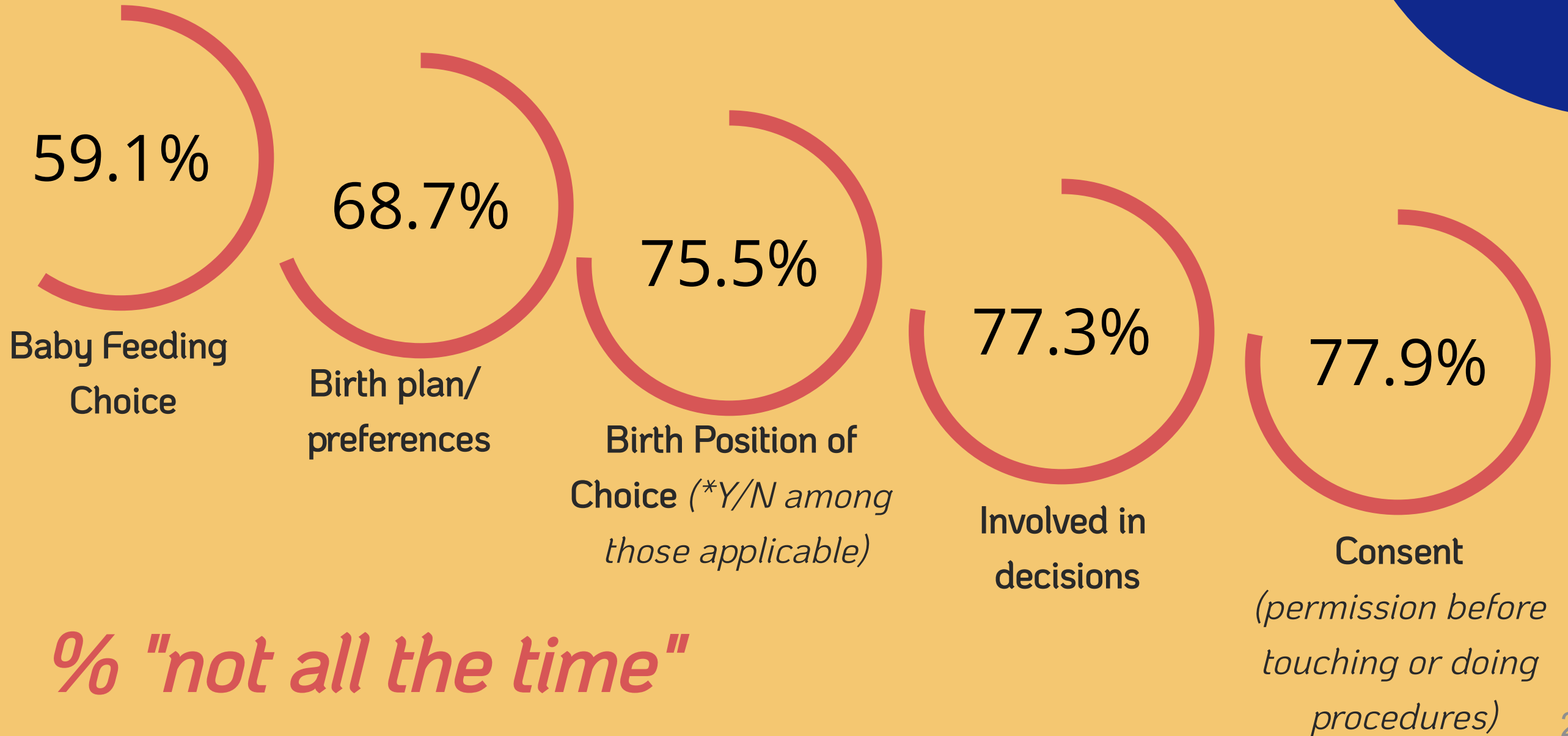
(avoided, ignored or otherwise)

% at least "a few times"

PCMC: *Communication & Autonomy*



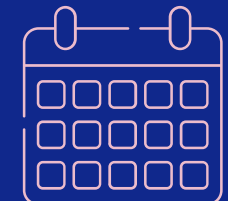
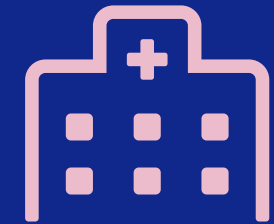
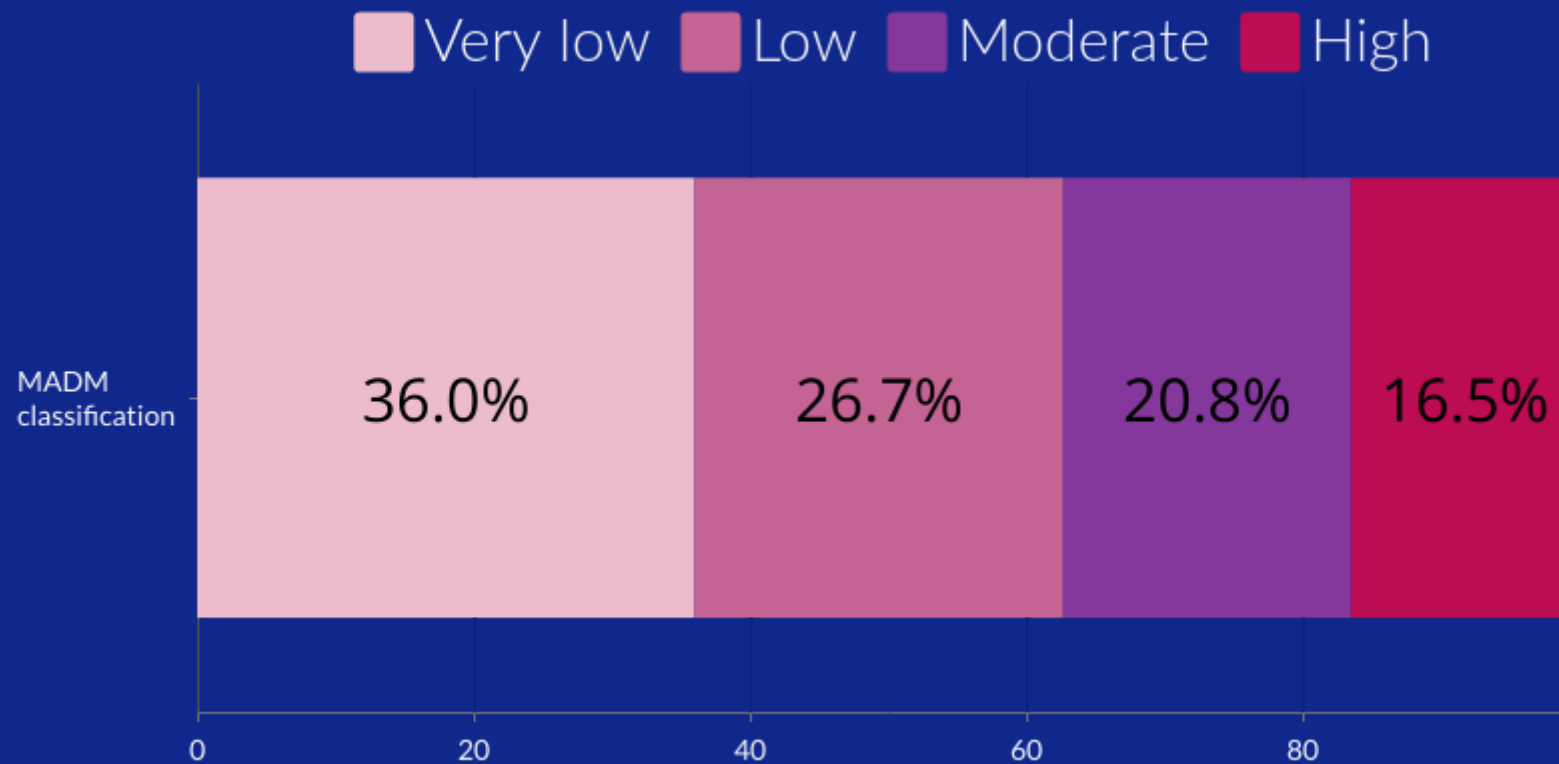
PCMC: *Communication & Autonomy*



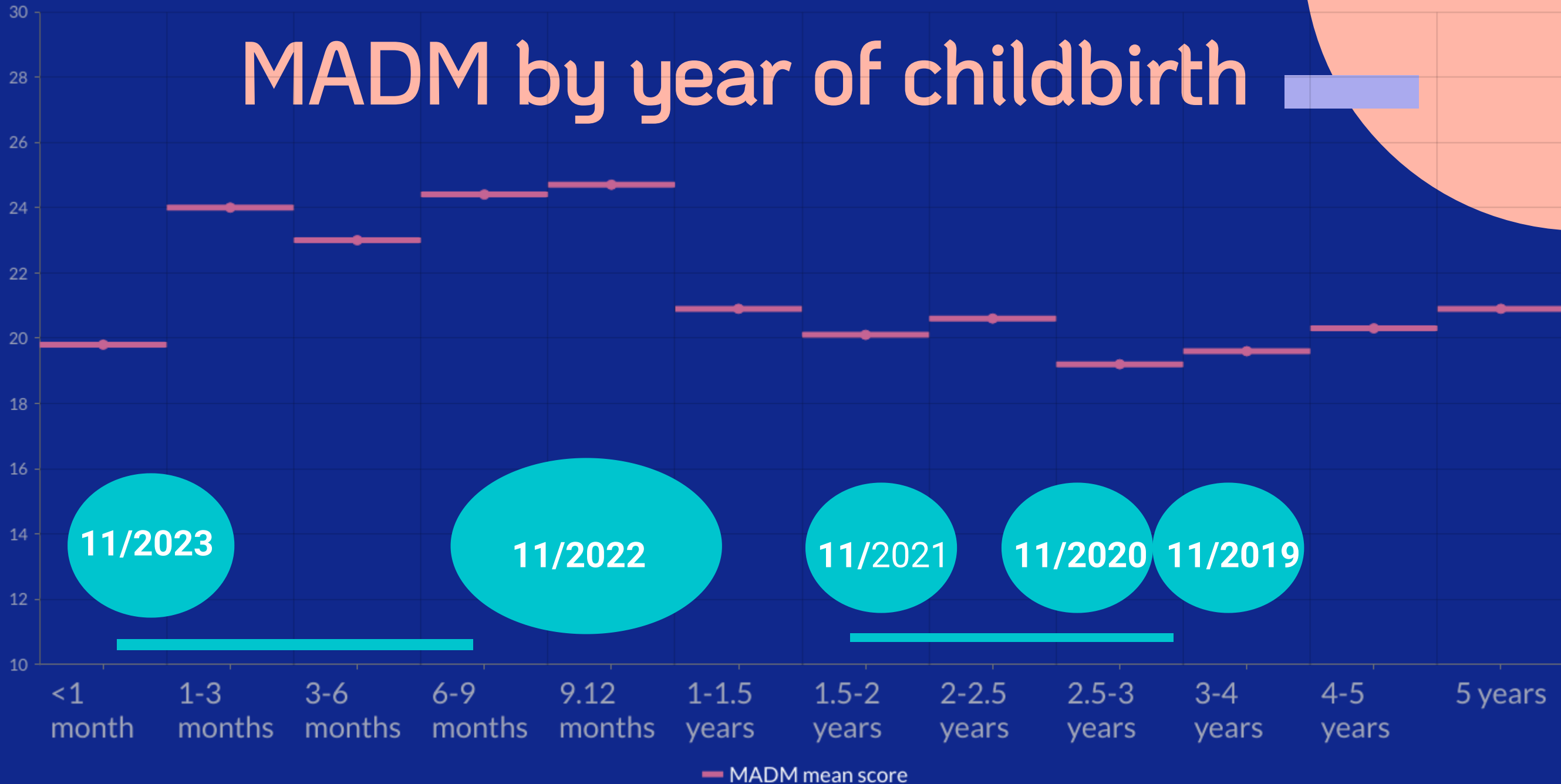
Maternal Autonomy in Decision-Making (MADM)



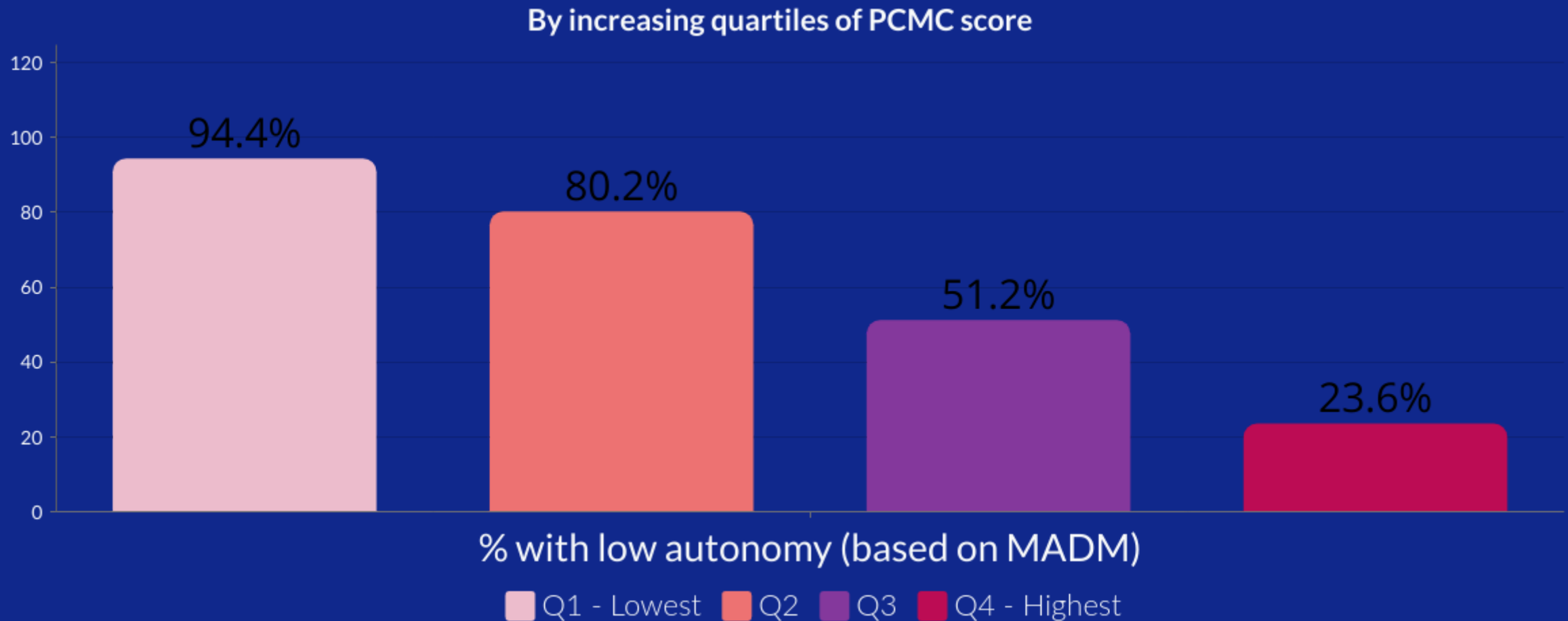
Maternal Autonomy in Decision-Making (MADM)



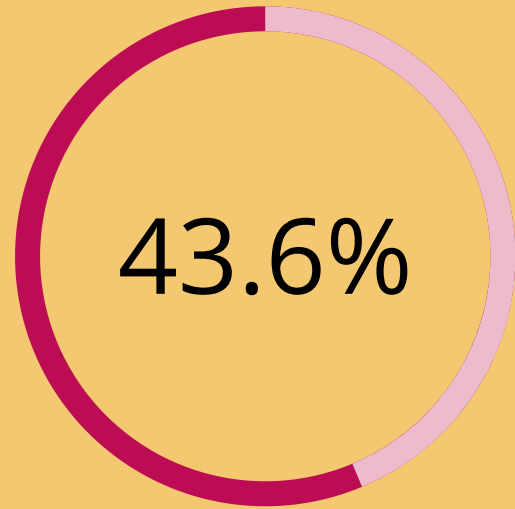
MADM by year of childbirth



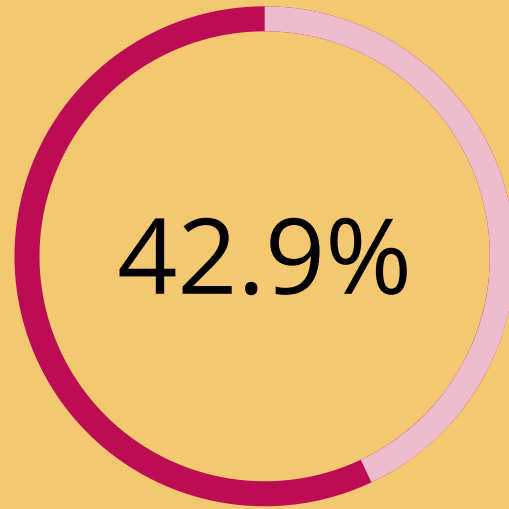
Low Autonomy in Decision-Making according to PCMC



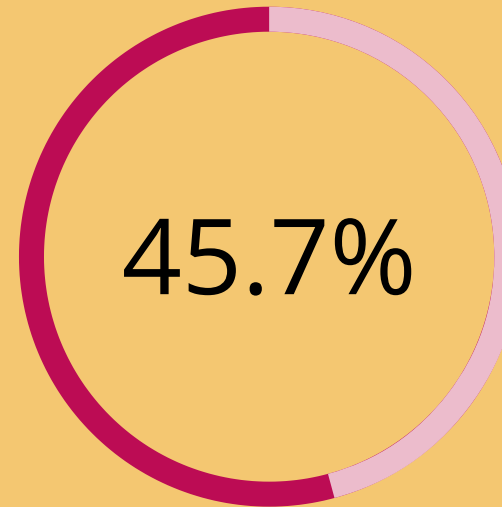
Mothers on Respect index (MORi)



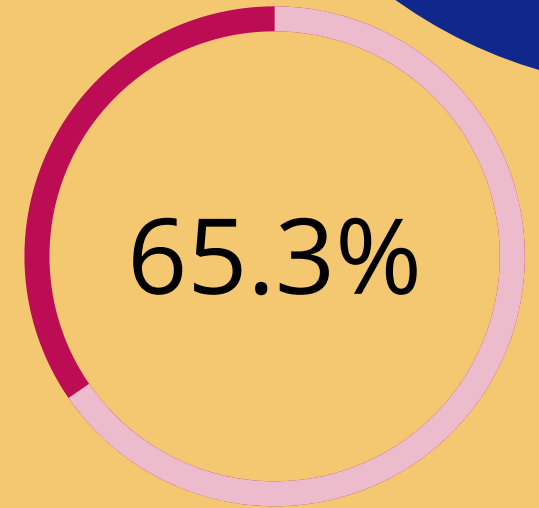
Not comfortable
asking questions



Not comfortable
accepting options
doctor/midwife
recommended



Pushed into
accepting options
doctor/midwife
suggested



Not comfortable
declining care that
was offered

...while making decisions... I felt...

Mothers on Respect index (MORi)

...I held back from asking questions or discussing my concerns because..

39.9%

My doctor/ midwife
might think I was
being difficult

35.7%

My
doctor/midwife
seemed **rushed**

26.1%

Wanted **different care** from what
doctor /midwife
recommended

.With regard to the care options
that I received....

31.1%

My cultural
preferences were
NOT respected

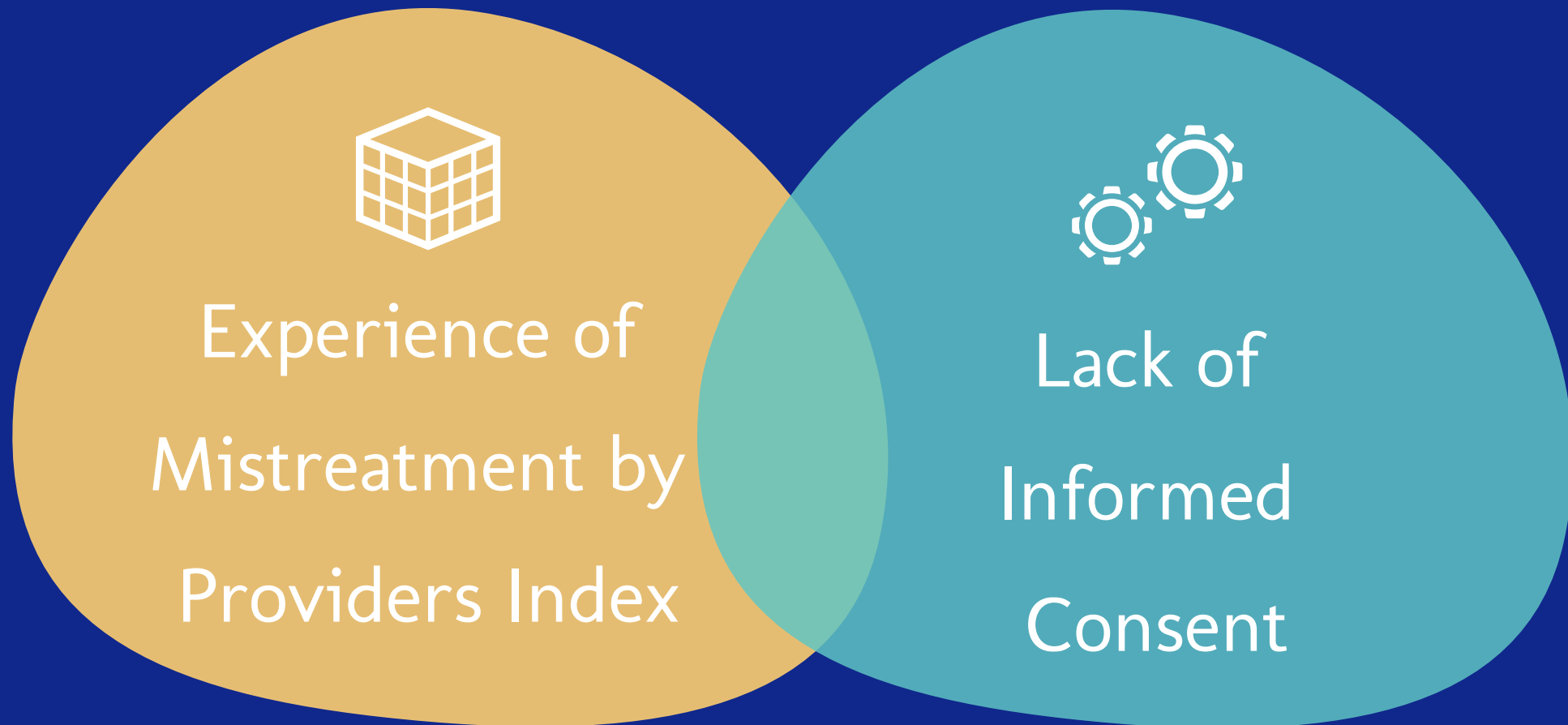
47.1%

My **personal**
preferences were
NOT respected

48.9%

They were **NOT**
my choice

MIST index & Informed Consent



Lack of Informed Consent

(either oral and /or in writing)

Cardiotocography

Shaving
pubic hair

Intravenous
cannula

Episiotomy

Enema

Induction of
delivery

C-section

Administration of
Oxytocin drip

Vaginal
examination

Presence of
students/ others

Newborn interventions

Feeding newborn
formula/ liquids

*(examination, vaccination,
and/or drug administration)*

Lack of Informed Consent

(either oral and /or in writing)

Any of the following performed WITHOUT your informed consent?	Ranking order
C-section	1.5%
Cardiotocography	5.4%
Insertion of intravenous cannula	7.5%
Induction of delivery	8.2%
Shaving of pubic hair	8.3%
Enema	9.0%
Vaginal examinations	12.9%
Presence of students/other during delivery	15.3%
Episiotomy	18.5%
Newborn examination, vaccination and/or drug administration	22.8%
Administration of oxytocin drip	24.6%
Feeding newborn with formula or other liquids	27.3%
% of women reporting AT LEAST ONE OF THE ABOVE	61.6%

Experience of Mistreatment by Providers (MIST index)

Threatened in any way

Forced to sign a paper

Aggressive/inappropriate
physical contact

Forced to accept /
Withheld treatment

Offensive/Humiliating words

Forced to remain in
uncomfortable/ painful position

Ironic/discrediting remarks

Ignored, refused or failed to
respond to requests

Shouted/ Scolded

Personal Information shared
without consent

Physical privacy violated (e.g.
people in room without consent)

Experience of Mistreatment by Providers (MIST index)

Any of the following problems or attitudes during your care?	Ranking order
Forced to sign a paper	4.2%
Personal information shared without consent	6.8%
Physical abuse (<i>e.g. aggressive contact, sexual, no anesthesia for episiotomy etc</i>)	7.5%
Threatened by healthcare providers in any way	13.2%
Offensive or humiliating words	16.8%
Withheld or forced to accept treatment	19.3%
Shouted at or scolded	22.7%
Physical privacy violated (<i>e.g. uncovered or people in room without consent</i>)	27.1%
Criticized by ironic/discrediting remarks/nicknames and diminutives	27.4%
Ignored , refused request for help, failed to respond in reasonable time	28.2%
Forced to remain in uncomfortable or painful position	38.8%
% women reporting AT LEAST ONE OF THE ABOVE	64.1%

TIMELINE



Mar
2024

RMC Recommendations



Sept
2024

Empowerment workshops



Jan
2025

Public Awareness Campaign

Project partners

- **Cyprus University of Technology**
Deot Nursing, School of Health Sciences
- **Birth Forward**
Mediterranean Institute of Gender Studies
OSAK - Cyprus Federation of Patient Associations
- **RODA - Parents in Action (Croatia)**
University of Genova (Italy)



Co-funded by
the European Union

