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Review article

Determinants of respectful care in midwifery

Radka Wilhelmová [1], Lenka Veselá [1] *, Iva Korábová [1], Simona Slezáková [2], Andrea Pokorná [1, 2]

[1] *Masaryk University, Faculty of Medicine, Department of Health Sciences, Brno, Czech Republic*
[2] *Masaryk University, Faculty of Medicine, Czech National Centre for Evidence-Based Healthcare and Knowledge Translation (Cochrane Czech Republic, Czech EBHC: JBI Centre of Excellence, Masaryk University GRADE Centre), Institute of Biostatistics and Analyses, Brno, Czech Republic*

Abstract
Women's positive experience of maternity care is related to the quality of care and is as important as objectively measurable perinatal outcomes. Satisfaction is a relatively broad concept with relatively difficult operationalisation. The tools for measuring it most often include variables related to structure, process, and outcomes. Improving current practice requires the accurate identification of existing care deficits and the main determinants of women's satisfaction with maternity care.
Aim: To contextually highlight significant determinants of women's satisfaction that have been identified through a literary review.
Methods: A clinical question was formulated through the PICo framework to determine the search and define inclusion criteria for articles. The question focused on determinants related to women's satisfaction with the care provided during motherhood. The population under consideration is women living in a similar cultural context, with a normal course of pregnancy, and lived experience. These concepts were transformed into subject headings used in the search and text presentation strategies.
Results: The evaluation of the quality of care provided to women in maternity is inextricably linked to the specific experience of the woman. The experience is determined by specific factors related to the different phases of motherhood, as well as factors specific to different socio-demographic groups of women and groups of women with increased care demands. However, there are also determinants generally applicable to all women without distinction. These include continuous respectful care, communication with the partner, meeting the woman's personal expectations, a high level of professionalism, support from health professionals, the woman's involvement in decision-making, and respect for her choice.
Conclusions: The paper provides an overview of the existing important determinants of women's satisfaction with the care, which have been identified across different countries – particularly in the European context and beyond. A woman's motherhood experience can significantly influence the lives of both mother and child. It is desirable that women's experiences are examined and become a standard criterion for assessing the quality of care provided to women during maternity.

Keywords: Care; Determinants; Experience; Literary Review; Motherhood; Satisfaction

Introduction

An individual's health is determined early prenatally. Recent research on epigenetics even speaks of preconceptional and transgenerational influences. The uterus is the first social environment for the fetus, which is fully dependent on maternal physical condition. An unhealthy prenatal experience of the fetus pose risks to its future individual health (Fetal Origin of Adult Diseases theory) (Barker, 2001; Lipton, 2018). A woman's well-being and psychosomatic health are influenced not only by her lifestyle, but also by her pregnancy and childbirth experience. All these determinants have an impact on the family and the social system. Positive maternal experience strengthens well-being and maternal competencies. Negative experience – which might be connected with stress or trauma – has an adverse effect on the well-being of the woman and child (Redshaw et al., 2019).

A definition of respectful maternity care is not simple and varies according to different points of view. We have used the definition presented by van der Pijl et al. (2021) as an approach to care focused on respecting the rights of women, newborns, and their families. Respectful care is evidence-based care that takes into account the care recipient's personal needs and preferences (van der Pijl et al., 2021).

It is essential to monitor and respond to women's individual experiences to create an environment that supports women's positive caregiving experience during motherhood. They

* **Corresponding author:** Lenka Veselá, Masaryk University, Faculty of Medicine, Department of Health Sciences, Kamenice 5, 625 00 Brno, Czech Republic; e-mail: lenka.vesela@med.muni.cz
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are at least as important as the objectively measurable aspects of perinatal care. The social climate of the services provided is also the area where women ask for improvements most often (Benet et al., 2020). A woman's right to quality and kind care provided with appropriate skill and knowledge has been highlighted by various women's and children's rights organisations, e.g., The International Childbirth Initiative (ICI) (Costanian et al., 2016; Kumbani et al., 2012; Tunçalp et al., 2015; Ziabakhsh et al., 2018) and belongs to the priorities in the field of public health. WHO (2021) defines the quality of care as a degree of excellence in the care provided, depending on the current level of knowledge and technological development. The care should be effective, safe, people-centred, timely, equitable, integrated, and efficient. A woman's experience of a given service is a significant indicator of the quality of care in the period from pregnancy to the first weeks with the newborn. Identification of the difficulties and gaps in the public health care service is essential to bring the desired change. This will enable changes to be made to improve women's experience of health care services. The current mainly used biomedical model is unable to eliminate some negative phenomena (such as lack of individualized, continuous, and woman-centred care, redundant medical interventions in low-risk pregnancies, etc.). There is a complete lack of a methodology for reducing the "nocebo" effect and a clear strategy to support women. There is no clear concept for optimising the prenatal and perinatal care system to also support women's psychosocial needs and to find a balance between women's satisfaction and excellent perinatal outcomes. In the field of midwifery, this also means to provide holistic, evidence-based care which is not only safe and highly professional, but also supports natural reproductive processes and respects women's autonomy and integrity (Moos, 2006; Nieuwenhuijze et al., 2014; Srivastava et al., 2015; Szyf et al., 2007; Takács, 2016).

Our literary/literature review aims to look at the context of determinants (identified mainly by foreign studies) that affect women's satisfaction with the care provided by health professionals during maternity. It is part of the first stage of the project 'Quality of provided prenatal and perinatal care from the perspective of Czech women' (supported by the Ministry of Health of the Czech Republic).

Materials and methods

Using the standardized PICo framework, a control question was formulated: "Which factors are related to women's satisfaction with the prenatal, perinatal, and postnatal care provided?", and criteria for study search and inclusion were defined. The population under consideration is women living in a similar cultural context, with a normal course of pregnancy and lived experience. The phenomenon of interest was women's experiences and satisfaction with prenatal, perinatal, and postnatal care and the determinants that influence them.

The literature search was conducted in MEDLINE (Ovid) using the following MeSH terms: ("Maternal Health Services" or "Perinatal Care" or "Postnatal Care" or "Prenatal Care") AND "Patient Satisfaction" AND "Surveys and Questionnaires". There was no language search restriction for the study retrieval. The exclusion criteria were more specified for full-text screening. We applied search limitations for the publication year. Only records published from 2011 to September 2021 were retrieved, because over the last 10 years there has been a significantly greater focus on women's satisfaction.

A modified PRISMA flow diagram was used to create a graphical representation of the process of searching and screening resources. We had to adjust PRISMA flow diagram for this literature review, as it was initially designed for use in systematic reviews. It is not necessary to present it in the literature review, but we have added it for clarity.

We screened the bibliographic references and conducted a forward citation analysis of relevant publications for further potentially eligible studies.

Three authors independently screened the titles and abstracts of the identified records, applied the selection criteria to potentially relevant articles, and extracted data from the full texts. The inclusion criteria used to determine studies for this review were: (1) original research, as well as review studies focused on monitoring women's satisfaction and experiences with the care, including the tools used for measurement, (2) available peer-reviewed full text, (3) published from 2011 to 2021. In addition, three older studies (Donabedian, 1988), present a classical model of assessing the quality of care provided, which is the basis for a substantial part of the tools for assessing the quality of care provided; (Barker, 2001) – Fetal Origins of Adult Diseases theory; (Brown and Lumley, 1994) – Satisfaction With Care in Labour and Birth, (4) studies on women's satisfaction and experience of care provided during pregnancy, labour and the postnatal period, mainly from similar cultural backgrounds, (5) for comparison of specific differences, studies from different cultural backgrounds and developing countries were sporadically included. Similarly, studies on specific topics of care delivery, e.g., Centering Pregnancy and specific minorities – teen pregnancy and immigrants were also included.

Exclusion criteria for screening full texts were: (1) languages other than English or Czech, (2) topics outside of the main subject of interest, (3) once the "saturation point" was reached, further studies with the same specific topic were excluded. If the topic became saturated and information began to be repeated, the other studies found were no longer used.

Three authors independently assessed the relevance of the final selected articles that reflected the set clinical question. The intention was to review as many specific determinants identified in the studies as possible, rather than including all existing studies. Thus, we have chosen a literary review methodology.

In total, 64 sources were included in the literary review, including 61 research studies (Fig. 1). The cultural backgrounds of the studies were: Europe (35), Australia and New Zealand (6), North America (9), South America (1), Asia (6), and Africa (4). European countries were represented as follows: UK (13), Netherlands (6), Spain (2), Switzerland (2), Germany (1), Sweden (3), Norway (2), Italy (3), Serbia (1), Czech Republic (2).

The main themes that emerged in the reviewed studies are presented in the text below. These are the specific determinants of women's satisfaction with the care provided; determinants specific to pregnancy, delivery and the postpartum period concerning the stay in the health facility or the home environment; structure, process and outcomes were considered, as well as psychosocial, sociodemographic, and socioeconomic determinants.

Results and discussion

The topic of perinatal care quality and women's satisfaction is increasingly discussed in the global scientific literature.

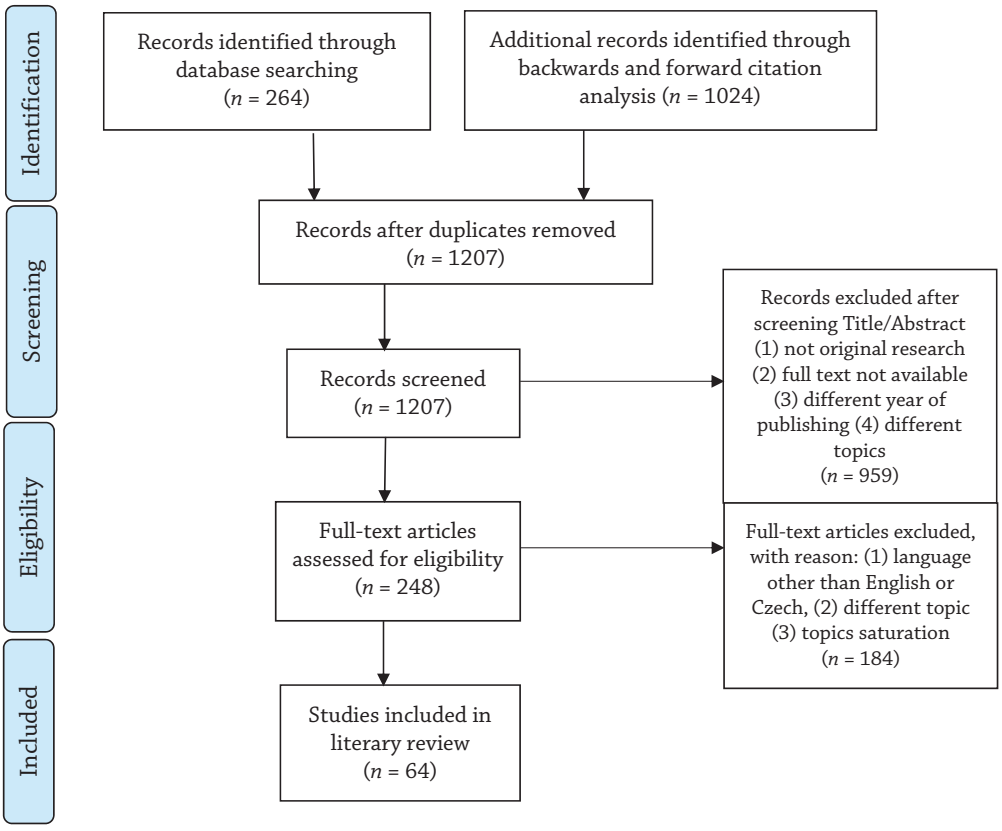

Fig. 1. Flowchart of the screening and assessment process (equivalent to the PRISMA scheme used commonly for Systematic review)

Evidence of this interest is the growing number of published tools that can be used to measure women's satisfaction (Sword et al., 2012; Walker et al., 2020). In line with WHO recommendations (WHO, 2016), Pan European research Babies Born Better (B3) emphasises, the need to research quality perception and evaluation of women's satisfaction with the care given (Skoko et al., 2018). Health care quality evaluation is inseparably connected to women's satisfaction. The term "satisfaction" is commonly used, but its standardised evaluation and comparison of studies are quite difficult. The issue is that this is a multifactorial concept (Macpherson et al., 2016) whose operationalisation differs through the studies, depending on the chosen model and priority determinants used for evaluation. These relate to care providers, environment, the woman herself, overall experience with childbirth, the woman's behaviour during this experience, and experience with the care and treatment received. Additionally, it is only possible to survey women's satisfaction and experience with certain aspects of the care provided (Redshaw et al., 2019).

The classic structure for assessing satisfaction with care includes three levels: structure, process, and outcomes (Donabedian, 1988). Satisfaction is very closely related to the process side of care, including the care provider's behaviour and approach, emotional support, communication, respect to privacy and shyness, how quickly a care provider responds to women's needs, and competence (Srivastava et al., 2015). In perinatal care, it is necessary to also consider structural aspects, such as the environment in maternity hospitals, the number of available care providers, physical equipment, and care organising conditions, because these are significant for many childbearing women. Evaluation of care outcomes is problematic in relation to perinatal care satisfaction monitoring. We have to distinguish between a minimum of two different groups of care recipients. Women with normal, uncomplicated childbirth represent the first. The second is represented by women with more serious complications and a need for surgical intervention. The first group of women do not usually seek health care to achieve an improvement in their health status, or an improvement in the situation of acute complications. These women are not "patients". They need good circumstances for their childbirth more than efficient medical interventions, and primarily reflect the process and structural side of care. The second group of women more significantly reflects the outcomes of interventions (Takács, 2016). Donabedian's model is a base for, e.g., the standardised questionnaire PREMAPEQ (Sjetne et al., 2015). In this context, the WHO introduces the concept of "responsiveness". It is defined with eight areas – autonomy, communication, dignity, immediate focus, basic equipment quality, choice of care provider, and approach to social support (Peters et al., 2019). There are also other models; an example is the revised, more general construct Warwick Patient Experiences Framework (Staniszewska et al., 2014), whose validated modification (International Consortium for Health Outcomes Measurement, 2017; Renfrew et al., 2014) presents a framework relevant to research on the perinatal care experience: (1) woman as a unique individual, (2) woman as an active participant in care, (3) woman's subjective perception of care (respect for her uniqueness and specific needs), (4) experience of pregnancy, childbirth and the postpartum period, (5) communication and relationship with health professionals, (6) information and antenatal preparation, and (7) social support (Vogels-Broeke et al., 2020).

The above-mentioned models and the surveys based on these show that psychosocial aspects of care are often more important for women's satisfaction than biomedical parameters of care or physical equipment in maternity hospitals. This is especially evident in countries with high medical care levels. The most frequently mentioned determinants are women's relationships with health professionals. Women particularly value the warm, informal, cooperative, supportive and respectful attitude of health professionals, the availability of information, explanation and enough time for communication, their participation in decision-making, the accessibility of care providers, and the assurance of privacy, intimacy and dignity (Lewis et al., 2016; Redshaw et al., 2019; Takács, 2016). Women value care provided with respect for their preferences and decisions and also health professionals with more humanistic approach during childbirth (Benet et al., 2020). The support of women's autonomy seems to be a very significant determinant. Women with negative or traumatic birth experiences often describe how they felt unseen or unheard by the care providers. The care providers considered their births as a routine, and the woman's role during childbirth was not that important. Women perceived such behaviour as a threat to their autonomy and control over their birth process, and they did not feel at the centre of care. It must be said however, that health professionals who try to avoid the described phenomena when providing care face challenges such as lack of time, strict medical procedures, or an environment dominated by the biomedical care model. Even where women are satisfied with the care, there is still room for improvement in terms of women's autonomy (Feijen-de Jong et al., 2020; van der Pijl et al., 2021). An important aspect of safe care is balancing the woman's autonomy and the actual clinical picture of potential risk, thus achieving the woman's compliance.

Specific determinants in pregnancy care include well-organised pregnancy consultations, consistent information, length of waiting time, time spent with the care provider (the more time, the better the satisfaction), and quality antenatal preparation (Adeyinka et al., 2017; Akca et al., 2017; Dauletyarova et al., 2018). Group antenatal care (Allen et al., 2015; Catling et al., 2015), where the individual check-up is replaced by a group session and includes a basic antenatal examination, education, experience sharing and discussion with a midwife, is also positively evaluated.

The birth experience is largely conditioned by a woman's satisfaction with care. In addition to the determinants mentioned above, key aspects include: labour pain management and communication according to the woman's needs, support for the woman (Brown and Lumley, 1994), effort to minimise interventions, and health professionals who are skilled and kind (Lazzerini et al., 2020). Especially for low-risk women it is essential to ensure continuity of care, where a woman is cared for by "familiar faces" not only during labour, but also during pregnancy, and subsequently after birth (Macpherson et al., 2016; Sandall et al., 2016, Lewis et al., 2016, Benet et al., 2020). This model reduces the fear of childbirth (Hildingsson et al., 2018) without adversely perinatal outcomes, and positively affects a woman's recovery and well-being (Floris et al., 2018).

Women value respectful, skilled care that enhances a women's sense of personal achievement and confidence in her maternal competencies, care that is tailored as much as possible to women's needs (Lewis et al., 2016). They negatively perceive a lack of staff and the absence of a holistic or shared vision between different care providers (Skoko et al., 2018). A woman's self-control and participation in informed decision-making during childbirth are significant for a positive birth experience (Yuill et al., 2020). Women's satisfaction is also higher in births with a lower intervention rate and with the active support of the mother's early skin to skin contact. The level of satisfaction decreases with the transport of a woman to another type of care during childbirth (van Stenus et al., 2018), the separation of a woman from her child, and unfulfilled expectations reduces the level of satisfaction expressed in the birth plan (Navas Arrebola et al., 2021). Having a higher number of requests in their birth plans reduces overall satisfaction with birth experience (Mei et al., 2016 in Korábová and Masopustová, 2018). The fulfillment of women's expectations and a high level of women's involvement in decision-making seem to be among the most important determinants in women's satisfaction with maternity care (Hodnett, 2002). Prenatal preparation and care of first-time mothers at the beginning of childbirth are essential. The initial stage of childbirth can cause uncertainty and anxiety. Women may feel unsupported by health professionals if they do not receive proper attention and reassurance (Henderson and Redshaw, 2017). The previous pregnancy and childbirth should be considered, and care should be tailored to different groups of women – in the sense of increased attention to, e.g., women whose pregnancy was unintended, who have problems, and do not have family support. Women who give birth spontaneously want to participate in the decision-making process during labour and ask for a partnership approach from doctors and support from midwives. Women giving birth by acute *C*-section appreciate the sensitive approach of doctors in addition to the support of midwives. Women giving birth by planned *C*-section want, above all, to have enough information in addition to the considerate approach of medical professionals (Takács, 2016). To increase satisfaction with care, it is essential not to ignore women who choose home birth within the care system (Benet et al., 2020). In the Netherlands, where choosing a birthplace is encouraged, women who opted for a homebirth were found to have higher levels of satisfaction with the level of interaction with the care provider (van der Pijl et al., 2021).

Women's satisfaction with postpartum care is generally lower compared to care during pregnancy and childbirth. Women who give birth vaginally are more likely to perceive care as insufficient because midwives spend less time with them than women who give birth by caesarean section – and expect higher postpartum physical demands resulting from surgery (Zeyneloğlu et al., 2017). The environment, especially the size, appearance and equipment of the room, the availability of toilets and showers and the quality of food, have a significant effect on the women's satisfaction with the postpartum department (Lazzerini et al., 2020; Takács, 2016). Women are also sensitive to the necessity of visiting hours compliance and the frequency of contact with health professionals on the ward. Women often mention that the hospital environment and routine do not meet their needs in the postpartum period. The neonatal feeding system, which does not respect a woman's choice and breastfeeding area, is criticised because women often receive conflicting information (Alderdice et al., 2020; Lazzerini et al., 2020; Ziabakhsh et al., 2018).

In contrast, early breastfeeding support and undisturbed early contact with the newborn child are associated with higher satisfaction (Alderdice et al., 2020; Zeyneloğlu et al., 2017). Postpartum women mainly need support. Breastfeeding support has been shown to be crucial (Benet et al., 2020; Skoko et al., 2018). Women wish for reassurance that "they are doing it right" and that what they are experiencing is "normal" (Alderdice et al., 2020). Some women feel pressured about breastfeed-

ing and appreciate it if health professionals tend to encourage and strengthen them in their competencies but without insistence and respect for their autonomy. Effective information and support for breastfeeding women should be provided by health professionals so women do not perceive it as a form of coercion or demonstration of power (Alianmoghaddam et al., 2017). A major problem is a confrontation with reality because women are often unprepared for the postpartum period and do not have enough information (Ziabakhsh et al., 2018). Women's prenatal preparation is also crucial (Alderdice et al., 2020). Many women without the preparation do not expect any difficulties or breastfeeding problems. Adequate, appropriate, and consistent information about breastfeeding, self-care and newborn care is important. More time spent by care providers in personal contact with mothers clearly leads to improved care (Zeyneloğlu et al., 2017). Women appreciate being accompanied by somebody of their choice throughout the time spent in hospital (Lazzerini et al., 2020). The lack of single rooms is a limiting factor in the Czech environment. The role of health professionals is to prepare a woman for discharge from the maternity hospital and to help her find support in the community (Alderdice et al., 2020). Again, the continuous care model and a well-functioning supportive social network are gaining importance (Zeyneloğlu et al., 2017). Women's satisfaction with the care after being discharged home early is increased by the health professionals' interest in the woman's individual needs and her whole family (Johansson et al., 2019).

A woman's satisfaction is also related to her personal, socio-demographic, and socioeconomic characteristics. According to Takács (2016), satisfaction is higher in women who tend to evaluate other people positively. Women with higher anxiety during pregnancy tend to be less satisfied (Navas Arrebola et al., 2021). Women with specific characteristics may have specific or higher care requirements. The quantity of care provided may not be directly related to evaluating its quality and the subsequent satisfaction of women (Henderson et al., 2018). Women's demands and satisfaction also vary according to the socioeconomic conditions in which they live. Women's evaluation of care is not consistent across countries with different quality and availability of health care. In countries with poorer access to care and its quality, different determinants emerge as important than in countries with high quality of health services. Similar differences can be seen within regions of one country (Skoko et al., 2018). In high-income countries, only a minority of mothers are critical of the "organisational and technical aspects" of the services provided (Lazzerini et al., 2020; Skoko et al., 2018). Determinants such as financial and territorial access to care, health care skills, waiting times, cleanliness, equipment, and privacy come to the fore in studies conducted in poorer countries (Edie et al., 2015; Karkee et al., 2014; Tayelgn et al., 2011). Women in these countries also evaluate determinants such as water availability and verbal or physical violence by health professionals (Mutaganzwa et al., 2018). Positive experiences with perinatal care are more often reported by women living in partnerships and multiparas, women giving birth in private healthcare facilities, and women with one or at most two care providers (Todd et al., 2017). Friends and relatives support during the postpartum period is another important determinant in care satisfaction (Zeyneloğlu et al., 2017; Ziabakhsh et al., 2018). The effect of education on women's satisfaction varies across studies. However, the results of the studies do not differ, even in terms of the year in which they were conducted or the basic requirements for the climate of care provided (Britton, 2012; Dannenbring et al., 1997; Dauletyarova et al., 2018; Waldenström et al., 2006; Zeyneloğlu et al., 2017). If a woman is a member of a minority, she may report a lower level of satisfaction with care. In particular, women from disadvantaged groups can experience discrimination in the healthcare system (Dillon et al., 2020). Migrant women are the focus of many studies, and they tend to report lower satisfaction with care than women who were born in the country (Henderson et al., 2018; van Stenus et al., 2018) – especially in the areas of autonomy, communication, respect, and attention paid to the woman (Peters et al., 2019). However, a study conducted in Germany did not find a difference in care satisfaction between groups of migrant women and other women, despite the often-significant language barrier (Gürbüz et al., 2019). Lower satisfaction with care is often reported by single mothers and women at high risk of health complications during pregnancy and childbirth (van Stenus et al., 2018). Lower levels of care satisfaction have been found in younger women from disadvantaged areas and in multiparas with poorer health who have entered prenatal care late (Cheyne et al., 2019). Women who declare that they do not go for regular prenatal check-ups at all or whose pregnancy was unwanted were also less satisfied (Zeyneloğlu et al., 2017; Ziabakhsh et al., 2018). There are quite a few studies from the Nordic countries. Still, in Central Europe, we can use, for example, the Italian study, which found that women's satisfaction increased with age and level of education and was generally higher for foreigners from "non-Western" countries. However, the effect of age and parity of women has not been demonstrated for care during childbirth (Tocchioni et al., 2018). In contrast, in some other studies, multiparas reported higher satisfaction levels (Dauletyarova et al., 2018; Matejić et al., 2014; Regmi et al., 2017; Senarath et al., 2006). Considering socio-demographic determinants in the analysis of satisfaction and raising awareness of women's expectations of care can help determine how to better target specific groups during pregnancy and childbirth (Tocchioni et al., 2018). By analysing professional resources and identifying the most important determining factors, we again arrive at the need for individualised and ideally continuous care that can be optimally adapted to the needs of women.

Conclusions

A result of the long tradition of prenatal care in countries with advanced medical procedures is low perinatal mortality and morbidity, which are so far the only objective evaluation criteria for the quality of care. In assessing the quality of care, insufficient consideration is still given to the area of women's satisfaction. The key finding is that psychosocial aspects are the most important determinants of women's satisfaction with perinatal care. Preference is given to health care providers with a more humanistic philosophy of care provided during labour, well-organised antenatal consultations, consistent information, length of waiting time, time spent with the provider, and quality antenatal preparation. Respectful and skilled care can positively affect maternal self-esteem. Some of the most important determinants of women's satisfaction with care are their expectations, along with a high level of women's involvement in decisions about the circumstances of their motherhood. Other determinants are the choice of place of delivery and the way in which the birth was managed. Women's satisfaction also varies individually across socio-demographic groups and for women with different care requirements.

Ideally, women's experiences will be regularly monitored and respected, becoming a standard evaluation criterion for

the quality of maternity care. Care that respects the described determinants can reduce the number of complications, unnecessary interventions, and economic costs. Based on the identified deficiencies and shortcomings, a survey assessing women's satisfaction with maternity care funded by the Ministry of Health of the Czech Republic is currently ongoing at the nationwide level.

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Ethical aspects and conflict of interests
The authors declare that the research in the literary review has no conflict of interests and that all ethical aspects have been observed.

Determinanty respektující péče v porodní asistenci – literární přehled

Souhrn
Pozitivní zkušenost žen s péčí v mateřství souvisí s kvalitou péče a je stejně důležitá jako objektivně měřitelné perinatální výsledky. Spokojenost je koncept relativně široký s poměrně obtížnou operacionalizací. Nástroje pro její měření zahrnují nejčastěji proměnné týkající se struktury, procesu a výsledků. Změnu současné praxe k lepšímu podmiňuje přesná identifikace stávajících nedostatků v péči a hlavních determinant spokojenosti žen s péčí v mateřství.
Cíl: Prostřednictvím literárního přehledu kontextuálně poukázat na identifikované významné determinanty spokojenosti žen.
Metodika: Prostřednictvím PICo rámce byla formulována klinická otázka, podmiňující vyhledávání a definování kritérií pro zařazení článků. Otázka je zaměřena na determinanty související se spokojeností žen s péčí poskytovanou během mateřství. Populací jsou ženy žijící v podobném kulturním kontextu, se standardním průběhem těhotenství a s prožitou zkušeností. Uvedené pojmy byly transformovány do předmětových hesel a použity pro vyhledávání a následnou prezentaci v textu.
Výsledky: Hodnocení kvality péče poskytované ženám v mateřství je nedílně spjato s konkrétní zkušeností ženy. Prožitek je podmíněn specifickými determinantami vztahujícími se k jednotlivým fázím mateřství a specifickými také pro různé sociodemografické skupiny žen a skupiny žen se zvýšenými nároky na péči. Existují ale i determinanty obecně platné pro všechny ženy bez rozdílu. Patří k nim kontinuální respektující péče, partnerská komunikace, naplnění osobních očekávání ženy, vysoká míra profesionality, podpora ze strany zdravotníků, zapojení ženy do rozhodování a respekt k její volbě.
Závěr: Článek poskytuje přehled významných determinant spokojenosti žen s péčí, které byly zjištěny napříč různými zeměmi – zejména v evropském kontextu, ale i mimo něj. Zkušenosti žen z mateřství mohou významně ovlivnit život matky i dítěte. Je žádoucí, aby byly zkoumány a staly se standardním kritériem pro hodnocení kvality péče poskytované ženám v mateřství.

Klíčová slova: determinanty; literární přehled; mateřství; péče; spokojenost; zkušenosti

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