Editorial

Good maternity care governance is a global issue

Good governance in maternity care is the key to a safe, sustainable and satisfying service, which protects and enhances the health of women and infants. Promotion of health-enhancing behaviours and early identification of health deficits improve health outcomes for women, children and families throughout the world; however a recent review by the WHO demonstrates that while progress has been made in this area, Millennium Development Goals have not yet been met (Donaldson and Rutter, 2017).

This special issue of *IJHG* brings together international perspectives by researchers, academics and clinicians who care deeply about the governance of maternity care. Their contributions include a wide range of issues from developing a standard for mentorship of student midwives in Uganda, to insights on the emerging use of transactional analysis as a psychotherapeutic intervention for women experiencing perinatal mental health problems in the UK. Challenging issues such as respect and institutional abuse in Mexico and Uganda and the maternity care needs of indigenous women in remote areas of Canada are examined with recommendations made for improving perinatal care through a respectful partnership model of practice. A team in the UK examines what happens at the time of stillbirth, proposing the use of a care pathway to ensure effective and compassionate support by all health professionals involved.

Gold standard maternity care is as dependent on communication as it is on technical excellence. The starting point is communication with women in an environment, which respects their views, insights and even intuition, concerning their individual maternity care needs (RCM, 2014). Following on from listening to women, effective care requires a recognised communication protocol between health care workers so that women's needs are prioritised with an ability to escalate care quickly if problems are identified (Thomas and Dixon, 2012).

Technical excellence is also important and this includes using low technology solutions wherever appropriate. Watching and waiting in a darkened room or encouraging movement and position change in labour may be just as important as the ability to perform a ventouse extraction or a forceps delivery. A deep understanding of the physiology of pregnancy, labour and birth and knowledge about the research evidence supporting normal labour and birth and care of the mother and infant following birth, can prevent iatrogenic problems caused by unnecessary intervention. An understanding of pathology and how to intervene in a timely fashion is the other side of the picture. Good mentorship for student midwives and inter-professional education and training between doctors and midwives can help to facilitate situation-appropriate decision-making and enhanced understanding of each others' professional knowledge (Anderson *et al.*, 2017).

Ten years ago, the Darzi report defined quality in health care as having three components (Maybin and Thorlby, 2008). The first of these is the prevention of harm to patients; this has been recognised since the time of Hippocrates. The second facet of quality focusses on the patient experience. Health professionals should always treat patients with respect and compassion. Lastly, and not because it is the least important, is effective care with measurable outcomes that can be used for performance review and improving practice. While most women are not patients in pregnancy, as they are largely healthy, all women deserve compassionate, respectful care that offers choice and control while at the same time providing a high level of medical and surgical expertise when required. Although the Darzi report referred to health care in England, the goal of safe and effective care is applicable globally.

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Increasing attention has been paid in recent years to mental, as well as physical health in pregnancy with research demonstrating long-term affects on not only the mother's, but also the child's health when mothers experience anxiety and depression during and following pregnancy (Glover *et al.,* 2016).

As the Guest Editor of this special edition of *IJHG*, I hope that readers enjoy the articles selected and that information contained therein contributes to the professional development and improvement of maternity care governance in a global setting.

Fiona MacVane Phipps

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