

Respectful Maternity Care: Evidences in Practice

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ABSTRACT

Introduction: Worldwide, most of the women are still facing disrespect and abuse during labor and childbirth resulting in adverse health consequences. For addressing these issues, WHO has launched Respectful Maternity Care(RMC) as a universal right of every woman and newborn which needs to be ensured in all health Institutions. Thus, this review aimed to identify the types of abuse and disrespect woman are facing during intra partum period and to find out the practices related to RMC.

Methods: Literature was searched from different sources like Google Scholar, CINAHL and Pub Med. Total 15 related original articles published from 2015 and onwards were included.

Results: Among different form of abuse and disrespect, non-consented care, lack of autonomy, abandon and physical abuse were common respectively. RMC interventions have increased the awareness level among woman and health care providers and have been found effective to reduce psychological problems like depression, anxiety symptoms and increase wellbeing of woman and health of their newborns. Different factors like education, religion, environmental factors, and availability of resources influence RMC practices.

Conclusions: Different form of abuse and disrespect are quite common during childbirth. For discouraging abuse and disrespect and to foster maternal and neonatal health RMC strategies need to be prioritized in all health care settings.

Keywords: Child birth, Labor, Respectful maternity care, Universal right

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INTRODUCTION

Globally, disrespectful care against women are presenting with an alarmingly high prevalence. Studies have found different form of disrespectful care and abuse like non-consented care, abandonment, non-confidential care, non-dignified care, physical abuse during intrapartum period are in practice in all countries with large number in low income countries. Disrespect and abuse hinders the quality of care that directly and indirectly threaten the life of women and their newborn.⁽¹⁻³⁾ A study conducted in 2019, in USA revealed that about 17.3% to 28.1% women experienced mistreatment during antenatal,

labor period and during institutional delivery.

⁽⁴⁾ Likewise, a study conducted during the year 2022 at the hospital in India among 150 participants revealed that everyone encountered at least one instance of disrespect during labor, childbirth or the postnatal period with the overall mean scores for non-confidential care was (0.59), for non-consented care was (0.95), abandonment or denial of care was (1.21)and physical abuse was (1.26).^(5,6) Similarly, In Nepal a study conducted in one district among 327 women revealed that all women had experienced at least one type of disrespect and/or abuse during labor and delivery, with the commonest being non-consented care (100%), followed by non-

dignified care(72%), and non-confidential care (66.6%) respectively.⁽⁷⁾ Evidences have revealed that when women were not treated respectfully during their child birth process the risk of maternal trauma, negative birth experiences, low breast feeding efficacy, postnatal anxiety, depression and fear for consecutive pregnancy are exhibited.^(8,9)

In order to address this issues WHO has launched the concept of Respectful Maternity Care (RMC) which refers to the basic human rights for women during their antenatal, natal and postnatal period including their newborns of which include care that maintains dignity, privacy, confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth.⁽¹⁰⁾

RMC interventions have been found to be closely linked with a decrease in disrespectful behavior, enhancing women's awareness of their rights, as well as fostering stronger relationships between woman and health care providers.⁽¹¹⁾ When women experience support, respect, safety, and involvement in decision-making with their healthcare providers, it can lead to more favorable childbirth experiences and they are more inclined to use facility-based maternity services in the future, had more bonding with their newborns and were able to breastfeed more effectively, less complaints of post-partum insomnia and depression.^(12,13) Furthermore, relating these evidences champions of White Ribbons Alliance have declared and advocated for 10 rights for women and their newborns. And most of the Institutions have implemented RMC in their settings with positive outcomes of mother and their child.^(14,15)

METHODS

Literature was searched using the key words like abuse, disrespect during labor and child birth and also respectful maternity care practices in developed and developing countries. Different

sources of literature search like Google Scholar, CINAHL and Pub Med were used. Related 15 original articles comprising of quantitative studies published during the year 2015 and onwards were included.

RESULTS

10 Rights of Respectful Maternity Care (Universal Right of Reproductive Women)⁽¹⁴⁾

1. Everyone has the right to freedom from harm and ill-treatment.
2. Everyone has the right to information, informed consent, and respect for their choices and preferences, including companion of choice during maternity care and refusal of medical procedures
3. Everyone has the right to privacy and confidentiality.
4. Everyone is their own person from the moment of birth and has the right to be treated with dignity and respect.
5. Everyone has the right to equality, freedom from discrimination and equitable care.
6. Everyone has the right to healthcare and to the highest attainable level of health.
7. Everyone has the right to liberty, autonomy, self-determination and freedom from arbitrary detention.
8. Every child has the right to be with their parents or guardians.
9. Every child has the right to an identity and nationality from birth.
10. Everyone has the right to adequate nutrition and clean water.

Evidences related to Respectful Maternal Care Practices

S. No.	Year & Author	Methods	Main Findings	Form of disrespect
1.	Rosen etal. 2015	Study design: Observational study Settings: Hospital settings in 7 low recourses income based countries Sample size: 2164	Women overall were treated with dignity and in a supportive manner by providers.	Many women experienced poor interactions with providers and were not well-informed about their care. Abandonment and neglect were identified.
2.	K.C. 2024	Study Design: Cross sectional Setting: Hospital settings Sample size: 217	The prevalence of overall respectful maternity care (RMC) score was 81%.	Protection of right to information/ informed consent and choice 'preference was lower than overall score (75.1%).
3.	Yadav,Smita, Jacob,Begum 2023	Study design: Cross sectional Tertiary care, hospital Sample Size: 246	More than one third of women reported good RMC. Although women rated high in domains of environment, resources, dignified care and nondiscrimination.	Non consented care and No confidential care and poor privacy were rated problems. Barriers for RMC: Lack of resources, communication.
4.	Vedam etal. 2019	Study design: Cross-sectional online survey Sample size: 2138	One in six women (17.3%) reported experiencing one or more types of mistreatment such as: loss of autonomy; being shouted at, scolded, or threatened; and being ignored, refused, or receiving no response to requests for help. Context of care (e.g. mode of birth; transfer; difference of opinion) correlated with increased reports of mistreatment. Age, color and parity plays crucial factors.	

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| 5. | Ghimire, Joshi, Dahal, Swahnbirg 2021 | Study design: cross-sectional
Sample size: 218
Settings: 2 hospitals (one private, one public) in eastern Nepal. | All women had experienced at least one type of disrespect and/or abuse during labor and delivery, most common being non-consented care (100%), non-dignified care (72%), and non-confidential care (66.6%), respectively. Discriminatory care and physical abuse were experienced by 32.33% and 13.23%, respectively. Ethnicity, religion, place of delivery, and numbers of living children were the main predictors of reporting disrespect and abuse. |
| 6. | Ganesh & Angel 2023 | Study design: Cross sectional
Sample size:100 post-natal women | Women who were treated with proper RMC had more bonding with their babies and were able to breastfeed more effectively. The participants did not have common complaints of post-partum depression, hesitancy to breastfeed, insomnia, lack hesitancy to Breast feed and reduced incidence of traumatic Deliveries |
| 7. | Habib, Mwaisaka, Torpey, Ernest, Augustine 2023 | Systematic review: 29 review articles | Physical abuse and non-dignified care was common in countries with low income resources and detention as a less common. Need for RMC interventions to improve quality of maternity care was recommended by majority of studies |
| 8. | Khalil,Carasso, Khasholian 2022 | Systematic review: 38 articles | Physical abuse (especially overused routine interventions) and non-dignified care (embedded in patriarchal socio-cultural norms). overuse of unconsented routine interventions that regards the power and autonomy of health professionals |
| 9. | Downe, lawie,Finlaysonk, Oladapo 2018 | Study design: Systematic Review
5 studies in African countries | RMC interventions increases women's experiences of respectful care (adjusted odds ratio (OR) 3.44, 95% CI 2.45-4.84); Increased good quality care. Reduced experiences of disrespectful or abusive care specifically, physical abuse. |
| 10. | Bhattacharya 2015 | Study design: cross-sectional
Sample Size: 410 | Non-dignified care including verbal abuse and derogatory insults related to the woman's sexual behavior (19.3%); physical abuse (13.4%); neglect or abandonment (8.5%); non-confidential care (5.6%); and feeling humiliation (4.9%). Statistically significant associations between abuse and provider type, facility type, and presence of complications during delivery. |

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| 11. Thapaliya, Poudel, Shrestha
2021 | Design: Facility-based
Cross sectional
Sample Size: | The overall disrespect and abuse childbirth was (70.1%) and only of which (34.6%) suffered from physical abuse, (68%) received non-consented care, (22.5%) of them received non-confidential and non-dignified care, (1.3%) experienced discrimination based on specific attributes and (26%) suffered from abandonment or neglect of care. |
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DISCUSSION

Respectful maternity care (RMC) is a fundamental right of every childbearing woman which contributes to ensuring a positive outcome for mothers and neonates.⁽³⁾ RMC is not just about ensuring positive outcome and protecting women from abuse during labor and childbirth but much more elaborate. Similarly, another study conducted correlated human rights with seven pertaining types of disrespect and abuse identified by Bowser and Hill with relation to RMC and these rights encompassed various aspects such as dignity, safety, privacy, autonomy, confidentiality, informed consent, and respect for cultural beliefs and practices in the context of RMC.^(16,17)

On elaboration of the prevalence of types of disrespect and abuse (D&A) against women there is significant evidence of D&A against women which highlights the application of RMC practices in hospital setting as revealed by a study done in 2022 which found that 6 out of 7 types of D & A found in almost two-thirds countries included in that research.⁽⁴⁾ The systematic review including 29 studies in low income countries found, the most common types of D & A in childbirth are physical abuse (especially overused routine interventions) and non-dignified care. The power dissonance between providers and women is the main factor for D & A.⁽⁴⁾

Similarly a study conducted among 150 women in India in 2022 revealed all women revealed that every participant encountered at least one instance of disrespect during labor, childbirth,

or the postnatal period at the hospital with the overall mean score for the non-consented care domain was 0.95 scores, for non-confidential care was 0.59, for abandonment or denial of care was 1.21, and physical abuse was 1.26 respectively.⁽⁶⁾ Another similar study identified that D&A is highest, possibly due to geographical and cultural proximity.⁽⁹⁾ Non-dignified care was the second most common type of D&A which includes decreased empathetic attitude, rude attitudes, non-verbal expressions by providers, and restricted choices leading to receive care from male providers, and feel dominated, dehumanized, and objectified as a laboring and birthing woman. Similarly, few studies conducted in Nepal at hospital settings found that women experienced physical abuse and non-dignified care.⁽¹⁸⁾

From the above mentioned articles it is clear that RMC practice consists of domains that are targeted towards ensuring the fulfillment of basic rights of women's during childbirth which is extremely important because of the significant number of D&A among women during child birth. In addition, RMC practices have been demonstrated to improve maternal as well as neonatal well-being. Proper practice of RMC domains and strategies has been shown to foster stronger bonds between women and their babies, enhance breastfeeding success, and lower the risk of postpartum issues like depression and insomnia. Additionally, receiving high-quality RMC reduces the likelihood of traumatic deliveries, leading to a more positive childbirth experience overall⁽⁶⁾ Another study conducted in 2020 in Iran revealed a clear correlation ship between

practice of RMC and positive child birth experience. Thus, it is advisable for managers and policymakers in childbirth facilities to prioritize the promotion of respectful maternity care to enhance women's childbirth experiences.⁽⁸⁾ Likewise 5 studies undertaken in Africa (Kenya, Tanzania, Sudan, South Africa), through cluster RCTs among 7500 women found that RMC interventions increases women's experiences of respectful care. Another similar 2 observational studies also reported positive changes. Reports of good quality care increased. Experiences of disrespectful or abusive care, specifically physical abuse were reduced. Low certainty evidence indicated fewer accounts of non-dignified care, lack of privacy, verbal abuse, neglect and abandonment with RMC interventions, but no difference in satisfaction rates.⁽¹⁹⁾ A research in Zambia has proven that application of effective RMC strategies decreases the likelihood of chances of experience disrespect and abuse compared to clients at comparison facilities where RMC was not practiced effectively.⁽²⁰⁾

Despite the well documented benefits of RMC, numerous obstacles remain in successful application of RMC especially in countries with low income levels because of the absence of evidence-based training and resources for healthcare providers regarding RMC, resulting in limited awareness negative attitudes poor adherence and understanding of RMC standards and practices. Along with this additional challenges often revolve around infrastructure, including insufficient facilities to support RMC practices, such as inadequate space for birthing women to have privacy or move freely during labor, and insufficient staffing to accommodate patient preferences and facilitate shared decision-making.⁽¹⁵⁾ Adequate strategies must be implemented by hospital level as well at the level of a country so that effective implementation of RMC strategies can be done to improve the birthing experiences of women, targets related to maternal and neonatal health set at country

level as well as to help achieve the SDG set globally. Hence it is extremely important to apply Respectful Maternity Care strategies to uplift maternal wellbeing worldwide and it should be prioritized in all countries so as to foster maternal and neonatal health.

LIMITATION

Only quantitative studies were included in this review.

CONCLUSION

Different form of abuse and disrespect is common during childbirth. Application of Respectful Maternity Care strategies discourages disrespect and abuse during labor and childbirth and helps to uplift maternal well-being, foster maternal and neonatal health which should be prioritized in all health care settings.

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