
“Assessment of Knowledge, Attitude, and Practices of Nurse Midwives Regarding Respectful Maternity Care (RMC)”

Ms. Pulikkan Jomily Joyson & Dr. Pratiksha Patrick

**PhD (N) Scholar, Associate Professor, Malwanchal University Indore. (MP)*

***PhD GUIDE (PROF), S.S Institute of Nursing College Sehore (MP)*

ABSTRACT

Introduction: Respectful Maternity Care (RMC) acknowledges that respects for woman's rights, choices and dignity during labor and childbirth is vital component of health care quality. This cross-sectional descriptive study intended to gain in-depth understanding on knowledge, attitude and practices of nurse midwives working in referral Private Maternity hospitals of District Banaskantha Gujrat on RMC. The study also looked into determinants of RMC.

Methods: The sample consisted of 83 nurse midwives who were working in birthing and maternity unit of three regional referral Private Maternity hospitals of Banaskantha Gujrat on RMC. The sites were chosen purposefully due to their high delivery volume. A survey instrument was piloted in Paro hospital prior to study. Data was collected from July to October 2024. Analysis was mainly descriptive, simple percentages were used to calculate frequency distribution of aspects and determinants of respectful maternity care.

Results: Four in five of the respondents knew and practiced woman's right to information and communication during childbirth process. However, providers were found lacking on some aspects of the knowledge and practices related to respecting choices and rights of the women during childbirth and recounted their experiences of observing events which are described as abusive in maternal health literatures. Inadequate facilities, overworked staffs and limited trainings were found as detrimental factors.

Conclusions: Aspects of RMC were not duly practiced. Providers must be made aware of the woman's right to respectful care which is crucial to improve maternal health services. Individual Health Facility must provide conducive environment to practice RMC. Future studies on RMC from receiver end are recommended.

KEYWORDS: *Care; Childbirth; Hospital; Labor; Maternity; Midwives; Respectful; Woman's right.*

INTRODUCTION

The sustainable goal 3 brings attention towards improving the quality of maternity health services for the world's over 200 million childbearing women who deserve to be treated with respect and dignity during the labor and childbirth. For every woman worldwide, pregnancy and child birth are not only momentous events of their life but also a time of an intense vulnerability¹. Growing evidence from both low and high resource countries suggest that the care women receive during labor and childbirth is sometimes rude, disrespectful, abusive and not responsive to their need². Negative childbearing experiences remains with the woman throughout her life and deter from availing health facilities services for future birth¹.

Provider's attitude was the highest predictors in determining whether or not women deliver in facilities with skilled providers and it mattered more than the cost, distance, and lack of availability of free transport to the health facilities³. Disrespect and abuse of women seeking maternity care at the hands of care providers are becoming more urgent problems because they are violation of women's basic human rights⁴.

The concept of respectful maternity care (RMC) acknowledges that women's experiences of childbirth are vital components of health care quality and that their "autonomy, dignity, feelings, choices, and preferences must be respected. Although Bhutan has made significant progress in bringing down Maternal Mortality Ratio from 255 deaths per 100,000 live births in 2000 to 86 in 2012, the proportion of births attended by skilled health personnel in Bhutan still remain at 81% in the same year⁵. A broader focus on the part of care provider is required which encompasses not only death prevention but also inclusion of respectful maternal care and adherence to best practices with amiable attitude⁴.

Nurse midwives play significant role in shaping the maternal health experiences of a woman in labor and child birth that would either empower and comfort the woman or inflict lasting damage and emotional trauma⁶. However, little is known about knowledge, attitude and practices (KAP) in relation to elements of respectful care. Respectful maternal care has neither been reflected in pre-service curriculum nor mentioned in any policy document. This study will be timely to find out about respectful maternity care in maternity hospitals of Banaskantha District Gujrat The study intends to gain in-depth understanding on KAP of nurse midwives working in referral hospitals on respectful maternity care based on seven rights charter of childbearing women developed by White Ribbon Alliance.

RESEARCH STATEMENT

"Assessment of Knowledge, Attitude, and Practices of Nurse Midwives Regarding Respectful Maternity Care (RMC) in Selected Referral Private Maternity Hospitals of Banaskantha District, Gujarat."

OBJECTIVES OF THE STUDY

General Objective

To assess the knowledge, attitude, and practices of nurse midwives regarding Respectful Maternity Care (RMC) in selected referral private maternity hospitals of Banaskantha District, Gujarat.

Specific Objectives

1. To assess the level of knowledge of nurse midwives regarding Respectful Maternity Care.
2. To identify the attitudes of nurse midwives towards Respectful Maternity Care during labor and childbirth.
3. To assess the existing practices of nurse midwives related to Respectful Maternity Care in maternity and birthing units.
4. To determine the factors influencing the implementation of Respectful Maternity Care among nurse midwives.
5. To explore the gaps between knowledge, attitude, and actual practices regarding RMC.

METHODS

Study design & sample

The study design applied was cross sectional descriptive study which interviewed 83 nurse midwives working in birthing unit and providing maternity services to women in labor and childbirth of three regional referral hospitals. The consent forms were made available both in English and Gujarati language . Participants were explained that their participation was voluntary and can withdraw anytime, only those participants who gave written consent were included in the study.

Instrument & data collection

A survey instrument which has been reviewed by the expert in the field was adopted from the published report⁷ The tool was modified to suite the study purpose and it was piloted in Paro hospital to 27 staff prior to conducting the study; most did not have difficulty understanding the question except two respondents who commented on the mode of choices and accordingly the tool was modified slightly for the final study. The tool was self- administered structure questionnaire with both open and closed ended questions to allow the respondents to write down their opinions freely. 83 nurse midwife from three above mentioned sites participated in the study. Data was collected from July to October 2024.

Analysis

The 83 nurse midwife who worked in the birthing and maternity wards of three regional referral hospitals constituted the study population. Analysis was largely descriptive, simple percentages were used to calculate frequency distribution of aspects and determinants of respectful maternity care.

RESULTS

Demographic characteristics of Participants

A total of 83 nurse-widwives from Birthing and Maternity ward across three regional referral hospitals of Banaskantha Gujrat participated in the study. Most were permanent staff (78%), others were recruited on contract and from direct employment scheme. The providers were on average 28 years old and had four years of experience in conducting deliveries. Most providers have studied till diploma level (69%) while only 1 in 5 were (17%) degree holder. Slightly more than half (54%) of the nurse-widwives have been trained from India while most of the remaining were trained in Banaskantha Gujrat Four in five (80%) providers responded that they haven't had professional development opportunities related to midwifery.

Knowledge, attitude and practice of Provider on RMC Providers were assessed with 14 questions (Table 1) on two major aspects of respectful maternity care which assessed how the provider would interact with client during the initial client assessment and how choices and rights of the women were respected during the labor and childbirth.

The study found that nearly 80% of the providers were aware and upheld women's right to information, informed consent, confidentiality and privacy and supported women and family members in a friendly way during labor and child birth (Table 1 & 2). However, some aspects of RMC are not practices: women were very less likely allowed to adopt preferred

birth position during the labor and instead were made to adopt position that suite providers. Only 2 of 5 providers said they allowed women to consume food or fluid during labor (Table 1).

Aspects of RMC

The study included tool to assess the intensity with which providers promoted the aspects of respectful maternity care in the health facility. The respondents were asked to rate aspects of RMC on a scale with 4 indicating action taken with greater intensity and 1 to lesser; and 0 indicating that the particular aspect of RMC has not taken place. Women's right to information, confidentiality and privacy were applied in the health facility at greater intensity. Good practices such as mother-infant skin-to-skin contact, promoting breastfeeding on demand and encouraging mother and baby to be together were appreciably practiced with 93% of the providers responding that breastfeeding was initiated soon after birth and within the first hour after birth. Other aspects of RMC on appropriate use of technology and effective lifesaving interventions, a care which did not include harmful procedure and practices and prevention of institutional violence against women and new-born were also implemented notably by more than half of the respondents.

The other aspects of RMC which were practices poorly in the facility based childbirth were evidence based care that normalized process of pregnancy, birth and postpartum, providing drug free comfort and pain relief method during labour, lack of abandonment during labour, mutually respectful and collaborative relationship among all types of care providers and the least practiced was on the choices of preferred position for delivery by women.

Determinants of RMC

The study analyzed determinants of RMC from provider's perspectives. It has been categorized into three groups: facility, providers and standards. 53% of the respondents said in their workplace, the infrastructure and equipment were not adequate for providing quality care to woman in labor and childbirth. The proportion was more (33%) from One Multispecialty Hospital of Banaskantha area Gujrat and the other private maternity Hospital Bhabhar area Gujrat compared to other multi-specialty clinic panna Khandwa Road (20%).

In terms of adequacy of the staff, 74% of the respondents said they did not have adequate staff to provide maternity care to woman in labor and child birth: most wrote that the shifts are usually manned by only 3 staff and the nurse to patient ratio are 1:6 in the morning and 1:12 in the evening & night shift. The workload is huge and in some of the interviewed site, there is no separate birthing and maternity unit with having to multi-task and also take care of the new-born is too tasking for an individual. Many (89%) did not know if there were any policies or protocols in place for providing RMC. Nearly all the respondents (96%) said they need to have training on RMC. Some of the reasons are mentioned below:

- To gain knowledge and improve RMC practice
- RMC is new topic for us, we need to learn more about it.
- It will help in improving interpersonal communication between provider & women
- It will facilitate in developing policies and protocols for uniform practice of RMC
- It will deter provides from practicing disrespect and abuse

Policies and National Protocols

As described in table 4, 89% of the providers did not know if there are any policies or national protocols in place which require them to provide respectful maternity care. Providers were not aware about RMC. One respondent said:

“RMC is a new concept, I need to know more about it”

Physical and Verbal abuse Providers were asked if they heard personally of staff being abusive to women during labor and childbirth. Among 83 respondents, 24% responded that they have heard of staff being abusive to women (Figure 1). Staff tend to get abusive in the situations when women is uncooperative and refuse to follow instructions which may cause risk to baby or when women complain of pain repeatedly and ask for frequent per-vaginal examination.

Providers described the abuse:

- In the past midwives shout and pinch mothers who were already exhausted. Instead of encouraging mother, they got annoyed and irritated.
- Staff make women adopt position that suite the staff and were rigid on fluid intake.
- While I was trainee, a nurse slapped woman on her thigh as she was not pushing and another staff on duty hit on patient’s head and made woman lie on the bed.
- Being rude and hitting on woman’s thigh is frequent experience for women in labor but after a child is born, women are happy and do not complain.
- Heard from women that they were spanked and talked rudely about their sex life.
- In the past we have seen right in front of us, staff using abusive words and

DISCUSSION

Only 1 in 4 providers allowed woman to adopt the preferred position of women during labor. Food and fluids are not allowed liberally and liberty of movements were restricted during labor. This deprives women rights to respect for their choices and preferences as per the White Ribbons Alliance's Respectful Maternity Care Charter which outlines seven universal rights of childbearing women. However, it is worth noting that nearly all providers allow women to have choice of companion during the labor. Providers also showed good knowledge of explaining procedure before proceeding, getting informed consent, maintaining privacy and confidentiality on the principle of respectful care.

Government initiatives and policies and procedures in place played a significant role in shaping provider's abilities to promote RMC in their work. For example, there are certain aspects of RMC which are implemented with greater intensity

such as mother-infant skin-to-skin contact, promoting breastfeeding on demand and encouraging mother and baby to be together were significantly practiced and almost all providers initiated breastfeeding soon after birth. This has been possible as a result of Ministry of Health's initiated programs like baby friendly health facility initiative, early essential newborn care and kangaroo mother care all of which highly promote the above practices. On the other hand nearly 90% of the providers did not know if there were any national policies and protocols in place that required the nurse midwives to provide RMC. It is fact that as of now there are neither policies and guidelines developed to support RMC practice nor rules and regulations that discourages disrespectful care. Hence, other components of RMC such as evidence based care that normalized process of pregnancy, birth and postpartum, providing drug free comfort and pain relief method during labor and lack of abandonment during labor are poorly practiced with the least being on the choices of preferred position for delivery.

Similarly, infrastructure and manpower support determined providers ability to practice RMC. Over half of the providers responded that they did not have adequate infrastructure and equipment in their work place to provide quality maternal care. It was concerning for all the providers that they were not provided with adequate staff to care the mother and newborn. The huge workload with multitasking compromised their time and effort for quality care. 96% of the providers said they require training on RMC. It is not because the provider do not want to care with respect but due to their lack of knowledge and skills on RMC and other quality aspects of structural and process limitation⁸.

It is globally gaining recognition that disrespect and abuse of women during labor and childbirth is not only a violation of women's right but will also deter women from availing life- saving facility based maternity services⁹. Open ended questions that allowed providers to write in details were rich sources of information on abuse experiences faced by women in facility based childbirth. Considering the sensitivity of the question and less possibilities of the provider to admit that they have abused the women during labor and childbirth, instead they were asked if they personally observed or heard other staff abusing women. Our findings are consistent to other international study of patient's mistreatment in maternity services. Women during the labor are sometimes spanked, slapped and often shouted at mostly for their

non-cooperation and when it posed risk to life of mother and baby are often reason cited for the unintended abuse².

STUDY LIMITATION

A limitation of our study is our data collection tool did not segregate three components of knowledge, attitude and practice. The questions were mixed but it contained all three aspects and this type of study is good way to measure health care delivery such as on RMC. Since the study sites included only referral hospitals, it may not be generalizable to all the health facility of Banaskantha Gujrat however, with nearly 60% i.e. 6263 out of total 10718 facilities based delivery happening in the districts of 3 interviewed sites⁵, the study is first of its kind and can give general perception of RMC across facility based delivery services.

CONCLUSIONS

Our findings suggest that RMC is relatively new for most of the providers and require urgent attention and promotion among the providers working in the facility based child birth to improve quality of maternal health services. A collaboration and dialogue is required among all the stakeholders to provide conducive environment to practice RMC. A curriculum on RMC is suggested in midwifery course. Health facilities should develop standards and protocols supporting RMC. Future studies from receiver end is also recommended for wider understanding of RMC practices across health centers which provide emergency obstetrics care in all districts and in Banaskantha District Gujrat

REFERENCES

- i. Windau-Melmer T. A guide for Advocating for Respectful Maternity Care. Washington, DC: Future Group, Health Policy Project. 2013.
- ii. Browser D, Hill K. Exploring Evidence for Disrespect and Abuse in Facility-Based Childbirth:report of a landscape analysis: Washington (District of Columbia): United States Agency for International Development. 2010.
- iii. McMahon S, AS G, Chebet J, Mosha I, RN M, Winch P. Experiences of and responses to disrespectful maternity care and abuse during childbirth; a qualitative study with women and men in Morogoro region, Tanzania. BMC Pregnancy Childbirth. 2014;268(14).
- iv. World Health Organization. Prevention and elimination of disrespect and abuse during childbirth, Reproductive Health and Research. 2014.
- v. Annual Health Bulletin 2016: Health Management and Information System Policy and Planning Division, Ministry of Health; 2016.
- vi. Moyer CA, Adongo P, Aborigo R, Hodgson A, Engmann C. They treat you like you are not a human being': maltreatment during labour and delivery in rural northern Ghana. Midwifery. 2014;30(2):262-8.
- vii. Reis V, Deller B, Carr C, Smith J. Respectful Maternity Care Country experiences: survey report: United States Agency for International Development (USAID). 2012.

-
- viii. Rosen HE, Lynam PF, Carr C, Reis V, Ricca J, Bazant ES, et al. Direct observation of respectful maternity care in five countries: a cross-sectional study of health facilities in East and Southern Africa. BMC Pregnancy & Childbirth. 2015;306(15).
 - ix. five countries: a cross-sectional study of health facilities in East and Southern Africa. BMC Pregnancy & Childbirth. 2015;306(15).
 - x. Burrowes S, Holcombe SJ, Jara D, Carter D, Smith K. Midwives' and patients' perspectives on disrespect and abuse during labor and delivery care in Ethiopia: a qualitative study. BMC Pregnancy & Childbirth. 2017;263(17).

www.ijmas.com