



# IMPLEMENTATION OF THE RESPECTFUL MATERNITY CARE APPROACH IN CARING FOR PREGNANT WOMEN WITH OBESITY: A PHENOMENOLOGICAL STUDY

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## Abstract

The increasing prevalence of obesity in pregnant women poses a significant challenge to midwifery and public health practice, particularly in ensuring dignified and equitable care. Although numerous studies have addressed the medical risks of obesity in pregnancy, limited studies have highlighted how the principles of Respectful Maternity Care (RMC) are applied to obese pregnant women, particularly from the perspectives of both mothers and health workers. This study aims to fill this gap by exploring the experiences of obese pregnant women and midwives in implementing RMC in midwifery services in Bengkulu City, Indonesia. This study used a descriptive qualitative approach, with data collected through in-depth interviews with 7 obese pregnant women, 5 midwives, and 1 head of a community health center. Thematic analysis yielded six main themes: (1) maternal perceptions of self and pregnancy, (2) experiences of stigma and discrimination in health services, (3) the meaning of RMC-based midwifery care, (4) challenges for midwives in implementing empathetic communication, (5) family support in managing healthy lifestyle behaviors, and (6) transformation of self-awareness through dignified care. The results showed that empathetic and non-discriminatory communication increased maternal confidence and adherence to healthy lifestyle behaviors, while limited time and training were barriers to consistent RMC implementation. This study emphasizes the importance of institutional policies that strengthen RMC training, involve families in care, and build a more humanistic and inclusive midwifery service system for pregnant women with obesity.

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## INTRODUCTION

One of the increasing public health problems worldwide is obesity in pregnancy. More than 50% of adult women are overweight or obese, including those of childbearing age, which increases the risk of pregnancy complications and impacts maternal and perinatal health. (World Health Organization, 2023). In Indonesia, Basic Health Research (Riskesdas, 2018) data recorded that the proportion of women of childbearing age with obesity reached 31%, some of whom were or would be pregnant. Pregnant women

with obesity have a risk of Gestational Diabetes Mellitus (GDM), hypertension in pregnancy, preeclampsia, and labor complications, infant death, labor induction, emergency caesarean section, postpartum hemorrhage, and shoulder dystocia as well as uExcessive maternal body size can complicate clinical assessment during pregnancy, including determining fetal size, fetal position or presentation, and accurate external monitoring of fetal heart rate.(Aune et al., 2014)(Zhou et al., 2015). This condition not only poses clinical challenges, but also affects the psychological and social aspects of pregnant women. (Daly et al., 2022)(Denison et al., 2019).

Pregnant women with obesity often face more complex challenges, including stigma and discrimination in healthcare. Many report negative experiences, such as receiving offensive comments, being treated with a lack of empathy, or even being ignored.(Poston et al., 2016)This stigma often stems from healthcare professionals' perceptions that obesity is a result of a lack of self-discipline, rather than a multifactorial condition. As a result, obese pregnant women may feel embarrassed, anxious, or lose trust in healthcare professionals. These psychological conditions can ultimately impact maternal involvement in the care process and decrease adherence to medical recommendations.(Schmied et al., 2017).

Several studies have revealed that the stigma against obese pregnant women stems not only from the wider community but also from healthcare professionals who are supposed to provide support. According to Bohren et al. (2019), some healthcare professionals exhibit judgmental behavior, make negative comments, or blame the physical condition of obese mothers, rather than providing empathetic support, as is the principle of professional care. This situation leaves mothers feeling uncomfortable, embarrassed, and even reluctant to seek regular prenatal checkups.(MA Bohren et al., 2019).

Young et al.'s (2024) research in Zambia showed that discriminatory treatment and stigma from health workers reinforced obese pregnant women's fear of accessing pregnancy services, potentially delaying early detection of complications.(Young et al., 2024)Meanwhile, Chua et al. (2024) added that judgmental communication can erode mothers' trust in health workers and reduce compliance with medical advice.(Chua et al., 2024)Similar results were also found by Mulikaburt et al. (2022), who reported that many obese pregnant women felt blamed for their body condition, thus choosing to avoid interaction with medical personnel.(Mulikaburt et al., 2022).

In the context of midwifery, this situation poses a serious challenge to efforts to provide holistic, maternal-centered care. Ideally, midwifery services should not only focus on the physical aspects but also encompass the emotional and social dimensions that influence maternal well-being during

pregnancy. This is where the concept of Respectful Maternity Care (RMC) becomes relevant and crucial. RMC is a care approach grounded in respect for women's rights, dignity, and autonomy during pregnancy, childbirth, and the postpartum period.(Cayama et al., 2025)The main principle is to provide non-discriminatory, empathetic, informative services, and ensure that mothers are actively involved in every decision related to their health.(MA Bohren et al., 2020).

The implementation of RMC is crucial, especially for vulnerable groups such as obese pregnant women. This approach can help reduce stigma, create an emotionally safe environment for care, and strengthen the trusting relationship between mothers and midwives. When mothers feel valued and heard, they are more motivated to adopt healthy lifestyles, attend regular antenatal checkups, and follow appropriate nutrition and physical activity recommendations. Numerous studies have shown that implementing RMC principles can improve maternal satisfaction, strengthen involvement in decision-making, and positively impact pregnancy outcomes.(MA Bohren et al., 2015).

However, in practice, the implementation of RMC still faces various obstacles. Many midwives in the field do not fully understand the concept of RMC, especially when dealing with pregnant women with special conditions such as obesity. Several studies in Indonesia have shown that high workloads, time constraints, and a medically oriented service culture hinder the application of humanitarian values in midwifery care (Suryani et al., 2021). Furthermore, the lack of technical guidelines specifically integrating RMC with obesity management in pregnancy makes this approach difficult to implement consistently.(Sangy et al., 2023).

A preliminary survey conducted on May 15, 2025, through closed-door interviews with two obese pregnant women revealed diverse experiences in receiving midwifery care. The interviews revealed that they often felt uncomfortable during prenatal checkups due to offensive comments about their weight, both from health workers and their social environment. They also felt treated differently compared to other pregnant women of normal weight, particularly in terms of communication and the provision of health information. The results of this preliminary survey indicate that the experiences of obese pregnant women in receiving midwifery care are still diverse, depending on the attitudes and approaches of health workers. These findings emphasize the importance of implementing the principle of Respectful Maternity Care (RMC) so that every mother, including those with obesity, can receive dignified, equal, and individualized care.

Therefore, this study aims to explore the implementation of the Respectful Maternity Care approach in midwifery care for obese pregnant women, both from the perspective of health workers (midwives) and

from the subjective experiences of pregnant women themselves. The results are expected to provide a deeper understanding of how the RMC principle is applied in practice, the factors that support and hinder its implementation, and its impact on the experiences and behaviors of obese pregnant women.

## **MATERIALS AND METHODS**

This study used a qualitative approach with a phenomenological design, aiming to explore in-depth the experiences of obese pregnant women in receiving and responding to midwifery care based on Respectful Maternity Care (RMC). The phenomenological approach was chosen because it can reveal the subjective meanings experienced by participants, including emotional, social, and perceptual aspects of the care they received during pregnancy.(Sugiyono, 2017).

The research was conducted in the working area of Community Health Centers throughout Bengkulu City. The research was conducted in June – July 2025. The research informants consisted of 7 pregnant women with obesity ( $BMI \geq 30 \text{ kg/m}^2$ ), 3 midwives and 1 head of the Community Health Center. The sample selection technique used purposive sampling. Data were collected through in-depth interviews using semi-structured interview guidelines. Questions focused on the experiences of obese pregnant women in managing healthy lifestyle behaviors, perceptions of midwife treatment, and the meaning of implementing the RMC principle in the care process. The data obtained were analyzed using the thematic method according to Colaizzi, which includes seven stages: (1) reading interview transcripts repeatedly, (2) marking meaningful statements, (3) formulating meaning, (4) grouping themes, (5) compiling comprehensive descriptions, (6) identifying the essential structure of experiences, and (7) confirming the results with participants (member checking).(Widadi et al., 2023). All research procedures have obtained ethical approval from the Health Research Ethics Commission of STIKes Sapta Bakti Bengkulu with ethical permit number: No. 101/KEPK-SSB/V/2025. The researcher guarantees the confidentiality of the participants' identities, and each participant signs an informed consent form before the interview begins.

## **RESULTS AND DISCUSSION**

Thematic analysis in this study yielded six main themes that in-depth describe the experiences of obese pregnant women receiving midwifery care and the relevance of implementing Respectful Maternity Care (RMC). These six themes provide a comprehensive understanding of the psychological, social, and professional dynamics that influence the quality of midwifery care for this high-risk group of mothers.

Table 1. Thematic Analysis Results

No	Theme	Sub-Theme	Verbatim Quote
1	Obese Pregnant Women's Perceptions of Themselves and Their Pregnancy Conditions	<ul style="list-style-type: none"> <li>- Concerns about the risks of pregnancy</li> <li>- Feelings of inferiority due to physical changes</li> <li>- Gradual self-acceptance</li> </ul>	"I'm afraid that the birth will be difficult because I've gained a lot of weight." (O1, 29 years old) "Sometimes I feel inferior when I see other pregnant women who are slimmer, so I feel embarrassed during check-ups." (O3, 31 years old)
2	Experiences of Stigma and Discrimination in Health Services	<ul style="list-style-type: none"> <li>- Negative comments from health workers</li> <li>- Feeling embarrassed and reluctant to come to health facilities</li> <li>- Perception of not being treated equally</li> </ul>	"The midwife said I wasn't paying attention to what I was eating, even though I was trying to diet." (O5, 33 years old) "I became lazy about going for check-ups because I was afraid of being blamed all the time." (O2, 28 years old)
3	The Meaning of Respectful Maternity Care (RMC)-Based Midwifery Care	<ul style="list-style-type: none"> <li>- Experience getting emotional support</li> <li>- Empathetic communication and respect for mothers</li> <li>- Providing a safe space for sharing</li> </ul>	"When the midwife listened to me share my problems without judging me, I felt appreciated as a mother." (O6, 30 years old) "I was happy because the midwife was patient, spoke softly and didn't embarrass me." (O4, 32 years old)
4	Challenges for Midwives in Implementing RMC Principles	<ul style="list-style-type: none"> <li>- High workload and limited consultation time</li> <li>- Lack of empathetic communication training</li> <li>- The focus of services is still medical</li> </ul>	"There are so many patients, so sometimes we don't have time to chat for long." (B1, Midwife) "Not all midwives understand how to communicate with obese mothers without offending them." (B3, Midwife) "There needs to be an increase in the capacity of midwives so they can implement RMC consistently, especially in cases of high-risk mothers such as those with obesity." (K1, Head of the Community Health Center)
5	Social Support and the Role of the Family in Managing Healthy Living Behavior	<ul style="list-style-type: none"> <li>- The role of partners in motivation and monitoring of eating patterns</li> <li>- Family involvement in pregnancy check-ups</li> <li>- Emotional support from the environment</li> </ul>	"My husband helps me with my meals, so I don't feel alone." (O7, 29 years old) "My family always reminds me to go for a morning walk and eat vegetables." (O6, 31 years old)
6	Transformation of Attitude and Self-Awareness Through Dignified Parenting	<ul style="list-style-type: none"> <li>- Increased awareness of the importance of self-care</li> <li>- Change your mindset to be more positive</li> <li>- Independence in maintaining health</li> </ul>	"I used to think obesity was fate, but now I know I can take care of myself and be healthier." (O2, 28 years old) "I'm more enthusiastic about participating in prenatal exercise because the midwife always encourages me." (O6, 31 years old)

The results of this study highlight the complex experiences of obese pregnant women in the context of implementing Respectful Maternity Care (RMC). The findings indicate that obese pregnancies pose not only medical challenges but also impact psychological, social, and relational aspects within the midwifery care system. Each theme generated from the thematic analysis is interconnected and forms

a comprehensive understanding of how RMC can be a crucial approach to improving maternal well-being and equitable midwifery care.

The first theme, "Obese Pregnant Women's Perceptions of Themselves and Their Pregnancy Conditions," illustrates the emotional ambivalence of obese pregnant women, who experience joy over their pregnancy but also anxiety about the risk of complications such as preeclampsia, gestational diabetes, and difficult labor. This is in line with the WHO (2023) report that obese mothers are two to three times more likely to experience obstetric complications than mothers of normal weight. (World Health Organization, 2023). In addition to medical factors, social pressures worsen their self-perception. Many mothers feel ashamed and afraid of being judged by those around them, including health professionals who sometimes make negative comments about their weight. This stigma triggers internal stigma, where mothers begin to believe these negative views and lose self-confidence. According to Bell-Brown et al. (2022), internal stigma due to obesity can lower self-esteem and reduce adherence to health recommendations. (Bell-Brown et al., 2022) Therefore, emotional support and empathetic communication from healthcare professionals are crucial. A non-judgmental, respectful approach to maternal dignity can help foster positive perceptions of the body and pregnancy and increase maternal engagement in a safe and humanistic care process.

The second theme, "Experiences of Stigma and Discrimination in Healthcare," revealed that some obese pregnant women still face discriminatory treatment from healthcare professionals. This discrimination manifests itself in comments about weight, moral judgments, or impatience in providing care. This aligns with a study by Saw et al. (2021), which found that obese pregnant women often feel judged by healthcare professionals, making them reluctant to undergo routine checkups. (Saw et al., 2021) In this study, the Head of the Community Health Center emphasized that this stigma is a barrier for mothers to access antenatal care services. This situation demonstrates the importance of implementing RMC to ensure that every mother, regardless of her physical condition or background, has the right to receive services that respect her dignity and autonomy.

The third theme, "The Meaning of Respectful Maternity Care (RMC)-Based Midwifery Care," demonstrates that implementing RMC principles can create a positive experience for obese pregnant women. Warm communication, emotional support, and respect for the mother's privacy and decisions are at the heart of dignified care. Research by Bohren et al. (2015) confirms that RMC is not merely an ethical practice, but a human rights-based approach aimed at eliminating inhumane treatment of women during pregnancy and childbirth. (M. Bohren et al., 2015) In this context, midwives act as facilitators, building a sense of security and confidence in pregnant women. When midwives are empathetic and

non-judgmental, mothers feel more motivated to comply with health recommendations and manage their weight positively.

However, the fourth theme, "Challenges for Midwives in Implementing RMC Principles," shows that RMC implementation still faces various obstacles. Several midwives expressed time constraints due to high workloads, a lack of empathetic communication training, and administrative pressures that make services mechanical. This aligns with the findings of research by Filby et al. (2016), which found that a busy work environment and minimal structural support often hinder health workers from consistently implementing RMC principles.(Filby et al., 2016)The Head of the Community Health Center also emphasized the need for support systems such as ongoing training, empathy-based supervision, and the development of specific SOPs for services for obese pregnant women to ensure that the RMC principle remains in the public domain.

Furthermore, the fifth theme, "Social Support and the Role of the Family in Managing Healthy Lifestyle Behaviors," demonstrates that the family plays a significant role in determining the success of obese pregnant women in adopting a healthy lifestyle. Support in the form of assistance to health facilities, motivation to maintain a healthy diet, and partner involvement in the pregnancy process contribute to improving maternal emotional well-being. A study by Hawkins et al. (2021) confirmed that social support can strengthen the effectiveness of behavioral interventions for obese pregnant women, as feelings of acceptance and love increase adherence to health programs.(Hawkins et al., 2021)In the context of RMC, the family is part of a support system that must be integrated into midwifery services so that mothers do not feel alone in facing the challenges of pregnancy.

The final theme, "Transforming Attitudes and Self-Awareness Through Dignified Care," illustrates the positive impact of implementing RMC principles on behavioral changes in obese pregnant women. Mothers feel more confident, have the courage to make decisions, and understand the importance of maintaining a balance between physical and psychological needs. This aligns with research by Hajizadeh et al. (2020), which shows that positive experiences in midwifery care can increase maternal self-confidence, ultimately leading to better pregnancy outcomes.(Hajizadeh et al., 2020)When mothers feel valued and not judged, they are more open to receiving health education and are more active in the decision-making process.

From the overall analysis, it can be concluded that implementing Respectful Maternity Care is a highly relevant approach to improving the quality of care for obese pregnant women. Respectful Maternity Care serves not only as an ethical strategy but also as an effective intervention that impacts behavioral,

psychological, and social aspects. In this context, midwives need to strengthen empathetic communication skills, understand the diversity of maternal backgrounds, and build cross-sector collaboration, including with families and the community.

Furthermore, institutional policies are needed to support the sustainable implementation of RMC, such as the development of specific service guidelines for obese pregnant women and a patient-experience-based evaluation system. As emphasized by the WHO, dignified midwifery care is the foundation of a just and well-being-oriented health system for women. Therefore, the results of this study confirm that RMC is not only an ethical choice but an urgent need to address the challenges of modern midwifery care, particularly for obese pregnant women who are vulnerable to stigma and inequities in health care.

## CONCLUSION

This study confirms that the implementation of Respectful Maternity Care (RMC) plays a crucial role in improving the quality of care for obese pregnant women. Findings indicate that in addition to facing medical risks, obese pregnant women also experience psychological and social stress due to stigma and discriminatory treatment, both from the community and healthcare professionals. Through an RMC approach that emphasizes empathy, respect for dignity, and supportive communication, midwives can create a more inclusive and empowering care environment. Family support has also been shown to be a protective factor in encouraging healthy lifestyle behaviors during pregnancy. Therefore, strengthening the implementation of RMC, training in empathetic communication for healthcare professionals, and family involvement are key strategies for achieving humanistic and equitable midwifery care for obese pregnant women.

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