



The Perspective Of Health Care Workers On Respectful Maternity Care

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ABSTRACT

Introduction: Respecting the rights of women during maternity care is essential and has gained global recognition. "Respectful maternity care" is an approach that promotes positive outcomes for mothers and newborns while addressing health inequalities. Studies have highlighted the prevalence of disrespect and abuse, particularly in India, indicating a neglect of quality care. To counter the prevalence of disrespect and abuse WHO (2016) published guidelines to enhance the quality of care for mothers and new born. Labour room and Quality Improvement Initiative (LaQshya) guidelines were given by Ministry of Health and Family Welfare for achievement of improvement in intra-partum and immediate post-partum care. However, existing loopholes need to be identified in order to foster measures of quality improvement and provision of respectful maternity care.

Aim: A descriptive study to assess the perspective of health care worker on respectful maternity care.

Objectives: To assess, estimate and evaluate the perspective of health care workers about concept of respectful maternity care.

Methods: A Descriptive survey using a Quantitative approach was used to assess the perspective of the health care workers towards respectful maternity care in different service hospitals. Purposive sampling was used as the sampling technique and a total of 510 samples were recruited. The tool was adapted from the LAKSHYA guidelines. Data was collected digitally through the means of Google Forms. The data collected was then coded, analysed and compared with other similar studies.

Results: The study assessed healthcare workers' perspective on respectful maternity care and found that while some components were followed, others needed improvement. Healthcare providers were aware of and practiced respectful care, such as respecting beliefs, promoting breastfeeding, right to information, confidentiality and privacy. However, areas like choice of companion, freedom of movement, provision of comfort and pain relief methods, and avoiding overuse of drugs and technology required attention.

Conclusions: The study concluded that majority components were known to the health care workers and followed in practice but the components related to comfort and freedom in respectful maternity care were the areas requiring improvement in the service hospital setting.

Keywords: Respectful maternity care, Healthcare workers, tertiary care hospital.

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INTRODUCTION

Childbirth experience refers to the physical, emotional, and psychological journey of giving birth. It can be impacted by various factors, including the woman's physical health, the type of birth, the presence of a supportive birth partner, the quality of medical care received, and the level of control and autonomy given to the women during labour and delivery. A positive childbirth experience is often characterized by a sense of empowerment, and connection with the baby, while a negative experience may be characterized by feelings of trauma, helplessness, and disconnection. Respectful maternity care is critical in ensuring a positive childbirth experience for women.

BACKGROUND AND NEED OF THE STUDY

Respectful maternity care refers to the provision of care during pregnancy, childbirth, and the postpartum period that affirms women's rights, dignity, and autonomy.

It involves listening to mothers and involving them in decision-making about their care, promoting their comfort, privacy, and confidentiality, and ensuring their bodily autonomy. This includes avoiding unnecessary medical interventions, providing pain relief if desired, and prioritizing the mother's and baby's health and well-being at all times.

Obstetrical abuse is defined as any act or omission that violates the woman's right to be treated with respect, dignity, and autonomy during childbirth. In 2016, WHO published guidelines to enhance the quality of care for mothers and new-born in healthcare facilities. These guidelines underscore the significance of respect and preservation of dignity and provide a framework encompassing six key areas: standards of care, relevant research and capacity building, effective interventions, clinical guidelines, and quality measures. However, existing systems and structures within birthing and delivery settings are not fully equipped to guarantee consistent, evidence-based, and respectful care.

Across various healthcare settings worldwide, the provision of respectful and consented obstetric care is not yet universally embraced. This study aims to evaluate and promote the practice of respectful maternity care for women in health care settings.

PROBLEM STATEMENT

A Descriptive study to assess the perspective of health care workers on respectful maternity care in various tertiary care hospitals in India.

OBJECTIVES OF THE STUDY:

- To assess the perspective of health care workers about concept of respectful maternity care.
- To estimate the perspective of health care workers on respectful maternity care in respect of comfort.
- To evaluate the perspective of health care workers on respectful maternity care in respect of freedom.

MATERIAL AND METHOD:

A survey design was used to assess the Perspective of Nursing Officer towards Respectful Maternity Care from different hospitals. The target population and accessible population were nursing officers of tertiary care hospitals who met the selection criteria. Purposive sampling was used to select the sample of 510 nursing officers. The tool for data collection was developed based on the LAQSHYA guidelines assessment checklist and modified for the tertiary care hospital setting. It consists of 2 sections:

SECTION I: Deals with socio demographic data. This section was made taking reference from various researches. It contains 11 items.

SECTION II: Rating scale on “Perspective of Health Care Worker on Respectful Maternity Care”. It contains 19 items.

A pilot study was conducted on 51 nursing officers to test the research elements and make necessary modifications. Data collection was done through an online questionnaire, and the data analysis plan involved using descriptive and inferential statistics to analyse demographic data and perspective ratings

RESULTS

Data collected was analysed and interpreted in accordance with the study objectives. Data was compiled and edited followed by coding, classification. The data collected was presented in tables and illustrated in graphs.

Section A: Socio Demographic Data:

Table 1.1 Frequency distribution of sociodemographic variables (n=510)

S.No.	Sociodemographic Variables	Distribution	Frequency (%)
1.	Age in Years	21-30y	229(45)
		31-40y	163(32)
		41-50y	93(18)
		>50y	25(5)
2.	Educational Qualification	BSc	326(63.90)
		PBSc	67(13.20)
		Clinical Speciality	54(10.60)
		MSc and above	63(12.40)
3.	Years In Clinical Experience	1-10y	303(59.40)
		11-20y	103(20.30)
		21-30y	88(17.30)
		>30y	16(3)
4.	Years of Experience in Maternity Ward and Labour Room	1-5y	388(76)
		6-10y	58(11.40)
		11-15y	30(5.80)
		>16y	34(6.60)

Section B Perspective of Health Care Worker On Respectful Maternity Care

n=510

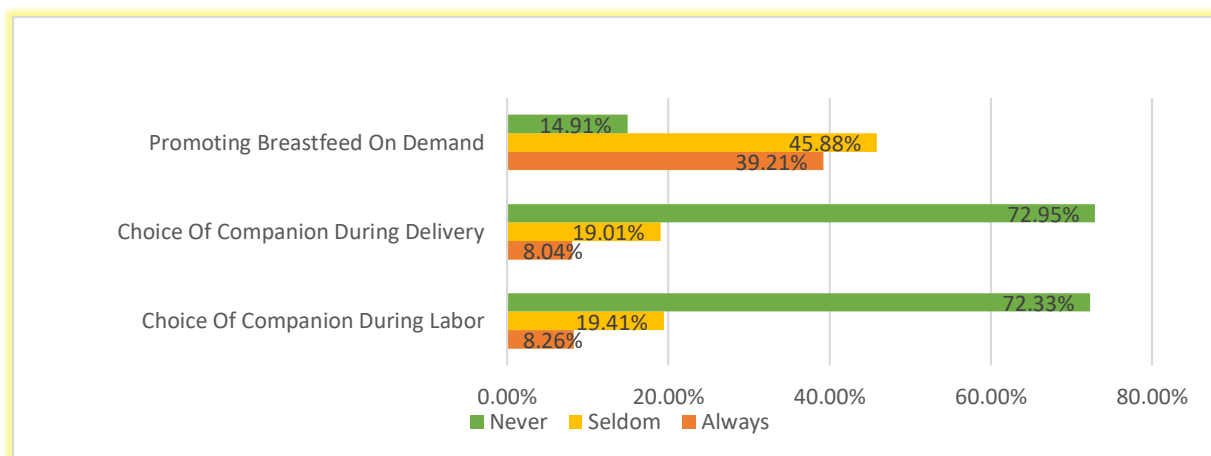


Fig 1 shows that 45.88% were promoting breast feed on demand, 72.95% sample were not practicing Choice of Companion During Delivery and 72.33% samples were not practicing Choice of Companion During Labour.

n=510

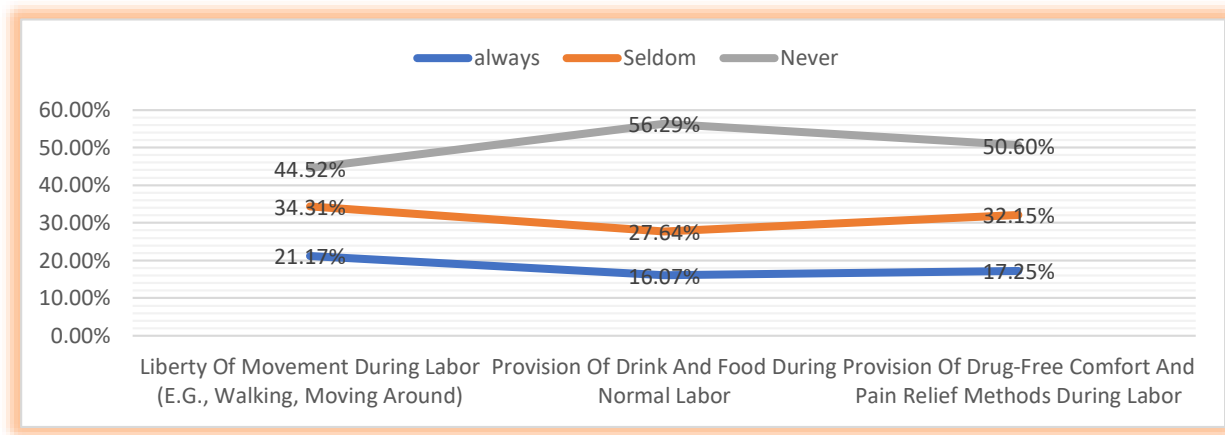


Fig 2 Depicts that 56.29% samples were not practicing Provision of Drinking and Food during Normal Labour, 44.52 % were lacking in the practice for Liberty Of Movement During Labour and 50.60% samples need Improvement in practicing Provision Of Drug Free Comfort and Pain Relief Method During Labour.

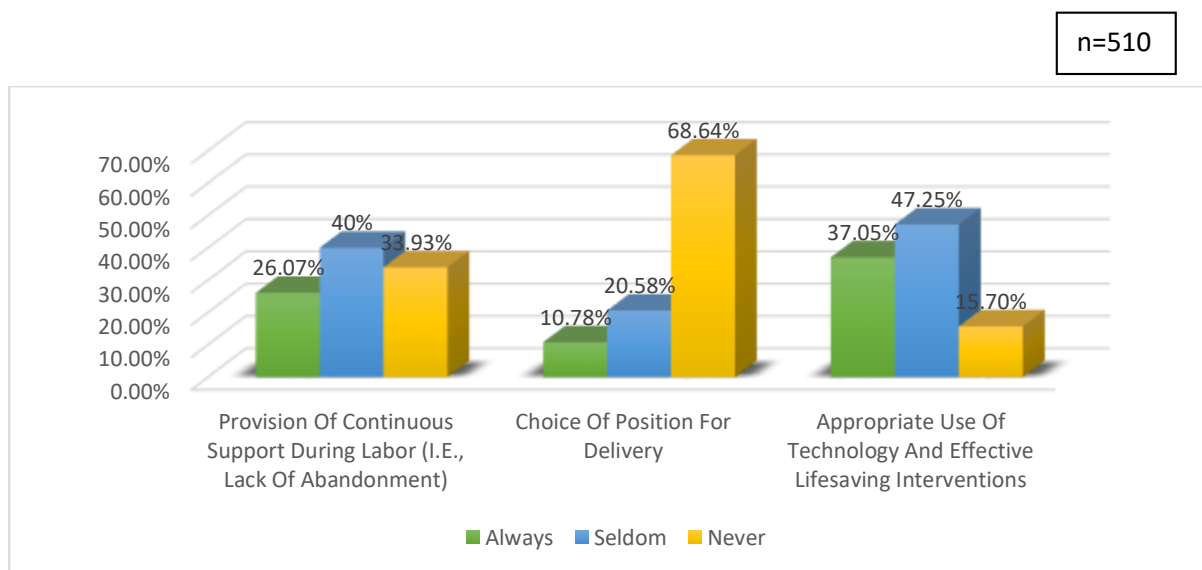


Fig 3 depicts that 40% samples were seldomly practicing Provision of Continuous Support During Labour whereas 68.64% samples were not allowing the Choice Of position For Delivery, 47.25% were seldomly practicing Appropriate use of Technology and effective lifesaving Intervention.

CONCLUSION

The study concluded that certain components of respectful care such as respecting beliefs and culture, providing information and privacy, promoting breastfeeding and continuous support during labour, and avoiding harmful procedures. Health care providers were aware of and implementing these practices. Additionally, the study highlighted the importance of skin-to-skin contact and early breastfeeding, as well as mutual respect among healthcare workers and prevention of institutional violence against women and newborns was practiced.

Whereas regarding the perspective of health care workers on respectful maternity care the components such as Choice of companion during labour, choice of companion during delivery, Liberty

of movement during labour, Provision of drink and food during Normal labour, Provision of Drug free comfort and pain relief method during labour, Choice of Position for Delivery and Avoidance of the overuse of drugs and technology (such as augmentation, episiotomy, c-section) were areas which needed improvement as adherence to these protocol were minimal.

RECOMMENDATIONS

It is recommended to initiate, support and sustain programs designed to improve the quality of maternal health care, with a strong focus on respectful care as an essential component of quality care.

Women's capabilities to give birth are strengthened when they are part of the decision-making process and their choices are respected. It is recommended that the women should have freedom to choose her own support person.

A checklist, SOP and Audit should be followed strictly. A periodic audit to be conducted in the hospital setting for evaluation of Respectful maternity care.

It is recommended that by promoting Respectful Maternity Care practices further experimental studies can be conducted to explain the role of birth companion, choice of position during delivery, role of child birth educator nurse and role of nurse in lactation counselling.

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