

Women's Experiences of Maternity Care in Cyprus and Croatia

Insights from the RESPECT Project Survey (2023-2025)



Με τη συγχρηματοδότηση της Ευρωπαϊκής Ένωσης. Οι απόψεις και οι γνώμες που διατυπώνονται εκφράζουν αποκλειστικά τις απόψεις των συντακτών και δεν αντιπροσωπεύουν κατ' ανάγκη τις απόψεις της Ευρωπαϊκής Ένωσης ή της Ευρωπαϊκής Επιτροπής. Η Ευρωπαϊκή Ένωση και η Ευρωπαϊκή Επιτροπή δεν μπορούν να θεωρηθούν υπεύθυνοι για τις εκφραζόμενες απόψεις.

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)



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RESPECT

Cyprus
University of
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birth
forward

RODA
REPRODUCTIVE
ORGANIZATIONS
DATA ANALYSIS

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Introduction

The RESPECT project, entitled "*Toward a culture of Respectful Maternity Care- RMC: Enhancing Shared Decision Making and Informed Choice*"

(April 2023-March 2025), is co-funded by the CERV (Citizens, Equality, Rights & Values) programme of the European Union .

The RESPECT project partners vision is 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 RESPECT project:

- To assess the current situation in Cyprus and Croatia through quantitative and qualitative research.
- To form an alliance with the professional - clinical community and all stakeholders and promote a shared understanding of the underlying issues and the importance of quality improvement processes to achieve optimal Quality Standards for Respectful Maternity Care.
- To design and implement empowerment workshops (Cyprus) and provide e-course resources (Croatia and Cyprus) for pregnant women,.
- To implement training workshops for healthcare providers to address the necessary skills and competencies in promoting and effectively supporting shared decision-making with pregnant and childbirthing women, and most importantly,
- To recognize and promote this Standard of clinical practice, underpinned by professional and ethical standard frameworks, as a Right and as an Obligation by raising awareness about women's rights during pregnancy and childbirth.



Introduction

The project forms part of the organisations' broader efforts of ensuring women's right to a positive childbirth experience and aims to promote quality standards based on the principles and requirements for Respectful Maternity Care (RMC) set by the World Health Organization (1 2) , the White Ribbon Alliance Charter of Rights (3), the Ethical Framework for Respectful Maternity Care of the International Federation of Gynecology and Obstetrics (FIGO) (4) and other international and European scientific and professional bodies.

The RESPECT project partners include Cyprus University of Technology – CUT, Department of Nursing, School of Health Sciences (Host Organization), Birth Forward (Cyprus), Roda - Roditelji u akciji (Croatia), University of Genoa (UNIGE), DINOGMI (Department of Neurology, Genetics, Ophthalmology, Maternal and Infant Sciences (Italy), the Mediterranean Institute for Gender Studies – MIGS (Cyprus) and the Cyprus Federation of Patients Associations - OSAK (Cyprus).



Respectful Maternity Care

The WHO “*Recommendations on intrapartum care for a positive childbirth experience*” (5) highlight the importance of women-centred care to optimise women's experience during childbirth through a holistic, rights-based approach. It defines Respectful Maternity Care (RMC) as:

"care organized for and provided to all women in a manner that maintains their dignity, privacy, and confidentiality; ensures freedom from harm and mistreatment; and enables informed choice and continuous support during labour and childbirth”.

Conceptually, Respectful Maternity Care is not the converse or merely the absence of negative experiences (e.g. disrespect, abuse, mistreatment, trauma, violence). The White Ribbon Alliance Charter, describing RMC in the affirmative ("positive") defines it as Rights of women-newborns while receiving maternity care within a healthcare facility. And to uphold those rights, the highest professional and ethical standards of care and several conditions need to be met.

(1) WHO (2016). standards for improving quality of maternal and newborn care in healthcare facilities. Available online:

<https://www.who.int/publications/i/item/9789241511216> (last accessed: Jan 2025)

(2) WHO (2018). intrapartum care for a positive childbirth experience. WHO recommendations. Available online:

<https://www.who.int/publications/i/item/9789241550215> (last accessed: Jan 2025)

(3) White Ribbon Alliance. respectful maternity care. universal rights of mothers and newborns. Available online:

<https://whiteribbonalliance.org/resources/rmc-charter/> (last accessed: Jan 2025)

(4) FIGO (2021). Ethical Framework for Respectful Maternity Care During Pregnancy and Childbirth. FIGO Statement. International Federation of Gynecology and Obstetrics. Available online: <https://www.figo.org/resources/figo-statements/ethical-framework-respectful-maternity-care-during-pregnancy-and-childbirth> (last accessed: Jan 2025)

(5) World Health Organization. intrapartum care for a positive childbirth experience. WHO recommendations. WHO, 2018. Available online: <https://www.who.int/publications/i/item/9789241550215> (last accessed: Jan 2025)



Aims

The aim of the RESPECT research study was to explore and depict the experiences of women in Cyprus and Croatia from the care they received during pregnancy and childbirth, and specifically how aligned these experiences are with the Respectful Maternity Care framework for a positive childbirth experience from the perspective of women/service-users.

This mixed-method study collected quantitative data through a questionnaire survey, as well as qualitative data through a series of focus groups with new mums to gain insights into the lived experiences of women in Cyprus and Croatia, tapping on Rights for Respectful Maternity Care (RMC).



Methods

During November and December 2023, the RESEPCT survey was disseminated widely using a range of approaches both online (e.g. social media) as well as in the community (e.g. personal visits to pediatric clinics, nurseries, community events etc). The call was addressed to women who gave birth in Cyprus or Croatia in the past 5 years to participate in a descriptive online survey.

Participation involved only the completion of the online questionnaire on a voluntary and anonymous basis, with no personal or hospital identifiers. An information note was included, describing the scope of the survey, criteria for participation (voluntary), type of data collected (anonymous, with no personal identifiers) and data use (for research purpose), as per Bioethics requirements and approval. Responders were requested to actively opt-in by choosing whether or not to contribute to the survey. Based on the study protocol, as approved by institutional bioethics review processes in Croatia and the Cyprus National Bioethics Committee (EEBK ΕΠ 2023.01.59), the survey included a battery of questionnaires, tapping on women's:

- self-reported rating of person-centred maternity care, as measured by PCMC scale (6),
- perceived autonomy in decision making, as measured by MADM (7),
- sense of respect by providers during maternity care, as measured by MORi (8),
- experience of mistreatment by providers, as measured by MIST (9), and
- reported incidences of lack of informed consent (10).

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.

(6) 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.

(7) 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.



The open call to participate in a focus-group was also share via social media. Participation in focus groups is on a voluntary basis, and at the initiative of the women/ service-users themselves expressing interest and initiating contact with the research team. For the focus-groups, a semi-structured topic guide, developed specifically for this purpose, was used.

- Tell us about the **experience** of pregnancy and childbirth in general.
- How was the **communication** and interaction with the healthcare provider/s?
- If/When a **decision** was needed to be made (e.g. procedure/ treatment/intervention) related to pregnancy/childbirth, describe to us how that was?
- During your birth, did you feel you were making **informed decisions**?
- Is there **anything else** you would like to add or discuss? Anything, even if you don't think it's relevant.

The current analysis is based on the responses of 516 women in Cyprus and 866 women in Croatia who completed the questionnaire up until the end of December 2023. There have been more responses after this date, as the online survey remained active during the rest of the activities of the RESPECT project. In parallel, a total of 28 women in Cyprus and 11 women in Croatia participated in focus-groups, or personal interviews.

The focus group discussions – interviews were audio-recorded and transcribed verbatim, resulting in over 300 pages of material. Anonymity was fully protected when transcribing, analysing, reporting and presenting the data.

Although quotes are used, no personal or hospital/clinic identifiers or specific incidences and/or situations that point to the identity of individuals or organisations were provided under no circumstance. What is of interest is to capture the overall experience, and to identify common themes in the descriptions, and not describe each individual experience.

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 Care Framework as described by Shakibazadeh et al (2018) (11) was used.

(8) 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.

(9) Pregnant Persons Experience of Mistreatment by Providers index (MIST): set of indicators of mistreatment that align with 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.

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



Results

Based on the women's responses to the 35-item Person-Centred Maternity Care – US edition (PCMC- US) questionnaire (12), 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-dissatisfaction 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%.

About one in three women in Cyprus (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 in Cyprus 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%.

In Croatia, only 9.0% of woman had scores higher than 90% on the PCMC scale and a further 15.8% had scores in the range of 75%-90%. As many as %, the PCMC score was lower than 50%, suggesting significant deviations from optimal standards of care according to the self-reported experience of Croatian women.

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

- Dignity & Respect
- Responsive & Supportive Care, and
- Communication & Autonomy.

According to women's responses, the highest degree of satisfaction (0-100%) was recorded in terms of Dignity & Respect in both countries (at 82% on average in Cyprus and 68% in Croatia), followed by Responsive & Supportive Care (73% on average in Cyprus and 51% in Croatia) and lastly Communication & Autonomy with the lowest average scores (70% on average in Cyprus and 48% in Croatia).



(The results presented in this Synopsis Report are mainly, but not exclusively, based on one of the five questionnaires-scales used in the study, namely the Person-Centred Maternity Care – US version (PCMC-US) developed by the Person-Centered Equity Lab, University of San Francisco California.

The key findings are presented here in an integrated and comparative manner, that brings together results from the quantitative survey in the two countries, with embedded quotes from the qualitative data, classified according to the seven Rights of the White Ribbon Alliance Charter of Rights for Respectful Maternity Care.

Each questionnaire items was classified under one of the seven Rights, as per best conceptual match. Responses to the PCMC items are given on a 4-point response scale, namely, “never”, “only a few times”, “most of the time” and “all the time”. Optimal implementation of care standards would require full adherence to these practices (i.e. “always”).

However, in this case, a less stringent definition was given, so as to consider that this aspect of care was (and, hence, this right was safeguarded) if the answer was that it was satisfactorily implemented at least “most of the time”, even if not “always”.

There were some exceptions to this rule; for instance, in the case of physical or verbal abuse or any form of coercion, where **zero tolerance** should be applied. It should be, thus, noted that the percentages reported in the Table would be lower had the definition of full implementation was applied.

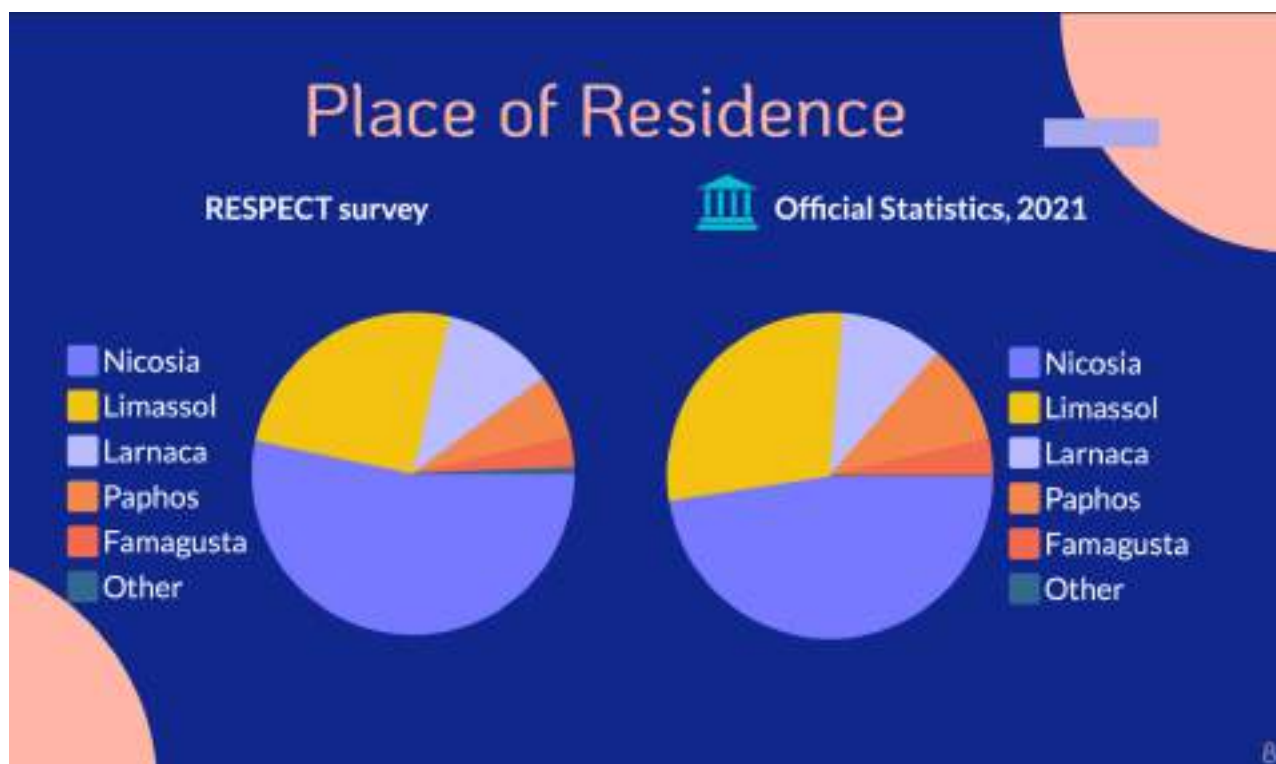
Note also that the table shows the '*positive*' side. The remaining percentage corresponds to the '*negative*' side of the issue - i.e. the percentage of women who say that this 'good practice' was 'never' or only 'a few times' applied.



A series of heat map diagrams were also produced, representing women's current experiences of Respectful Maternity Care standards as **work in progress**. This allows a comparative assessment of the aspects of care that is currently provided to mothers and newborns in Cyprus and Croatia, for which there is larger room for improvement.

An infographic presentation of the full research findings of the study on women's experiences of maternity care in Cyprus and Croatia can be found at the links below, with embedded quotes from the women's 'voices' from the qualitative part of the study. Look for them!

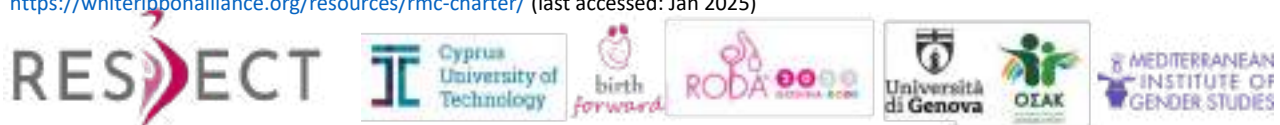
- Cyprus: <https://my.visme.co/view/4djrvjoy-respect-infographics-cyprus>.
- Croatia: <https://my.visme.co/view/q6pggkrr-copy-of-respect-infographics-croatia>



(11) 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.

(12) Afulani PA, Altman MR, Castillo E, Bernal N, Jones L, Camara T, Carrasco Z, Williams S, Sudhinaraset M, Kuppermann M. Adaptation of the person-centered maternity care scale in the United States: prioritizing the experiences of Black women and birthing people. Women's Health Issues. 2022; 32(4):352-61.

(13) White Ribbon Alliance. respectful maternity care. universal rights of mothers and newborns. Available online: <https://whiteribbonalliance.org/resources/rmc-charter/> (last accessed: Jan 2025)



Conclusion

Women in Cyprus and Croatia report a range of sub-optimal practices, raising questions about adherence to the highest clinical and professional standards with ethical implications.

Selection (volunteer) bias due to the volunteer nature of the participation and the likely over-representation of women with negative than positive experiences cannot be ruled out.

Even if we consider that the sample (in either of these two studies) is not representative, a number of points are important to emphasize regarding the RESPECT study:

- Respectful Maternity Care, as a concept, includes many dimensions and individual aspects, and therefore the study is able to highlight which of these aspects are comparatively more problematic than others.
- The study does not aim to estimate the frequency of these experiences, which methodologically the study design does not allow due to the non-random sampling method and voluntary nature of participation, even though a mixed recruitment strategy was employed through both online participation (Cyprus and Croatia), and face-to-face contact in community settings (Cyprus).
- The observed results record a variety of experiences across the continuum from very positive to very negative experiences, and finally,
- The study sample in RESPECT appears to have a comparatively higher socio-economic profile than the actual profile of the target population (e.g. higher educational attainment); thus, it would be possible to hypothesize that the findings may even be an under-representation of reality.



Conclusion

So, women in Cyprus and Croatia report a range of sub-optimal practices, raising questions about adherence to the highest clinical and professional standards with ethical implications.

The RESPECT project findings suggested that one of the aspects regarding RMC with the greatest room for improvement based on women's reported experiences was "*Communication and Autonomy*", namely ensuring the right to active participation in decision-making and obtaining informed consent for procedures and intervention, 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.

This also confirms the initial intention of the project to focus in parallel on actions that strengthen the clinical communication skills of Health Professionals to actively promote and effectively support shared decision-making. Adopting the Respectful Maternity Care and WHO Quality Standards frameworks, the findings should stimulate and shape quality improvement efforts in a participatory and inclusive process with local stakeholders.



White Ribbon Alliance Charter of Rights for Respectful Maternity Care	RESPECT main quantitative survey results according to WRA Rights, with embedded quotes from qualitative focus-groups and open-ended questionnaire responses	Cyprus	Croatia
Right to Dignity and Respect, incl. Right to Companionship at childbirth	- reported that healthcare providers treated their partner, family or companions with <u>respect at least most of the time</u> - did NOT feel the healthcare providers considered them as "being difficult" - were allowed to have a companion of choice during childbirth <u>at least most of the time</u> - felt that they were valued by healthcare providers <u>at least most of the time</u> - reported that healthcare providers were ALWAYS introducing themselves by name and role during procedures	• 82.4% • 76.0% • 72.3% • 61.3% • 47.4%	• 63.3% • 60.1% • 58.7% • 27.4% • 12.5%
	"After my first childbirth I was shocked by how the regular morning rounds were conducted. There were four of us in the room, and before the team of doctors arrived, a staff member would come and tell us to get on a clean pad, spread our legs, and wait in that position. I didn't think this was normal, but what was I supposed to do? I followed along, just like the other women: I spread my legs and waited. It was incredibly humiliating, although I only fully realised it later. I thought it would be the same after my second childbirth, but it wasn't – at all. During the morning check-up, we simply talked. We could ask whatever we wanted, and that was it. No one asked us to spread our legs. I'm so glad that old practices are gone".		
	"I was alone among, among, doctors, nurses and midwives. I didn't even know their names. I'm not even sure if they were midwives or nurses. My husband was absent, not because he didn't want to be there, but because he wasn't 'allowed'."		
	Clinics should allow the father to be present during the cesarean section! It's a wonderful miracle!		
	"I was in room with five other women, but not allowing your own person [partner] to stay with you"		
	"this midwife, she came to me, introduced herself, spoke to me softly, and she stayed for the whole thing. The same person, one and only [emphasizes]. When the birth process began [...], no one else came in the room, no shift changes. She stayed with me from beginning to end"		
	"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"		
	He was not listening to me - like I was just a number among the many women he was going to see that day"		
	"...the staff and the doctors were dismissive, disrespectful and did bare minimum/. The only compassionate person was the one bringing food".		
	"... those feelings I had...the doctor and the midwife made me relax...to go into labor and not have any concerns. If I had any questions, I would just ask, and they would answer. It felt so good. OF course, we also took childbirth preparation classes and they helped a lot. (Especially my husband because he had no idea what it would be like".		

Right to be free from harm and ill treatment	- reported that healthcare providers NEVER threatened them in any way - were NEVER physically abused e.g. handled roughly, held down, or physically restrained - were NEVER verbally abused e.g. shouted at, scolded, insulted, threatened, or talked to rudely, or with offensive or humiliating comments - reported that healthcare providers NEVER avoided, ignored or otherwise neglected them - reported that they NEVER had a procedure done to them or baby without their permission or consent (*vaginal examination, Cardiotocography, induction, administration of oxytocin, episiotomy, presence of trainees during delivery, formula to baby, newborn examination, vaccination and/or drug administration etc.)	96.3% 85.5% 84.7% 76.2% 66.3%	86.8% 82.6% 68.1% 48.4% 38.4%
	"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"		
	"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".		
	"She [doctors] kept talking about a caesarean section from the beginning to the end, I didn't like her way, she scared me, especially towards the end. And for me, it was something traumatic as this was first pregnancy"		
	"... 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"		
	"...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'".		
	"...when I asked for help because I was struggling, the answer I got was 'that's what you get with breastfeeding, better give formula'".		
Right to timely healthcare and highest attainable level of care	- reported that healthcare providers responded in a timely manner when requesting assistance at least most of the time - reported that at least most of the time healthcare providers took the best care of them - reported that healthcare providers did everything they could to help them manage the pain at least most of the time - reported that healthcare providers did NOT seem rushed when they wanted to ask questions or discuss their concerns - reported that healthcare providers showed interest about their emotional well-being at least most of the time	79.1% 77.2% 75.0% 74.1% 63.4%	48.7% 56.4% 49.9% 64.4% 21.1%
	"Suddenly I felt unbearable pain, as if I was about to break into a thousand pieces. At that moment, I was alone because there was an emergency elsewhere. My partner was with me, but he was completely overwhelmed. Between contractions, I told him to get help. A few minutes later, he returned with a midwife – just in time. The baby's head was already crowning. I don't even want to think about what could have happened if she hadn't arrived".		
	"[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"		
	"I mean, they were coming in just 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."		
	"I felt rushed in all my appointments. No time was given to us to process it all"		
	"...that they also ask about your well-being before and after. Not only check that you healed physically"		
	"[...] at some point the bell at the side-table in the room stopped working. Or, that's what I thought, until I realized that they had just turned it off".		
	"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"		
	"...doctors should have less patients so they can give more thorough attention or in general be more involved with patients. For example, 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"		

Right to liberty, autonomy, self-determination and freedom from coercion	- agreed to <u>some degree</u> that the care options they received were their <u>choice</u> - reported that, when making decisions, they felt comfortable to <u>some degree</u> declining care that was offered to them <u>NEVER</u> felt coerced or pressured into a decision - reported that healthcare providers asked <u>permission and consent at least most of the time</u> before touching or doing procedures - reported that healthcare providers <u>ALWAYS</u> involved them in decisions about their care	71.3% 70.4% 63.4% 59.7% 44.4%	51.1% 34.8% 53.1% 17.0% 22.7%
	The process from doctor's visits to the birth, felt sterile and «cold as you're told». (...) this was very disappointing. I stayed with my doctor because of his reputation, of being good with complications, not because I enjoyed any part of my visits. "I came in at 38 weeks, and everything was fine, except that I was four fingers dilated, but not in labour. The baby's heart was steady, I felt great, and I had been active my entire pregnancy. They suggested I stay overnight, and decide on the next steps in the morning. But I really saw no reason to stay. The baby was fine, and so was I. They didn't pressure me. They simply explained everything and told me to come when the labour started. I was really very happy with how the doctor handled it. Funny enough, the labour actually started that night, so I was back at the hospital the very next morning – ha ha ha!" "I have doubts whether my Caesarean was necessary or not..." "He [DOCTOR] <u>says</u> to me, "Well, we have to plan for you to give birth". I <u>say</u> to him "Why?". And he <u>says</u> "What do you want coming out of you, a little donkey?" I will never forget it [sounds angry]... I <u>say</u> "excuse me doctor?", and he <u>repeats</u> "How big are you going to make him" he <u>tells</u> me...ah, he was a nice normal baby...he was 3200g...ah, I was shocked. I mean, what are you talking about, I'm getting close to give birth, and you're telling me this thing?"		
	"Overall I still believe she [doctor] was very professional and experienced, just too busy and tired. Though my c-section was done perfectly, I had no complications. And despite the fact that she actually prefers natural birth, she still respected my choice about c-section and never tried to talk me out of it. So, I would like it very much for women everywhere to have a choice and not being judged or being ashamed" "The gave my baby formula milk, without even asking us... And tea without any consent. The answer was always the same. That it was so for us to stay calm during the night, to rest and just leave the baby with them". "It was my choice to exclusively breastfeed and they knew it, but they encouraged me several times to give formula or a pacifier to "rest". Of course, I never approved of it, but in such a difficult time, you need the right guidance and not the easy solution".		

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

Variable		Cyprus (N=516)		Official statistics CY (2021)	Croatia (N=855)	
		N	%		N	%
Age at childbirth 	<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%		75	8.8%
	Tertiary-University	174	33.7%	78.3%	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%		3	0.4%
	Refugee/Asylum	4	0.8%	20.8%	-	-
	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%

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

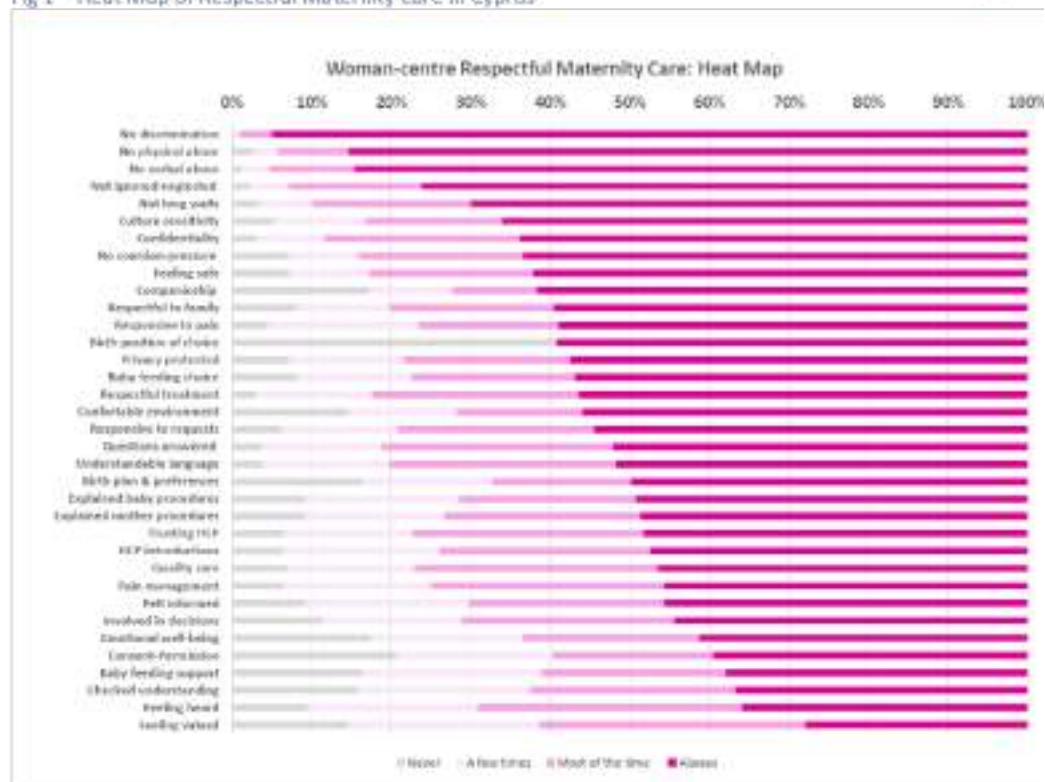
Variable		Cyprus (N=516)		Official statistics CY 2021	Croatia (N=855)	
		N	%		N	%
Parity	First childbirth/child	316	61.2%		548	64.1%
	Not first birth/other children	191	37.0%		299	35.0%
	Other	9	1.7%		8	0.9%
Pregnancy	Single	493	95.5%	94.8%	831	97.2%
	Multiple	17	3.3%	5.2%	21	2.5%
	Other	6	1.2%		3	0.4%
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%

Respectful Maternity Care in Cyprus:

Respectful Maternity Care in Cyprus is Work in Progress! The following figure presents the various aspects of care in ranking order from “less” (at the top) to “more” (at the bottom) room for improvement based on the self-reported experiences of women who participated in the Cypriot RESPECT survey. Experiencing discrimination, physical or verbal abuse, being ignored or neglected might appear at the top of the graph, but even 1% is too high as there should be zero-tolerance for such phenomena. In fact, combining the women’s responses in terms of having experienced any form of this kind of mistreatment, it aggregates to nearly 1 in 3 women. Also, note that nearly 40% of women reported that they felt pressure or even coerced into making a decision – either “always”, or “a few times” or “most of the time”

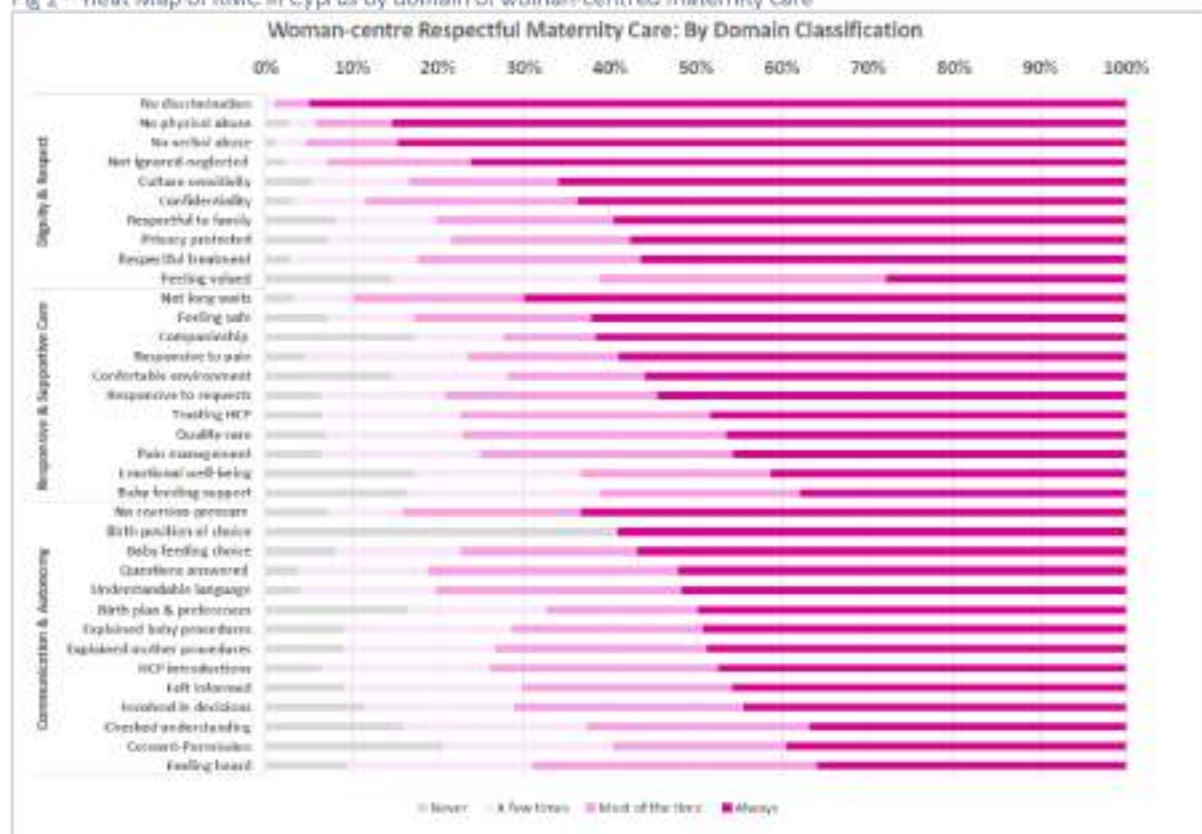


Fig 1 – Heat Map of Respectful Maternity Care in Cyprus



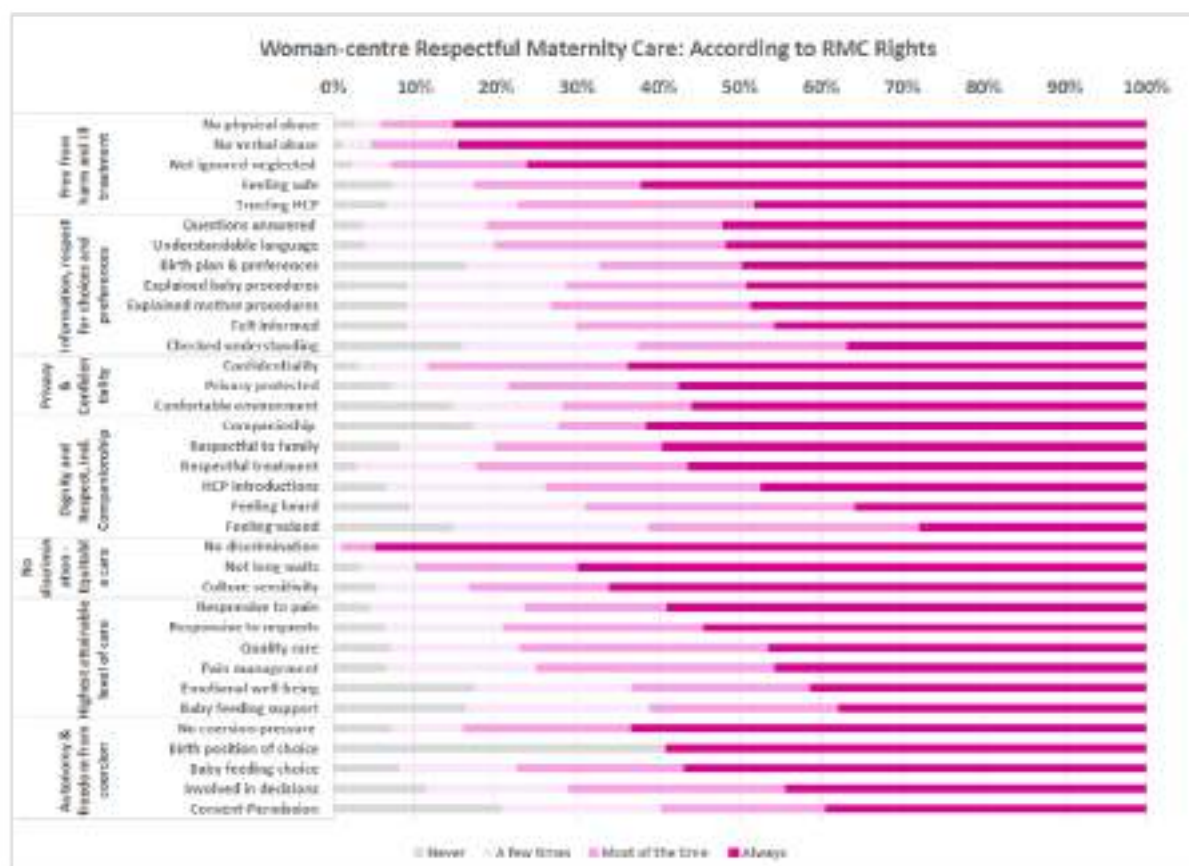
Let's look at the figure again, now classifying the items in the three domains of the woman-centred maternity care, namely "Dignity & Respect", "Responsive & Supportive Care" and "Communication & Autonomy".

Fig 2 – Heat Map of RMC in Cyprus by domain of woman-centred maternity care



And now, let's re-order the items according to their best fit to one of the seven RMC rights!

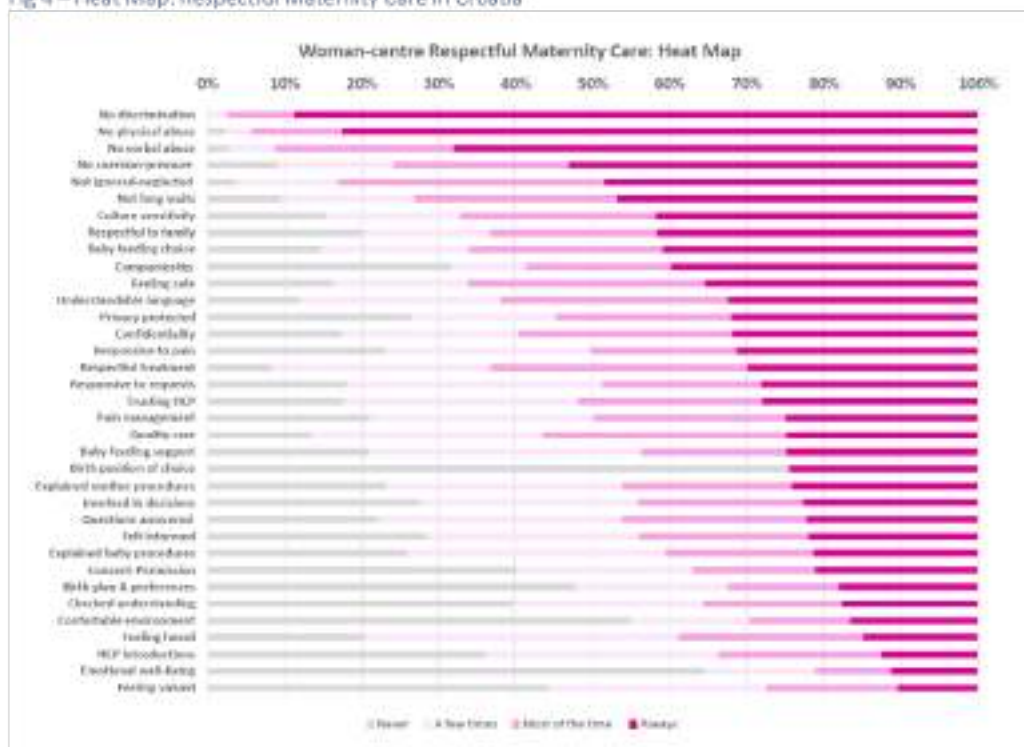
Fig 3 – Heat Map in Cyprus by White Ribbon Alliance Charter of Rights



Respectful Maternity Care in Croatia:

Respectful Maternity Care in Croatia is also Work in Progress! And comparatively to Cyprus, the results of the Croatian RESPECT survey are more worrying, as they show near a two-fold increase of disrespectful care across all aspects.

Fig 4 – Heat Map: Respectful Maternity Care in Croatia



Let's look at the figure again, now classifying the items in the three domains of the woman-centred maternity care, namely "Dignity & Respect", "Responsive & Supportive Care" and "Communication & Autonomy".

Fig 5 – Heat Map of RMC in Croatia by domain of woman-centred maternity care

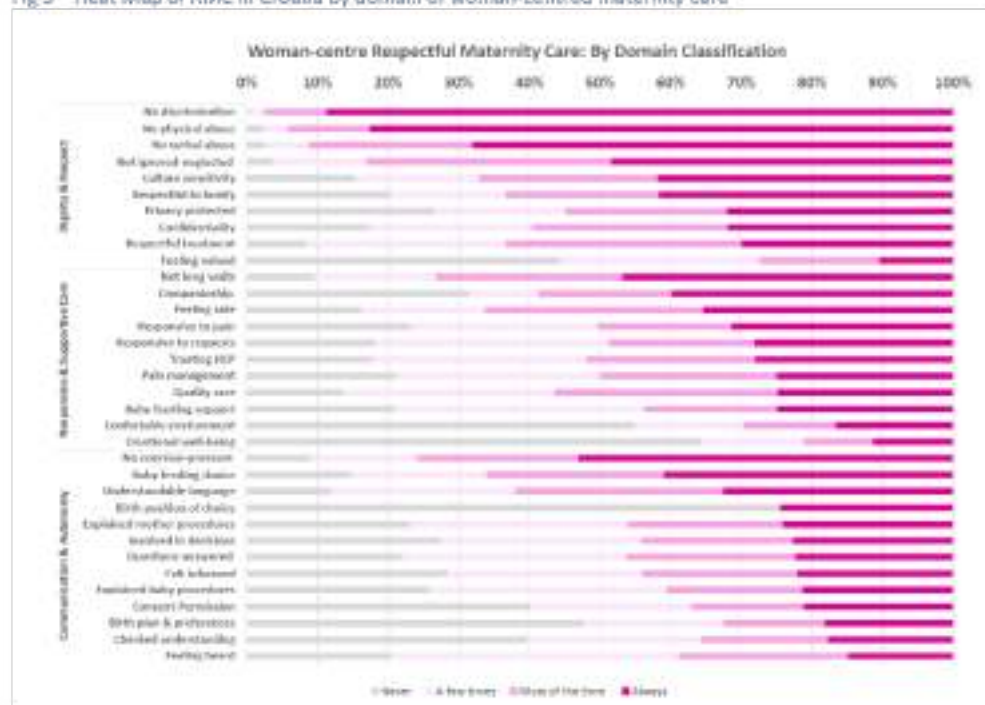
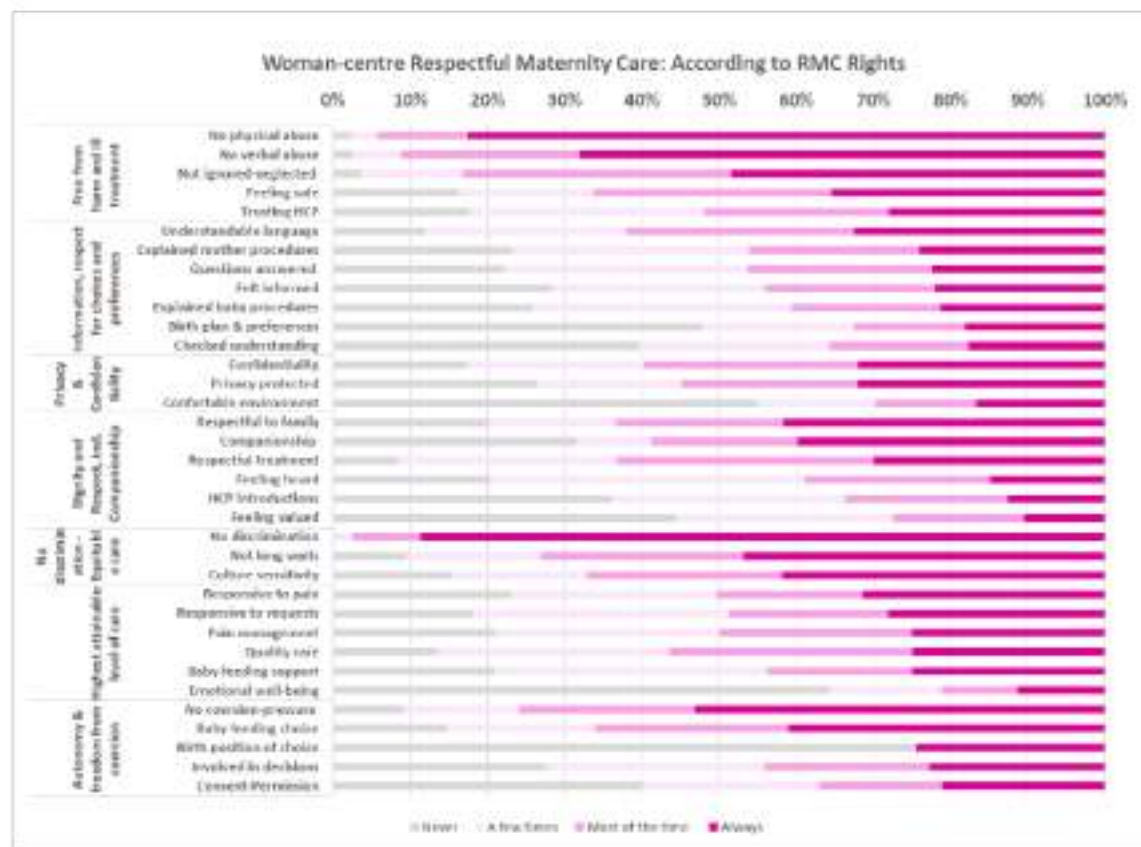


Fig6 – Heat Map in Croatia by White Ribbon Alliance Charter of Rights

And now, let's re-order the items according to their best fit to one of the seven RMC rights!



Comparison of Respectful Maternity care between Cyprus and Croatia

As the figures above clearly show, Respectful Maternity Care is work in progress in both Cyprus and Croatia. In a cross-country comparison, deviations from optimal are appear larger in Croatia compared to Cyprus across all aspects of care, as shown in Fig. 7. In Croatia, the percentage of women who report that they were “always” satisfied with the care they received is much lower than 50% (less than half of the women in the survey) across the majority of items. In Cyprus, percentages tend to be higher than 50% for about half the items (what about the other half of women?). And which are the aspects of care that appear to be more problematic, where more than 50%, sometimes as many as 70%) of women in Cyprus report that these were adhered to less than “always”?

In terms of aspects that appear “less” (moving to the left side of the figure) or “more” (towards the right side of the figure), it is of note that with some exceptions, the order appears similar in both countries. Experience of discrimination, physical and verbal abuse appear “rarer” than other violations of rights in both countries, yet still very high, given the gravity of such phenomena – more frequent as it seems in Croatia compared to Cyprus. Moving to the right of the figure, the percentage of women in both Croatia and Cyprus who responded that the “felt valued”, they “felt heard” and that healthcare providers showed they cared for their “emotional well-being” is very disappointingly low. And what about consent or permission before examinations and procedures? Only 40% of women in Cyprus and an even lower 20% in Croatia reported that this was always the case.

In fact, even if a less “stringent” definition is applied, RMC is still not achieved for all women, across all aspects of care, at least “most of the time”, if not “always”. It does not matter whether we look at the percentage of women who responded that RMC-preserving practices were always observed (or, equivalently, avoidance of unacceptable practices never occurred) – figure 7 above, or we apply a more relaxed definition to allow for some deviation of RMC requirements i.e. at least they were observed most of the time, if not always (or, equivalently, avoidance of unacceptable practices occurred only a few times, if not never). This is Figure 8 below. Things look a bit more RESPECT pink.

But, do we want Respectful Maternity Care to be provided “at least most of the time”, rather than “always”, and to some women, rather than all women? Deviations still vary from large to very large, and again all aspects appear comparatively worse in Croatia than Cyprus. We can also see from the figure that the order of problematic areas is similar between the two countries, but not identical. For instance, preserving Privacy is less a problem (compared to other areas) in Cyprus than it is in Croatia. In contrast, providing breastfeeding support appears to be, in relative terms with other aspects, an area with much higher need of improvement in Cyprus, than in Croatia. Note that these comparisons offer a relative view of deviations from RMC practices in each country – but, they should not be interpreted as assigning more importance to one aspect of care than others.





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