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RESPECTFUL MATERNITY CARE, INTRAPARTUM COPING AND MATERNAL SATISFACTION IN A MIDWIFE-LED CONTINUITY CARE MODEL: A PROSPECTIVE COHORT STUDY FROM WESTERN MAHARASHTRA

Obstetrics & Gynaecology Nursing

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ABSTRACT

Background: Respectful maternity care (RMC) is a core component of quality, patient -centred maternity services and encompasses dignity, communication, privacy, informed decision-making and freedom from mistreatment. Midwife-led continuity models may create conditions that support respectful interactions and positive childbirth experiences. This manuscript presents a focused secondary analysis of maternal-experience outcomes reported in a prospective cohort study conducted in a tertiary care hospital in Western Maharashtra, India.**Methods:** The study followed 200 antenatal women enrolled during the first trimester in a midwife-led continuity care setting. For the focused RMC analysis, the Mother on Respect (MOR) Index was available for 130 women, all of whom had normal labour and intrapartum coping observations. The MOR Index comprised 14 items with a total score range of 14–84; higher scores represented greater respect. Intrapartum coping was assessed using an observational rating scale. 70 women was taken for elective/emergency LSCS as indicated. **Results:** Among 130 women assessed using the MOR Index, 102 (78%) had high scores, 28 (22%) had medium scores and none had low scores. Intrapartum coping was excellent in 123 (94.6%) and good in 7 (5.4%); no woman had average coping. MOR score showed a moderate positive correlation with intrapartum coping behaviour ($r=0.691$, $p<0.0001$). Maternal satisfaction among 200 women was high in 182 (91%), medium in 18 (9%) and low in none. MOR score was not significantly associated with gravida, parity, pregnancy planning, age, education, occupation or type of family in the reported analysis. (p value 0.05) Conclusion: The findings demonstrate a high level of reported respect and maternal satisfaction within the studied midwife-led continuity care setting, together with a strong positive relationship between respectful care and intrapartum coping. The results support strengthening continuity, communication and midwife-led supportive care while recognising that the observational design and single-centre setting limit causal inference and generalisability.

KEYWORDS

Respectful maternity care; Mother on Respect Index; midwife-led continuity care; intrapartum coping; maternal satisfaction; childbirth; India.

INTRODUCTION

Respectful maternity care has moved from being considered an interpersonal attribute of maternity services to a central dimension of quality, safety and human rights in childbirth. The World Health Organization (WHO) has emphasized that every woman has the right to dignified and respectful care and has called for action to prevent disrespect and abuse during facility-based childbirth. [1] WHO recommendations for antenatal and intrapartum care similarly emphasise positive pregnancy and childbirth experiences, including effective communication, informed choice, companionship and woman-centred care.[2,3]

Evidence from India indicates that disrespect and mistreatment remain important concerns. A systematic review and meta-analysis by Ansari and Yeravdekar reported substantial prevalence of disrespectful maternity care across Indian studies, with non-consent, verbal abuse, threats, physical abuse and discrimination among reported forms.[4] A further systematic review identified lack of respect and dignity as a frequently reported form of mistreatment and highlighted the influence of provider training, supervision, accountability and structural conditions.[5] These findings demonstrate why assessment of women's experiences of care should accompany conventional clinical outcome measures.

RMC includes more than the absence of abuse. It incorporates dignity, privacy, communication, emotional support, participation in decisions and recognition of women's autonomy.[6] The Mothers on Respect (MOR) Index was developed as a measure of women's experiences of respect during pregnancy and childbirth and incorporates domains related to decision-making, treatment and the ability to ask questions or discuss concerns.[7]

Midwife-led continuity models provide context in which women may receive care from a known professional or small team across the maternity pathway. The 2024 Cochrane review found that women receiving midwife continuity models were more likely to report a positive experience and more likely to have spontaneous vaginal birth, although certainty varied across outcomes.[8] The present study focuses on the relationship between respectful care, intrapartum coping and maternal satisfaction within the midwife-led continuity care setting described in the source thesis.

The objective of this focused analysis was to describe the level of respectful maternity care, assess intrapartum coping behaviour, examine maternal satisfaction, and determine the relationship between MOR score and intrapartum coping among women receiving midwife-led continuity care.

METHODS

Study design and setting

This study is a focused secondary analysis of maternal-experience outcomes contained within a prospective cohort study conducted in a selected tertiary care hospital in Western Maharashtra, India. The study enrolled 200 antenatal women during the first trimester and followed them through antenatal care, preparation for childbirth and postnatal discharge. The setting was a selected tertiary-care hospital providing maternity services and functioning with a midwife-led continuity care approach as described in the thesis.

Participants and analytic samples

The cohort consisted of 200 antenatal women. The MOR Index and intrapartum coping observations were analysed for 130 women who underwent normal labour and had the relevant outcome assessments. Maternal satisfaction based on the MOR score framework was reported for all 200 women. Consequently, denominators differ across analyses and are explicitly stated to avoid overinterpretation.

Measurement of respectful maternity care

MOR Index is a reliable and valid measure of respectful maternity care developed through a participatory research process.[7] The instrument used in the study has 14 questions: seven addressing experiences while making decisions about pregnancy or care, four addressing treatment during pregnancy, and three addressing whether women were held back from asking or discussing questions. The total score ranged from 14 to 84, with higher scores indicating more respectful care. The study classified scores as low (14–36), medium (37–60) and high (61–84).

Intrapartum coping

Intrapartum coping behaviour was assessed among 130 women

undergoing normal labour using an observational rating scale. The scale used a four-point response structure—never, sometimes, most of the time and always—and included observations covering the first, second, third and fourth stages of labour. The study categorized coping as average, good or excellent.

Maternal satisfaction

Maternal satisfaction was reported for 200 women using the 14–84 score framework presented in the thesis, with scores categorized as low, medium or high.

Ethical considerations

Institutional ethical approval, administrative permission and written informed consent was obtained for the study. Participant privacy, anonymity and confidentiality were maintained, and data collection was conducted in accordance with the ethical principles.

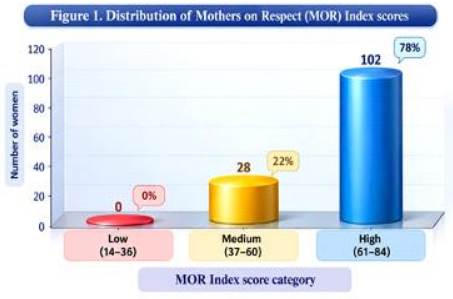
RESULTS

Respectful maternity care

Among the 130 women for whom the MOR Index was reported, 102 (78%) had high scores, 28 (22%) had medium scores and none had low scores. Thus, the observed distribution was concentrated in the high-respect category.

Table 1. Distribution of Mother on Respect Index scores (n=130).

MOR category	Score range	n	%
Low	14–36	0	0
Medium	37–60	28	22
High	61–84	102	78
Total	14–84	130	100

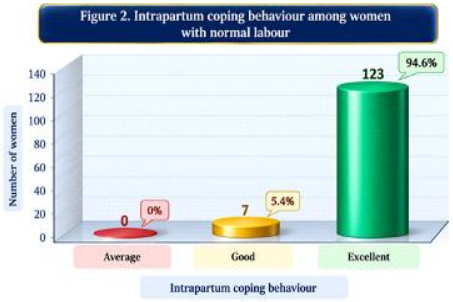


Intrapartum coping behaviour

Among the 130 women observed during normal labour, 123 (94.6%) demonstrated excellent coping behaviour and 7 (5.4%) demonstrated good coping behaviour. No woman was classified as having average coping behaviour.

Table 2. Intrapartum coping behaviour among women with normal labour (n=130).

Coping category	n	%
Average	0	0
Good	7	5.4
Excellent	123	94.6
Total	130	100



Relationship between respectful care and intrapartum coping

The source thesis reported a moderate positive correlation between intrapartum coping behaviour and MOR Index score (r=0.691, p<0.0001), indicating that higher reported respect was associated with better observed coping behaviour in labour. Because individual paired observations are not available in the extracted thesis results used for this manuscript, an individual-level scatter plot has not been fabricated.

Table 3. Correlation between MOR Index score and intrapartum coping behaviour (n=130).

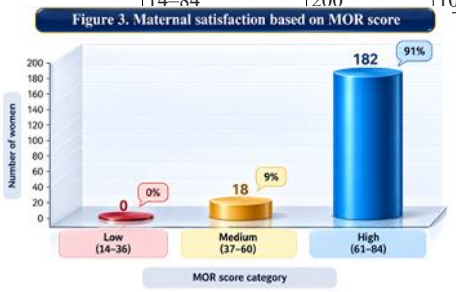
Variables	Correlation ®	p value
MOR Index score × intrapartum coping score	0.691	<0.0001

Maternal satisfaction

Maternal satisfaction was assessed in the full cohort of 200 women. Eighteen women (9.0%) were in the medium category, while 182 (91.0%) were in the high category; none were classified as low.

Table 4. Maternal satisfaction based on the MOR score framework (n=200).

Satisfaction category	Score range	n	%
Low	14–36	0	0
Medium	37–60	18	9.0
High	61–84	182	91.0
Total	14–84	200	100



Association with Selected variables

MOR score was not significantly associated with gravida, parity, pregnancy planning status, maternal age, educational qualification, occupation or type of family at the 0.05 level. Intrapartum coping behaviour was significantly associated with gravida (p=0.005) and parity (p=0.001), but not with age, educational qualification or occupation. Total duration of labour had a positive but statistically non-significant correlation with MOR score (r=0.43, p=0.63), while its relationship with intrapartum coping was negative and statistically significant (p<0.0001). These findings are reported here as secondary observations from the source thesis rather than as prespecified causal analyses.

Table 1. Association of intrapartum coping behaviour score with selected demographic and obstetric variables (n=130)

Variable	Groups	n	Mean ± SD	F value	p value	Interpretation
Gravida	G1	63	82.45 ± 4.43	5.45	0.005	Significant
	G2	57	83.84 ± 4.47			
	G3 & above	10	88.33 ± 1.51			
Parity	Para 0	72	82.33 ± 4.64	7.52	0.001	Significant
	Para 1	54	84.56 ± 3.94			
	Para 2	4	89.00 ± 1.16			
Pregnancy planning	Unplanned	31	84.20 ± 3.73	0.52	0.60	Not significant
	Planned	93	83.24 ± 4.75			
	ART infertility treatment	6	83.00 ± 4.24			
Age	≤20 years	6	80.71 ± 3.77	1.50	0.21	Not significant
	21–25 years	54	83.67 ± 4.64			
	26–30 years	46	83.00 ± 4.60			
	31–35 years	20	83.89 ± 4.58			
	36–40 years	4	85.89 ± 2.85			

Educational qualification	<X	21	83.69 ± 3.86	0.51	0.73	Not significant
	X–XII	33	82.60 ± 4.53			
	Diploma/below graduation	20	83.94 ± 5.80			
	Graduation	42	83.55 ± 4.42			
	Post-graduation	14	84.19 ± 4.29			
Occupation	Housewife	96	83.27 ± 4.54	0.52	0.67	Not significant
	Government	21	84.57 ± 5.18			
	Private	12	83.00 ± 3.13			
	Daily/Temporary	1	84.00			
Type of family	Nuclear	46	83.35 ± 4.65	0.22	0.82	Not significant
	Joint	84	83.56 ± 4.43			

Interpretation: Intrapartum coping behaviour showed a statistically significant association with gravida (p=0.005) and parity (p=0.001). No statistically significant association was observed with pregnancy planning, age, education, occupation or type of family.

Table 3. Correlation between MOR Index, intrapartum coping and duration of labour

Variables compared	n	Correlation coefficient (r)	p value	Interpretation
MOR Index score × intrapartum coping behaviour score	130	+0.691	<0.0001	Statistically significant positive correlation
Duration of labour × intrapartum coping behaviour score	130	−0.338	<0.0001	Statistically significant negative correlation

The strongest finding for the RMC manuscript is the positive correlation between MOR score and intrapartum coping (r=0.691, p<0.0001). The thesis also reports a non-significant positive correlation between duration of labour and MOR score and a significant negative correlation between duration of labour and coping behaviour. Main Thesis

The principal inferential finding is that higher respectful maternity care scores were significantly associated with better intrapartum coping behaviour (r=0.691, p<0.0001). Intrapartum coping also differed significantly according to gravida and parity. However, MOR scores themselves did not differ significantly across the examined demographic and obstetric groups.

DISCUSSION

The principal finding of this focused analysis was the predominance of high MOR scores: 78% of women assessed with the MOR Index were classified in the high-respect category, with no woman in the low category. This finding is clinically relevant because respectful care is not simply an interpersonal preference; it reflects women's rights to dignity, information, participation and freedom from mistreatment. [1,6] The observed association between MOR score and intrapartum coping is another important finding. The correlation coefficient of 0.691 indicates a moderate-to-strong positive relationship in this sample. Respectful communication, emotional support, involvement in decisions and the opportunity to ask questions may plausibly contribute to a woman's sense of control and ability to cope during labour. However, the observational design does not establish directionality or causation. Better coping may also improve women's perceptions of care, and both outcomes may be influenced by unmeasured characteristics of women, labour or providers.

The finding that 94.6% of women demonstrated excellent coping behaviour is consistent with the broader concept that supportive maternity care should address both physiological safety and women's psychological experience. WHO intrapartum recommendations explicitly frame childbirth as an experience requiring woman-centred, respectful care rather than focusing exclusively on technical outcomes.[3]

Maternal satisfaction was also high: 91% of the 200 women were classified in the high category and none in the low category. RMC should be embedded in routine quality monitoring rather than treated as a separate soft-skill initiative. Midwives and nurses can support RMC through structured antenatal counselling, clear explanations before procedures, privacy protection, encouragement of questions, shared decision-making, emotional support during labour and continuity across the maternity pathway. At institutional level, audit indicators can include women's reported experience of respect, consent, privacy, communication and participation alongside conventional maternal and neonatal outcomes.

Strengths and limitations

A major strength is the use of a structured respect measure alongside an observational assessment of intrapartum coping and a broader assessment of maternal satisfaction. The study also draws on prospectively followed participants within a real-world tertiary-care maternity service. The MOR Index provides a structured framework for examining women's experiences rather than relying only on global satisfaction.

Several limitations require emphasis. the MOR/coping analysis included 130 women, whereas satisfaction was reported for 200 women; therefore denominators must not be combined. The study was conducted in a single tertiary hospital in Western Maharashtra there was no control or comparison group, so causal claims about the midwife-led model are not justified.

Implications for nursing and midwifery practice

The results reinforce the role of midwives and nurses as key providers of respectful, continuous and emotionally supportive maternity care. Institutions implementing midwife-led services should consider competency-based training in respectful communication, informed consent, privacy, shared decision-making and labour support; routine measurement of women's experience; structured feedback mechanisms; and multidisciplinary review of complaints and positive-care indicators. Future studies should use multicentre designs, larger samples and validated RMC instruments, and should include provider-level and facility-level variables. Comparative studies could determine whether continuity of midwife care independently predicts respectful care and positive childbirth experience after adjustment for clinical and sociodemographic factors.

CONCLUSION

Within the studied midwife-led continuity care setting, most women reported high levels of respect and satisfaction, and nearly all women observed during normal labour demonstrated good or excellent intrapartum coping. A statistically significant moderate positive correlation was observed between MOR score and intrapartum coping. These findings support the integration of respectful, continuous and woman-centred care into maternity service delivery. Further multicentre comparative research is needed to establish generalisability and to determine whether continuity of midwife care contributes independently to improved respectful maternity care and childbirth experience.

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