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RESPECTFUL MATERNITY CARE PERCEPTION AMONG POSTNATAL WOMEN DURING FACILITY BASED CHILDBIRTH IN SELECTED HOSPITALS OF NEPAL

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ABSTRACT

Background and objectives: Respectful maternity care (RMC) is an approach to place maternal health rights in the broader context of human rights. To intercept disrespectful and abusive behavior in the health care setting in order to increase facility-based deliveries implementation of respectful maternity care is the key. **Material and methods:** A phenomenological research design was utilized to explore the lived experiences of women during facility-based childbirth in the tertiary level hospitals of Nepal. The lived experience of women was explored in their residences to understand their experiences during labor without any biases. A total of eight postnatal women who had given birth within 1 month of the data collection were interviewed until the saturation of the data was achieved. Data analysis was done manually and verbatim was transcribed by using audio records, memos, and field notes. Each transcript was read carefully and findings were systematically categorized to identify six major themes. Content analysis approach was used to analyze the data and identify themes based on components of respectful maternity care. **Result and conclusion:** Six major themes emerged from the analysis of the verbatim namely 'empathetic and supportive care', 'adequacy of information', 'two-way communication', 'practical skills', 'consent and dignity', and 'continuity of care'. The women's perceptions of RMC resonated well with the domains of respectful maternity care identified by the White Ribbon Alliance as the components of respectful maternity care during facility birth. In low resource settings, birthing facilities should be redesigned to prioritize women's privacy and dignity, thereby supporting the principles of respectful maternity care.

KEYWORDS: Respectful maternity care, Perception, Postnatal women, Childbirth.

INTRODUCTION

Childbirth is celebrated as a special moment for families globally. With biological, social and emotional transitions taking place, women often view pregnancy and childbirth as life changing event where her womanhood is recognized.[1]

Women's encounter with health workers and their perceived quality of care and level of respect received determine decision on use of institutional delivery for future pregnancies and likelihood of recommending the service for other women in the neighborhood.[2] The experience and memories of childbearing and childbirth are often shared with other women, thus creating an environment of trust and confidence or doubt and fear.[3] Various evidences around the world have shown prevalence of disrespect and abuse during maternity care service suggesting compromise of women's right to respectful care.[4]

WHO defines compassionate and respectful maternal care as the right every woman has to attain the highest standard of health throughout pregnancy, childbirth, and postnatal period.[5] Disrespectful and abusive behaviors and environment degrade the quality of maternity care and cause poor uptake of maternity care at health facilities.[6]

The increasing evidence of lack of respectful maternity care (RMC) reveals the discouragement in utilizing institutional childbirth services. For instance, it is reported that women in Kenya do not attend the hospital for fear of being beaten and 'roughed up'.[7] Similarly another report highlights disrespectful and abusive treatment during childbirth as an important factor in reducing women's confidence in health facilities.[8]

Various studies have produced findings of the high prevalence of disrespect and abuse towards parturient.

With the growing attention towards gender equality, there is increase in the observations of disrespect and abuse during childbirth, which calls for provisions of respectful care in all maternity settings. [3,9] Violence of women's right during childbirth can act as a major discouragement in using healthcare services.[10,11]

Therefore, in low resource settings the personal interaction between client and provider is important in shaping women's experiences and their perceptions of maternity care during child birth.[12] Respectful maternity care can act as a crucial attempt in improving healthcare provider's attitude towards childbirth, enabling women to be part of decision making process. WHO has also taken a stand on preventing and eliminating disrespect and abuse stating "Every woman has the right to highest attainable standard of health including the right to dignified, respectful care during pregnancy and childbirth".[5]

Nepal committed to achieving the Millennium Development Goal Five (MDG-5) to improve maternal health, with a target to reduce maternal mortality ratio (MMR) by three quarters by 2015. Between 1996 and 2006, Nepal nearly halved its MMR, from 539 deaths per 100,000 live births to 281, according to the Demographic and Health Survey.[13] A 2012 UN report estimated the 2010 MMR at 170.[14] But still, there is yet to move forward to achieve Nepal's commitment to Sustainable Development Goal 3.1.1.[15]

Even though the quantitative aspect of improving access to the service delivery is assessed through various surveys, the quality of relationships between health service care provider and seeker has received less attention in developing countries.[16] Many women in developing countries experience economic and geographical barriers to accessing health services that are complicated by service and provider quality.[17] Another barrier to maternity care is the perceived quality of care at facilities.[18] Studies indicate that in addition to these, user perspective on the poor quality of delivery care is also an important reason in non-use of hospital facilities in many settings. [19] And, health professionals are in the vital position to modify these care barriers through direct interpersonal communication and services.

Evidence has shown that mothers treated with helpful behavior, respect and politeness, and having involvement in decision making with service providers are more likely to better perceive obstetric care provided.[20] More satisfied clients, from respectfully provided care, are more likely to use hospital care in future. With increased hospital care utilization, maternal morbidity and mortality can be reduced thus, moving forward in achieving the global target of Sustainable Development Goal of reducing MMR to less than 70 per 100,000 live births by 2030.

In order to ensure respectful maternity care in the health facilities and improve quality of maternal care, it is important to assess the existing level of care provided in the facilities. Therefore, this study aims to identify women's perception of RMC during childbirth in order to aid in filling the knowledge gaps.

MATERIALS AND METHODS

Design and setting

A qualitative phenomenological research design was utilized to explore the lived experiences of women during facility-based childbirth. The lived experience of women was explored in their residences (i.e., home setting) to understand their perception of care during labor.

Both Paropakar Maternity and Women Hospital (PMWH), Thapathali, and Bharatpur Hospital, Chitwan, are tertiary-level maternity hospitals, serving as referral centers for women from peripheral level hospitals, health centers, and private hospitals.

Study population and period

The population of the study comprised postnatal women who had given birth in the labor ward of Paropakar Maternity and Women Hospital (PMWH), Thapathali, and Bharatpur Hospital, Chitwan within 1 month of data collection.

The data collection period extended from October 2023 to November 2023.

Research instrument

In-depth interview guides with key questions were developed for the interview. The selection and development of the guiding questions were based on objectives. The in-depth interview was audio-recorded and a field note was taken to record nonverbal clues and environment. The interview schedule contains:

Part I: General Characteristic of Participants

Part II: Interview Guideline Related to Perception of Respectful Maternity Care

Data collection procedure

Ethical clearance was obtained from Ethical Review Board (ERB) of Nepal Health Research Council (NHRC) before the data collection with protocol registration number of 337/2022 P, 14th July, 2022. Participants were conveniently selected from postnatal wards of both of the hospitals. Postnatal women who expressed an interest were recruited and written consent from the participants was taken. General information about participants were collected at the time of exit interview in the postnatal ward itself. Participants were contacted by the researcher through the contact address given by the participants. According to the participant's feasible time and place, interview was scheduled and face to face interview was conducted in the natural and actual setting of the participants by maintaining therapeutic relationship throughout the study.

Participants were briefed about the objectives and details of data collection including the use of an audio recorder and note-taking during the interview. For maintaining confidentiality during the period of the interview no other than the interviewer was allowed in the interview room. A study-specific, in-depth interview guide was used for about 35-50 minutes in each setting. After the first interview, the second interview was taken on the basis of an in-depth interview guide and new findings of the previous interview. For few participants 2 to 3 interviews were scheduled via phone. Verbal and non-verbal expressions during the interview were observed and noted.

Data analysis

Qualitative data analysis was done manually, simultaneously with the data collection. Verbatim was transcribed by using audio records, memos, and field notes. Verbatim were translated into English in google doc with code numbers. Each transcript was read carefully to capture the whole of the content. Findings were systematically categorized to identify six major themes.

RESULTS AND DISCUSSION

The demographic characteristics of the participants are presented in a table. The findings from the interview are accompanied by interview quotations in order to acquire the study participants' multi-dimensional experience. Verbal quotes from the interviews are italicized to preserve the authenticity of the data.

Characteristics of Study Participants

n=8

Variables	Frequency	Percent
Age (years)		
18-22	2	25
23-27	3	37.5
>28	3	37.5
Median (Q1, Q3)	24.5 (18, 38)	
Educational Status		
Primary Level	2	25
Secondary Level	4	50
Higher Secondary Level	2	25
Occupation		
Homemaker	4	50
Service Holder	3	37.5
Business	1	12.5
Parity		
Primipara	5	62.5
Multipara	3	37.5

The six major themes arise from the analysis of the data.

Theme 1- Empathetic and supportive care

Freedom from harm and ill-treatment can be felt with proper care and services, which the mother receives through empathetic and supportive care. Women felt the care was empathetic when the staff was sensitive to the women's condition and accepted the reaction to the pain was natural. Seven out of eight women during labour and delivery found the medical staff were cooperative, supported them with regular activities, and were understanding of their needs. This finding was similar to the findings of a study among postnatal women in Uganda.[22] The care women received was perceived as stated;

" *The nurse provided constant support and motivation during the delivery, assisting with tasks like guiding me to the restroom, assisting with changing my clothing and pads, and even ensuring I had enough food. They were so loving I did not feel the need for family members.*" - Code 4

Even if the care provided during a single phase of the perinatal period is insufficient, women tend to view the overall care as unsatisfactory, a feeling shared by all women. Two first-time mothers (primigravida) reported ill behaviour from the staff making this finding consistent with another study in Rwanda.[23] One of these mothers had a less favourable view of the care she received in the emergency department during childbirth, despite the friendly and supportive care she received in the labour room. Another woman described experiencing a lack of empathy in her care during the antenatal period. They state the experience as;

" *I accidentally held the doctor's arm during my examination, and another doctor shouted at me not to*

touch doctors or staff, she spoke in a very rude way. That's when I felt the need of my family most." - Code 3
"*…I used to shout, Some doctors consoled me that everything would be fine and others said," Why are you behaving inhumanely?*" - Code 7

Theme 2 - Adequacy of information
The women expressed the need to be informed about the mother's care; diet, movement, pain relief, progress of labor, expected time of delivery at the antenatal period, followed by wound care, and family planning for the postnatal period. One-fourth of the women express statements such as
"I did not get the information about the positions or that we can move or walk during labor, I was scolded that if I walk during labor baby will fall" code 3

Similarly, in the aspect of neonatal care feeding, regular care of neonatal, and immunization information were expected from the staff. Almost all the women were informed about the progress of labor and diets to be taken during the antenatal period whereas for the postnatal period information on breastfeeding was imparted. This finding contrasted with the verbatim presented in an article about cruelty in maternity wards.[24]
"…*they gave information about what to eat before delivery, She also informed that the suture was absorbable, and vaccination of the child. I asked about family planning… I got all the information that I wished for…"* Code 2
"Once I had a low bp and I was dizzy, I asked if I could eat egg and soup. She explained me so well." Code 4

Women dislike information that is misleading. One of the women felt that the staff lacks similarity in the information which can confuse mothers to obey suggestions.
"*One of the nurses said we could walk around and suggested drinking warm fluids, whereas another nurse scolded me not to walk…..She did not answer me properly just replied to stay in my bed in the left lying position nothing more." Code 7*

Theme 3- Two-way communication
The communication aspect in terms of answering queries was met by most of the women. Most of the time women reported the communication was open and responses from the staff were proper almost similar to the perception of being heard in Mibilizi Hospital, Rwanda.[25] Nurses provide information after each examination of the mother; progress of labor and fetal conditions was most asked question similarly those queries were met in each contact. The responses were as follows;
" *There was only one staff, they couldn't manage to stay completely with me…But whenever they came, they suggested staying hydrated, and not bearing down before time, they were very open to communicating…"* code 8
"*The staff were easy to communicate, they ask and answer as well… they helped me well during my pain, delivery and after childbirth as well…*" code 6
Sometimes women were unable to understand information due to the use of medical terminology, speaking at a fast pace, and discussing at the bedside without patient involvement. Similar response was observed in the Rwandian study.[25] One of the mothers had difficulty understanding the information which she expressed as
" *Doctors use medical terms which are quite difficult for us to understand, they don't even have time to explain in detail… Sometimes we don't understand at all and we get anxious if we are missing major details….*" Code 3

Theme 4 - Practical skills
The women's perception of adequate practical skills of the staff necessary for a better birthing experience was getting timely services, provision of privacy during treatment, maintaining confidentiality, and allowing comfortable birthing positions. This was common to all the women interviewed. Most of the women were disappointed that there was very little privacy in the antenatal room and the delivery room similar to a Nigerian study.[26] Women delivering in labor room also felt they were exposed to a huge crowd of staff even if the curtain provided privacy from other birthing women and their visitors.
"*…there was no privacy. They said it is normal, but I don't think it is as normal as they think it's the same to be exposed in front of many people.*" Code 7
"*There were much staff, they were helping me deliver, and one of the staff was pressing my abdomen and squeezing my baby out, She said I had to deliver anyway because the operation was not possible after this period of time, I don't know if it is good or not, I delivered, it was too difficult at that time.*" Code 5
Women (5/8) who gave birth in the delivery room and emergency were not informed about the potential benefits of using different birthing positions, leading them to maintain the same position throughout the entire delivery process.
"*I did not know we could change different positions, they teach to push and I did accordingly*." Code 4

Theme 5 - Consent and dignity
Women express the desire for hospital staff to treat them with decency during their stay. This includes treating them fairly, showing compassion, and respecting their rights and feelings. Every woman receiving care, including those giving birth, considers this as an essential aspect of their hospital experience, similar to how it's important for other patients when they are unwell. All eight of the women who were interviewed confirmed that the staff frequently provided explanations for the procedure and carried it out with either verbal or nonverbal consent. Nonverbal consent, in this context, refers to actions such as extending a hand for blood pressure measurement or removing clothing for injections and similar procedures.

"…*she said she would provide an injection and cut and she would give aesthetic to suture. Almost every time I was informed and asked for permission*" Code 4
"*Nurses explained and then performed the procedures like when examining the abdomen or vaginal examination. Even soon after delivery, she asked me the permission to inject a medicine that would reduce the bleeding*." Code 7

"….*While cutting my birth canal she explained it was necessary to enlarge the opening and said she would be cutting after giving me a painkiller injection even though she didn't wait for my response*." Code 5
Women's assessment of staff is closely linked to the presence of respect, and they generally appreciate a humorous atmosphere contrasting to the verbatims received in study at Guinea.[27] However, there was a specific multigravida woman who expressed dissatisfaction with the comments she received during her care, even though the care itself was administered correctly.
"*I did not feel I was mistreated neither it was bad but they used to tease me that I have an age difference of almost 20 years with my second and third child, and they laughed….. I did not want to abort then*." Code 8
Likewise, another primi mother felt she was abandoned because of her young age and need for observation of her baby.
"*After delivery, my baby was taken to warmer, other mother had a baby with them, nurses were taking care of mother having a baby in the bed…. other mothers were taken to the washroom by helpers I had to go myself, maybe I was young among them they treated me different*" code 3

Theme 6 - Continuity of care
The care was seen as an ongoing process with a comprehensive outlook, but due to organizational structure and policies, the same care provider was not consistently available, similarly some services were delayed due to a high influx of patients. Similar responses were captured in a Nigerian study. [28]
"*The nurse was coming back and forth, she was not with me all the time but whenever I wanted help she came there for me, always within reach*…." Code 1
"*They did not make me feel the need for my family members, one of the nurses was always present. She was by my side throughout the delivery motivating me and encouraging me.*" Code 4
All eight mothers confirmed that they did experience continuous care during labor and delivery. However, they also noted that interruptions in care were frequent due to staff shortages and the necessity to attend to other critical cases.
"…*nurses were visiting me every three hours during labor, after that few nurses were continuously present with me throughout the birth of the baby.* - Code 5
"*The staff provided regular care to all the women, mothers were looked after one by one, Care was almost the same like encouraging position change, movement, measuring blood pressure, and checking for the progress of the labor including fetal conditions.*" - Code 6

CONCLUSION
Childbirth experience is unique to each woman and it is essential to promote a nurturing and respectful maternity care (RMC) environment within maternity units to foster trust between patients and healthcare workers. In low-resource settings, birthing facilities should be redesigned to prioritize women's privacy and dignity, thereby supporting the principles of RMC. Furthermore, strengthening the health system by ensuring adequate compensation, skill development, and motivation for staff is essential to meet women's expectations for respectful, dignified care during childbirth.

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