

Implementation of Person Center Maternal Care in Midwifery Care Service: Scoping Review

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ABSTRACT

Midwife has the best role and opportunity in providing midwifery care service and promotion of Maternal Child Health (MCH). Patient-centred care (PCC) improves patient and health system outcomes, and is widely advocated to reduce inequities. The purpose of this study was to review published research for frameworks of patient centred maternal care (PCMC) that could serve as the basis for quality improvement. **Method:** This scoping review was conducted by identifying the review questions by using PEOS framework; identifying relevant article based on inclusion and exclusion criteria; searching article by database; selecting article by using PRISMA Flowchart plot. **Result:** A total of 157 studies were identified, 95 titles were excluded upon title and abstract screening, then 10 were deemed eligible from among 84 full text articles reviewed. All research explores or describes PCC components through qualitative or quantitative research. None of the studies addressed all 6 domains of the established PCC framework, the elements of PCC covered are timely response, and humane management, which means maintain the good communication and care to individual needs and preferences. **Conclusion:** The importance thing in each midwifery service implements the care based on Person Centered Maternal Care. PCMC characteristic is providing responsive, supportive care of client, conducting good communication, and providing autonomy to client for determining the choice. Midwifery as care providers should make improvement in the services so that client obtains a good experience in every maternal care provided.

INTRODUCTION

Inequities in access to and quality of health care are pervasive, leading to disparities in health outcomes. While there are multiple causal factors, one of the key

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issues is gender bias (White & Stubblefield-Tave, 2017). In 2009 the World Health Organization report, Women and Health, emphasized the need to improve the quality of women's health

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care services (Dawson et al., 2022). Over time, the concept of women's health has broadened from a focus on sexual and reproductive health to a life-course approach that considers other health challenges that affect women during and beyond their reproductive years, and the impact of social determinants on women's health, morbidity and mortality (Langer et al., 2015)

Midwifery practice is done by placing women as partners with a holistic understanding, such as their physical, psychological, emotional, social, cultural, spiritual, and reproductive experiences (Bishanga et al., 2019; Butler, 2017). In 2015, the World Health Organization (WHO) declared the elimination of torture and disrespect during the birth process through dialogue and human rights advocacy (WHO, 2015).

In terms of providing midwifery care services and promoting maternal and child health, midwives have the best role and opportunity. The nation of Indonesia needs more midwives as human resources to improve its health status, with a particular emphasis on lowering MMR and IMR. Because of this, it's important to have strong human resources (HR) by developing qualified midwives.

Maternal and child health is regarded as crucial in people's lives since it has a direct affect on development. The Maternal Mortality Rate (MMR) is a measure of how well a nation's healthcare systems are performing. About 830 women each day pass away from preventable causes connected to pregnancy and childbirth. In underdeveloped nations, maternal fatalities account for 99% of all deaths (World Health Organization, 2016). Low resources can account for up to 94% of maternal deaths, although the majority of these can be avoided by offering necessary and high-quality medical care. All women must have access to health care during their pregnancies, after giving birth, and during births supervised by medical professionals (World Health Organization, 2018)

According to the WHO (World Health Organization) quality of care framework for maternal and newborn health, WHO provided recommendations in 2018 to provide a positive birth experience that can be carried out with respect for dignity and respect, communication, autonomy, and supportive care to enhance the experience of care (World Health Organization, 2018).

Patient Centered Care is one of the health services models that the WHO suggests. All healthcare professionals now surround and are focused on the patient thanks to this strategy. A woman's choices, wants, and values should be respected and taken into consideration when giving care, and all clinical decisions made during childbirth should be based on her values (Dagnaw et al., 2020). High maternal death rates and low births in health institutions are both strongly correlated with PCMC's poor quality (Bohren et al., 2017).

The objective of this review is to investigate scientific research on the traits, viewpoints, and practical application of person-centered maternal care in midwifery care services. How is Person Centered Maternal Care Implemented in Midwifery Care Services is the issue that this scoping review of the literature study seeks to answer.

METHODS AND MATERIALS

The methodology employed in this literature study was a scoping review, which is a systematic exploratory method that involves mapping the literature on a topic, discussing key concepts, theories, and sources of evidence in order to discuss the level, scope, and nature of the research

that is available to answer the research questions and summarizing the research findings to suggest additional research (Tricco et al., 2018). The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) scoping review extension checklist served as a guide for the development of this scoping review, along with the recommendations made by Arksey and O'Malley (Tricco et al., 2018).

Identification of Research Articles (Searching and Screening Process)

Researchers identified research questions as a reference in searching articles. The framework used by researchers in making this review question uses the PEOS Framework, namely P: Women and / or Midwives, E: Characteristics, perceptions, experience of PCMC, O: PCMC in Midwifery Care, and S: Qualitative and Quantitative Studies. Literature selection was carried out using the Ebsco, Willey, PubMed, and ScienceDirect databases. Search for articles using keywords and selection is carried out using Boolean, MeSH, and Truncation :

((((((person*) OR (woman)) AND (maternal*)) OR (prenatal)) OR (antenatal)) AND (centered)) AND (care)

The primary research studies using quantitative and qualitative research designs that were published in both English and Indonesian and had a range of publication years between 2019 and 2021 met the inclusion criteria for this study. The standards for excluding certain types of literature were employed these include articles with an opinion or review, those that cover maternal violence, the creation of the PCMC survey instrument, publications that discuss patient center care in general, and books.

The researcher found 157 papers utilizing the findings of literature selection from multiple databases using preset keywords. These articles were then filtered until only 10 articles met the criteria for the research topic. At this point, the researcher used the prism flow chart to explain how the papers were chosen for the study.

Selection of Article Evidence Sources

In order to gather pertinent and in-depth material in accordance with the characteristics of the literature study, the researcher conducted an analysis of 10 papers at this point. The analysis's findings were included as a Data Charting Matrix in the attachments.

Critical Appraisal

A critical assessment was conducted after choosing the studies to assess the caliber of the chosen publications. The Joanna Briggs Institute was used in the scoping review's critical assessment instrument (JBI). The JBI evaluation's goals are to rate the caliber of a study's methodology and ascertain how much design bias has been taken into account. JBI is a comprehensive and simple-to-use tool for evaluating all studies. The assessment criteria used are divided into 4, namely yes: 4, no: 3, unclear: 2, Not applicable: 1. Grade based on the number of questions and different scores determined by the researcher.

Based on the analysis that has been conducted on 10 publications that have been received from credible journals and have already been read by researcher through scimago.jr. The individuals and research sites have been documented in detail in research articles with a grade A in cross-sectional quantitative research methodology, namely articles [2, 3, 6], and the results have been measured using valid and reliable methods. Furthermore, the confounding variables or confounding factors in the study were not identified in detail or controlled for in the articles [7, 9, 10] that used grade B quantitative cross-sectional research technique. A study

employing qualitative approaches with grade A results is presented in articles [1, 4, 5, 8]. There is compatibility between the approach and representation of data analysis as mentioned in the article. The relationship between the influence of researchers on research and vice versa hasn't been explained, though.

RESULTS AND DISCUSSION

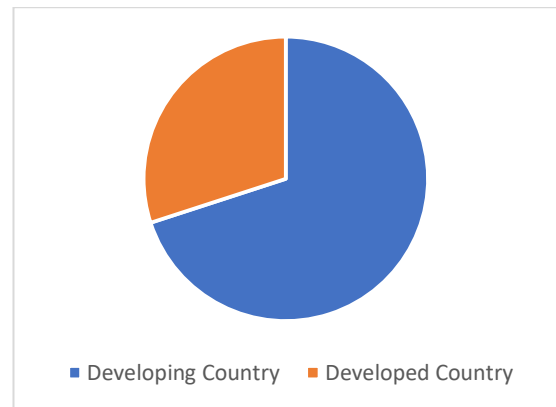
The researcher found 10 journal articles that were thought to fit the inclusion and exclusion criteria after searching three databases using keywords created using the PEOS framework. Based on the country, research design, and year that research articles were published, article characteristics were gathered for this scoping review literature analysis. The theme namely, the value of PCMC and its characteristics was also chosen by the researcher.

Article Characteristics

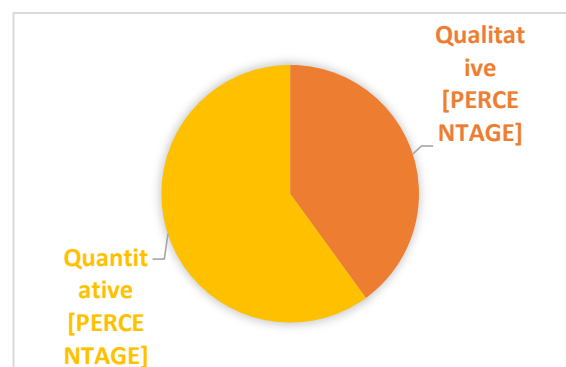
From the 10 articles reviewed, 7 of them were study that conducted in developing countries [1, 2, 3, 4, 5, 7, 9] and the other 3 were in developed countries [6, 7, 10].

Person centered care coordination has a broad definition, including physical, mental, sociocultural, and self-care. In developing countries, the lack of comprehensive and integrated health

network services is one of the obstacles to achieving PCCC goals (Otero et al., 2015).

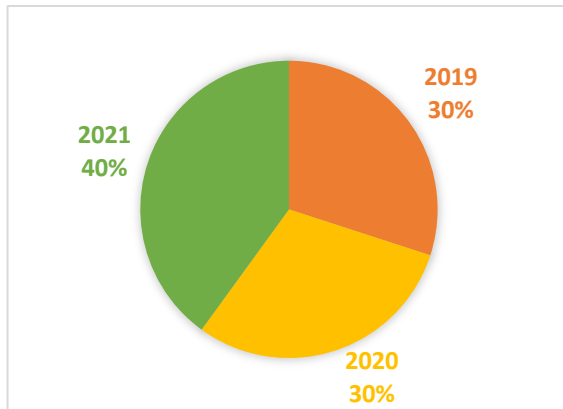


The characteristics of the articles based on the research methodology that used, there are 40% of the articles using qualitative studies [1, 4, 5, 8] and 60% with quantitative studies [2, 3, 6, 7, 9, 10].



The characteristics of the articles used are based on the year of publication which consists of 10 articles published less than the last 5 years. Articles [5, 7, 10] were published in 2019, articles [2, 8,

9] were published in 2020, and articles [1, 3, 4, 6] were published in 2021.



Article Theme

Four studies explored the perspectives of both patients and midwives regarding person centered maternal care, two studies discussed the results and satisfaction of implementing PCMC. Other research focuses on the determinants of PCMC services. Two studies focused on specific experiences of care such as ANC, maternity services, and experiences of inequality in health services.

Studies report two to seven of the eight dimensions of patient-centered care. The dimensions most often assessed are providing responsive care, health services that provide support, and effective communication.

The Importance of Person-Centered Maternal Care

Care that respects and responds to the preferences, needs, and values of women and families is referred to as person-centered maternal care (PCMC) [2, 3]. When evaluating the value of health care, it is crucial to take into account mothers' or women's experiences in maternal services [3]. Effective communication, respect, and polite treatment are all aspects of the experience offered in the service, in addition to offering emotional support. PCMC is characterized as including both women and patient-centered care. The WHO's suggestions for promoting a pleasant birth experience attest to this. According to Rishard's study [3], the key to a service's quality that needs more focus is the patient's experience of treatment. The problem of impolite and disrespectful behavior when providing maternal services persists, particularly in developing nations [3]. The need to train health professionals, in this case midwives, to deliver centralized services (PCMC) can be motivated by the research demonstrating the significance of pleasant experience in maternal health services [1]. Policymakers must take into account the value of cooperation and partnership in midwifery services when developing

intervention programs to encourage respectful mother care [1].

Characteristics of Person-Centered Maternal Care

1. Responsive Care

The ability of healthcare institutions to live up to the expectations of their contacts with the public can be achieved through the promptness and availability of health professionals to provide services when required [1]. Although clients and midwives may hold differing opinions on the value of setting aside time for each client, both share the belief that doing so will allow each client to communicate their issues and receive the care they need [5]. Long periods of waiting have been linked to discomfort in pregnant women [5].

2. Supportive Care

Supportive care is defined as the provision of requirements during labor, the presence of a birth attendant, and professional care. According to midwives, it's critical to offer birthing mothers' comfort, a tidy, peaceful atmosphere in which to give birth, and adequate equipment in order to fully respect

their needs. According to them, this service gives women a sense of safety and security [1]. Some women view supportive care as giving them the emotional support they need, such as encouragement, as well as the knowledge they need on their medical needs throughout delivery and the stage of their labor [1, 2, 8]. Family support is a type of social support that is crucial for maintaining emotional stability, particularly when the mother is giving birth [8]. Support from medical personnel can lessen unpleasant birthing experiences, encourage role adaptability, and boost maternal satisfaction and self-confidence. In order for pregnant women to receive greater care and prevent psychological damage after childbirth, assistance must be increased from both the family and the medical community [8].

3. Good Communication

One of the key aspects of midwifery services is communication. If communication is established successfully, midwives and clients will interact well. In order to deliver high-quality maternal services, effective

communication is required [4, 5]. This will improve the uptake of institutionalized mother care and foster a sense of trust between clients and midwives. It's important for midwives to be aware of how communication can be used to better understand each client's issues so they can offer the right kind of therapy. This feature of women-centered care highlights the value of relationship-based care and allows for experiential understanding of women in interactions with midwives [6]. During maternal care, it's critical to establish effective interpersonal communication between the midwife and the client. Implementing women-centered, research-based, and humane care is advised in order to promote respectful mother care [1].

4. Autonomy

According to studies conducted in modern countries, physical health services are rarely violent, but verbal abuse and rejecting calls for assistance are nonetheless frequent forms of care. Patient autonomy and the right to health information are frequently disregarded [7]. Mothers may be

more satisfied with their providers and healthcare facilities in general if they receive counseling and information and participate in decision-making regarding care, which may affect the mother's viewpoint on selecting healthcare services in the future [9]. When there is inadequate communication between midwives and their customers, when there are conflicts of opinion, or when they feel under pressure to share their thoughts, it can be challenging to achieve autonomy in health services [10]. If there is excellent communication between midwives and clients and mutual trust can develop, a good connection will be developed. If the client is not given the chance to participate in decision-making, trust will be lost [10].

CONCLUSIONS AND SUGGESTIONS

This scoping review of the literature demonstrates the significance of implementing person-centered maternity care in every midwifery service to ensure that the care given respects and is sensitive to the needs, values, and preferences of women and their families.

The traits of PCMC include offering client's agency to make their own decisions, supporting them, and communicating effectively. To ensure that every client has a positive experience with the maternal care they receive, midwives as caregivers should make changes to their services.

LIMITATION

The limitation in writing this review, the authors are not able to conduct a thorough analysis of how PCMC is applied between developed and developing countries because the majority of the articles use research findings from developing country. One potential limitation, as with any scoping review, is that some relevant literature may not have been captured if our search terms were not comprehensive, and due to the exclusion of non-English articles.

REFERENCES

- Bishanga, D. R., Massenga, J., Mwanamsangu, A. H., Kim, Y.-M., George, J., Kapologwe, N. A., Zoungrana, J., Rwegasira, M., Kols, A., Hill, K., Rijken, M. J., & Stekelenburg, J. (2019). Women's Experience of Facility-Based Childbirth Care and Receipt of an Early Postnatal Check for Herself and Her Newborn in Northwestern Tanzania. *International Journal of Environmental Research and Public Health*, *16*(3). <https://doi.org/10.3390/ijerph16030481>
- Bohren, M. A., Vogel, J. P., Tunçalp, Ö., Fawole, B., Titiloye, M. A., Olutayo, A. O., Ogunlade, M., Oyeniran, A. A., Osunsan, O. R., Metiboba, L., Idris, H. A., Alu, F. E., Oladapo, O. T., Gülmezoglu, A. M., & Hindin, M. J. (2017). Mistreatment of women during childbirth in Abuja, Nigeria: a qualitative study on perceptions and experiences of women and healthcare providers. *Reproductive Health*, *14*(1), 9. <https://doi.org/10.1186/s12978-016-0265-2>
- Butler, M. M. (2017). Exploring the strategies that midwives in British Columbia use to promote normal birth. *BMC Pregnancy and Childbirth*, *17*(1), 1–12. <https://doi.org/10.1186/s12884-017-1323-7>
- Dagnaw, F. T., Tiruneh, S. A., Azanaw, M. M., Desale, A. T., & Engdaw, M. T. (2020). Determinants of person-centered maternity care at the selected health facilities of Dessie town, Northeastern, Ethiopia: community-based cross-sectional study. *BMC Pregnancy and Childbirth*, *20*(1), 524. <https://doi.org/10.1186/s12884-020-03221-2>
- Dawson, A., Assifi, A., & Turkmani, S. (2022). Woman and girl-centred care for those affected by female genital mutilation: a scoping review of provider tools and guidelines. *Reproductive Health*, *19*(1), 1–18. <https://doi.org/10.1186/s12978-022-01356-3>
- Giessler, K., Seefeld, A., Montagu, D., Phillips, B., Mwangi, J., Munson, M., Green, C., Opot, J., & Golub, G. (2021). Perspectives on implementing a quality improvement collaborative to improve person-

- centered care for maternal and reproductive health in Kenya. *International Journal for Quality in Health Care*, 32(10), 671–676. <https://doi.org/10.1093/intqhc/mzaa130>
- Kuipers, Y. (Fontein), van Beeck, E., van den Berg, L., & Dijkhuizen, M. (2021). The comparison of the interpersonal action component of woman-centred care reported by healthy pregnant women in different sized practices in the Netherlands: A cross-sectional study. *Women and Birth*, 34(4), e376–e383. <https://doi.org/10.1016/j.wombi.2020.08.002>
- Langer, A., Meleis, A., Knaul, F. M., Atun, R., Aran, M., Arreola-Ornelas, H., Bhutta, Z. A., Binagwaho, A., Bonita, R., Caglia, J. M., Claeson, M., Davies, J., Donnay, F. A., Gausman, J. M., Glickman, C., Kearns, A. D., Kendall, T., Lozano, R., Seboni, N., ... Frenk, J. (2015). Women and Health: the key for sustainable development. *The Lancet*, 386(9999), 1165–1210. [https://doi.org/10.1016/S0140-6736\(15\)60497-4](https://doi.org/10.1016/S0140-6736(15)60497-4)
- Moridi, M., Pazandeh, F., Hajian, S., & Potrata, B. (2020). Midwives' perspectives of respectful maternity care during childbirth: A qualitative study. *PloS One*, 15(3), e0229941. <https://doi.org/10.1371/journal.pone.0229941>
- Otero, C., Luna, D., Marcelo, A., Househ, M., Mandirola, H., Curioso, W., Pazos, P., & Villalba, C. (2015). Why Patient Centered Care Coordination Is Important in Developing Countries? Contribution of the IMIA Health Informatics for Development Working Group. *Yearbook of Medical Informatics*, 10(1), 30–33. <https://doi.org/10.15265/IY-2015-013>
- 013
- Rishard, M., Fahmy, F. F., Senanayake, H., Ranaweera, A. K. P., Armocida, B., Mariani, I., & Lazzarini, M. (2021). Correlation among experience of person-centered maternity care, provision of care and women's satisfaction: Cross sectional study in Colombo, Sri Lanka. *PloS One*, 16(4), e0249265. <https://doi.org/10.1371/journal.pone.0249265>
- Sheffel, A., Heidkamp, R., Mpembeni, R., Bujari, P., Gupta, J., Niyeha, D., Aung, T., Bakengesa, V., Msuya, J., Munos, M., & Kennedy, C. (2019). Understanding client and provider perspectives of antenatal care service quality: A qualitative multi-method study from Tanzania. *Journal of Global Health*, 9(1). <https://doi.org/10.7189/JOGH.09.011101>
- Sudhinaraset, M., Landrian, A., Afulani, P. A., Diamond-Smith, N., & Golub, G. (2020). Association between person-centered maternity care and newborn complications in Kenya. *International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics*, 148(1), 27–34. <https://doi.org/10.1002/ijgo.12978>
- Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., ... Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, 169(7), 467–473. <https://doi.org/10.7326/M18-0850>
- Vedam, S., Stoll, K., McRae, D. N.,

- Korchinski, M., Velasquez, R., Wang, J., Partridge, S., McRae, L., Martin, R. E., & Jolicoeur, G. (2019). Patient-led decision making: Measuring autonomy and respect in Canadian maternity care. *Patient Education and Counseling*, *102*(3), 586–594. <https://doi.org/10.1016/j.pec.2018.10.023>
- Vedam, S., Stoll, K., Taiwo, T. K., Rubashkin, N., Cheyney, M., Strauss, N., McLemore, M., Cadena, M., Nethery, E., Rushton, E., Schummers, L., & Declercq, E. (2019). The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reproductive Health*, *16*(1), 77. <https://doi.org/10.1186/s12978-019-0729-2>
- White, A. A., & Stubblefield-Tave, B. (2017). Some advice for physicians and other clinicians treating minorities, women, and other patients at risk of receiving health care disparities. *Journal of Racial and Ethnic Health Disparities*, *4*(3), 472–479. <https://doi.org/10.1007/s40615-016-0248-6>
- WHO. (2015). The prevention and elimination of disrespect and abuse during facility-based childbirth: WHO statement. *World Health Organization*, 4. https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_cze.pdf
- World Health Organization. (2016). *antenatal care for a positive pregnancy experience*.
- World Health Organization. (2018). *Intrapartum care for a positive childbirth experience*. <http://apps.who.int/iris/bitstream/10665/260178/1/9789241550215-eng.pdf?ua=1%0Ahttp://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>
- Zhang, K., Dai, L., Wu, M., Zeng, T., Yuan, M., & Chen, Y. (2020). Women's experience of psychological birth trauma in China: a qualitative study. *BMC Pregnancy and Childbirth*, *20*(1), 651. <https://doi.org/10.1186/s12884-020-03342-8>

Attachment

No	Title/ Country/ Author/ Year	Aim	Study Design	Method / Instrument	Respondents/Par ticipants	Analysis method	Results
1	Midwives' perspectives of respectful maternity care during childbirth: A qualitative study. Iran (Moridi et al., 2020)	To explore Iranian midwives' perceptions of respectful maternity care during labor and delivery	Qualitative	Semi structured interview	24 midwives who were recruited using purposive sampling technique.	Content analysis	From the research, 3 themes were obtained, namely: showing empathy, women-centered care, and respecting patient rights.
2	Determinants of person-centered maternity care at the selected health facilities of Dessie town, Northeastern, Ethiopia: community-based cross-sectional study. Ethiopia (Dagnaw et al., 2020)	To identify the determinants of person-centered maternity care of women who deliver in health facilities.	quantitative, Study with Cross-sectional approach	Questioner	317 respondents selected by simple random sampling method	Multivariable linear regression	The study found that: rural residence, average monthly family income, night delivery, fetal demise during delivery, length of hospitalization 2-7 days, significantly decreased the Person Center Maternity Care score, while delivery at a private health institution significantly increased the Person Center Maternity Care score.
3	Correlation	To evaluate the	Quantitative	The level of	400 spontaneously	Descriptive	The average total

	among experience of person-centered maternity care, provision of care and women's satisfaction: Cross sectional study in Colombo, Sri Lanka. Sri Lanka (Rishard et al., 2021)	correlation between the level of PCMC implementation, key indicators of care provision, and women's satisfaction with maternity care in Sri Lanka.	Study with cross-sectional Approach	PCMC implementation was assessed using a validated questionnaire . Good health service provision was measured by the WHO Bologna Score.	delivered mothers	analysis, Pearson correlation for normal distribution data, Spearman rank for non-normally distributed data. T-test one way ANOVA Logistic regression	satisfaction score was 7, PCMC implementation had a moderate correlation with women's satisfaction while the Bologna score had a very low correlation with women's satisfaction. The study findings show evidence that care is of poor quality in several domains of mistreatment during childbirth in Sri Lanka
4	Perspectives on implementing a quality improvement collaborative to improve person-centered care for maternal and reproductive health in Kenya Kenya (Giessler et al., 2021)	To understand perspectives and experiences related to participation in quality improvement collaboratives (QICs) to improve person-centered care (PCC) for maternal health and family planning (FP) in Kenya.	Qualitative study - descriptive exploratory	PCC implementation on interventions Semi-structured in-depth interview	In 4 health facilities, 38 QI team members participated in the intervention; 32 were purposively sampled for in-depth interviews. were purposively sampled for in-depth interviews	Thematic content analysis	Respondents were able to easily articulate the perceived benefits of participating in this QIC, although they were equally able to identify challenges that hindered their ability to consistently provide high-quality PCC to women seeking maternity or family planning services.



5	<p>Understanding client and provider perspectives of antenatal care service quality: A qualitative multi-method study from Tanzania (Sheffel et al., 2019)</p>	<p>This study identified items from antenatal care (ANC) clients and health care providers in Tanzania that are associated with quality ANC services and explored the experience of domains of care from the perspectives of clients and providers.</p>	<p>Qualitative multi method study</p>	<p>Semi structured interview</p>	<p>15 health care providers and 35 clients receiving ANC services</p>	<p>Thematic analysis</p>	<p>Understanding the care experiences of those who receive and deliver services is key to measuring and improving ANC quality</p>
6	<p>The comparison of the interpersonal action component of woman-centered care reported by healthy pregnant women in different sized practices in the Netherlands: A cross-sectional study</p>	<p>To examine the perceptions of pregnant women, regarding the interpersonal action component of woman-centered care by midwives in primary care, working in different classes of practice.</p>	<p>Quantitative with cross sectional Approach</p>	<p>Online questionnaire completed by respondents</p>	<p>553 women living in the Netherlands Sampling was done by purposive sampling and to complete the respondent needs, snowball sampling was done.</p>	<p>Logistic regression to evaluate which independent variables were predictors of not responding to the questionnaire Kruskal wallis used to compare socio-</p>	<p>There were significant differences in woman-centered care based on women's perceptions of woman-midwife interactions in primary obstetric care, with the highest scores reported by women who received care from a maximum of two midwives.</p>

	Netherlands							demographic with probiotic characteristics
	(Kuipers et al., 2021)							Welch ANOVA with post hoc Bonferroni correction
7	The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States.	To address disparities in the relationship between race and mistreatment in the context of factors often associated with health inequities	Quantitative cross-sectional study	Online questionnaire	2138 Women who experienced at least one pregnancy in United States between 2010 and 2016	Logistics regression	One out of six women (17.3%) reported experiencing one or more types of mistreatment such as: loss of autonomy; being yelled at, scolded, or threatened; and being ignored, denied, or not receiving a response to a request for help. Maltreatment was more commonly experienced by women of color, when births occurred in hospitals, and among those with social, economic or health challenges.	
	United States							
	(Vedam, Stoll, Taiwo, et al., 2019)							
8	Women's experience of psychological birth trauma in China: a	to explore Chinese women's lived experiences of psychological birth trauma	Descriptive with phenomenological approach	Indepth interview	24 mothers who have just given birth for 1 week	Colaizzi method	Four themes emerged to describe women's experiences psychological birth trauma: "How can I get	

	qualitative study.	during labor and birth			Sampling done with purposive sampling technique	was with	rid of the endless pain?" "Can't I be weak?" "Don't I matter?" "What uncertainties await me?"
	China						
	(Zhang et al., 2020)						
9	Association between person-centered maternity care and newborn complications in Kenya.	To explore the association between PCMCs and newborn-related outcomes in Kenya, including newborn complications and immunization rates	Quantitative cross-sectional study	Questionare	413 respondents who completed the baseline survey and at least one follow-up survey at 2, 6, 8, and/or 10 weeks	Descriptive analysis and logistic regression	Women with high PCMC scores were significantly less likely to report newborn complications than women with low PCMC scores Women who reported high PCMC scores were also significantly more likely to report a desire to return to the facility for their next delivery than women with low PCMC.
	Kenya						
	(Sudhinaraset et al., 2020)	to examine the association between PCMCs and a woman's intention to give birth in the same facility in the future					
10	Patient-led decision making: Measuring autonomy and respect in	Explore women's preferences and experiences in maternity care, including women's roles in	Quantitative with cross-sectional Approach	Online survey Using demographic questionnaire and Mothers	2051 women who received experienced care by an obstetrician, family physician, or midwife while	Poisson mixed-effects regression models	Most women (95.2%) preferred to be the primary decision maker during treatment. patients of physicians had significantly lower

Canadian maternity care. Canada (Vedam, Stoll, McRae, et al., 2019)	decision-making.	Autonomy in Decision-Making (MADM) scale.	living in Columbia	British Columbia was using	autonomy (MADM) scores than obstetric clients as did women who felt pressured to accept the intervention.
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ATTACHMENT

