



Editorial

Women's autonomy – A cornerstone of reproductive rights



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Normal physiological processes in pregnancy and birth are becoming medicalized and too many women are not supported or included in decision-making. Thus, women are being forced to induction of labor or declined in their wishes e.g to give birth at home. These examples illustrate how societies and even healthcare professionals complicate or prevent women from gaining autonomy in pregnancy and birth. This is a breach of what is expected to be basic reproductive rights.

In recent years, a strong approach to manage women's pregnancies and births has surfaced, also known as organizational-centered care. Organizational quality projects to standardize and manage both women and healthcare professionals are widely conducted and implemented, and further accepted ruling out high-ranking research and women's autonomy [1]. In addition, clinical guidelines focusing on a narrow population level rule out the individual clinical assessment by healthcare professionals, and further dismiss a true dialogue with the woman to include her preferences. Thus, organizational-centered care is ranked higher than women-centered care.

First of all, women-centered means, to ensure a respectful dialogue between the woman and the healthcare professionals including both the woman's preferences and use of professional evidence and expertise when deciding and organizing care. It is important to acknowledge that autonomy is within the woman's preferences and the woman is the decision-maker.

In pregnancy, the antenatal preparation course is a powerful way of providing women-centered care (or parent-centered care). Pregnant women and their partners attending antenatal preparation courses with the same couples meet in small groups during pregnancy and benefit from peer learning including reflection on own and others preferences concerning the birth. The evidence-based information provided by midwives and the experiences, preferences, and reflections expressed by other couples in the same situation empower the women by decreasing worries in pregnancy [2], increase coping during birth [3], and provides the women with a more positive birth experience in the long term [4].

Maternity care organized to include continuity to ensure relation-based care is superior with respect to improve outcomes for women and children; moreover, women are more satisfied with their care [5]. Lack of implementation of continuity in maternity care may indicate an organization, which for many reasons, may be hampered in using best available evidence.

It is important to ensure the human aspect of maternity care, including the relationship between the woman and her partner, the woman and her baby, and the woman and her midwife, and further use the best available evidence. Leaving out the competences of e.g. midwifery leaders and researchers when organizing maternity care will drive the organization towards a unilateral approach with a narrow focus on the organization, which will negatively impact on outcomes and women's autonomy.

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Co-editor

Rikke Damkjær Maimburg