Federazione Nazionale degli Ordini della Professione di Ostetrica

LUCINA

YEAR 2026
VOLUME 1
ISSUE 3

The official journal of the National Federation of the Councils of Midwifery Profession

N. 3

HOMNYA
Envisioning Health Innovation

Federazione Nazionale degli Ordini della Professione di Ostetrica

LUCINA

YEAR 2026
VOLUME 1
ISSUE 3

The official journal of the National Federation of the Councils of Midwifery Profession

TABLE OF CONTENTS

Safety is our Shared Responsibility 3
Silvia Vaccari

Humanization in Healthcare: From Cure to Care for the Promotion of Women's Health 5
Camilla Bellazzi, Elsa Del Bo, Silvia Vaccari, Chiara Ogliari

HOMNYA
Envisioning Health Innovation

LUCINA The official journal of the National Federation of the Councils of Midwifery Profession
Lucina 2026;1(3):e450. DOI 10.82083/LUCINA_20269_450

Safety is our Shared Responsibility

Silvia Vaccari
President of the National Federation of the Councils of Midwifery Profession (FNOPO), Rome, Italy

Corresponding author: Silvia Vaccari; e-mail: s.vaccari@fnopo.it

Keywords: *Patient Safety; Midwifery; Quality of Care.*

The safety of care is not a destination. It is a journey. It is a culture. It is reflected in the choices we make every day as we care for women, newborns and families while safeguarding the integrity of our profession. For this reason, the 5th FNOPO National Congress "SAFETY IN MIDWIFERY CARE: CHALLENGES, OPPORTUNITIES AND INNOVATIONS", that will be held in Lecce on October 16 and 17 (2026), will not just be a scientific event. It will be an opportunity for collective reflection on the role that midwives are called to play in a changing healthcare system, increasingly oriented towards quality, effectiveness, innovation, and accountability.

We have chosen to dedicate the Congress programme to safety in midwifery care because focusing on safety means addressing the quality of care, the organisation of services, education research, and the ability to work together. But it also means talking about trust. The trust that every woman places in the professionals who care for her during one of the most important moments of her life. Safety is not simply the absence of errors. It is, rather, the ability to build systems that learn from mistakes, that analyses them without assigning blame, and that invests in prevention and in development of professional competencies. It is a shared responsibility that involves professionals, institutions, universities, scientific societies, and citizens.

The role of midwives goes far beyond the childbirth. Midwives support women throughout their lives by promoting health, prevention, education, and continuity of care. They provide postnatal home visits and work across community services, primary care, and hospital settings. This role combines technical expertise with compassionate care, scientific evidence with attentive listening, and innovation with humanity. It is precisely this holistic vision that makes safety a core value that passes through every aspect of our work.

The Congress will address key themes that represent the major challenges of the profession: clinical risk management, safety governance, university and continuing education, clinical simulation, professional responsibility, obstetric emergencies, research, organisa-

Copyright: © 2026 by the authors. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0).

tional innovation, and the prevention of violence against healthcare workers. These will not be single topics but part of a single overarching vision: to build a system in which safety is the result of the integration of skills, organisation, and professional culture. Safe care also depends on genuine multidisciplinary collaboration, in which each professional contributes their expertise for a common goal: the best possible care for every individual. The alliance between professionals is built through a common language, mutual trust, and respect for each person's skills. Only in this way is it possible to guarantee truly safe, appropriate, and woman-family-centered care pathways.

Attention will also be paid to the evolution of education. Scientific knowledge is evolving rapidly, as are the technological tools available to healthcare professionals. For this reason, investing in education means investing directly in the safety of care. Simulation, research, continuous professional development, and multidisciplinary interaction are now essential elements for addressing increasingly complex care settings.

Alongside the technical dimension, we will continue to preserve the human dimension of care. The humanization of care is not an accessory element, but one of the prerequisites for safety. A woman who is well informed, listened to, actively involved in decision-making, and whose physiological processes are respected is a woman who becomes an active partner in her own care. And it is precisely this therapeutic alliance that represents one of the most effective tools for improving care outcomes.

We live in a time of great changes. Demographic evolution, new technologies, artificial intelligence, personalized medicine, and the reorganization of territorial care are deeply transforming the way healthcare is delivered. The midwifery profession is called upon to lead this change, not merely adapt to it. With competence, vision, and a sense of responsibility. The Federation will continue to work to ensure that midwives play a leading role in this transformation, valuing the profession's expertise and promoting care models that are increasingly safe, appropriate, and close to people's needs.

Lecce will provide an opportunity for dialogue, but above all a starting point. Because safety does not belong to a single event, nor to a single profession. It is a daily commitment that is built together. And together, we will continue to shape the future of Italian midwifery.

Silvia Vaccari
President FNOPO

LUCINA The official journal of the National Federation of the Councils of Midwifery Profession
Lucina 2026;1(3):e458. DOI 10.82083/LUCINA_202609_458

Humanization in Healthcare: From Cure to Care for the Promotion of Women's Health

Camilla Bellazzi[1,2], Elsa Del Bo[3], Silvia Vaccari[4], Chiara Ogliari[5,2]
[1] *Family Health Center of Vercelli, ASL Vercelli, Vercelli, Italy*
[2] *Department of Clinical-Surgical, Diagnostic and Pediatric Sciences, University of Pavia, Pavia, Italy*
[3] *Secretary, National Federation of Councils of the Midwifery Profession (FNOPO), Rome, Italy*
[4] *President, National Federation of Councils of the Midwifery Profession (FNOPO), Rome, Italy*
[5] *IRCCS San Matteo Hospital Foundation, Department of Women's and Maternal-Infant Health, Pavia, Italy*

Corresponding Author: Elsa Del Bo; e-mail: e.delbo@fnopo.it

Abstract

For decades, contemporary healthcare has been dominated by the traditional biomedical model. Although highly effective in reducing maternal and neonatal mortality and treating complex pathologies, this clinical-centric paradigm has progressively marginalized the psycho-social, spiritual, and value-based dimensions of patient care. In response to the growing gap between clinical efficacy and patients' lived experiences, a shift toward a humanized and holistic healthcare model has emerged placing the individual firmly at the center of the therapeutic process. Over recent decades, increasing attention has been given to respectful, person-centered care for women and newborns. This commentary reflects on the evolution of humanized care and discusses selected Italian initiatives that illustrate its application in women's health.

Keywords: *Humanization of care; Person-centered care; Women's health.*

Introduction

Humanized care has gained increasing attention as an approach that complements clinical effectiveness with respect for patients' needs, preferences, values, and dignity[1]. In women's health, this perspective is particularly relevant during pregnancy, childbirth and the postnatal period, when clinical care intersects with important physical, emotional and social experiences. Humanization is not an alternative to safety and efficacy, but a complement that places the person at the center of the care process[1]. In this context, the role of healthcare professionals must evolve, enriching itself with communication and relational skills, such as active listening and empathy, particularly in humanized care directed at women and, specifically, the maternity pathway. Although childbirth is a physiological event in most cases, recent decades – particularly in industrialized countries – have observed the adoption of a predominantly clinical and disease-focused model of care. This perspective may contribute to increased medicalization and unnecessary medical interventions, compromising the humanization of the birth event[1]. Since the mid-20th century, advances in technologies for diagnosis, prevention, and treatment have increasingly shifted wo-

Copyright: © 2026 by the authors. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0).

men's care toward hospital-based services, particularly during childbirth[2], with improvements in quality, efficiency, and safety[3]. This system has been associated with reduced trust in healthcare and increased professional stress, sometimes leading to burnout[3]. Humanization, therefore, means integration: reconciling medical care, interventions and therapies with the recognition of the patients not only within the context of their illness, but as individuals with their own background and capabilities[4]. Holistic care action is directed toward identifying the resources and therapeutic potential of the mind-body system[1]: this implies personalized care that takes into account the patient's identity and interpersonal relationships[4].

Historical and theoretical background

The path toward this goal can be traced to developments in humanistic and person-centered approaches during the mid-twentieth century, including Rogers' person-centered approach and Buber's philosophy of dialogue[5,6]. This model implied a more holistic perspective, where illness was treated within the context of the uniqueness of the individual's experience[6]. The concept of patient-centered medicine was further developed through the work of Michael Balint[7], while Jean Watson's theoretical contribution further supported the humanization of nursing care[8]. Building on this wave of thought, a movement for the "humanization of childbirth" emerged in the 1960s and 1970s, promoting a holistic care approach and model that centered on the woman along with her emotional, psychological and social aspects[2]. This movement was particularly strong in Latin America during the 1990s, in a context where traditional practices, spiritual rituals and beliefs associated with pregnancy were deeply rooted in society. These practices were not demonized or eradicated, but respected and supported wherever possible. Furthermore, it was a movement that challenged the social inequalities that women faced during the birth process[2]. This line of thought developed in parallel with a broader international feminist response, particularly in the United States, which criticized the increasing medicalization of women's bodies and reproductive processes[2]. A further step toward humanizing care was the "Declaration on the Elimination of Violence against Women," adopted on December 20, 1993, by the UN General Assembly[9]. This declaration arose from the need to provide a comprehensive definition of "violence against women" and the fundamental rights to be applied for its elimination in all forms.

A 2010 landscape analysis on the mistreatment of women during childbirth in health facilities systematized the concept of "disrespect and abuse during childbirth"[10], helping bring respectful maternity care to the forefront. This development occurred alongside broader international efforts to improve maternal health, including the Millennium Development Goals – eight global targets set by the UN, including promoting gender equality, empowering women, reducing child mortality and improving maternal health[11].

In 2016, attention shifted toward antenatal care. The World Health Organization (WHO) sought to raise awareness about this phase, as Antenatal Care (ANC) allows for key health functions, including health promotion, screening, diagnosis and disease prevention. Implementing these practices has shown that ANC is a crucial tool for preventing maternal and neonatal morbidity and mortality[12].

Furthermore, the period near childbirth and the moment of delivery itself are critical periods for preventing complications; as hospital births increased, focusing on the quality of intrapartum care became essential. In 2016, the WHO identified eight domains for improving the quality of maternal and newborn care in health facilities: evidence-based care practices and complication

management, actionable information systems, functioning referral systems, effective communication, respect and preservation of dignity, emotional support, competent and motivated staff and the availability of essential physical resources[13]. In 2018, the WHO further developed this approach through its recommendations on intrapartum care for a positive childbirth experience[14].

In 2022, focus expanded to the postnatal period to improve the quality of care and maternal and newborn well-being. A positive postnatal experience is defined as one where women, newborns, partners, parents, caregivers and families receive consistent information and support from healthcare professionals within a flexible, well-resourced health system that recognizes the needs of women and babies and respects their cultural context[15].

Currently, respectful and person-centered maternal and newborn care is recognized within international WHO frameworks[2]. Midwife continuity of care represents one model through which these principles can be translated into practice, by promoting relational continuity, individualized support, and greater involvement of women in their care. The 2024 Cochrane review led by Sandall et al[16] evaluated midwife continuity of care models compared with other models of maternity care. These models were associated with a higher likelihood of spontaneous vaginal birth, lower rates of caesarean and instrumental birth, and more positive maternal experiences, although the certainty of evidence varied across outcomes[16].

Regulatory developments in Italy

The humanization of care gained increasing recognition within the Italian healthcare system through reforms aimed at improving the quality and organization of healthcare services[4].

A key step was Ministerial Decree of April 24, 2000, which introduced the *Progetto Obiettivo Materno-Infantile* (POMI), essential for organizing and improving care across the birth pathway in Italy. This project aimed to protect maternal and neonatal health at all stages of life; promote responsible motherhood; humanize care with special focus on the birth pathway; reduce cesarean rates; promote breastfeeding; coordinate and ensure levels of care; guarantee required Assisted Maternal Transport Services (STAM) and Emergency Neonatal Transport Services (STEN) and encourage early, protected discharges[17].

A significant step was the definition of the Essential Levels of Care (Livelli Essenziali di Assistenza – LEA), which identified the healthcare services that the National Health Service must guarantee to citizens[18].

Following this, the State-Regions Agreement of December 16, 2010, further emphasized promoting and improving quality, safety and appropriateness in birth pathway care. It introduced guidelines to reduce cesarean sections and ensure maternal-neonatal safety by promoting the progressive rationalization and reduction of birth centers with fewer than 500 – 1,000 births per year[19].

A further relevant step toward humanizing care was taken with Law 219/2017, the primary Italian legislation regulating informed consent and Advance Healthcare Directives (*Disposizioni Anticipate di Trattamento* - DAT)[20]. This law establishes every individual's right to clear, understandable information about their health status, as well as the risks and benefits of proposed medical treatments. Everyone has the right to accept or refuse treatments and receive comprehensive information on consequences and alternatives to make a free, informed choice[20]. Expressing informed consent is part of a communicative process built on trust and respect between patient and professional. Thus, the patient's right to self-determination is placed at the center, shifting from a disease-centered approach to a person-centered one[20].

Humanization strategies: Italian experiences

Regarding strategies for humanizing care for women, several Italian initiatives illustrate how humanization principles can be translated into practice. These initiatives are presented as illustrative examples of humanization-oriented practices rather than as evidence of clinical effectiveness.

Endometriosis

Endometriosis is a chronic, estrogen-dependent inflammatory disease that primarily affects women of reproductive age. The primary symptom is pain, which has psychological (such as anxiety and/or depression) and social consequences. To alleviate these symptoms, the University Hospital of Modena (*Azienda Ospedaliero-Universitaria* – AOU; Modena, Italy) launched the *Endogym* project for patients with endometriosis experiencing persistent pelvic pain[21]. This project aims to evaluate the benefits of a program combining yoga and pelvic floor physiotherapy on chronic pelvic pain. Its founding principle is the humanization of care, based on the understanding that health and illness result from the interaction of biological, psychological and social factors. Studies have shown that endometriosis symptoms negatively impact psychological and social well-being, reducing quality of life[21]. The combined approach was associated with improvements in quality of life and a reduction in deep dyspareunia.

Inflammatory bowel diseases

Within the broader field of inflammatory bowel diseases, including Crohn's disease and ulcerative colitis, the AOU of Modena launched the *"Traces of Frida: The Resilient Body"* project in collaboration with the National Choreographic Center (CCN) Aterballetto, established in Italy in 2022 with recognition from the Ministry of Culture[22].

This project targets women with inflammatory bowel diseases who have undergone major abdominal surgery at the Multidisciplinary Clinic for Chronic Inflammatory Bowel and Joint Diseases at AOU Modena[22]. The project's name was inspired by artist Frida Kahlo – specifically her portraits of her body worn by illness, which served as inspiration and a way to overcome suffering by reconstructing her self-image and body image[22]. The goal is to explore the potential benefits of dance on inflammation, symptoms, disease-related stress, body-image perception and overall quality of life[22].

Breast Cancer

Breast cancer is a malignancy arising from uncontrolled cell growth within the mammary gland. A cancer diagnosis can have a disruptive impact on a person's life and relationships, often leading to isolation; addressing this aspect alongside the disease itself is crucial. To this end, the *"New Seasons"* project was launched by the University Hospital of Siena, the *Terre Regionali Toscane* Agency and the *Serena Onlus* association[23]. Running from September to December at the Suvignano Agricultural Estate, it offers women diagnosed with breast cancer and their families a place to gather, find support and share experiences. Patients and families collaborate on a social farming project, cultivating an antioxidant-rich garden guided by an agronomist and a nutritional physician to promote healthy eating. Additionally, group meditation sessions with psychotherapists take place in nature, utilizing cognitive-behavioral mindfulness techniques. This project is intended to support patients with an opportunity for active participation and may contribute to improving patients' experience of illness and individual well-being[23].

Conclusions

The future evolution of healthcare depends on providing professionals with active listening and relational skills. Humanizing healthcare for women and all patients should therefore be regarded not as an optional complement to clinical care, but as an integral dimension of high-quality, ethical and person-centered healthcare.

Declarations

Artificial Intelligence (AI) – Assisted Technology Statement

No artificial intelligence (AI) tools or generative AI technologies were used in the preparation of this manuscript.

Authors' Contributions

All authors contributed to the conception and drafting of the manuscript and approved the final version.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Funding

This work received no external funding.

References

1. Burrai F, Apuzzo L, Micheluzzi V. Humanization of care: innovation and care model. *G Clin Nefrol Dial.* 2020; 32(1): 47-52. doi:10.33393/gcnd.2020.1984.
2. World Health Organization. *Compendium on respectful maternal and newborn care.* Geneva: WHO; 2025.
3. Busch MI, Moretti F, Travaini G, Wu WA, Rimondini M. Humanization of Care: Key Elements Identified by Patients, Caregivers, and Healthcare Providers. A Systematic Review. *Patient.* 2019; 12(5): 461–474. doi: 10.1007/s40271-019-00370-1.
4. Casavecchia A. Humanization of Care and Culture of Welcome. The Bambino Gesù Children Hospital: a Case Study. *Italian Journal of Sociology of Education.* 2020; 12(3): 131–150. doi:10.14658/PUPJ-IJSE-2020-3-7.
5. Rogers CR. *Client-centered therapy: Its current practice, implications, and theory.* Boston: Houghton Mifflin; 1951.
6. Pembroke N. Human dimension in medical care: insights from Buber and Marcel. *South Med J.* 2010;103(12):1210–1213. doi:10.1097/SMJ.0b013e3181efb3bc.
7. Balint M, Ball DH, Hare ML. Training medical students in patient-centered medicine. Compr Psychiatry. 1969;10(4):249–258. doi:10.1016/0010-440X(69)90001-7.

8. Reyes-Téllez Á, González-García A, Martín-Salvador A, Gázquez-López M, Martínez-García E, García-García I. Humanization of nursing care: a systematic review. *Front Med.* 2024; 11: 1446701. doi: 10.3389/fmed.2024.1446701.

9. United Nations General Assembly. *Declaration on the Elimination of Violence against Women*. General Assembly Resolution 48/104; 20 December 1993.

10. Bowser D, Hill K. *Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth: Report of a Landscape Analysis*. USAID-TRAction Project; 2010.

11. United Nations. *Millennium Development Goals: Goal 5 – Improve maternal health*. New York: United Nations; 2015.

12. World Health Organization. *WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience*. Geneva: WHO; 2016.

13. World Health Organization. *Standards for Improving Quality of Maternal and Newborn Care in Health Facilities*. Geneva: WHO; 2016.

14. World Health Organization. *WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience*. Geneva: WHO; 2018.

15. World Health Organization. WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience. Geneva: WHO; 2022.

16. Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gillespie P, Gates S, Jones LV, Shennan AH, Rayment-Jones H. Midwife continuity of care models versus other models of care for childbearing women. *Cochrane Database Syst Rev.* 2024; 4: CD004667. doi: 10.1002/14651858.CD004667.pub6.

17. Adoption of the maternal-child target project relating to the national health plan for the 1998-2000 triennium. DM 24 April 2000, *Gazzetta Ufficiale* June 7, 2000, n 131, S.O. n. 89.

18. Italy. Decreto del Presidente del Consiglio dei Ministri, 29 November 2001. Definizione dei livelli essenziali di assistenza. *Gazzetta Ufficiale della Repubblica Italiana*. 2002;33(Suppl Ord n.26).

19. Unified Conference. Agreement of December 16, 2010, n. 137/CU. Guidelines for promoting and improving quality, safety, and appropriateness of care interventions in the birth pathway and for reducing cesarean sections. *Gazzetta Ufficiale della Repubblica Italiana*. 2011; 13.

20. Italy. Law of December 22, 2017, n. 219. Regulations on informed consent and advance treatment directives. *Gazzetta Ufficiale della Repubblica Italiana*. 2018; 12.

21. Alboni C, Comandini R, Zoccoli SG, Bertucci E, Zanni G, Doronzo I, Vagnini C, Semprini M, Cecchini V, Arena A, Bertoletti S, Melegari S, Fabbri G, Marca A. ENDO-GYM: A holistic approach with pelvic floor physiotherapy and Yoga for endometriosis pain relief. Eur J Obstet Gynecol Reprod Biol. 2026 Aug; 324:115244.

22. University Hospital of Modena. "Tracce di Frida: il corpo resiliente" Project. Available from: https://www.aou.mo.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/6442.

23. University of Siena. "Nuove Stagioni" Project. Sep 12, 2024. Available from: https://www.unisi.it/unisilife/notizie/inaugurato-il-progetto-nuove-stagioni.



LUCINA

The official journal of the National Federation of the Councils of Midwifery Profession