



RESPECTFUL MATERNITY CARE (RMC) FROM PERSPECTIVES OF PREGNANT WOMEN AND MIDWIVES IN INDEPENDENT MIDWIFERY PRACTICES (IMPs)

Rika Agustina^{1*}, Komalasari, Juntika Nurikhsan², Yunita Rahma¹

¹Bachelor of Midwifery and Professional Midwifery Education Program, Faculty of Health, Universitas Aisyah Pringsewu, Jl. Raya A. Yani No. 1A Tambahrejo, Kecamatan Gadingrejo, Pringsewu Regency, Lampung, Kode Pos 35372, Indonesia

²Educational Psychology Study Program, Graduate Faculty, Universitas Pendidikan Indonesia, Jl. Dr. Setiabudhi No. 229, Bandung, Jawa Barat 40154, Indonesia

*rikaagustina938@aisyahuniversity.ac.id

ABSTRACT

RMC and abuse in the delivery room are associated with negative experiences in childbirth and a poor maternal care quality index. Despite many advances in maternal and child health, there are still maternal and infant mortality rates worldwide. SDGs aim to reduce MMR to less than 70 per 100,000 live births by 2030. In Indonesia, the MMR data per 100,000 live births in January 2023 were around 305. This figure ranks Indonesia second in terms of the highest MMR cases in ASEAN. Objective: To explore childbirth readiness in third-trimester pregnant women and to explore the RMC provided by health workers during services. Method: This research design employs a qualitative approach, with 20 pregnant women participating in the focus group discussion (FGD) method and 6 midwives participating in in-depth interviews. The sampling technique is stratified random sampling of 6 midwife areas representing the Pringsewu area. Results: 10 themes and 35 sub-themes were obtained from the midwife's perspective, and 8 themes and 24 sub-themes from the pregnant woman's perspective. Data obtained from quantitative data with questionnaires and qualitative with interviews, in-depth interview. RMC from the midwife's perspective are the midwife's authority, documentation, informed consent, referral, midwife's competence, service quality, midwife's experience, care needs, and midwife's responsibility. RMC from the pregnant woman's perspectives includes care according to needs, fairness and no discrimination, the right to information, confidentiality and privacy, protection from physical injury, dignity and respect, not being neglected.

Keywords: midwife; pregnant woman; respectful maternity care

How to cite (in APA style)

Agustina, R., Komalasari, K., Rahma, Y., & Nurikhsan, J. (2026). Respectful Maternity Care (RMC) from Perspectives of Pregnant Women and Midwives in Independent Midwifery Practices (IMPs). *Indonesian Journal of Global Health Research*, 8(3), 1127–1134. <https://doi.org/10.37287/ijghr.v8i3.712>.

INTRODUCTION

Respectful Maternity Care (RMC) refers to the humane and dignified treatment of women during pregnancy, childbirth, and the postpartum period. It involves respecting women's rights and choices through supportive communication, actions, and attitudes. Since disrespectful and abusive behaviors and environments can reduce the quality of maternity care, identifying and addressing mistreatment are crucial components in fostering RMC within healthcare facilities (Umar et al., 2020).

Every woman has the right to be treated with respect and dignity by healthcare providers. Every woman also has the right to a positive, dignified, and compassionate childbirth experience (Umar et al., 2020). Women's ability to give birth normally and to care for their newborns is influenced by a positive birthing environment (Miller & Lalonde, 2015). Social support and birth preparedness play important roles in the process of adapting to the maternal role. Social support can help prevent negative maternal mental health outcomes during the perinatal period (Agustina et al., 2021). According to Indonesia's Health Profile data, the K4 coverage — referring to the proportion of pregnant women who have received at least six standardized antenatal care visits as recommended

for each trimester compared to the total number of expected pregnancies within one year in a given health service area — has reached 80% (Kesehatan & Indonesia, 2019) (who, 2016).

However, 74% of pregnant women reported that when they contacted their midwives, they did not always receive the assistance they needed. 20% of them reported lacking confidence and trust in the staff who cared for them during childbirth, and 18% of women stated that when they expressed concerns about their childbirth, they felt that these concerns were not taken seriously. A national survey on women's experiences of maternity care in the United Kingdom revealed that 36% of women did not see the same midwife at all times or nearly all times during their pregnancy (CBE, 2017).

The prevention of maternal mortality involves optimizing maternal health status and improving service quality through the enhancement of respectful maternity care (Sheferaw et al., 2017). RMC refers to the humane and dignified treatment of women giving birth during pregnancy, childbirth, and the postpartum period. It entails respecting women's rights and choices through supportive communication, actions, and attitudes. Since disrespectful and abusive behaviors and environments diminish the quality of maternity services, identifying and addressing mistreatment are essential components in fostering RMC within healthcare facilities (WHO & Reproductive Maternal Newborn Child and Adolescent Health Directorate-Afghanistan, 2017)(Thomson & Downe, 2016).

Disrespect and abuse during childbirth constitute violations of women's human rights and serve as indicators of poor quality of care. Although disrespect and abuse during childbirth are widespread, data on healthcare providers' perspectives regarding this issue remain limited. We examined healthcare providers' perspectives on the frequency and contributing factors of disrespect and abuse during childbirth in healthcare facilities within a rural county in Kenya (Afulani et al., 2020).

The bias of healthcare providers, training, and women's empowerment influences how women are treated. Research in Kenya concluded that disrespect and abuse are driven by challenging conditions within the healthcare system, coupled with a sociocultural environment that enables such behaviors. Healthcare providers often resort to disrespect and abuse as a means to elicit compliance when they are stressed or feel powerless. Interventions to address disrespect and abuse need to target the multiple contributing factors. These should include empowering providers to manage challenging situations, developing positive coping mechanisms for stress, and addressing their biases. Additionally, it is necessary to transform the culture within healthcare facilities and strengthen the health system to mitigate systemic stressors (Afulani et al., 2020).

Respectful maternity care serves as the foundation of maternal health services. However, the provision of dignified, efficient, and effective care in such contexts remains inconsistent. Previous studies have identified several factors influencing the delivery of respectful maternity care (Lunda et al., 2024). Midwives can contribute to women's empowerment by promoting women's health and supporting them through various stages of life. Although the role of midwives in women's empowerment has been emphasized, the strategies that midwives can employ to fulfill this role have not been thoroughly investigated (Baghini et al., 2022). To identify and explore respectful maternity care pregnant women in independent midwife practice

METHOD

This study employed a two-stage research method consisting of focus group discussions (FGDs) with 20 pregnant women, involving eight open-ended questions, and in-depth interviews with six midwives, comprising eight questions. The study was conducted over a two-month period to obtain the research sample, which included third-trimester pregnant women from six IMPs. Following data collection, all interviews were transcribed, and the qualitative findings were manually described and analyzed by the researcher.

RESULT

Concept Map of RMC Implementation (Midwives' Perspective)

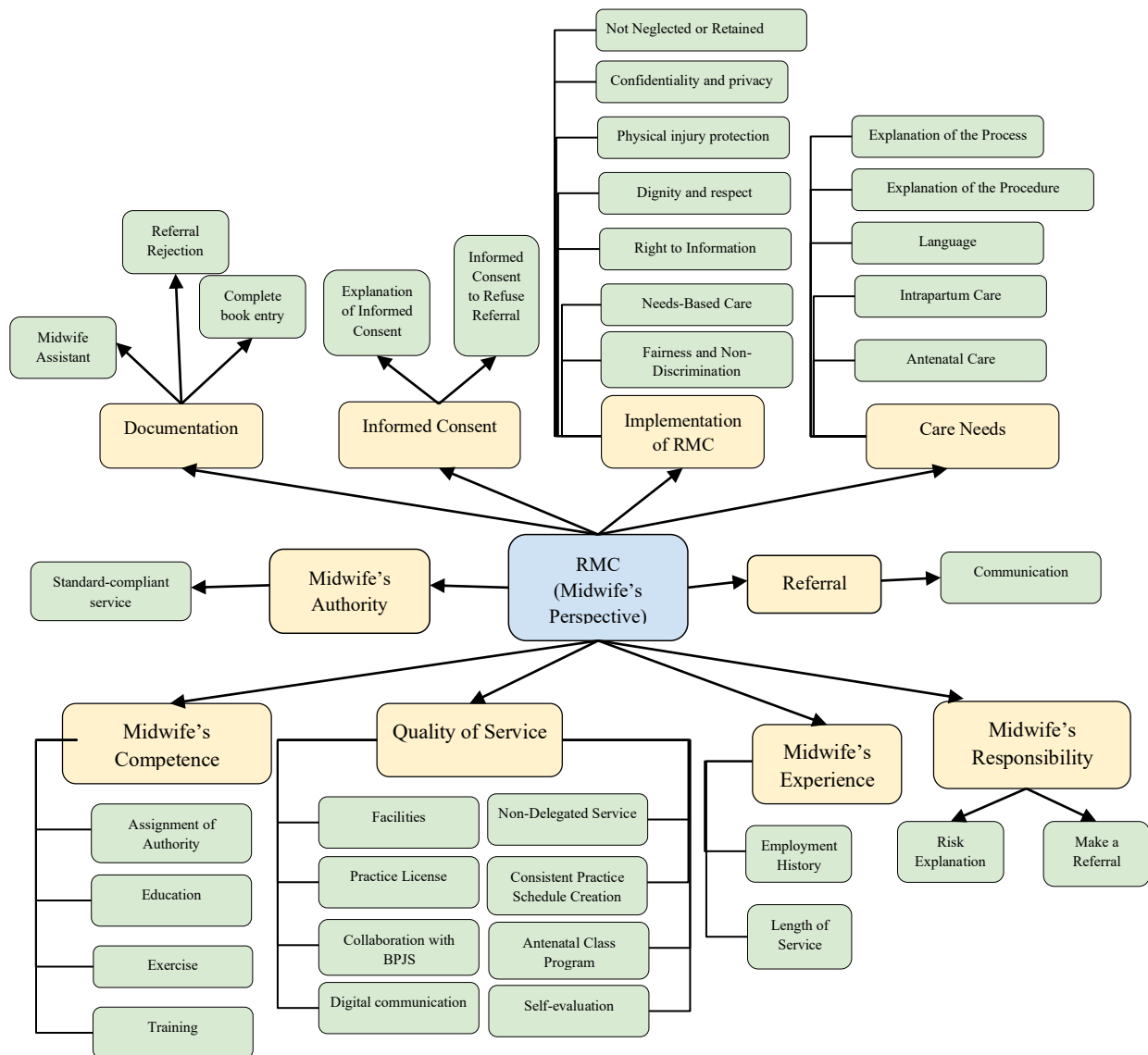


Figure 1. Concept Map of RMC Implementation (Midwives' Perspective)
 Concept Map of RMC Implementation (Pregnant Women's Perspective)

Concept Map of RMC Implementation (Pregnant Women’s Perspective)

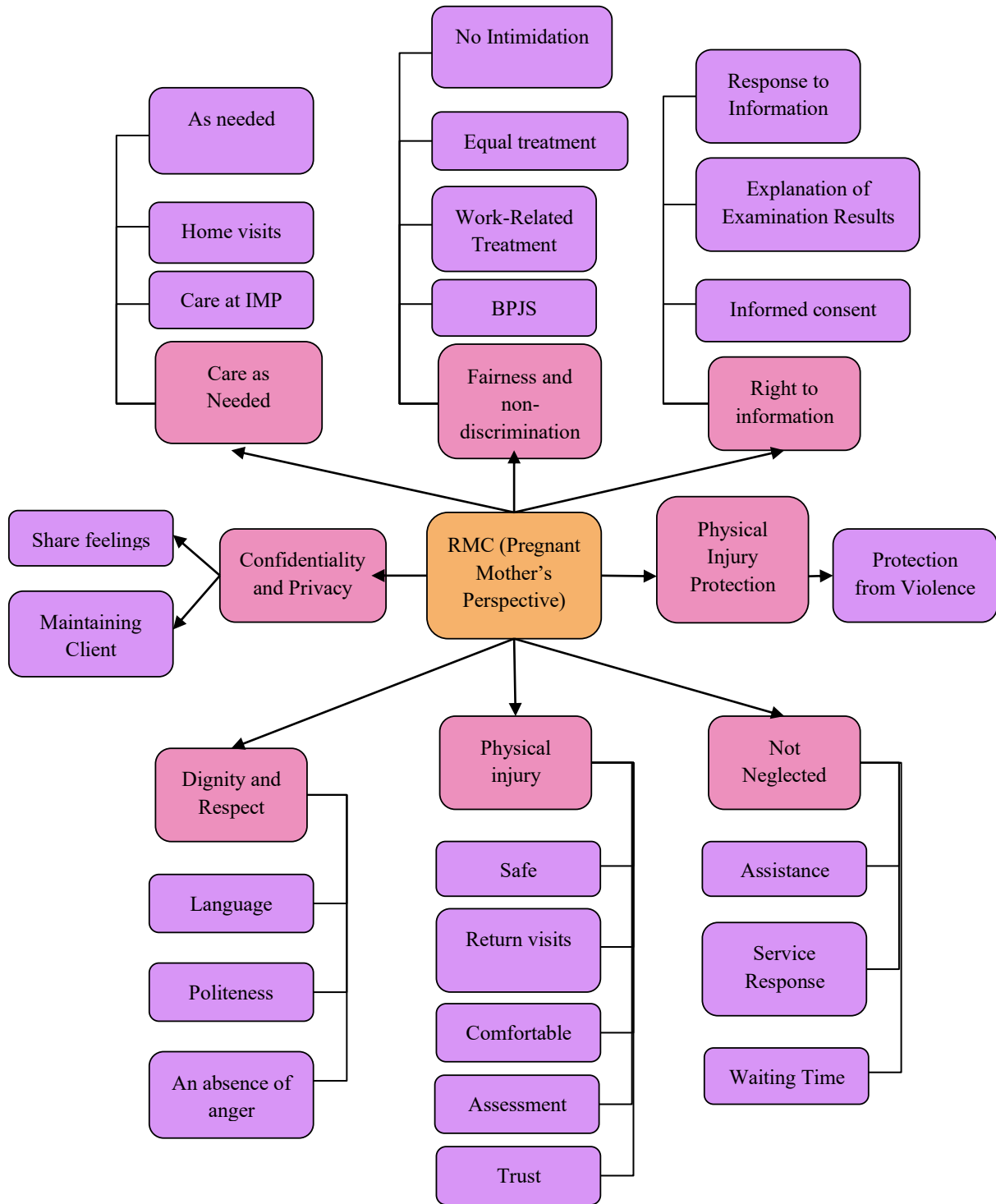


Figure 2. Concept Map of RMC Implementation (Pregnant Women’s Perspective)

DISCUSSION

Under the subtheme of dignity and respect, healthcare providers have ethical, legal, and professional obligations to deliver safe and respectful care. Maintaining patients’ dignity is one of the most essential professional and ethical responsibilities of healthcare professionals, and all service providers are expected to uphold their patients’ dignity. When healthcare providers stay up to date with current developments, maternal satisfaction and the quality of care provided tend to improve (Haseli & Rasoal, 2024).

The World Health Organization (WHO) recommends that pregnant women develop a written plan to manage childbirth and any unexpected complications that may arise during pregnancy, labor, or the postpartum period to ensure better outcomes for both the mother and the fetus. This recommendation relates to the right to information that midwives are expected to provide, ensuring that pregnant women receive adequate information about their examination results (Aldughaihi et al., 2023).

The Need for Care Services Theme

Antenatal care (ANC) provides an opportunity for systematic assessment and follow-up of pregnant women to ensure optimal health outcomes for both the mother and the fetus. Pregnant women should be provided with evidence-based information and adequate support to enable them to make informed decisions (Aldughaihi et al., 2023).

Implication Theme

In the sub-themes of safety, return visits, comfort, assessment, and trust, it can be interpreted that the patient's trust in the midwife influences their decision to return for subsequent check-ups if the patient is comfortable with the midwife.

For some women, childbirth represents a fulfilling and joyful effort to bring new life into the world, while for others, it can be a stressful, exhausting, and unpredictable experience. Negative childbirth experiences have been associated with inadequate support and care, fear, excessive pain, discomfort, and undesirable outcomes (Namujju et al., 2018).

Midwives' Responsibilities Theme

Midwives' responsibilities are inherently tied to both policy and practice, providing a useful roadmap for developing strategies to implement a human right-based approach to maternal and newborn care. Healthcare facilities are expected to establish clear and measurable strategies related to RMC within their services, in alignment with governmental policies. These strategies may include the development of standard operating procedures, educational programs, and communication materials on RMC for both healthcare providers and women, ensuring their availability in all healthcare facilities (A. M. L. Id et al., 2023).

The Implication of RMC Theme

Midwives emphasized the importance of understanding respectful maternity care to ensure optimal outcomes for women, families, and communities. However, given the complexity of maternity care, it is crucial for policymakers, administrators, and midwives to understand and appreciate the diverse elements that define respectful care, as such understanding can significantly enhance the effectiveness of its implementation (Lunda et al., 2024).

This perspective aligns with the following statements:

Information should be clearly provided from the very beginning when patients attend antenatal care (ANC). Antenatal education focuses on four thematic areas: safe pregnancy, safe labor and delivery, postnatal care, and newborn care. With regard to antenatal education for safe pregnancy, the findings revealed that most healthcare providers provided adequate information to pregnant women to promote healthy eating habits, manage pregnancy symptoms, identify and address medical conditions, and adhere to nutritional supplements and medications. Moreover, the findings indicated that the healthcare team did not provide the necessary antenatal education to meet the needs of pregnant women in ensuring safe labor and delivery, postnatal care, and newborn care (Aldughaihi et al., 2023).

The care provided should also be dignified and respectful, ensuring that every patient receives equal treatment without discrimination. Statement:

This statement indicates that the midwife shows respect for the patient's cultural practices while still providing appropriate explanations and health information. Healthcare professionals should provide holistic antenatal services that go beyond basic physical care and include education on emotional well-being (NICE, 2019).

Patient confidentiality and privacy are essential aspects that must be carefully maintained, as reflected in the following statement:

Most studies have focused on maternity care services, and no research has been conducted to explore and conceptualize women's attitudes toward privacy and Respectful Maternity Care (RMC). To the best of the researchers' knowledge, only a few studies have investigated the perspectives of women giving birth in Iran. Therefore, this study aimed to explore and conceptualize the perspectives of mothers and maternity care providers regarding the maintenance of maternal privacy and RMC in delivery rooms. This research sought to describe the experiences of mothers and midwives in maintaining privacy and RMC in the delivery room. These findings may provide valuable insights for education, research, and midwifery practice, contributing to solutions for existing challenges and enhancing maternal satisfaction in line with the promotion of natural childbirth programs (Valizadeh et al., 2023).

Providing care with respect and ensuring that no patient is neglected represents one of the fundamental applications of Respectful Maternity Care (RMC). This finding aligns with previous reports indicating that the level of respectful maternity care remains considerably low in Iran. Multidimensional communication with mothers has been identified as a significant proximal predictor of respectful maternity care. The study recommends that stakeholders enhance respectful maternity care by providing professional health training and developing guidelines to identify and address challenges in clinical practice. Such guidelines could help improve maternity services and ensure that patients are not neglected during care (Ahmed et al., 2024).

Fairness and Non-Discrimination Theme

Ensuring fairness and non-discrimination remains a challenge that must be developed through the foundation of positive experiences. Exploring and describing service users' experiences can help sustain the valued aspects of Respectful Maternity Care (RMC). Exploring and describing the valued dimensions of RMC from the perspectives and experiences of service users can foster, build, and sustain a culture of respect and dignity among healthcare providers toward mothers (A. M. Id et al., 2025).

RMC is defined as "care that is organized for and provided to all women in a manner that preserves their dignity, privacy, and confidentiality; ensures freedom from harm and mistreatment; and enables informed choice and continuous support during labor and childbirth." Access to RMC is essential throughout the various stages of women's reproductive lives. Women are at the center of maternity care services and are entitled to compassionate and dignified care to enhance a positive perinatal experience (Lunda et al., 2024).

The WHO recommends providing support and respect to mothers during pregnancy to reduce their fear and anxiety. Neglecting patients' psychological needs undermines their dignity. For midwives as care providers, demonstrating respect in any situation depends on one's goodwill, professionalism, and individual commitment to fulfilling professional responsibilities of their duties. This implies that there is no justification for a midwife to act disrespectfully toward her patients. It ultimately depends on the midwife's intention and willingness to uphold respectful care.

Midwives' Authority Theme

According to WHO, empowerment is defined as a personal and social process through which individuals understand their roles and responsibilities toward their health and actively participate in

achieving and maintaining it by applying the knowledge and skills provided by healthcare providers (Baghini et al., 2022). In line with WHO's interpretation, midwives have exercised their authority to provide care according to established standards, as illustrated in the following statement:

This statement indicates that midwives have the authority to manage patients and bear responsibility for their condition. Therefore, antenatal care (ANC) and other services provided by midwives are expected to adhere to established standards for patient health.

CONCLUSION

There are eight themes identified from the perspective of pregnant women: fairness without discrimination, care based on individual needs, the right to information, confidentiality and privacy, dignity and respect, protection from physical harm, non-neglect, and outcomes and consequences. Meanwhile, ten themes emerged from the midwives' perspective, including the implementation of Respectful Maternity Care (RMC), documentation, informed consent, care needs, midwifery authority, midwifery competence, quality of care, midwives' experiences, referrals, and midwives' responsibility. These results indicate that midwives have provided care by implementing RMC to patients. Midwives provide rights and comfortable communication to patients.

ACKNOWLEDGEMENTS

The researcher expresses sincere gratitude to BIMA Kemdiktisaintek under the Directorate of Research and Community Service, through Decree No. 0419/C3/DT.05.00/2025 dated May 22, 2025, concerning the recipients of the State University Operational Assistance Program. The derivative research implementation contract for Fiscal Year 2025 between LLDikti Region II and the Private University (UAP), No. 141/LL2/DT.05.00/PL/2025 dated June 2, 2025, has provided the researcher with the opportunity to conduct this study entitled "Respectful Maternity Care (RMC) from Perspectives of Pregnant Women and Midwives in Independent Midwifery Practices (IMPs) in Pringsewu Regency". The researcher sincerely hopes to continue further studies focusing on the realization and application of RMC in global midwifery practice. Finally, the researcher extends gratitude and apologies for any shortcomings in this study, with the hope that the findings will provide meaningful contributions and benefits.

REFERENCES

- Afulani, P. A., Kelly, A. M., Buback, L., Asunka, J., Kirumbi, L., & Lyndon, A. (2020). Providers' perceptions of disrespect and abuse during childbirth: a mixed-methods study in Kenya. *March*, 577–586. <https://doi.org/10.1093/heapol/czaa009>
- Agustina, R., Rinawan, F. R., & Zulvayanti, Z. (2021). The Correlation of Social Support with Childbirth Readiness in Third Trimester Pregnant Women in Purwakarta Regency. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 6(4), 753–760. <https://doi.org/10.30604/jika.v6i4.737>
- Ahmed, J., Habte, A., & Doyore, F. (2024). Respectful Maternity Care During Facility - Based Childbirth and Its Predictors in Public Health Facilities in Central Ethiopia: A Multidimensional Communication as a Proximal Predictor: A Cross - Sectional Study. 1–9. <https://doi.org/10.1002/hsr2.70279>
- Aldughaiishi, M. Y. K., Matua, G. A., & Seshan, V. (2023). A Qualitative Inquiry of Women's Perspective of Antenatal Education Services in Oman. <https://doi.org/10.1177/23779608231159336>
- Baghini, F. K., Iranifard, E., & Roudsari, R. L. (2022). The Role of Midwives in Women's Empowerment: A Narrative Review The Role of Midwives in Women's Empowerment: A Narrative Review. July 2023. <https://doi.org/10.22038/jmrh.2022.68761.2016>
- Cbe, J. S. (2017). The contribution of continuity of midwifery care to high quality maternity care. *The Royal Collage of Midwife*.
- Haseli, A., & Rasool, D. (2024). Midwifery students' experiences: Violations of dignity during childbirth. <https://doi.org/10.1177/09697330231197703>

- Id, A. M., Josephine, I., Id, K., Gishoma, D., Tengera, O., & Uhawenimana, T. C. (2025). Experiences and perceptions of respectful maternity care among mothers during childbirth in health facilities of Eastern province of Rwanda: An appreciative inquiry. 1–22. <https://doi.org/10.1371/journal.pone.0315541>
- Id, A. M. L., Wisofschi, S., Id, T. J. W., Id, M. T., & Obure, J. (2023). PLOS GLOBAL PUBLIC HEALTH A qualitative enquiry of health care workers ' narratives on knowledge and sources of information on principles of Respectful Maternity Care (RMC). 1–15. <https://doi.org/10.1371/journal.pgph.0000157>
- Kesehatan, K., & Indonesia, R. (2019). Profil Kesehatan Indonesia (M. Boga Hardhana, S.SI. (ed.)). Kementerian Kesehatan Republik Indonesia. www.kemendes.go.id
- Lunda, P., Minnie, C. S., & Lubbe, W. (2024). Perspectives of midwives on respectful maternity care. 1–12.
- Miller, S., & Lalonde, A. (2015). International Journal of Gynecology and Obstetrics The global epidemic of abuse and disrespect during childbirth: History , evidence , interventions , and FIGO ' s mother – baby friendly birthing facilities initiative. 131, 49–52.
- Namujju, J., Muhindo, R., Mselle, L. T., Waiswa, P., Nankumbi, J., & Muwanguzi, P. (2018). Childbirth experiences and their derived meaning: a qualitative study among postnatal mothers in Mbale regional referral hospital , Uganda. 1–11.
- Sheferaw, E. D., Bazant, E., Gibson, H., Fenta, H. B., Ayalew, F., Belay, T. B., Worku, M. M., Kebebu, A. E., Woldie, S. A., Kim, Y., & Akker, T. Van Den. (2017). Respectful maternity care in Ethiopian public health facilities. 1–12. <https://doi.org/10.1186/s12978-017-0323-4>
- Thomson, G., & Downe, S. (2016). Emotions and support needs following a distressing birth: Scoping study with pregnant multigravida women in North-West England. *Midwifery*, 40, 32–39. <https://doi.org/10.1016/j.midw.2016.06.010>
- Umar, N., Quaife, M., Exley, J., Shuaibu, A., Hill, Z., & Marchant, T. (2020). Toward improving respectful maternity care: a discrete choice experiment with rural women in northeast Nigeria. 1–10. <https://doi.org/10.1136/bmjgh-2019-002135>
- Valizadeh, F., Heshmat, F., & Motaghi, Z. (2023). The Parturient Women ' s Privacy Preservation in the Delivery Rooms : A Qualitative Study. *Tabriz University of Medical Sciences*, 12(1), 33–41. <https://doi.org/10.34172/jcs.2023.30401>
- who. (2016). WHO recommendations on antenatal care for a positive pregnancy experience. I. World Health Organization.
- WHO, & Reproductive Maternal Newborn Child and Adolescent Health Directorate-Afghanistan. (2017). Respectful Maternity Care Orientation Package for Health Care Providers. Ministry of Public Health, April. <https://platform.who.int/docs/default-source/mca-documents/policy-documents/operational-guidance/afg-mn-32-01-operationalguidance-2017-eng-523476805-respectful-maternity-care-providers.pdf>