



Respectful Maternity Care: A Policy Solution to Reduce Postpartum Post-Traumatic Stress Disorder and Improve Fertility Outcomes

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Abstract

Problem: Thousands of women in Iran experience disrespectful and traumatic childbirth annually, which can lead to postpartum post-traumatic stress disorder (PTSD) and influence decisions about future fertility. Beyond the psychological impact, this issue also imposes serious social and economic burdens on the healthcare system.

Key Results: In our study of 420 women 1–12 months postpartum, over 60% reported experiences of disrespect or violations of their rights during childbirth. Moreover, higher levels of respectful maternity care were significantly associated with lower severity of postpartum PTSD.

Recommended Action: Implementing RMC protocols, including staff training, standardized procedures, and continuous monitoring, can reduce postpartum PTSD while improving childbirth experiences and supporting positive fertility decisions.

Urgency: Without immediate action, more women will experience psychological harm. In addition, healthcare costs for mental health support will rise, and fertility rates may be negatively affected.

Target Audience: The Ministry of Health officials, hospital and healthcare center administrators, health policymakers, and maternal health advocates.

Keywords: Respectful maternity care, Childbirth, PTSD, Mental health, Fertility decision-making

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Received: February 11, 2026

Revised: April 11, 2026

Accepted: April 11, 2026

ePublished: Xx x, 2026

Cite this article as: Sourinejad H, Adibmoghaddam E, Raisi Dehkordi Z, Reisi M. Respectful maternity care: a policy solution to reduce postpartum post-traumatic stress disorder and improve fertility outcomes. *Journal of Multidisciplinary Care* 2025;14(1):x-x. doi:10.34172/jmdc.1467

Introduction

Many women annually experience disrespect and mistreatment during facility-based childbirth worldwide, which can result in traumatic birth experiences and an increased risk of postpartum psychological disorders, such as post-traumatic stress disorder (PTSD) (1, 2). According to evidence, negative interactions during labor and delivery are associated with adverse maternal mental health outcomes and may influence women's decisions regarding future fertility and use of maternity services (3). Respectful maternity care (RMC) is defined as care that maintains women's dignity, privacy, and autonomy while ensuring freedom from harm and discrimination during childbirth (2, 4). It is further recognized as a fundamental human right and an essential component of high-quality, person-centered healthcare systems. Some studies have shown that respectful care is associated with improved childbirth experiences, higher maternal satisfaction, and better psychological outcomes (1, 4). Despite the global

recognition of its importance, disrespect and abuse during childbirth remain widespread, particularly in low-income and middle-income settings, including Iran (1, 5). Without timely policy action, the consequences of poor-quality maternity care, including increased demand for mental health services, reduced trust in healthcare systems, and potential negative effects on fertility behavior, will continue to grow. Therefore, implementing standardized RMC protocols, including staff training, monitoring, and accountability mechanisms, is an urgent policy priority to reduce postpartum PTSD while improving maternal health outcomes.

Materials and Methods

This study was conducted to examine the association between RMC, postpartum PTSD, and fertility intentions among mothers. Overall, 420 women, 1–12 months postpartum, attending comprehensive health centers in Shahrekord, Iran, participated in the study.

Data were collected using validated questionnaires measuring RMC, postpartum PTSD, intended future fertility. Sampling was performed using convenience methods. The study protocol was approved by the Ethics Committee of Shahrekord University of Medical Sciences, and informed consent was obtained from all participants (ethical code IR.SKUMS.REC.1402.144).

Key Points for Policymakers

Population: 420 postpartum women

Setting: Comprehensive health centers, Shahrekord, Iran

Tools: Simple questionnaires on respectful care, PTSD, and fertility intentions

Ethical Oversight: Approved and consent obtained

Results

Among 420 postpartum women surveyed in Shahrekord, over 60% reported experiencing disrespect or mistreatment during childbirth.

Higher levels of RMC were remarkably associated with lower postpartum PTSD severity.

Negative childbirth experiences not only affect maternal mental health but may influence fertility decisions, leading some women to postpone or avoid future pregnancies.

The other impacts of such experiences include increased demand for mental health services, potential economic costs to the healthcare system, and negative effects on maternal and child health outcomes.

Recommendations

Staff Training

Who: All obstetricians, midwives, and delivery staff

What: Training on RMC principles and communication skills

How to Measure Success: Pre-training and post-training patient feedback surveys and reductions in reported disrespect cases

Standardized Protocols

What: National guidelines for RMC implementation in all healthcare facilities

How: Adherence monitoring through monthly audits and reporting systems

Patient Awareness and Engagement

What: Educating pregnant women on their rights and what constitutes respectful care

How: Distributing information leaflets and posters in maternity wards and integrating RMC into prenatal classes

Monitoring and Evaluation

What: Tracking PTSD rates, patient satisfaction, and fertility decisions annually

How: Using structured questionnaires and hospital reporting systems to assess progress

Urgency: Immediate implementation is critical to prevent further psychological harm, reduce healthcare costs, and promote positive fertility outcomes.

Target Audience: The Ministry of Health officials, hospital administrators, policymakers in maternal and child health, and advocacy organizations.

Conclusion

The evidence from this study of 420 postpartum women in Shahrekord, Iran, is clear: over 60% experienced disrespect or mistreatment during childbirth, and higher levels of respectful maternity care (RMC) were strongly associated with lower severity of postpartum PTSD. These findings underscore that RMC is not merely an aspirational ideal but a practical, evidence-based intervention with measurable effects on maternal mental health. When women are subjected to abusive or dismissive care during labor and delivery, the consequences extend beyond immediate psychological harm—they influence future fertility decisions, increase long-term demand for mental health services, and erode trust in the healthcare system. Conversely, implementing RMC protocols offers a feasible, cost-effective policy solution that addresses multiple priorities simultaneously: improving birth outcomes, reducing PTSD burden, and supporting reproductive health goals.

To realize these benefits, the Iranian Ministry of Health, hospital administrators, and maternal health advocates must act with urgency. Immediate steps should include mandatory RMC training for all delivery staff, adoption of standardized national protocols with regular audits, and patient education campaigns to empower pregnant women about their rights to dignified care. Without such action, the cycle of traumatic birth experiences, postpartum psychological morbidity, and altered fertility intentions will continue, imposing rising social and economic costs on families and the healthcare system. Respectful maternity care is not a luxury—it is a human right and a smart policy investment. The time to implement, monitor, and scale RMC across all facilities is now.

Authors' Contribution

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Competing Interests

The authors declare that there are no conflicts of interest to disclose.

Ethical Approval

The study protocol was approved by the Ethics Committee of Shahrekord University of Medical Sciences (ethical code IR.SKUMS.REC.1402.144).

Funding

None.

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