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PERCEPTIONS OF RESPECTFUL MIDWIFERY CARE AMONG MOTHERS WITH GESTATIONAL DIABETES: A QUALITATIVE EXPLORATION OF MATERNITY CARE EXPERIENCES

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Abstract

The high prevalence of gestational diabetes mellitus (GDM) highlights the importance of understanding the psychosocial experiences of pregnant women, particularly in relation to support the quality of maternity care. While previous studies have primarily focused on the clinical aspects of GDM, significant gaps remain in understanding mothers' experiences and how family support and interactions with healthcare providers influence both adherence to self-management and maternal psychological well-being. This study aimed to explore the experiences of women with GDM in Bengkulu City, with a particular focus on the implementation of Respectful Maternity Care (RMC) principles. A qualitative phenomenological approach was employed, using in-depth interviews conducted both synchronously (in real time) and asynchronously (via messaging platforms) with six women with GDM, three midwives, and one head of a community health center. Participants were purposively recruited via social media and through local gatekeepers associated with community health centers. Thematic analysis, following Braun and Clarke, was applied, with verbatim transcription used to ensure data credibility. The findings revealed five main themes: emotional experiences related to diagnosis and maternity care, communication and therapeutic relationships with midwives, participation in decision-making, the need for empathic and continuous support, and challenges in managing lifestyle modifications. Stigma and psychological pressure emerged as barriers, whereas empathic communication, patient empowerment, and family/community support served as protective factors. These findings underscore that a holistic, mother-centered application of RMC can enhance maternal engagement, mitigate the effects of stigma, and improve adherence to self-management. The study's implications are critical for developing integrative midwifery interventions that are sensitive to the local context and actively involve family and community support in GDM management.

Keywords: Gestational diabetes mellitus, Psychosocial experience, Respectful Maternity Care, Maternal Experience

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INTRODUCTION

Gestational diabetes mellitus (GDM) is a metabolic disorder that arises or is first diagnosed during pregnancy and represents a global public health concern. GDM is associated with an increased risk of maternal and neonatal complications. Clinically, GDM is linked to a higher likelihood of complications for pregnant women, including preeclampsia, cardiovascular disease, obstructed labor, and elevated rates

of cesarean delivery. Its impact extends beyond pregnancy and childbirth. Women with a history of GDM have an eightfold higher risk of developing type 2 diabetes compared to those without such a history. Approximately 70% of women with GDM are expected to progress to type 2 diabetes, with the highest risk occurring within the first five years postpartum and stabilizing around ten years after delivery. Meanwhile, infants born to mothers with GDM face an increased risk of macrosomia, neonatal hypoglycemia, obesity, and future metabolic disorders (Eades, Burrows, Andreeva, Stansfield, & Evans, 2024; Ye et al., 2022).

In addition to physiological effects, GDM has significant psychological consequences for pregnant women. A GDM diagnosis often triggers anxiety, stress, guilt, and fear of pregnancy complications. Lifestyle modifications, including strict dietary restrictions, daily blood glucose monitoring, and potential insulin therapy, may exacerbate emotional stress during pregnancy. Studies indicate that women with GDM experience higher levels of antenatal distress and depression compared to those without GDM, which can negatively impact quality of life, treatment adherence, and postpartum mother-infant relationships (Chumaira, 2025; Pamungkas et al., 2021).

Global estimates suggest that a substantial proportion of pregnancies are affected by hyperglycemia in pregnancy, emphasizing the urgency of detection, management, and comprehensive support. According to the 2024 International Diabetes Federation (IDF) report, approximately 23.3 million live births, equivalent to 15.6% of all births worldwide, occur in women with some form of hyperglycemia during pregnancy, whether due to GDM or pre-existing or newly identified diabetes (International Diabetes Federation, 2024). The World Health Organization (WHO) estimates that one in six live births (approximately 16.8%) globally occurs in women with hyperglycemia during pregnancy, most of which are attributable to GDM as the most common form of first-onset hyperglycemia during gestation (WHO, 2018). In Southeast Asia, as well as in low- and middle-income countries, GDM prevalence shows considerable variation but tends to be higher than in other regions, influenced by predisposing factors such as obesity, dietary changes, urbanization, and population genetics. In Indonesia, based on studies and literature reviews, the estimated prevalence of GDM ranges from 1.9% to 3.6% (Dewi, Martini, & Isfandiari, 2024; Siswishanto et al., 2023).

GDM not only concerns rising prevalence and obstetric or neonatal complications but also relates to the quality of care received by pregnant women. Despite advances in early detection and clinical management, the psychosocial aspects and subjective experiences of women with GDM are often overlooked in maternal healthcare practice. Research indicates that healthcare services tend to focus on glycemic control and medical interventions, while the emotional and social dimensions of pregnancy with GDM—such as anxiety, stress, and the need for emotional support—receive insufficient attention (Suárez et al., 2022; Rahayu et al., 2023).

The approach of respectful midwifery care provides a suitable framework, emphasizing respect for women's dignity, recognition of patient autonomy, and provision of care that is responsive to individual emotional and cultural needs. Woman-centered care has the potential to enhance patient satisfaction, strengthen the therapeutic relationship between midwives and mothers, and promote adherence to necessary therapy and lifestyle modifications in GDM management (Miller et al., 2023; Bohren et al., 2022).

The concept of Respectful Maternity Care (RMC) has emerged as a critical framework, highlighting respect for dignity, privacy, the right to make informed decisions, freedom from humiliating or discriminatory treatment, and continuous support throughout pregnancy, childbirth, and the postpartum period (Amy et al., 2024). WHO has defined RMC principles aimed at improving maternal experiences while promoting equitable, safe, and inclusive access to maternity services (Kawish et al., 2023). Implementing RMC is not merely an ethical issue; evidence suggests that care practices respecting women's rights and dignity can improve patient satisfaction, trust in healthcare providers, and adherence to health recommendations, including for chronic conditions such as GDM (Sidhu, Su, Shapiro, & Stoll, 2020).

Consistent with these findings, Davis et al. (2024) reported that women with GDM require holistic, empathetic, and woman-centered midwifery care, rather than care focused solely on blood glucose control. Adequate emotional support is needed to address feelings of guilt regarding their fetus and to overcome one-way communication from healthcare providers, which can hinder maternal engagement in decision-making, reduce self-efficacy, and decrease adherence to self-management during pregnancy (Jeong, Kim, & Bang, 2025; Köpsén, Lilja, Hellgren, Sandlund, & Sjöström, 2023).

A preliminary study conducted on April 30, 2025, in the catchment area of community health centers across Bengkulu City, using closed interviews with two pregnant women with GDM, revealed that participants felt insufficiently supported emotionally during examinations and disease management. Communication with healthcare providers was perceived as primarily instructive and medically focused, such as on dietary regulation and glucose monitoring, without allowing mothers to express concerns, anxieties, or personal preferences regarding their care. Participants also reported feeling that their emotions and autonomy were undervalued, for example, when medical decisions were made without adequate explanation or active involvement in the decision-making process.

Based on this scientific and practical context, the present study aims to explore in depth the perceptions and experiences of pregnant women with GDM in receiving midwifery care guided by Respectful Midwifery Care principles. Emphasizing subjective experiences is expected to generate rich insights into

how aspects of RMC—such as empathetic communication, respect for autonomy, emotional support, and involvement in decision-making—are perceived and evaluated by women with GDM, providing essential information for developing more responsive midwifery practices tailored to the metabolic health needs of pregnant women

MATERIALS AND METHODS

This study employed a phenomenological approach, which aims to understand phenomena by exploring the perceptions and experiences of women with gestational diabetes mellitus (GDM) regarding respectful midwifery care (RMC). The study was conducted from September to November 2024. Data were collected using both synchronous (real-time) and asynchronous methods through in-depth interviews conducted via video call platforms such as WhatsApp and Zoom.

Participant recruitment was carried out by distributing research posters and registration form links (Google Form) at community health centers and on social media platforms, including WhatsApp, Instagram, Facebook, and Telegram. Informants were selected through purposive sampling based on inclusion criteria: pregnant women diagnosed with GDM by healthcare providers, who had received midwifery care, and who were willing to provide informed consent to participate. The number of participants was not predetermined but was determined according to the principle of data saturation. Informants were provided with information about the study objectives, benefits, and participation requirements before agreeing to take part in the interviews.

The study included six pregnant women, three midwives, and one head of a community health center. Data were collected through in-depth interviews using a semi-structured interview guide. The questions focused on the mothers' experiences during pregnancy with GDM, their perceptions of healthcare providers' attitudes and communication, and how respect and empathy were demonstrated during care. Interviews began with a trigger question, such as, "Can you describe your experience when you first learned that you had gestational diabetes?" followed by probing questions, including, "How did the midwife behave while providing care to you?" or "Did you feel involved in decision-making regarding your care?" Each interview lasted 45 to 60 minutes and was recorded with the participants' consent. All recordings were transcribed verbatim for analysis.

Data analysis was performed manually using Braun and Clarke's (2006) thematic analysis method. The study reporting adhered to the Standards for Reporting Qualitative Research (SRQR) guidelines. Ethical approval was obtained from STIKes Sapta Bakti with the approval number: 017/SKEB/KEPKSTIKesSaptaBakti/2024.

RESULTS AND DISCUSSION

The thematic analysis in this study identified five main themes reflecting the experiences of women with gestational diabetes mellitus (GDM) in coping with psychological stress, stigma, and lifestyle management challenges, while also highlighting the relevance of implementing Respectful Midwifery Care (RMC). These five themes included: emotional experiences related to diagnosis and maternity care, communication and therapeutic relationships with midwives, participation in decision-making, the need for empathic and continuous support, and challenges in managing lifestyle modifications. The findings indicate that the experiences of women with GDM are not solely related to clinical aspects but are also influenced by psychosocial dimensions, interactions with healthcare providers, and environmental support, all of which are key factors in the implementation of holistic, woman-centered RMC.

Table 1. Characteristic Informan

No	Code	Age (years)	Occupation	Weight (kg)	Height (cm)	BMI (kg/m²)
1	GD1	28	Housewife	68	160	26.56
2	GD2	32	Teacher	72	158	28.87
3	GD3	26	Private Employee	65	162	24.77
4	GD4	30	Private Employee	70	159	27.72
5	GD5	29	Housewife	66	161	25.47
6	GD6	31	Government Employee	74	163	27.84

Based on Table 1, the informants consisted of six pregnant women diagnosed with gestational diabetes mellitus (GDM), aged between 26 and 32 years. Their occupations varied, including homemaker, teacher, private employee, and one civil servant. The participants' body weight ranged from 65 to 74 kg, while their height ranged from 158 to 163 cm. The calculated Body Mass Index (BMI) indicated that the majority of participants were classified as overweight, with 5 out of 6 informants (83.3%) falling into this category, and one informant (16.7%) having a normal BMI. None of the participants were classified as underweight or obese. These findings suggest that most of the pregnant women in this study had a BMI above the normal range, which is a well-recognized risk factor for gestational diabetes.

Table 2. Thematic Analysis Results

No	Theme	Subtheme	Verbatim Quote (Informant Code)
1	Emotional Experiences Related to Diagnosis and Maternity Care	Anxiety, fear, and guilt	"I felt very scared when I was told I had gestational diabetes. The midwife only said I had to follow a strict diet and monitor my blood sugar, but I didn't really understand what it meant for my baby." (GD2)
		Reassuring emotional support	"My midwife explained things slowly, saying it could be controlled as long as I was disciplined. At that moment, I felt relieved because she didn't blame me." (GD5)
		Stigma and psychological pressure	"Sometimes friends or family say it's my fault, which makes me feel guilty and stressed. It feels like I've failed as a good mother." (GD3)

2	Communication and Therapeutic Relationship with Midwives	One-way communication, medically focused instructions	"At every check-up, I was just told to weigh myself, check my sugar, and follow the diet. There was no time for me to talk about how I felt." (GD3)
		Two-way communication builds trust	"I'm happy because my midwife always asks first how I felt this week, if I had any difficulties. It feels like she genuinely cares." (GD1)
3	Participation in Decision-Making	Unilateral decision-making	"I was asked to take insulin without being explained why. I was scared but eventually complied because they said it was for my baby." (GD4)
		Active maternal involvement	"The midwife first explained the treatment options and asked for my opinion. I felt respected, which motivated me to follow the diet better." (GD6)
4	Need for Empathic and Continuous Support	Ongoing emotional support	"Sometimes I get stressed because I have to keep monitoring and controlling my diet. Just having someone to listen is already comforting." (GD3)
		Responsive support from healthcare providers	"My midwife always reminds me via chat, asking how I am. It makes me feel cared for even if I can't always visit the health center." (GD5)
		Midwives' perspective on empathy	"We always try to support women with GDM, not only giving diet or medication instructions but also ensuring they feel heard and respected." (BD2)
		Head of health center perspective	"Training midwives in empathic communication is very important, especially for high-risk mothers like those with GDM, so they feel safe and involved." (KP1)
5	Challenges in Managing Lifestyle	Difficulty adhering to a strict diet	"Sometimes I feel very hungry, but I have to resist eating according to the diet plan. It feels hard and stressful." (GD1)
		Difficulty adjusting physical activity	"I want to do light exercise, but I often feel tired after household chores, so it's hard to be consistent." (GD4)
		Family and environmental support	"My husband sometimes doesn't want to follow the diet rules, so I struggle to maintain a healthy lifestyle." (GD6)
		Psychological challenges and motivation	"When under high pressure, I get stressed easily and sometimes want to give up on the diet. I need constant encouragement." (GD2)

This study confirms that the experiences of mothers with gestational diabetes mellitus (GDM) are highly complex, encompassing clinical, psychological, social dimensions, and interactions with healthcare providers. Thematic analysis identified five main themes: emotional experiences related to diagnosis and midwifery care; communication and therapeutic relationships with midwives; participation in decision-making; the need for empathetic and continuous support; and challenges in managing lifestyle. These themes are interrelated and suggest that the quality of midwifery care for mothers with GDM depends not only on the clinical competencies of midwives but also on the holistic application of Respectful Maternity Care (RMC) principles.

The first theme, emotional experiences related to diagnosis and midwifery care, indicates that receiving a GDM diagnosis is a critical moment that generates anxiety, fear, and guilt among mothers. Pregnant women are not only concerned about their own health but also feel guilty about the diagnosis and worry about its potential impact on the unborn child, including the risk of transmitting diseases to their children in the future (Topaloğlu Ören et al., 2024). These feelings are often exacerbated by limited access to

adequate information or insufficient opportunities to discuss personal concerns comprehensively (He, Chen, Wang, Liu, & Bai, 2021). Many mothers with GDM experience self-doubt, uncertainty, and a sense of powerlessness as they struggle to understand their condition, leading to heightened anxiety about their own future and that of their children. This sense of loss of control fosters the perception that their pregnancy is “different” from others, significantly increasing anxiety levels (Parsons et al., 2018).

Anxiety is further intensified by concerns about adhering to strict lifestyle modifications, particularly regarding diet, diabetes progression, and insulin therapy. Social stigma from the community or prescriptive interactions with healthcare providers can further increase psychological distress (He, Wang, & Chen, 2024). One participant shared: *"At first, I was very scared… I felt guilty that my baby might have problems. Even healthcare providers sometimes spoke too quickly, which left me confused."* (GD1)

These findings indicate that the experiences of mothers with GDM are influenced not only by physiological aspects but also by social and psychological contexts. While knowledge about proper diet often improves during pregnancy, follow-up care or postnatal guidance is frequently lacking, leaving mothers uncertain about their ongoing condition and with inadequate information regarding diet and diabetes management (Hjelm, Bard, & Apelqvist, 2018). Empathetic support from midwives plays a crucial moderating role in reducing anxiety and psychological stress. As one midwife stated: *"We try to explain slowly and give mothers the opportunity to ask questions. That makes them feel calmer and more confident."* (BD2)

Previous studies similarly highlight that mothers with GDM often experience guilt and shame; however, empathetic support and responsive healthcare models can alleviate psychological burdens, enhance self-confidence, and minimize the effects of internalized stigma (Draffin et al., 2017; Eades, France, & Evans, 2018).

The second theme emphasizes the importance of effective communication and therapeutic relationships between pregnant women with GDM and midwives. Mothers often experience uncertainty, confusion, and anxiety regarding their diagnosis and condition management. In such contexts, the quality of communication and interaction with midwives is a key factor that can alleviate anxiety, build confidence, and improve understanding of their health condition. This study found that empathetic, interactive, and two-way communication significantly enhances mothers’ engagement in self-management. Conversely, one-way communication tends to make mothers feel undervalued, less involved, and less confident in making decisions about their care. Mothers who feel heard and are given opportunities to ask questions, seek clarifications, and discuss care options report more positive experiences. One participant shared: *"When the midwife explained step by step and listened to my concerns, I felt valued and more motivated to continue care."* (GD4)

The head of the community health center also emphasized communication as the core of therapeutic relationships: *"Midwives need to be good listeners, not just directors. That builds trust in mothers and improves GDM management outcomes."* (KP)

These findings are consistent with previous studies (MA, C, RK, & A, 2017), which demonstrate that respectful and interactive communication improves patient satisfaction, maternal engagement, and adherence to health recommendations. The therapeutic relationship extends beyond medical information delivery to include emotional support, motivation reinforcement, and clarification of personal concerns. Mothers with continuous midwifery support are more likely to feel empowered, understand required interventions, and adhere to dietary and diabetes management advice (Eades et al., 2018). Effective communication also helps reduce guilt, shame, and internal stigma often experienced by mothers, consistent with findings that therapeutic communication mitigates discrimination, internalized stigma, avoidance of screening, non-compliance with dietary recommendations, social isolation, and poor mental well-being (Davidsen et al., 2022). Empathy-based therapeutic relationships enable mothers to express concerns about their own health, the baby's health, hereditary risks, and uncertainty about their child's future. Thus, midwives serve not only as healthcare providers but also as critical psychological mediators in the pregnancy experiences of mothers with GDM (Seixinho & Presado, 2025).

The third theme highlights the experiences of mothers with GDM in actively participating in decision-making regarding their care and condition management. This study shows that maternal involvement in decision-making can increase confidence, reduce anxiety, and promote adherence to health recommendations. Conversely, if mothers are excluded or decisions are made unilaterally by healthcare providers, they tend to feel powerless, undervalued, and experience increased psychological stress.

Active participation includes the ability to express preferences, ask about care options, receive clarification about risks and benefits, and discuss strategies related to diet, glucose management, and insulin therapy. One participant stated: *"I felt calmer when the midwife asked for my preferences and explained the consequences of each step. I felt the decisions were not only theirs but also mine."* (GD5)
Midwives and the community health center head also emphasized the importance of empowering mothers in decision-making: *"Giving mothers the opportunity to participate in determining care steps makes them more confident and more likely to comply with recommendations."* (KP)

These findings align with Elwyn et al. (2017), which emphasize that patient empowerment through shared decision-making not only improves satisfaction and engagement but also enhances clinical outcomes. For mothers with GDM, participation in medical decisions helps reduce guilt, uncertainty, and psychological pressure related to their diagnosis. Involvement in determining GDM management strategies, including

diet, physical activity, and insulin therapy, increases adherence to care and strengthens autonomy. Engaged mothers feel valued and have greater control over their health, enhancing responsibility and engagement in maintaining pregnancy (Jeong et al., 2025).

The fourth theme, the need for empathetic and continuous support, underscores the importance of consistent guidance from healthcare providers throughout pregnancy. This support may include routine consultations, communication via text messages or video calls, and provision of relevant, easily understood information. This study indicates that continuous support not only enhances maternal comfort and security but also facilitates lifestyle management, such as dietary adherence and blood glucose monitoring.

Research by Rath & MV (2025) highlights that factors such as glycemic control, social support, and lifestyle behaviors significantly influence the risk of postpartum depression in women with GDM. Adequate social support reduces psychological stress and improves the maternal experience. Similarly, Javadifar et al. (2023) emphasize that mothers with GDM prioritize psychosocial support, including emotional assistance and clear information about their condition, which fosters a sense of being valued and increased control over their health.

These findings align with Nazarpour et al. (2024), demonstrating that ongoing psychosocial support enhances maternal experience and adherence to clinical interventions. Consistent emotional support reduces anxiety, strengthens a sense of control, and increases maternal engagement in health management. Continuous support addresses both practical and psychological challenges, contributing to overall maternal experience and improving the quality of life for mothers with GDM.

This holistic approach aligns with Respectful Maternity Care (RMC) principles, emphasizing empathetic care, respect for patient rights, acknowledgment of maternal preferences, and provision of clear, timely information. Implementing RMC in the context of continuous support allows mothers to feel heard, valued, and more actively engaged in their health management, thereby reducing anxiety and improving adherence to clinical interventions (MA et al., 2017).

The fifth theme, challenges in managing lifestyle, highlights obstacles mothers face, including difficulty adhering to strict diets, adjusting physical activity, and maintaining motivation, especially amid psychological stress and limited family support. This study demonstrates that GDM management is not solely an individual behavioral issue but is also influenced by social and psychological contexts, underscoring the need for RMC to extend beyond clinical care to include maternal empowerment and social support strategies. Pamungkas et al. (2021) similarly emphasize social support as a protective factor, incorporating psychological and stigma-related dimensions that influence lifestyle management.

In this theme, mothers face multiple challenges in managing diet, physical activity, glucose monitoring, and insulin use. Practical difficulties include limited time, restricted access to clear information, and social and cultural pressures regarding diet and exercise. These challenges often trigger anxiety, helplessness, and psychological stress, which in turn may affect adherence to medical interventions and overall pregnancy experience. One participant explained: *"Sometimes I am confused about which foods are suitable because there is so much conflicting information from the internet and family. I am afraid of making a mistake and affecting the baby."* (GD3)

In this context, RMC serves as a vital approach to help mothers navigate these challenges. Guided by RMC principles, healthcare providers offer empathetic support, respect maternal preferences and needs, and provide clear, understandable information. This enables mothers to feel heard, valued, and empowered to make informed decisions regarding their health. For example, midwives can provide culturally appropriate dietary guidance, assist with glucose monitoring, and suggest safe physical activities. One midwife emphasized: *"We always ask about the mother's daily challenges and adjust dietary or activity recommendations to be more realistic. This way, mothers feel cared for and more motivated to follow the care plan."* (BD2)

Literature indicates that continuous support integrated with RMC enhances maternal adherence to lifestyle management, reduces anxiety, and improves psychological well-being (Javadifar et al., 2023; Rath, 2025). In other words, RMC implementation supports not only clinical aspects but also practical and emotional challenges, thereby promoting a more positive pregnancy experience and effective GDM management.

Based on these findings, there are clear practical implications. Midwifery training should emphasize empathetic communication, patient empowerment, and continuous support. Additionally, family- and community-based interventions can assist mothers in managing lifestyle challenges and psychological stress. These strategies not only improve adherence to GDM management but also enhance overall maternal experience. Holistic application of RMC principles strengthens the mother-midwife relationship, increases patient satisfaction, and potentially reduces the risk of maternal and neonatal complications associated with GDM.

The limitations of this study are the relatively small sample size and its restriction to a specific geographic area, which may limit the generalizability of the findings. In addition, the study relied on self-reported experiences, which may be influenced by recall bias or participants' tendency to provide socially desirable responses. Future research with larger, more diverse populations and longitudinal designs is needed to validate and expand these findings.

CONCLUSION

This study reveals the complexity of experiences among mothers with gestational diabetes mellitus (GDM), which are influenced by psychological stress, social stigma, lifestyle management challenges, and the quality of interactions with healthcare providers. Thematic analysis identified five main themes: emotional experiences related to diagnosis and midwifery care, communication and therapeutic relationships with midwives, participation in decision-making, the need for empathetic and continuous support, and challenges in managing lifestyle. The findings indicate that the holistic, mother-centered implementation of Respectful Maternity Care (RMC) enhances psychological well-being, mitigates the effects of stigma, strengthens maternal engagement, and improves adherence to GDM management. These results underscore the importance of empathetic communication, patient empowerment, continuous support, and family- and community involvement in improving the quality of midwifery services and the effectiveness of GDM management.

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DECLARATION OF INTEREST STATEMENT

The authors declare that there is no potential conflict of interest in the conduct, writing, or publication of this study. The results and interpretations presented are entirely the authors' scientific perspectives based on the actual findings of the research.

REFERENCES

Amy et al. (2024). Respectful Maternity Care Dissemination and Implementation of Perinatal Safety Culture To Improve Equitable Maternal Healthcare Delivery and Outcomes Comparative Effectiveness Review Number 269 R, (269), 3–62.

Chumaira, R. L. (2025). Management of Anxiety And Stress in Pregnant Women with Gestational Diabetes: A Literature Review. *The Shine Cahaya Dunia D-III Keperawatan*, *10*(01).

Davidsen, E., Maindal, H. T., Rod, M. H., Olesen, K., Byrne, M., Damm, P., & Nielsen, K. K. (2022). The stigma associated with gestational diabetes mellitus: A scoping review. *EClinicalMedicine*, *52*, 101614. https://doi.org/10.1016/j.eclinm.2022.101614

Davis, D., Kurz, E., Hooper, M. E., Atchan, M., Spiller, S., Blackburn, J., … Knight-Agarwal, C. (2024). The holistic maternity care needs of women with Gestational Diabetes Mellitus: A systematic review with thematic synthesis. *Women and Birth*, *37*(1), 166–176. https://doi.org/10.1016/j.wombi.2023.08.005

Dewi, R. S., Martini, S., & Isfandiari, M. A. (2024). Prevalence and risk factors for gestational diabetes in Jambi, Indonesia. *African Journal of Reproductive Health* , *28*(10 Special Edition), 118–124. https://doi.org/10.29063/ajrh2024/v28i10s.14

Draffin, C. R., Alderdice, F. A., McCance, D. R., Maresh, M., Harper, R., Patterson, C. C., … Holmes, V. A. (2017). Impact of an educational DVD on anxiety and glycaemic control in women diagnosed with gestational diabetes mellitus (GDM): A randomised controlled trial. *Diabetes Research and Clinical Practice*, *126*, 164–171. https://doi.org/10.1016/j.diabres.2017.02.016

Eades, C. E., Burrows, K. A., Andreeva, R., Stansfield, D. R., & Evans, J. M. M. (2024). Prevalence of gestational diabetes in the United States and Canada: a systematic review and meta-analysis. *BMC Pregnancy and Childbirth*, *24*(1), 1–15. https://doi.org/10.1186/s12884-024-06378-2

Eades, C. E., France, E. F., & Evans, J. M. M. (2018). Postnatal experiences, knowledge and perceptions of women with gestational diabetes. *Diabetic Medicine*, *35*(4), 519–529.

Elwyn, G., Durand, M. A., Song, J., Aarts, J., Barr, P. J., Berger, Z., … Van Der Weijden, T. (2017). A three-talk model for shared decision making: Multistage consultation process. *BMJ (Online)*, *359*, 1–7. https://doi.org/10.1136/bmj.j4891

He, J., Chen, X., Wang, Y., Liu, Y., & Bai, J. (2021). The experiences of pregnant women with gestational diabetes mellitus: a systematic review of qualitative evidence. *Reviews in Endocrine and Metabolic Disorders*, *22*(4), 777–787. https://doi.org/10.1007/s11154-020-09610-4

He, J., Wang, H., & Chen, X. (2024). Experiences and self-care of pregnant nurses with gestational diabetes mellitus: a qualitative study. *BMC Nursing*, *23*(1), 1–10. https://doi.org/10.1186/s12912-023-01679-x

Hjelm, K., Bard, K., & Apelqvist, J. (2018). A qualitative study of developing beliefs about health, illness and healthcare in migrant African women with gestational diabetes living in Sweden. *BMC Women's Health*, *18*(1), 1–14. https://doi.org/10.1186/s12905-018-0518-z

International Diabetes Federation. (2024). Gestational diabetes. International Diabetes Federation. Retrieved from https://idf.org/about-diabetes/types-of-diabetes/gestational-diabetes/

Javadifar, N., Siahkal, S. F., Najafian, M., Iravani, M., Zakerkish, M., & Heshmati, R. (2023). Prioritizing the Psychosocial Support Needs of Mothers with Gestational Diabetes: A Delphi Study. *Iranian Journal of Nursing and Midwifery Research*, *28*(5), 520–527. https://doi.org/10.4103/ijnmr.ijnmr_90_22

Jeong, G., Kim, H. K., & Bang, U. (2025). Effect of a continuity of midwifery care model that used a respectful maternal care framework in Korea: a non-randomized study. *Frontiers in Public Health*, *13*(May), 1–10. https://doi.org/10.3389/fpubh.2025.1578158

Kawish, A. B., Umer, M. F., Arshed, M., Khan, S. A., Hafeez, A., & Waqar, S. (2023). Respectful Maternal Care Experience in Low- and Middle-Income Countries : A Systematic Review, 1–28.

Köpsén, S., Lilja, M., Hellgren, M., Sandlund, J., & Sjöström, R. (2023). Midwives' and Diabetes Nurses' Experience of Screening and Care of Women with Gestational Diabetes Mellitus: A Qualitative Interview Study. *Nursing Research and Practice*, *2023*.

https://doi.org/10.1155/2023/6386581

MA, B., C, S., RK, F., & A, C. (2017). Continuous support for women during childbirth (Review). *Cochrane Database of Systematic Reviews*, *52*(8), 1146–1151. https://doi.org/10.1002/14651858.CD003766.pub6.www.cochranelibrary.com

Nazarpour, S., Simbar, M., Kiani, Z., Khalaji, N., Khorrami Khargh, M., & Naeiji, Z. (2024). The relationship between quality of life and some mental problems in women with gestational diabetes mellitus (GDM): a cross-sectional study. *BMC Psychiatry*, *24*(1), 1–12. https://doi.org/10.1186/s12888-024-05960-4

Pamungkas, M., Surya, A., Widayati, R. S., Apriani, A., Andhikatias, Y. R., Widyastuti, D. E., … Noorratri, E. D. (2021). Systematic Literature Review : Adaptation and Psychological Changes of Pregnant Women with Diagnosis Gestational, *19*(2).

Parsons, J., Sparrow, K., Ismail, K., Hunt, K., Rogers, H., & Forbes, A. (2018). Experiences of gestational diabetes and gestational diabetes care: A focus group and interview study. *BMC Pregnancy and Childbirth*, *18*(1), 1–12. https://doi.org/10.1186/s12884-018-1657-9

Rath, K., & MV, S. (2025). Association Between Gestational Diabetes Mellitus and Maternal Depression: A Narrative Review. *Cureus*, (June). https://doi.org/10.7759/cureus.86886

Seixinho, S., & Presado, M. H. (2025). Perceptions of mindfulness to pregnant women with gestational diabetes: an exploratory qualitative Portuguese study. *Frontiers in Global Women's Health*, *6*(September), 1–9. https://doi.org/10.3389/fgwh.2025.1558231

Sidhu, R., Su, B., Shapiro, K., & Stoll, K. (2020). Prevalence of and factors associated with burnout in midwifery: A scoping review. *European Journal of Midwifery*, *4*(February), 1–15. https://doi.org/10.18332/ejm/115983

Siswishanto, R., Hurimah, W., Sulistiowati, P., Riski Ariesta, D., Widri Enggal, V., Sartono, H., … Istimewa Yogyakarta, D. (2023). Prevalence of Gestational Diabetes Mellitus in the Special Region of Yogyakarta. *Medikora*, *22*(2), 1–9.

Topaloğlu Ören, E. D., Ünsal Avdal, E., Polat, G., Sofulu, F., Düzgün, G., & Pamuk, G. (2024). Experiences of women with gestational diabetes about fear of having diabetes in their babies: A qualitative study. *Medicine (United States)*, *103*(15), E37755. https://doi.org/10.1097/MD.0000000000037755

WHO. (2018). Clinical Guidline of Diabetes Mellitus and Pregnancy. *Directorate of Women's Health Ministry of Health Trinidad and Tobago*, (October).

Ye, W., Luo, C., Huang, J., Li, C., Liu, Z., & Liu, F. (2022). Gestational diabetes mellitus and adverse pregnancy outcomes: systematic review and meta-analysis. *The BMJ*. https://doi.org/10.1136/bmj-2021-067946