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Letter to the Editor, BJOG Exchange

Authors' reply re: Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis.

Sir,

Matsubara et al. (1) in their Letter to the Editor shared with readers some difficulty that perinatologists sometimes encounter when processing the informed consent (IC) and informed decision (ID) that we have reported as important elements of respectful maternal care (2). We like to thank the authors for the interest shown in our paper and for raising this important issue. Here we will try to highlight the views of women interviewed in the primary studies included in our qualitative evidence synthesis (QES) on the issue (2).

In recent years, perspectives of maternity care have gradually shifted from a model of medical paternalism towards one of autonomy and shared decision-making. Similar to other studies, our QES showed that pregnant women are active in seeking information, and request opportunities to participate in health-care decisions (2, 3), especially in high-income countries (2). However, making informed choices during labour and childbirth is often complex and multilayered, and includes the provision of sufficient, evidence-based information to support self-determination, autonomy, and control (3). Along with evidence-based information, the health-care needs, values, beliefs and preferences of individual women and their families play important roles in

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making informed decisions. It seems more challenging given the pain of labor, stress, and anxiety that women experience during labour and childbirth. Our QES found that women: 1) desired to receive explanations in a comprehensive and complete manner; 2) valued when healthcare providers were patient and allowed women to discuss decision-making with their families as part of the consent process; and 3) expected to trust their doctors and midwives to provide appropriate and comprehensive information. This process will lead to better results when an appropriate "time" is dedicated to women and their families. It seems that the process of informed decision-making and consent can, and should, start far earlier than the women's admission for labor/birth. Antenatal care period is a unique time in that the women (and their families) can be better prepared, informed, and understands options during pregnancy and childbirth. This information should include physiological, behavioural, social, cultural and biomedical components given in a proper period of time (4).

In the triad of shared decision-making, informed consent, and evidence-based practices (5), a pregnant woman's cultural and social context should be kept in mind. Our QES showed that women living in lower-income countries were less likely to expect personal choice and decision making over their childbirth experience. This may be attributable to differences in cultural norms around childbirth, or it could be that women in lower-income countries were not empowered to make their own decisions (2). So the guidelines should be tailored to the needs of women at particular contexts in a manner and through a medium that is comprehensible, acceptable, and accessible for women.

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