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Introduction

I am a UK practicing obstetrician on the General Medical Council Specialist Register as an Obstetrician and Gynaecologist since 2006 (GMC number 4027366). As well as practicing clinically, I have held both local, regional and national strategic roles during my career including Co-Chair of the Strategic Maternity Voice Partnership at the London Maternity Clinical network 2013-2020 and Clinical representative on the Royal College of Obstetricians and Gynaecologists (RCOG) Women's network 2019-2022. I have led national work on improving maternity experience of families in the UK for over a decade through co-production workshops.

Scope

I have been asked to review the draft **Strategy for the Development of Respectful Care for Mothers and Children During Pregnancy, Childbirth and the Postpartum Period July 2025** by the Association for Freestanding Birth Centres and Alongside Midwifery Units (APODAC) and give my opinion as a UK practicing obstetrician and Fellow of the Royal College of Obstetricians and Gynaecologists.

Review

Reading the draft strategy of Respectful Care for Women in the Czech Republic, I can see that alongside the clear case for change there are many strengths within the current service provision that it will be important to maintain. Maternity providers will be proud of their existing strengths such as the low perinatal mortality and maternal mortality and high levels of access to care before 12 weeks. It is always difficult to change and improve whilst retaining strengths. Having reviewed the Strategy, I can see it represents a tremendous opportunity to not only improve care for Czech families at such a critical moment in their lives but also to improve the working life of maternity professionals. I have no experience working in the Czech Republic so can only comment from my own perspective as a UK colleague, but I imagine it must be very challenging to work in an environment where there is legal uncertainty about roles, a high rate of complaints, and civil and criminal legal action, complex renumeration issues and facility standards that are a barrier to care.

The standards and principles of care outlined by the strategy are very familiar to me as a UK practicing obstetrician. The ethos of both collaborative multidisciplinary working with midwives as autonomous practitioners as well as women centred care with women central to making choices about their care has been the core of my practice and that of many UK obstetricians and gynaecologists for many years. Like the Czech system our UK system is also far from perfect, however having established national standards of care set out by the National Institute for Health and Care excellence (NICE) and the RCOG mean we have parameters with which to measure and assess the care we provide and work towards continuous improvement. I would like to emphasise guidelines are just that, they give us guidance they do not take away from our ability to be thoughtful and experienced practitioners. We are still able to intelligently apply our knowledge and skills to the situation in front of us and where needed, justify the rationale for taking a different approach. In addition, national data collection such as the NHS Digital National Maternity Data set and Mbrrace reports into perinatal and maternal mortality allow consolidation of learning from incidents that would not be feasible to achieve when looking at data from a single maternity service or even region. I can see the absence of care standards being a barrier to provision of high-quality

care and creation of disparity. The idea of adopting NICE guidelines as an accelerated way to achieve the standardisation of maternity care in the Czech Republic whilst the programme of National Institute for Quality and Excellence in Healthcare (NIKEZ) is ongoing seems sound.

The proposals outlined in the strategy are closely aligned with RCOG's objectives and evidence base. They draw on the same international standards and research that underpin our guidance and curriculum, ensuring consistency with best practice worldwide. I strongly support this approach, which will improve both clinical outcomes and women's care experiences

Regarding midwifery models of care, I can see it could be daunting for my fellow Czech obstetricians and gynaecologist to adopt the suggested new way of working with midwives and the introduction of midwifery led birth centres and home birth. In my view, having strong and trusted midwifery colleagues has been an asset through my career. Having midwives care for women with uncomplicated pregnancies and births allows myself and my O&G colleagues the time to focus our attention on women with more complex needs or who develop complications. We can rely on clear communication and escalation when pregnancy or birth starts to deviate from physiology. Far from midwifery care leaving obstetricians redundant, I believe obstetricians have a key supporting role to play in midwifery continuity of care. I am the link consultant for our local homebirth team. Email and verbal communication back and forth leaves me able to adopt the role of 'consultant' rather than delivering all care directly myself[iii]. Unlike the Czech model we do not have a 5min staffing decree of an O&G doctor attending in an emergency, which I imagine may be frequently unachievable. Working with midwifery colleagues as well as local ambulance services has enabled development of a shared understanding when transfer of care is needed in a time critical fashion. Midwives commencing initial treatment along with reduced ambulance response times enable transfer of care to be safely achieved despite exceeding this time frame.

The emphasis within the strategy of the mother baby dyad and reducing unnecessary separation is routine for NHS maternity services. We have even implemented transitional care units for babies who need additional neonatal care such as treatment for jaundice or infection where babies stay rooming in with their mothers with the support of the neonatal team as well as midwives rather than separating them with an admission to a neonatal unit. There is a national audit ATAIN[iii]of term neonatal admissions to scrutinise every unnecessary separation of mother and baby due to the potential harm this can cause. Keeping this dyad together has numerous benefits and is achievable. Likewise earlier discharge from hospital is UK routine practice with women going home as early as 6hrs after an uncomplicated vaginal birth and often after a single night after an uncomplicated planned Caesarean due to an enhanced recovery programme. Support is then provided to women and families in the comfort and security of their own home with midwifery visits.

In the UK we clinicians have had to shift our thinking on informed consent in the last decade in the wake of Montgomery vs Lanarkshire ruling[iv] .Similarly to the Czech Republic there is emphasis on a move from paternalistic model 'telling women what they can and can't do' to clinicians being information providers enabling a woman to navigate her choices and make decisions about her care. RCOG also recognises that understanding the human rights principles and legal issues surrounding informed consent and respectful care – including awareness of key legal rulings – is integral to professional practice. These competencies are explicitly embedded within the RCOG Core Curriculum[v]. It is therefore particularly welcome that the Czech strategy places informed consent and respectful maternity care at its centre, fully in line with the standards we expect of doctors trained under RCOG. Having worked for more than a decade on women's experience of care I would wholeheartedly agree with the WHO definition of a positive birth experience that feeling a sense of control and decision making is an essential element in maternity care.

The Czech strategy rightly highlights that women have long expressed dissatisfaction with aspects of maternity care. International evidence, including RCOG's own work, makes clear that quality cannot be measured solely through biomedical outcomes such as mortality and morbidity. Respect, communication, autonomy and emotional well-being are equally essential. By incorporating these dimensions, the Czech strategy reflects the most up-to-date understanding of what constitutes safe and effective care

The Royal College of Obstetricians and Gynaecologists (RCOG), regard woman-centred care as a cornerstone of safe and high-quality maternity services. This is why the Women's Voices Involvement Panel was established[vi] a broad and diverse network of over 700 women who contribute their various experiences to its work. Their perspectives shape policies, training, and professional standards, ensuring that women's voices are embedded at the heart of the organisation. Women's voices are also integrated into the RCOG training programme and even the membership examminations as lay examiners. I welcome that the Czech strategy shares this commitment to placing women's needs, preferences, and dignity at the centre of care

Summary

Reading the Strategy, it appears that the status quo of maternity care in the Czech republic is unsustainable. Change is inevitable. The **Strategy for the Development of Respectful Care for Mothers and Children During Pregnancy, Childbirth and the Postpartum Period July 2025** represents a chance to modernise services in line with many of the internationally accepted evidence-based standards by moving towards human-rights based care, midwife-led care, and women-centred care.

The proposals outlined in the strategy are closely aligned with RCOG's objectives and evidence base. They draw on the same international standards and research that underpin our guidance and curriculum, ensuring consistency with best practice worldwide. I strongly support this approach, which will improve both clinical outcomes and women's care experiences

Change is never easy, and I can see from the Strategic objectives there is much work to do. Recognition that introduction of midwifery models of care need to be introduced in a gradual sustainable way as well as initial timescales mapped to 2030 demonstrate a clear commitment to make a successful transformation.

My experience is not only that this is feasible was to practice as an obstetrician but also will result in a more rewarding and pleasant work environment for maternity staff and women and families alike.

The Strategy represents an ambition to move the Czech maternity service from receiving external criticism to being a gold standard world renowned service. I very much hope that I get to witness this service flourish from the sidelines.

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i https://maternityandmidwifery.co.uk/the-role-of-the-consultant-obstetrician-in-midwifery-led-care/

ii https://obgyn.onlinelibrary.wiley.com/doi/10.1111/tog.12516

iii https://www.england.nhs.uk/mat-transformation/reducing-admission-of-full-term-babies-to-neonatal-units/

iv https://supremecourt.uk/uploads/uksc_2013_0136_press_summary_041af54d0c.pdf

v https://www.rcog.org.uk/media/puah5sss/core-curriculum-2024-definitive-document.pdf

vi https://www.rcog.org.uk/for-the-public/rcog-engagement-listening-to-patients/womens-voices-involvement-panel-wvip/