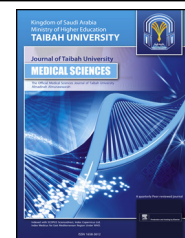




Taibah University
Journal of Taibah University Medical Sciences

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Letter to the Editor

Nurturing inter-professional collaboration for positive childbirth experiences

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Received 6 December 2022; accepted 3 January 2023

Dear Editor,

Nurturing interprofessional collaborative practice for providing patient-centered healthcare is essential towards building a resilient healthcare system.¹ Maternal healthcare delivery is no exception to this. India has made considerable strides toward lowering maternal and neonatal morbidity and mortality in recent years. Improving access to quality maternity care and promoting institutional birth has helped in reducing maternal mortality ratio (MMR) to 103 per lakh live births.² However, the rate of decline has not kept pace with the improvements in institutional births. It is important to recognize that for mothers and newborns, the period around childbirth is crucial for saving the maximum number of lives and preventing stillbirths. Enhancing the standards of care through inter-professional collaboration alongwith provision for equitable access to high-quality, respectful maternity and newborn care will have a deeper impact on achieving the desired reductions to meet Sustainable Development Goal (SDG) targets in the country.

The idea of “normality” in labour and childbirth is neither uniform nor standardized. There has been a substantial increase in the use of labour interventions with an aim to improve maternal and child health outcome. The ability of a woman to give birth naturally is often undermined by the increased ‘medicalization’ of childbirth processes, which often negatively impacts her childbirth experience.² The foundation for delivering high-quality labour and delivery care and enhancing woman-centered

outcomes lies in the childbirth experience. A childbirth experience is considered positive if it meets or exceeds a woman’s prior personal and sociocultural beliefs and expectations, including having a healthy baby in a clinically and psychologically safe environment with continuing practical and emotional support from a birth companion(s) and empathetic maternity care providers.² Efficient interprofessional collaboration, respectful maternity care, effective communication, labour companionship and continuity of care, which are although fairly inexpensive to implement, should be regarded as priorities for a positive childbirth experience. The need for multidisciplinary maternity care and inter-professional collaboration is obvious in limited-resource settings like that in India, as it helps to tackle the shortage of care providers in the maternal healthcare system, and ensures a positive childbirth experience. Essential elements of inter-professional collaboration include participatory, collaborative and coordinated approach to shared decision-making in the maternity care continuum and must be based on mutual trust and respect.³ People-centered respectful maternity care requires a great variety of synergistic skills and competencies between obstetricians, midwives, family physicians and nurses who work tirelessly in the frontline maternity care setting. Understanding practice boundaries and shared responsibilities; having strategies for open communication and conflict resolution are keys to a successful professional collaboration. This integration has to be taken into account at the individual and interpersonal as well as organizational and inter-organizational levels through engagement of all stakeholders involved in the delivery of maternal and child healthcare. Integrating services at the point of delivery is the end-objective of a collaborative alliance. Continued interprofessional education, skill-based training, regular team-building exercises that focus on conflict resolution are essential for efficient integration and collaboration.⁴ In order to make lasting improvements in the quality and standards of maternal and child health services,

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Peer review under responsibility of Taibah University.



Production and hosting by Elsevier

interprofessional collaboration is crucial to meet women's needs and preferences towards positive childbirth experience.

Source of funding

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Conflict of interest

The authors have no conflict of interest to declare.

Ethical approval

The study does not involve human subjects and/or animals.

Authors contributions

SCB: Conceptualization, manuscript preparation; DP: Review, Manuscript preparation. All authors have reviewed the final draft and are responsible for the content of the manuscript.

Data availability statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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How to cite this article: Biswas SC, Podder D. Nurturing inter-professional collaboration for positive childbirth experiences. *J Taibah Univ Med Sc* 2023;18(4):842–843.