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We urgently need humanised, respectful maternity care for all

We must challenge the harmful gender norms and racial inequities that drive poor experiences and health outcomes for women and gender diverse people giving birth and the professionals who care for them, write Meghan Bohren and Zoe Bradfield

Meghan Bohren,¹ Zoe Bradfield²

Maternity services in the United Kingdom are at a precipice. The first Birth Trauma Inquiry paints a harrowing picture of the current state of maternal and newborn health.¹ Findings highlight systemic and individual failures leading to life-altering psychological and physical injuries, denial of pain relief, verbal abuse, poor communication and consent, and negligence. Although these findings should give midwives, obstetricians, policymakers, and the NHS pause for thought—they come as no surprise to women's health advocates and researchers, nor to women themselves.

The UK Birth Trauma Inquiry follows the damning maternal health racial and ethnic inequities reported in the 2023 MBRRACE-UK Perinatal Confidential Enquiry,² which concluded that, compared with White women, Black women had more difficulties accessing care or advice and were not routinely offered tests or services such as blood tests for gestational diabetes. Collectively, the inquiry and MBRRACE-UK reports show the concerning state of quality, safety, and equity in maternity care services.³

These findings mirror the status of women and racial inequities in society more broadly and how they play out within the maternity care system. As sexual and reproductive rights are increasingly under assault globally, tackling poor quality and inequitable care necessitates recognition of structural drivers of intersectional gender and racial injustices, or risk continued stagnation of progress. Crucially, this involves recognising the human and societal value of giving birth, and professions who help bring life into the world.

Intersectional gendered drivers of poor care experiences

The necessity of reproduction for the function of society should compel us to examine the current safety, quality, and outcomes of perinatal care, an undeniably gendered issue. Intersectionality theory explains how multiple, interconnected sources of power/privilege and oppression/exclusion are associated with people's identities. Applying an intersectionality approach to maternal health highlights how gendered power relations—such as skewed child-rearing responsibilities, disempowering clinical decision making, clinical hierarchies, medicalisation of birth, and gender based violence during pregnancy—interact with other sources of inequity to harm health throughout the perinatal period.⁴ Take for example the MBRRACE-UK findings about Black women's difficulties accessing care. Using an intersectional approach prompts

consideration of whether access problems are related to limited decision making autonomy to seek care, the financial resources to do so, inability to take time away from work or childcare, or fears of discrimination in healthcare.

Midwifery, the primary profession for maternity care, is also female dominated. The low visibility, profile, and agency of midwives are critically important to address, as global leaders grapple with achieving an equitable health workforce. Globally, midwifery workforces are being eroded, as women seek other career avenues that are not encumbered by the challenges of historically gendered gaps in conditions and pay.^{5 6} The litany of issues facing a sector employing a mostly female workforce, caring for mostly women, is central to both the problems and the solutions.

The way forward

Here lies an opportunity to recognise the value to society of women and gender-diverse people who give birth, and the professionals who care for them. Disrupting unconscious and overt biases in maternity systems that accept and normalise that women are mistreated, disrespected, and traumatised as an inconvenience of having a baby, is critical. The solution lies in the humanisation of one of the most fundamental of human experiences: giving life. Humanisation of care occurs when a person's priorities and needs are understood and prioritised throughout their care experiences. This typically best occurs through trusting relationships with known care providers who provide continuity of care throughout the perinatal period.

So, how do we get there? A critical first step is finding common ground between people giving birth, families, care providers, and the systems: humanised care must be centred on individual needs and provided by health professionals who are empowered, skilled, and compassionate. Collaboration and engagement are key to meaningful change—punitive actions and litigation where poor care is provided is one avenue, but unlikely to evoke necessary systemic changes to tackle inequities and injustices. Challenging historical biases that sideline childbearing and maternity care to the invisible realms of “women's work” will enable more proactive approaches to gender-responsive budgeting⁷ that prioritises these essential roles in society, and provides better work conditions and appropriate wages. Honest conversations with women and gender-diverse people giving birth, along with humanisation of care and systems to mitigate the

neglected long term consequences of childbirth are needed, including breaking taboos around profound health issues such as urinary and faecal incontinence, pain during sex, and damaged pelvic floors.⁸

Finally, we can't improve what we don't measure. Recent advances in measuring experiences of maternity care show important progress,^{9,10} but more work is urgently needed to mainstream patient experience and outcome measures into routine monitoring and evaluation. Such approaches enable care providers to understand what matters most to those seeking and receiving care and are the gold standard in other medical fields.

As women ourselves, with personal experiences of pregnancy and birth, and as researchers with social science and midwifery expertise, we challenge the UK and global maternal health communities to use the recent findings on UK maternity services to ignite the fire to humanise and transform maternity care.

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