

# A Narrative Review of Healthcare Providers Attitude in Enhancing Maternal Care

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*Abstract- Maternal healthcare extends beyond clinical interventions to include the interpersonal experiences between healthcare providers and childbearing women. Provider attitudes, communication styles, and emotional support significantly influence maternal healthcare utilisation, patient satisfaction, and health outcomes across antenatal, intrapartum, and postnatal care. This narrative review synthesises existing literature to identify maternal care services available to mothers, examine current challenges affecting utilisation, and explore the role of healthcare providers' attitudes in shaping maternal health experiences. A narrative review methodology was employed, drawing on peer-reviewed articles, policy documents, and clinical guidelines sourced from databases including PubMed, Scopus, ScienceDirect, and Google Scholar. Literature published between 2010 and 2025 was reviewed and thematically analysed to identify patterns related to maternal care services, utilisation barriers, and interpersonal aspects of maternity care. The review identified a wide range of maternal healthcare services including antenatal screening and counselling, skilled labour and delivery support, and postnatal follow-up services such as breastfeeding education and family planning counselling. Despite the availability of these services, multiple challenges affect utilisation, including structural barriers, sociocultural influences, institutional limitations, and negative provider attitudes. Evidence consistently demonstrated that respectful communication, empathy, trauma-informed approaches, and woman-centred care significantly improve maternal satisfaction, service uptake, and perceived quality of care. The findings highlight the need for health systems to strengthen respectful maternity care policies, improve provider training in communication and emotional support, and address*

*institutional factors influencing provider behaviour. Integrating patient-centred practices into maternal healthcare delivery is essential for enhancing maternal experiences, increasing utilisation of skilled services, and improving maternal and neonatal health outcomes.*

## I. INTRODUCTION

Maternal healthcare represents a continuum of clinical and psychosocial support delivered to women throughout pregnancy, childbirth, and the postnatal period. The effectiveness of this continuum extends beyond biomedical interventions and is closely linked to the quality of interpersonal interactions between healthcare providers and childbearing women. Evidence consistently demonstrates that maternal care systems that prioritise respectful communication, emotional support, and patient-centred approaches produce improved health outcomes for both mothers and infants (Zhao et al., 2020; World Health Organization, 2025b).

Maternal health services encompass preventive care, early risk identification, timely treatment, and health education, all of which contribute significantly to reductions in maternal morbidity and mortality. Beyond clinical interventions, the psychological and social experiences of pregnancy influence fetal development and long-term child wellbeing. Conditions such as maternal malnutrition, anaemia, gestational diabetes, and mental health challenges have been associated with adverse birth outcomes including preterm delivery and low birth weight (Mahmood et al., 2021; Lassi et al., 2021).

While improvements in infrastructure and clinical guidelines have strengthened maternal health systems globally, disparities persist, particularly in low-resource settings. Emerging evidence suggests that provider attitudes and behaviours represent a critical

but often under-examined determinant of maternal health service utilisation, patient satisfaction, and clinical outcomes. This narrative review therefore examines how healthcare providers' attitudes shape the maternal care experience across antenatal, intrapartum, and postnatal phases.

## 1.2 Statement of Problem

Maternal health encompasses the health and well-being of a woman prior to pregnancy (pre-conception), throughout pregnancy (ante-natal), and during and following childbirth (peri- and post-natal). It plays a vital role in ensuring the health and well-being of both the mother and child. In addition to its health advantages, the preservation of maternal health can yield significant economic and social advantages (Leung, 2023). The World Health Organisation (WHO) reports that Nigeria's maternal mortality ratio (MMR) stands at 814 per 100,000 live births. Furthermore, the lifetime risk of a Nigerian woman succumbing during pregnancy, childbirth, postpartum, or post-abortion is calculated at 1 in 22, a stark contrast to the estimated lifetime risk of 1 in 4900 in developed nations (WHO, 2019). Recent findings indicate that the elevated incidence of maternal and neonatal mortality in Nigeria is associated with the three categories of maternal delay articulated by Thaddeus and Marine (Okonofua et al., 2018). Barriers encompass the procrastination in deciding to pursue maternal health care; the challenges in identifying and reaching a medical facility; and the postponement in obtaining skilled pregnancy care upon arrival at the health institution (Yaya et al., 2018; WHO, 2019).

A multitude of mothers and carers persistently face obstacles that impede their ability to obtain vital maternal care services. The deficiency in understanding complicates the evaluation of whether current services adequately address the requirements of mothers and their offspring. Furthermore, the perspectives of carers regarding these services have yet to be thoroughly examined. Adverse perceptions or misunderstandings regarding maternal care may result in diminished usage, negatively impacting the health and welfare of both mothers and their offspring (Girma et al., 2020).

Moreover, comprehending the interplay between maternal care services and the attitudes of carers is essential. Should carers fail to perceive these services as advantageous or within reach, their likelihood of engagement diminishes, thereby potentially sustaining cycles of adverse health outcomes.

## 1.3. Objectives of the study

1. To identify the Maternal Care Services available to mothers.
2. To identify current challenges in maternal care services utilization.
3. To assess healthcare providers' attitude influencing utilization of maternal care service.

## 1.4. Research questions

1. What are the maternal care services available to mothers?
2. What is the current challenges experience by mothers in accessing maternal care services?
3. What is the attitude of healthcare providers influencing utilization of maternal care services?

## II. LITERATURE REVIEW

### 2.1. Maternal Healthcare Concepts and Continuum of Care

Maternal and child health services operate as an integrated framework designed to promote optimal physical, emotional, and social wellbeing for both mothers and children (Perry et al., 2023). The continuum typically includes prenatal care, labour and delivery support, and postnatal follow-up services (Okpala et al., 2019). Rather than existing as isolated clinical encounters, these phases form an interconnected system where provider attitudes influence women's perceptions and decisions throughout pregnancy and beyond.

### 2.2. Prenatal Care and Provider Influence

Prenatal care involves structured medical assessments and supportive interventions aimed at identifying risk

factors, monitoring maternal and fetal wellbeing, and preparing women for childbirth. Early antenatal visits facilitate comprehensive history-taking, psychosocial screening, laboratory testing, and early detection of complications (Karrar & Hong, 2021; Sharma et al., 2018).

Healthcare providers play a central role in shaping antenatal experiences through communication styles, responsiveness to patient concerns, and the delivery of culturally sensitive education. Empathetic engagement during prenatal visits can reduce anxiety, encourage adherence to medical advice, and enhance trust in healthcare systems. Conversely, dismissive attitudes or inadequate explanations may discourage continued attendance, particularly among vulnerable populations.

Routine clinical activities such as blood pressure monitoring, fetal assessments, ultrasound evaluations, and laboratory screening serve not only diagnostic purposes but also provide opportunities for supportive dialogue between providers and patients. When practitioners acknowledge psychosocial stressors—including violence, mental health challenges, or socioeconomic barriers—prenatal care evolves from a purely biomedical process into a holistic support system. Across antenatal literature, similarities emerge regarding the importance of provider communication. However, methodological differences between quantitative and qualitative studies influence reported outcomes. Studies conducted in low-resource settings emphasize relational trust as determinant of continued attendance, whereas high-income contexts highlight shared decision-making models.

### 2.3 Labour and Delivery Care

Labour represents a physiologically intense and emotionally transformative phase of maternity care. During this period, provider attitudes significantly influence a woman's sense of safety, autonomy, and dignity. Effective labour support requires continuous communication, respectful engagement, and evidence-based decision-making (Cunningham et al., 2022; Jayasundara et al., 2024).

The stages of labour—early and active labour, delivery of the infant, placental expulsion, and

immediate recovery—require tailored clinical and emotional interventions. Providers who offer reassurance, clear explanations, and compassionate presence help mitigate fear and enhance coping capacity. Evidence suggests that respectful care reduces unnecessary medical interventions and promotes positive birth experiences.

Healthcare professionals including obstetricians, midwives, and nurses act not only as clinical decision-makers but also as emotional anchors during childbirth. Their attitudes shape how women interpret pain, perceive control, and evaluate the overall birth experience. Although multiple studies report improved childbirth experiences with supportive provider behaviour, few differentiate between systemic constraints such as staffing shortages and individual professional conduct. Comparative analysis indicates that emotional support is consistently associated with perceived dignity regardless of clinical setting, suggesting interpersonal care may moderate structural limitations.

### 2.4. Postnatal Care and Continued Provider Engagement

The postnatal period provides critical opportunities for monitoring maternal recovery, supporting infant health, and implementing preventive public health interventions. Recommendations include immediate post-delivery assessments and multiple follow-up visits within the first six weeks (WHO, 2013; WHO, 2016; World Health Organization, 2015).

Postnatal encounters facilitate breastfeeding support, contraceptive counselling, immunisation programmes, and screening for postpartum depression. Providers who demonstrate empathy and patience during this vulnerable period encourage mothers to seek timely help and adhere to recommended practices. Evidence indicates that respectful postnatal care increases utilisation of modern contraceptive methods and promotes exclusive breastfeeding (Ajayi et al., 2018; UNICEF, 2017; McCauley et al., 2022). Evidence within postnatal care demonstrates variability in outcomes depending on healthcare system structure, follow-up frequency, and sociocultural context. The predominance of descriptive findings highlights the need for critical appraisal of study design and setting

when interpreting the relationship between provider attitudes and maternal adherence to postnatal recommendations.

## 2.5. Contemporary Challenges in Maternal Healthcare

Despite global reductions in maternal mortality, significant disparities persist in sub-Saharan Africa, which accounts for a substantial proportion of maternal deaths (World Health Organization, 2025a). Nigeria continues to experience high maternal mortality rates influenced by socioeconomic barriers, limited access to skilled care, and systemic health system challenges (WHO, 2019; Sarikhani et al., 2024).

The three-delay model highlights barriers including delays in decision-making, difficulties reaching healthcare facilities, and inadequate care upon arrival (Okonofua et al., 2018; Yaya et al., 2018). Provider attitudes intersect with each of these delays by shaping women's trust in healthcare systems and their willingness to seek institutional care.

Socioeconomic factors such as education, wealth status, and transportation influence maternal service utilisation (Igyuse et al., 2020; Dona et al., 2022). However, interpersonal experiences within facilities remain a decisive determinant of whether women return for future services.

## 2.6. Role of Healthcare Providers in Maternal Care Delivery

Maternal healthcare teams encompass obstetricians, nurses, midwives, social workers, mental health professionals, and community health workers (Backes & Scrimshaw, 2020). These professionals provide education, clinical care, and psychosocial support throughout pregnancy and postpartum recovery.

Provider endorsement strongly influences patient behaviours, including vaccination uptake and adherence to antenatal recommendations (Collins et al., 2014). Effective maternal care requires collaboration between multidisciplinary teams and sustained engagement with families and community networks.

## 2.7. Significance of Provider Attitudes in Care Delivery

Provider attitudes constitute a central determinant of perceived care quality. Respectful communication fosters trust and encourages service utilisation, whereas negative behaviours may deter women from seeking care (Mannava et al., 2015). Disrespectful practices violate fundamental rights and undermine health outcomes.

Positive provider interactions enhance patient confidence, improve adherence to treatment plans, and support emotional wellbeing. Conversely, hostile or dismissive attitudes contribute to dissatisfaction and reduced healthcare engagement.

## 2.8. Impact on Patient Satisfaction and Health Outcomes

Patient satisfaction reflects the extent to which healthcare experiences align with expectations and values (Seyoum, 2022; Dinsa et al., 2022). Respectful maternity care has been linked to increased facility utilisation and improved maternal outcomes (Eko & Edet, 2022).

Negative experiences during childbirth may lead to emotional trauma, postpartum depression, or avoidance of future healthcare services (Gejea et al., 2020). Understanding women's perceptions of care is therefore essential for improving service delivery and promoting sustained engagement with maternal health systems.

## 2.9. Positive Provider Attitudes that Enhance Care

Supportive interactions characterised by empathy, non-judgmental behaviour, and personalised communication empower mothers and strengthen trust (Hargreaves et al., 2025; Shee et al., 2021). Providers who cultivate respectful relationships enable informed decision-making and enhance breastfeeding practices (Moltrecht et al., 2022). Negative attitudes, including ageism or stigma, contribute to isolation and reduced confidence in healthcare systems (Decker et al., 2021).

Empathy and Emotional Availability

Empathy facilitates therapeutic relationships and improves quality of provider-patient interactions (Wu, 2021). Emotional responsiveness during labour enhances women's sense of safety and reduces perceptions of mistreatment (Leinweber et al., 2019; Afulani et al., 2020).

#### Trauma-Informed Maternity Care

Trauma-informed approaches recognise the prevalence of prior trauma among women and prioritise emotional safety (Owens et al., 2021). Providers who communicate gently, respect patient autonomy, and minimise invasive practices create supportive environments that reduce re-traumatisation (Olza et al., 2020).

#### Woman-Centred and Institutional Attitudes

Institutional culture influences provider behaviours and shapes maternity care environments (Newnham & Kirkham, 2019). Woman-centred care emphasises shared decision-making, cultural sensitivity, and respect for patient autonomy (Davis et al., 2021; Kuipers et al., 2022).

#### Empowering Communication and Language

Language significantly shapes patient experiences. Empowering terminology promotes agency and strengthens collaborative relationships (Mobbs et al., 2018; Cox & Fritz, 2022). Non-verbal cues such as tone and body language further influence perceptions of care. These variations suggest that provider attitudes function differently depending on institutional capacity and cultural expectations

### III. RESEARCH METHOD

#### 3.1. Research Design

This study adopted a narrative review design to synthesise existing evidence on the influence of healthcare providers' attitudes on maternal healthcare experiences, service utilisation, and clinical outcomes across antenatal, intrapartum, and postnatal periods. The narrative review approach was selected to allow comprehensive exploration of conceptual, clinical, behavioural, and psychosocial dimensions of provider-patient interactions in maternal health settings.

#### Eligibility Criteria

A structured search strategy was implemented using predefined inclusion and exclusion criteria. Eligible sources included peer-reviewed empirical studies, systematic reviews, narrative reviews, clinical guidelines, and policy reports published between 2010 and 2025. Studies were included if they addressed healthcare provider behaviour, respectful maternity care, patient experience, or interpersonal dimensions of maternal healthcare delivery. Studies focused exclusively on biomedical interventions without reference to patient experience were excluded unless contextual relevance was evident. Screening involved title, abstract, and full-text review conducted iteratively to ensure conceptual alignment with the objectives of the narrative synthesis.

#### 3.2 Data Collection

Relevant literature was identified through structured searches of electronic databases including PubMed, Google Scholar, Scopus, ScienceDirect, and institutional repositories. Search terms included combinations of keywords such as maternal care, healthcare providers' attitudes, respectful maternity care, patient satisfaction, empathy in healthcare, trauma-informed maternity care, woman-centred care, prenatal care, labour care, and postnatal services. Boolean operators were applied to refine searches and identify relevant peer-reviewed publications.

#### 3.3. Data Analysis

The review included empirical studies, narrative reviews, clinical guidelines, policy reports, and conceptual papers published primarily between 2010 and 2025, with additional foundational sources included where necessary to provide theoretical context. Both high-income and low- and middle-income country studies were considered to provide a global perspective while maintaining contextual relevance to maternal health systems in resource-constrained settings.

Articles were screened based on relevance to healthcare provider behaviour, communication, respectful maternity care, emotional support, institutional culture, and maternal health outcomes.

Studies that focused solely on biomedical interventions without consideration of interpersonal care were excluded unless they contributed to understanding patient experience. Data extraction involved thematic categorisation of findings into key domains including provider communication, empathy, patient autonomy, trauma-informed practice, institutional culture, and patient satisfaction.

The findings were synthesised narratively through thematic analysis rather than statistical aggregation.

Emphasis was placed on identifying patterns, recurring concepts, contextual variations, and implications for maternal healthcare delivery.

#### IV. RESULTS

This section presents descriptive synthesis of identified evidence. Interpretative analysis and theoretical implications are addressed separately in the discussion to maintain conceptual clarity between evidence presentation and analytical interpretation.

Table 1: Maternal care services available to mothers

Maternal care phase	Service identified	Provider role	Maternal benefit	References
Antenatal care	BP monitoring, lab tests, ultrasound, health education	Risk assessment & counselling	Early detections of complications	Karrar & Hong, 2021; Sharma et al., 2018; WHO, 2016
Antenatal care	Psychosocial screening & emotional support	Mental health identification	Improved mental wellbeing	Mahmood et al., 2021; Lassi et al., 2021
Intrapartum care	Skilled birth attendance & labour monitoring	Clinical management	Reduced maternal mortality	Cunningham et al., 2022; Jayasundara et al., 2024
Intrapartum care	Continuous emotional support	Patient reassurance	Positive childbirth experience	Afulani et al., 2020; Leinweber et al., 2019
Postnatal care	Breastfeeding support & counselling	Education & encouragement	Improved infant nutrition	UNICEF, 2017; McCauley et al., 2022
Postnatal care	Family planning & Postpartum assessment	Recovery monitoring	Reduced future pregnancy risks	WHO, 2013; Ajayi et al., 2018

Table 2: Challenges affecting maternal care service utilization and evidence sources

Challenge category	Identified Barriers	Impact on utilization	Evidence-based implication	Key supporting references
Structural barriers	Distance to facilities, cost of care	Reduced antenatal attendance	Improve accessibility & funding	Yaya et al., 2018; Dona et al., 2022
Health system barriers	Workforce, shortage, overcrowding	Poor patient experience	Strengthen health systems	WHO, 2019; Sarikhani et al., 2022
Interpersonal	Negative provider	Avoidance of	Respectful maternity care	Mannava et al., 2015;

Barriers	attitudes	facility delivery	training	Afulani et al., 2020
Sociocultural barriers	Low maternal education, gender norms	Delayed care seeking	Community engagement strategies	Igyuse et al., 2020; Okonofua et al., 2018
Institutional factors	High workload, weak supervision	Reduced communication quality	Improve institutional culture	Newnham & Kirkham, 2019; Backes & Scrimshaw, 2020

Table 3: Summary evidence on healthcare providers' attitudes and maternal care outcomes

Author/year	Study Focus	Maternal care face	Provider attitude/behaviour	Key findings	Implication for maternal care
Mannava et al., 2025	Respectful maternity care	Antenatal & delivery	Respectful communication	Improved patient trust and service utilization	Promote respectful communication training
Afulani et al., 2020	Patient experience in childbirth	Labour & Delivery	Emotional support & empathy	Reduced fear and improved childbirth satisfaction	Integrate emotional support into labour care
McCauley et al., 2022	Postnatal services delivery	Postnatal	Supportive counselling	Increased contraceptive uptake and breastfeeding	Strengthen postnatal counselling services
Leinweber et al., 2019	Mistreatment during childbirth	delivery	Provider behaviour & communication	Negative attitudes linked to poor experiences	Institutional monitoring of respectful care
Davis et al., 2021	Woman-centred maternity care	Antenatal & delivery	Shared decision making	Increased maternal autonomy & engagement	Encourage participatory care models
Olza et al., 2020	Trauma-informed maternity care	Labour	Emotional sensitivity	Reduced Psychological trauma	Train staff in trauma-informed practice
Moltrecht et al., 2022	Provider support & breastfeeding	Postnatal	Encouragement & Guidance	Improved breastfeeding outcomes	Enhance postnatal education
Backes & Scrimshaw, 2020	Role of Maternal health teams	All phases	Multidisciplinary support	Better care continuity	Promote team-based maternal care

Newnham & Kirkham, 2019	Institutional Culture	All phases	Organisational attitudes	Influenced provider behaviour	Improve facility culture
Cox & Fritz, 2022	Communication language	Antenatal and delivery	Empowering language	Increased patient confidence	Standardized respectful communication

The availability of maternal healthcare services reflects global efforts to provide comprehensive care across pregnancy, childbirth, and postpartum recovery. However, the effectiveness of these services is closely linked to the quality of provider–patient interactions. The integration of clinical and psychosocial support highlights the evolving understanding of maternal care as a holistic process.

While biomedical services are widely described in literature, their accessibility and utilisation are influenced by provider attitudes, communication styles, and institutional culture. The presence of services alone does not guarantee improved maternal outcomes unless accompanied by respectful and woman-centred care approaches.

The findings reinforce that maternal healthcare utilisation is shaped by a combination of structural, sociocultural, and interpersonal factors. While infrastructure and accessibility remain critical, provider behaviour significantly influences women’s perceptions of safety and trust within healthcare environments.

Disrespectful maternity care represents a key barrier that undermines public health interventions aimed at increasing facility-based delivery. Addressing utilisation challenges therefore requires systemic reforms that improve both service availability and quality of interpersonal care.

The narrative synthesis revealed that healthcare providers’ attitudes significantly influence maternal healthcare utilisation, patient experiences, and perceived quality of care across the maternal

continuum. Positive interpersonal behaviours such as empathy, active listening, and respectful communication were consistently associated with improved patient satisfaction, increased antenatal attendance, and enhanced adherence to medical recommendations.

During prenatal care, supportive provider interactions were linked to increased trust in healthcare systems and improved disclosure of psychosocial concerns, including mental health challenges and domestic stressors. Women who experienced compassionate antenatal consultations reported greater willingness to return for follow-up visits and demonstrated stronger engagement in health education activities.

In labour and delivery settings, continuous emotional support, respectful communication, and patient involvement in decision-making were associated with reduced anxiety, improved coping with pain, and more positive childbirth experiences. Conversely, dismissive or authoritarian behaviours contributed to perceptions of disrespect, emotional distress, and reluctance to utilise facility-based services in future pregnancies.

Postnatal care findings highlighted the importance of provider encouragement and emotional reassurance in promoting breastfeeding practices, contraceptive uptake, and early identification of postpartum complications. Providers who demonstrated patience and cultural sensitivity fostered greater maternal confidence in infant care and postpartum recovery.

The review also identified systemic influences on provider attitudes, including workload pressures, institutional culture, staffing shortages, and limited training in communication skills. Trauma-informed approaches and woman-centred care models emerged as effective frameworks for improving provider–

patient relationships and enhancing maternal health experiences.

## V. DISCUSSION

Interpreting the findings through the Respectful Maternity Care framework and the Three-Delay Model reveals that provider attitudes operate simultaneously as behavioural determinants and structural mediators within maternal health systems. Rather than functioning as isolated interpersonal characteristics, attitudes reflect institutional culture, workload pressures, professional training, and broader sociocultural norms influencing maternal healthcare delivery. The findings underscore the central role of healthcare providers' attitudes as determinants of maternal health outcomes and service utilisation. While clinical competence remains essential, the interpersonal dimension of care significantly shapes women's perceptions of safety, dignity, and trust within healthcare systems. Positive provider behaviours contribute not only to improved emotional wellbeing but also to measurable clinical outcomes through increased adherence to recommended practices.

The review highlights that respectful maternity care functions as both a human rights issue and a public health intervention. Women who feel valued and heard are more likely to seek skilled care, disclose sensitive health concerns, and comply with treatment plans. Conversely, negative experiences can perpetuate fear of healthcare facilities, contributing to delayed care seeking and increased maternal risk.

Contextual factors such as socioeconomic inequality, cultural expectations, and institutional constraints influence provider attitudes and patient experiences. Healthcare workers operating in resource-limited environments may face significant challenges that affect communication quality and emotional availability. Addressing systemic barriers is therefore essential for sustaining improvements in respectful maternity care.

The integration of trauma-informed and woman-centred approaches offers a framework for enhancing maternal healthcare delivery by prioritising autonomy, empathy, and shared decision-making. These models acknowledge the psychological

dimensions of childbirth and recognise the importance of emotional safety alongside clinical effectiveness. System-level analysis demonstrates that improvements in respectful maternity care require organisational change alongside individual behavioural interventions. Training alone may be insufficient unless supported by institutional policies, supervision mechanisms, and workforce strengthening strategies.

## VI. CONCLUSION

In conclusion, the improvement of maternal care through the perspectives of healthcare providers is crucial for advancing patient outcomes and enhancing overall satisfaction. Through the cultivation of empathy, cultural understanding, and proficient communication, practitioners can establish a nurturing atmosphere that empowers expectant mothers and fosters trust. Confronting detrimental mindsets via focused training and institutional backing is essential for surmounting obstacles in the provision of care. As we progress, it is essential for healthcare professionals to acknowledge their crucial influence in cultivating favourable experiences for patients. Collectively, we can dedicate ourselves to the execution of these strategies and champion a maternal care system that emphasises the welfare of mothers and their families. In synthesis, healthcare providers' attitudes influence maternal healthcare utilisation through interconnected relational, institutional, and systemic pathways. Integrating theoretical frameworks with empirical evidence underscores the need for comprehensive maternal health strategies that combine clinical excellence with respectful, woman-centred interpersonal care.

## VII. RECOMMENDATIONS

Healthcare institutions should integrate respectful maternity care and communication training into continuous professional development programmes for obstetricians, midwives, nurses, and community health workers.

Maternal health policies should incorporate trauma-informed care principles and woman-centred approaches as standard components of service delivery guidelines.

Health systems should address structural factors influencing provider attitudes, including staffing shortages, excessive workload, and inadequate supportive supervision.

Monitoring and evaluation frameworks should include patient experience indicators and respectful care assessments alongside clinical performance metrics.

Educational curricula for healthcare professionals should emphasise empathy, cultural competence, ethical communication, and psychosocial aspects of maternity care.

Further research should explore the relationship between provider attitudes, institutional culture, and maternal health outcomes using mixed-method approaches that capture both quantitative indicators and lived experiences. Conclusion

Healthcare providers' attitudes represent a foundational component of high-quality maternal care. Empathy, respectful communication, trauma-informed practices, and woman-centred approaches collectively enhance patient satisfaction, service utilisation, and maternal health outcomes. Strengthening provider training and institutional cultures that prioritise respectful maternity care remains essential for improving global maternal health systems.

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