ORIGINAL ARTICLE

CONTENTS

Communication strategies in ensuring the quality of obstetric and gynecological care

Nataliia M. Mykytenko, Tetiana S. Gruzieva, Hanna V. Inshakova
BOGOMOLETS NATIONAL MEDICAL UNIVERSITY, KYIV, UKRAINE

ABSTRACT

Aim: To substantiate measures for improving the quality of obstetric and gynaecological care by enhancing communication among participants in the healthcare delivery process.

Materials and Methods: Bibliographic, sociological, medical-statistical, and information-analytical methods were used. Sources included scientific literature, sociological survey results, and international and national healthcare quality strategies and programmes. The survey involved 202 healthcare professionals from a maternity hospital and an antenatal clinic in Kyiv and Kyiv Oblast (2021), and 108 healthcare managers who completed a custom-designed Google Forms questionnaire (2025–2026).

Results: The medical and social study identified current communication problems among participants in obstetric and gynaecological care delivery. Despite declared principles of openness, systemic barriers persist in healthcare facilities, including interstructural dysfunction and hierarchical dependence. According to managers, non-compliance with care standards is partly related to insufficient communication between medical personnel and patients, as well as between administration and staff. Key obstacles to implementing a patient-oriented approach included formal monitoring of satisfaction, resource deficits, and weaknesses in internal interaction at different management levels.

Conclusions: Analysis of organisational culture in obstetric and gynaecological facilities revealed significant communication problems and hierarchical barriers that complicate adherence to care standards and may increase patient safety risks. System improvement should focus on strengthening horizontal communication, encouraging open discussion of professional risks, and expanding document management automation to reduce the influence of the human factor.

KEY WORDS: communication, organization of medical care, obstetric and gynecological profile, quality, safety, strategies

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INTRODUCTION

Research on communication issues in obstetrics and gynaecology under modern conditions is a critically important component of healthcare practice. The quality of medical care in this field is measured not only by successful surgical interventions or the absence of complications, but also by the psychological state of women and their trust in the healthcare system.

Effective communication between medical personnel and patients directly affects the safety of medical care. In obstetrics and gynaecology, decisions are often made under conditions of limited time and increased risk. Misunderstandings, insufficient information, or ignoring complaints can lead to medical errors, complications, and even threats to the life of the mother and child [1]. Under such conditions, empathy, prevention of obstetric violence, and the implementation of ethical communication become decisive. WHO documents emphasise effective communication, respect, preservation of dignity, and emotional support as key components of quality care in maternal and newborn health [2].

It is well known that communication is the foundation of a patient-centred approach. High-quality obstetric and gynaecological care involves taking into account the individual needs, emotional state, and cultural and social characteristics of patients. Effective communication directly influences adherence to treatment. Open dialogue contributes to building trust, increases adherence to treatment, and improves compliance with medical recommendations [3, 4].

In modern conditions, the importance of informed consent and medical ethics is increasing. Patients have the right to actively participate in decision-making regarding their health. This is not possible without a clear

and accessible explanation of the diagnosis, treatment options, risks, and alternatives [5, 6].

The role of interprofessional communication should be highlighted separately. The quality of care depends not only on the interaction between the doctor and the patient, but also on the coordinated work of the entire medical team, including obstetrician-gynaecologists, anaesthesiologists, neonatologists, and nursing staff. According to WHO data, most critical errors in medicine occur not due to a lack of knowledge, but due to communication gaps caused by inaccurate transmission of information between shifts and insufficient teamwork. Clear transmission of information between specialists reduces the risk of errors and increases the effectiveness of medical services [7, 8].

The relevance of the topic is also due to the implementation of modern standards of healthcare quality and international recommendations that emphasise the importance of communication skills as a component of the professional competence of medical workers [9, 10].

In the context of the transformation of the national healthcare system, digitalisation of medicine, and the development of telemedicine, the forms of interaction with patients are changing, which requires new approaches to communication, preservation of confidentiality, and accuracy of information transfer [11]. At the same time, the issue of communication in obstetric and gynaecological practice is insufficiently covered in the scientific literature. The vast majority of publications concern general rules of communication in medicine, communication models, communication techniques, and educational aspects [12–18]. The organisational aspects of communication in the provision of obstetric and gynaecological care, as an important component of ensuring healthcare quality, remain insufficiently studied, which determines the relevance of this study.

Thus, studying the state and problems of communication in the process of providing obstetric and gynaecological care is an urgent task that allows transformation of the "doctor–patient" model from paternalistic to partnership-based, which is the foundation for implementing the principles of evidence-based medicine and ensuring high standards of healthcare quality and patient safety.

AIM

The aim of the study is to substantiate measures to ensure the quality of obstetric and gynecological care for the population by improving communication between participants in the service delivery process.

MATERIALS AND METHODS

The research methodology involved bibliographic, sociological, medical-statistical, and information-analytical methods. The source base consisted of scientific literature, results of sociological surveys of various respondent groups regarding the quality of obstetric and gynecological care in healthcare institutions, as well as international and national strategies and programmes for ensuring the quality of healthcare services.

The first survey was conducted in 2021 and involved 202 healthcare professionals from a maternity hospital and an antenatal clinic in Kyiv and Kyiv Oblast. The second survey, carried out in 2025–2026, targeted healthcare managers (n = 108) and used a custom-designed Google Forms questionnaire. Based on the data obtained, intensive indicators per 100 respondents were calculated together with their standard errors.

The opinions of medical personnel regarding the state of communication in obstetric and gynaecological healthcare facilities were analysed, as well as the views of specialists in healthcare organisation and management regarding the levels of communication between participants in the obstetric and gynaecological care delivery process. To assess the communication aspects of care quality and safety, a specially developed questionnaire by the facility's quality team for medical staff was used. The questionnaire covered key aspects of internal interaction, from the level of team support and openness of communication to the systematic reporting of incidents and errors in work.

The survey of healthcare managers aimed to provide a comprehensive assessment of the quality management system in obstetric and gynaecological facilities and to identify key factors influencing the effectiveness of care, with an emphasis on communication processes. Recommendations of the WHO and national strategic documents were analysed in the context of communication as a component of quality assurance.

ETHICS

The study complied with the basic principles of the Council of Europe Convention on human Rights and Biomedicine, World Medical association declaration of helsinki on the ethical principles for medical research involving human subjects, and current national regulations. as the surveys were anonymous, the respondents' participation was assumed to be voluntary, the principles of medical ethics were not violated.

FRAMEWORK
The article was prepared within the framework of research works of Bogomolets National Medical University "Scientific substantiation of improving the organizational foundations of the health care system under conditions of modern transformational changes" (2023-2025, state registration number 0123U101432).

RESULTS

Analysis of surveys of specialists from obstetric and gynaecological healthcare facilities regarding communication aspects of care provision showed that 79.0±2.9 out of 100 respondents confirmed regular informing by facility management about changes in its work. Opportunities for the open expression of opinions regarding deficiencies in the patient care process were reported by 77.0±3.0 out of 100 respondents, regarding errors in work by 84.0±2.6 out of 100 respondents, and regarding other problems.

At the same time, almost two-thirds of the personnel (63.0±3.4 out of 100 respondents) indicated that they are afraid to speak up when they observe that something is being done incorrectly. Only slightly more than one-third of respondents (36.0±3.4 out of 100) noted that they can freely question the decisions and actions of more authoritative colleagues.

In this context, the frequency of reporting incidents occurring in the work process is of particular importance. 60.0±3.4 out of 100 respondents gave affirmative answers to the question on reporting errors when no effect reached the patient. If an error occurred and had a negative effect on the patient, 70.0±3.2 out of 100 respondents stated that they would report it.

A positive finding is the medical personnel's confidence in the administration's creation of a favourable climate for patient safety within the team, reported by 88.0±2.3 out of 100 respondents. The vast majority of respondents are convinced of good interaction between structural subdivisions of the healthcare facility; however, 31.0±3.3 out of 100 respondents question this assessment. Half of the respondents (51.0±3.5 out of 100) indicated that information important to the patient may be lost during shift changes or during transfer of patients between departments. In addition, 73.0±3.1 out of 100 respondents reported satisfaction with teamwork with colleagues from other departments.

The study of the opinions of healthcare organisers from various regions of the country showed that 33.3 ± 4.5 out of 100 respondents identified insufficient communication between medical personnel and patients as a reason for non-compliance of obstetric and gynaecological services with current standards, while 16.7 ± 3.6 out of 100 identified insufficient communication between facility administration and medical personnel. Managers believe that communication with patients should be among the priority training topics for medical personnel, an opinion supported by 30.6 ± 4.4 out of 100 respondents.

Significant attention in the managers' survey was paid to barriers to the implementation of a patient-oriented quality management model. Among the key barriers, respondents highlighted low quality of feedback and a formal approach to patient surveys (44.4 ± 4.8 out of 100 respondents); communication difficulties, such as language and cultural barriers between personnel and patients (25.0 ± 4.2 out of 100); resource deficits, particularly lack of finances and staff for developing partnerships with patients (22.2 ± 4.0 out of 100); and information and organisational gaps, primarily insufficient patient awareness of their rights (16.7 ± 3.6 out of 100), lack of clear local protocols or responsible persons (16.7 ± 3.6 out of 100), and irregular analysis of satisfaction results (8.3 ± 2.7 out of 100).

Other problems received lower support, including sceptical attitudes of patients toward their own ability to initiate changes, lack of knowledge about the significance of the patient-oriented approach, difficulties in obtaining informed consent due to terminological barriers or unwillingness to study documentation, and a general lack of systematisation in involving patients. Ineffective communication between participants in the medical care quality control system, according to managers, creates difficulties when implementing changes or new approaches to quality control.

Analysis of WHO strategic and programme documents indicates the key role of communication aspects in ensuring the quality of medical care.

The WHO document "WHO recommendations: intrapartum care for a positive childbirth experience" emphasises the need for effective communication between healthcare providers caring for pregnant women and women in labour, using simple and culturally acceptable methods. However, in many settings, non-clinical intrapartum practices such as emotional support through companionship during labour, effective communication, and respectful care—although simple and inexpensive to implement—are not prioritised. Effective communication and interaction between health workers, health service managers, women, and representatives of women's groups and movements are important to ensure that care meets the needs and preferences of women in all contexts and conditions [2].

The need for interaction with facility management and regular communication between quality control teams and facility administration is emphasised in the WHO publication *Improving the quality of care for mater-*

nal, newborn and child health: implementation guide for national, district and facility levels. Such communication ensures the exchange of information regarding quality control and facilitates engagement of stakeholders in solving quality improvement problems [18].

WHO emphasises that all health workers are expected to provide information, education, and communication to patients. All midwives are expected to provide individual counselling. As part of a quality improvement strategy, stakeholders can develop communication plans for dissemination among health workers [10].

The need for private physical space to ensure effective communication between women and health workers is highlighted in the WHO Labour Care Guide Implementation Resource Package [19].

In many health systems, effective information management remains a weak point in quality assurance. The use of personal medical data for monitoring and improving medical services serves an important public purpose but must always ensure confidentiality. Every country should have national legislation that protects patient confidentiality while enabling the appropriate use of data and transparent communication with the public regarding data use, as well as establishing global standards for improving data quality and comparability.

An important measure for uniting clinical personnel is joint morbidity and mortality reviews, which are used to examine adverse events and improve clinical competencies. They promote active recognition of errors or misjudgements and provide opportunities for learning, as well as for identifying measures to improve processes, strengthen cooperation, and enhance communication [20].

Continuous advocacy is important for improving understanding of midwifery care models and the role of midwives through clear, evidence-based communication, intersectoral discussions, joint seminars, and training activities.

Interdisciplinary communication is facilitated by the development and strengthening of coordination mechanisms between health workers, particularly in emergency situations. This is supported by regular interdisciplinary meetings to review cases, address problems, and strengthen teamwork, as well as the implementation of effective conflict-resolution systems between health workers to enhance cooperation and professional respect [21].

The Strategy for the Development of the Healthcare System until 2030 [11] aims to improve the communication component of healthcare quality assurance. The document defines one of its strategic goals as ensuring universal access of the population to quality medical services. At the same time, the key values and guiding principles of the Strategy are efficiency and accountability, which involve establishing clear communication between all levels of management and resource utilisation. The tasks for implementing the Strategy include strengthening communication and clarification regarding the development, expansion, and approval of state financial guarantees for healthcare services; development of infrastructural and technical conditions for providing quality medical services using information and communication systems at all levels; and promotion of the availability of information and communication technology products and services in the electronic healthcare system and other key information systems and registries in the healthcare sector.

DISCUSSION

Analysis of the opinions of medical personnel and specialists in healthcare organisation and management regarding the state of communication in obstetric and gynaecological healthcare facilities and the levels of communication between participants in the obstetric and gynaecological care delivery process allowed for a comprehensive assessment of the situation and identification of strengths and weaknesses.

Positive findings include proper informing of medical personnel by facility management regarding changes in work, the opportunity for medical workers to openly discuss problems and express opinions on deficiencies in the patient care process, and ways to improve medical care.

However, although medical personnel generally assessed working conditions and interaction with the administration positively, the survey results revealed a number of problem areas. In particular, 14.0 ± 2.4 out of 100 respondents noted a lack of information about the facility's current activities. The most critical challenge was deficiencies in internal communication: 32.0 ± 3.3 out of 100 respondents noted difficulties in interaction between subdivisions, and 19.0 ± 2.8 indicated an insufficiently favourable working environment. Such communication gaps may lead to the loss of strategically important data during information transfer between structural units.

It is noteworthy that some medical personnel are afraid to point out actions they consider incorrect. The main negative factors include excessive hierarchisation, where fear of management replaces professional dialogue, which prevents personnel from critically assessing managerial decisions. This leads to the risk of systemic problems in patient care remaining unreported by both sides.

Healthcare managers confirmed the importance of the communication component in ensuring the quality of

obstetric and gynaecological care. One-third attributed non-compliance with medical care standards specifically to insufficient communication between medical personnel and patients, and one-sixth to insufficient communication between facility administration and medical personnel. They identified key barriers to achieving high-quality medical care for pregnant women, women in labour, postpartum women, and women in general as: inadequate quality of feedback and a formal approach to patient surveys, language and cultural communication barriers between personnel and patients, resource constraints for developing partnerships with patients, insufficient patient awareness of their rights, and irregular analysis of satisfaction results, among others.

To eliminate the identified shortcomings and build a mature culture of quality and safety within the facility, primary attention should be paid to implementing a culture of openness that encourages staff to freely report risks. Key strategic steps should include strengthening feedback mechanisms, including the regular collection of staff proposals for improving the quality of care; democratisation of management through the creation of direct communication channels between frontline specialists, quality and safety managers, and senior management; and technological modernisation, including reducing the risk of errors through maximal automation of medical documentation processes [2, 10].

The communication strategy should be integrated into the overall quality management strategy for obstetric and gynaecological care within the facility [18]. Ensuring multilevel information exchange and developing internal audit mechanisms will increase staff awareness of strategic quality objectives and promote sustainable adherence to the principles of medical ethics and deontology.

The implementation of standardised information transfer techniques, training in conflict management and empathy, the formation of multidisciplinary teams, the improvement of visual communication and comprehensive information delivery, and the establishment of crisis communication systems will enable the achievement of high standards of obstetric and gynaecological care quality.

PROSPECTS FOR FURTHER RESEARCH

Promising areas for further research include the development and implementation of standardized protocols for interdisciplinary interaction to ensure continuity of obstetric care at all stages of the treatment process. Separate attention should be paid to studying digital communication strategies and their impact on the formation of partnership relations between medical personnel and patients. It is also important to provide scientific substantiation of methods for integrating feedback from women into the system of monitoring the quality of medical services to increase the patient orientation of the facility.

CONCLUSIONS

The conducted analysis of the communication environment in obstetric and gynaecological facilities demonstrated the contradictory nature of organisational culture. Despite established principles of comprehensive informing of personnel about implemented changes and open discussion of problems, systemic barriers persist within facilities, in particular manifestations of interdepartmental dysfunction and hierarchical dependence. This may create certain threats to patient safety and hinder the achievement of appropriate care quality, which requires transformation of the internal communication system from a rigid vertical model to one oriented towards quality, safety, and openness.

The results of the survey of healthcare managers confirm that communication deficits are one of the determining factors in non-compliance with obstetric and gynaecological care standards. It has been established that a negative impact on the quality of medical services is exerted not only by communication gaps in the "staff–patient" system, but also by deficiencies in internal interaction within the "administration–staff" system. The key barriers to the development of a patient-oriented approach were identified as a formal approach to monitoring patient satisfaction, language and cultural barriers, and resource constraints, which together hinder the implementation of partnership principles and effective feedback.

For the transformation of the culture of quality and safety in healthcare facilities, the following strategic directions are proposed: building trust, including the transition to a policy of reporting risks without fear of sanctions and ensuring direct access of staff to senior management; active involvement of the team, including the systematic collection and implementation of innovative proposals from employees in the field of quality and safety; and digitalisation and minimisation of the human factor through the introduction of automated documentation systems. The foundation for improving the safety culture should be the development of horizontal communication and technological optimisation. In particular, stimulating open dialogue regarding professional risks, establishing direct interaction between staff and administration, and relieving healthcare workers of routine documentation tasks through automation are critically important.

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CONFLICT OF INTEREST

The Authors declare no conflict of interest

CORRESPONDING AUTHOR
Nataliia M. Mykytenko
Bogomolets National Medical University
13 Taras Shevchenko Blvd., 01601 Kyiv, Ukraine
e- mail: nataly301@ukr.net

ORCID AND CONTRIBUTIONSHIP
Nataliia M. Mykytenko: 0000-0002-6402-4533 A B C D
Tetiana S. Gruzieva: 0000-0001-9254-7561 A B C D E F
Hanna V. Inshakova: 0000-0002-3984-8864 C D

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