



Respectful Maternity Care: Knowledge, Attitude and Practice of health care workers and maternal perception about respectful maternity care (RMC) - A Scoping Review

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Abstract

Background: Respectful maternity care is the fundamental right of the mother. RMC is recommended by the World Health Organization and refers to care that maintains dignity, privacy, confidentiality and ensures freedom from harm and mistreatment. It enables informed choice and continuous support during labour and childbirth [1]. It has been found that mothers perceived overall dimensions of RMC still some component such as disrespect and abuse is prevalent.

Purpose: It has been shown in some study results that maternity care perceived lack respect and dignity and there is gap in knowledge and practice among health workers in implementing respectful maternity care. Therefore, A Scoping review is done to have an outline necessary for a researcher to properly understand the work to be done in dimension RMC.

Methods: Various qualitative and quantitative studies are included in Scoping review evaluating the women perception regarding RMC and Health worker's perspective about RMC. PubMed, Google scholar, Research gate, CINAHL and white ribbon respectful maternity care repository portal were used to find out studies already been done in this field of maternity care.

Results: Seven studies were included in this Scoping review. These studies were conducted in Punjab, New Delhi, Nigeria, Ghana, Puducherry, Nepal and Iran. Two qualitative studies and rest of the studies were quantitative studies. The main focus of these studies was to assess the perception of women about RMC and Health worker's perspective about RMC. Findings revealed that still Disrespect and Abuse is perceived by mothers in various forms namely physical abuse-slapping, hitting, pinching, Verbal abuse-shouting on women, passing bad comments, emotional abuse-lack of information, denying preferences and choice of birth position, lack of sensitivity towards client pain and culture, lack of privacy. Moreover, there was a gap of knowledge and practice about RMC among health workers.

Conclusion: By reviewing the literature and databases it has been concluded that Majority of study results depicts that mothers admitted in hospitals reported harsh and annoying maternity care behaviour full of Disrespect and abuse and Health workers have moderate level of knowledge about RMC. So, There is a need of rigorous research to implement RMC interventions to fill the gap in knowledge and

practice of RMC among Health workers so as to eventually improve the women perception about RMC.

Key Words: Respectful Maternity Care, Perception of Mothers about RMC

Introduction

Respectful maternity is the care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality at the time of pregnancy and childbirth. RMC not only ensures freedom from harm but also freedom from mistreatment. It enables informed choice and continuous support during labour and childbirth. Provision of respectful maternity care also reduces maternal morbidity and mortality, improve women's experience of labour and childbirth and can address health inequalities.

As per WHO, Globally, approximately 140 million births occur every year. The majority of these are vaginal births with no identified risk factors for complications, either for themselves or their babies, at the onset of labour. However, serious morbidity and death rate increases in substantial proportion during labour, childbirth or the immediate postpartum period, often as result of haemorrhage, obstructed labour or sepsis and most significantly due to mistreatment during pregnancy and child birth [2]. Therefore, respectful maternity care is the need of hour for better maternal and child outcome. Moreover, there are serious inequities in maternal morbidity and mortality between populations and also gross violations to women's human rights during childbirth that occur on a global scale which has deleterious effect on mothers that also made researchers interest for exploring this area [3].

Not only this, The concept of "obstetric violence" gained momentum in the global maternal health community during the childbirth activism movement in Latin America in the 1990s. In 2007, Venezuela formally defined "obstetric violence" as the appropriation of women's body and reproductive processes by health personnel, which is expressed by a dehumanizing treatment, an abuse of medicalization and pathologization of natural processes, resulting in a loss of autonomy and ability to decide freely about their bodies and sexuality, negatively impacting their quality of life. So, health workers should not ignore the key concept of respectful maternity care while implementing their services towards mother and their babies in womb [4].

As a result of this, Disrespect and abuse during pregnancy and labour came out to be the most serious problem which affect women's decisions on the type of delivery method, and exacerbate their mental health conditions. Also, non-dignified and non-confidential care is been provided to the mothers which eventually results in serious mental trauma for life to mothers [5]. Therefore, this study was planned to assess the status of respectful maternity care (RMC) during pregnancy and childbirth and to educate the health workers about it so as to make this process of maternity a dignified and respectful event for mothers.

Methods

Review was conducted in accordance with preferred reporting items for Scoping Reviews and Meta analysis guidelines.

Types of studies: Following studies are included in Scoping review-

1. Direct observation on Respectful maternity care in India: A cross sectional study on health professionals of three different Health facilities in New Delhi [6].
2. Perception of women regarding Respectful maternity care during facility –based childbirth [7].
3. Midwives perspective of Respectful maternity care during childbirth: A qualitative study [8].
4. Exploring midwives understanding of respectful maternal care in Kumasi, Ghana: A Qualitative inquiry [9].
5. Knowledge and perception of Postnatal Mothers on Respectful maternity care-A exploratory study [10].
6. Respectful Maternity care and midwives caring behaviours during childbirth in two Hospitals in Calabar, Nigeria [11].
7. A study to assess the women's perception of respectful maternity care among post natal mother's admitted in selected hospitals of Punjab [12].

Inclusion and Exclusion Criteria

Inclusion criteria: In most of the studies inclusion criteria was as follows

For midwives/Health workers

- Midwives who have had at least one year of professional practice
- Women who were working on the labour ward.
- Midwives working in study hospital.

For women/mothers

- Women who have given written consent for the study.
- Women who were willing to participate.
- Mothers who are present during study.

Exclusion criteria

- Exclusion criteria is not mentioned in study articles.

Search Strategy

A literature search was performed by keeping the focus broadly on RMC and its components by surfing offline and online databases including PubMed, Google Scholar, Web of Science from July to September 2021. The search was performed based on (PRISMA) guidelines. The terms used were free text terms such as RMC in India, knowledge of Health workers about RMC, Maternity Care in India, Respectful maternity care in India, Care during labour and delivery in India, Experience of care, Abuse and disrespect during pregnancy in India, Mistreatment during pregnancy in India, Maternity care perceived, Disrespect during childbirth, maternal Perception about RMC. These terms were used in various combinations. The reference lists of the relevant studies were also reviewed to identify other studies. Searches of the studies were done.

Study Selection

Study selection was done on the basis of desired aspects i.e. location of study, study participants, sample size, dimension of RMC, knowledge of Health workers about RMC, Maternity care perceived by mothers during childbirth and those published in English were included in the review. All the full text articles were retrieved and fifteen full text articles were identified based on literature search. After assessing for eligibility, There were 7 studies included in this Scoping review based on PRISMA guidelines.

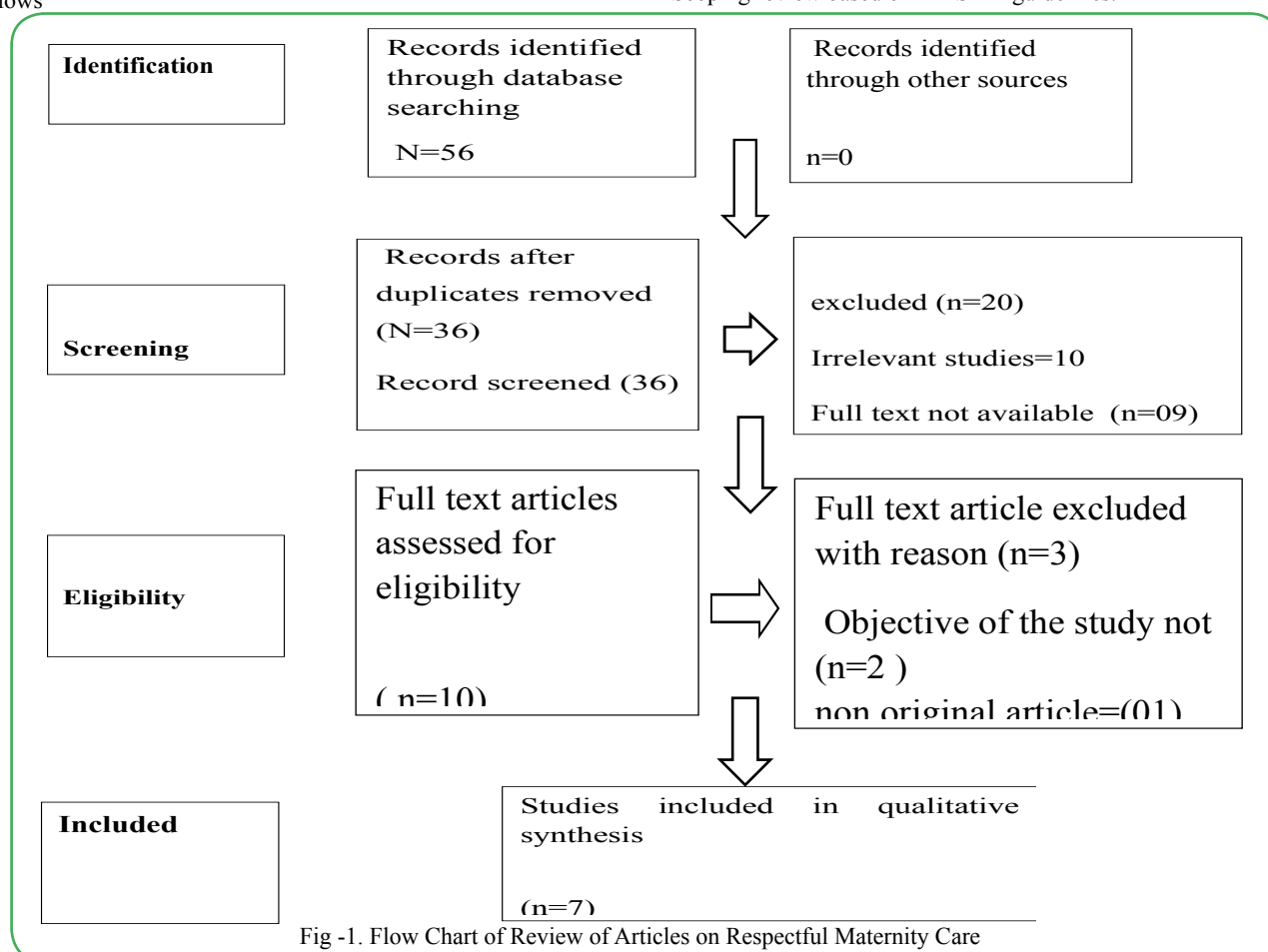


Fig -1. Flow Chart of Review of Articles on Respectful Maternity Care

Table 1: Characteristics of the studies: All the included studies were undertaken in Punjab, Nigeria, Iran, Nepal, New Delhi, Ghana, and Puduchery. Out of 7, five studies were Cross sectional studies and two were qualitative studies. Study samples were Midwives working in maternity areas of Hospitals and mothers admitted in maternity

areas of Health settings. Method of data collection used in most of the studies was face to face interview and observation. Studies comparison was done in terms of their Author, Study location, setting, Age of participant, Method of data collection, RMC parameters, percentage and limitations.

Study design, Author, Year of publication, Country	Participants	Evaluation method	Outcome
Cross sectional, AsthaSingh, Manju Chhugani, Merlin Mary James. 2016 New Delhi, India	63 Health professionals	Observation checklist based on RMC Charter containing 7 performance standard with sub items was used to observe care provided	Rank given as per perception of maternity care 1)Physical harm and ill treatment –Ranked 5 2)Right to information Informed consent and preferred choice,-Ranked 2 3)Confidentiality and privacy- Ranked 4 4)Dignity and respect-Ranked 6 5)Provision of equitable care, free of discrimination.-Ranked 7 6)Left without care-Ranked1 7)Detained or confined against ill-Ranked3
Cross sectional Pathak, Bijeya ghimire 2020 Nepal,India.	150 mothers	Face to face interview using validated tool containing15 items was used	4 Dimensions of RMC perceived by mothers were observed i.e. 1)Friendly care (83.3%) 2)Abuse free care (54.4%) 3)Timely care (68.0%) 4)Discrimination free care (76.7%)(7)
Qualitative research Maryam Moridi, Farzaneh Pazandeh, Sepideh Hajian, Barbara Potrata Tehran,Iran 2020	Midwives	Face to face interview	3 Themes with subthemes (N is no of instance each subthemecame up during interview) 1)showing empathy • Establishing friendly relationship (N=24) • Being with women(N=22) 2)women centred care • Keeping women safe(N=18) • Participating in decision making.(N=8) 3)Protecting rights • Safeguarding dignity(N=20) • Giving equal care(N=15) • Preparing appropriate environment(N=5)(8)
Qualitative study design Veronica Millicent D-Zomeku, Bemah adwoa boamah Mensah, Emmanuel kweku nakua, Pascal agbadi, Jody R Lori, Peter Donkor Kunansi, Ghana 2020	Midwives	Semi structured interview guide (based on RMC-M,i.e. respectful maternity care module) and face to face in depth interview was used to generate data.	•Results revealed that :-The midwives demonstrated some degree of awareness of respectful maternity care that comprised of the following components: non-abusive care, consented care, confidential care, non-violation of childbearing women's basic human rights, and non-discriminatory care. :-However, midwives' support for disrespectful and abusive practices such as hitting, pinching, and implicitly blaming childbearing women for mistreatment suggests that midwives awareness of respectful maternity care is disconnected from its practice.(9)

Table 1. to be cont...

Q u a n t i t a t i v e descriptive research design lageswari A., Prof. Dr. Manju Bala Dash and Prof. Dr. A. Felicia Chitra Puducherry,India 2019	Post natal mothers	Interview using modified pattern matrix RMC Scale	1)Knowledge • Poor knowledge(85%) • Moderately Adequate knowledge(15%) 2)perceptions of mothers on RMC • Friendly care(96.7%) • Abuse free care(85%) • Timely care(95%) • Discrimination free care(60%) • Consented care(49%) • Confidential care(78.3%)(10)
Descriptive, Cross sectional design John M.E. Duke E.U, Esienumoh E.E. Nigeria 2020	83 Postnatal women	-Clinical Observation checklist with 18 items for direct observation of midwives caring behaviour -Reporting checklist for clients for identifying care perceived.	-Received RMC(69.9%) Received non-RMC(30.1%) -midwives caring behaviour include:- -motivating positive behaviour during labour and child birth (65.1%) -informing client about progress of labour (55.4%) -being generally supportive (50.6%) -no expected care perceived (21.7%)(11)

Table 1. RMC perceived by mothers, midwives caring behaviour and knowledge of Midwives about RMC

Results

There was considerable heterogeneity in the methods applied by available studies on this topic as they did not use standard outcomes to measure respectful care or its components. Data were therefore not pooled or summarized, but reported descriptively, using the measures as reported by the primary study authors.

It has been found that, Disrespect and abuse is prevalent in almost all the seven studies in different forms and mothers are ignored by the midwives. Overall dimensions of RMC is perceived by mothers but still there is a lack of Following aspects of RMC in most of the studies i.e. timely care, discrimination free care, abuse free care and friendly care. Also, not all the midwives have supportive caring behaviour during labour and child birth. Moreover, in one of the study it has been found that only 15% of midwives have moderately adequate knowledge about RMC.

Discussion

The main research question of this review was to find the mothers perception about RMC. The description of RMC perceived was diverse and sometime superficial, the abstraction of categories of RMC perceived and synthesis of the result in this review is low. Also, Midwives caring behaviour varies and they lack knowledge about RMC. The level of evidence on effect of interventions on RMC is modest. There is need to conduct more studies on the same especially experimental studies to see the effectiveness of RMC interventions on knowledge, attitude and practice of midwives and mothers perception about RMC. However, there is a scarcity of RMC teachings at grass root level, health institutes and teaching institutes that can also be considered for future studies.

As for the limitation, in one of the study carried out in two non-teaching hospitals in the South of Tehran may not reflect the perceptions of midwives in other parts of Iran. Also, The participant midwives in the study hospitals provided labour and childbirth care under supervision of obstetricians. Consequently, midwives' perception who work in teaching hospitals where obstetric residents manage all vaginal births and midwives are less involved in normal childbirth, may be different. Additionally, One limitation was

generalizability of findings due to study setting and the small sample size. Another limitation was that whether the reported best practices are actually being implemented by midwives in the facilities.

Conclusion

This review concluded that there is Disrespect and abuse perceived by mothers admitted in maternity areas in terms of physical, verbal and emotional aspect which has been defined in various forms and there is gap in knowledge and practice of RMC among health workers. So, there is a need of rigorous research to implement RMC interventions to fill that gap among Health workers so as to eventually improve knowledge, attitude and practice of midwives and the women perception about RMC.

Conflict of interest: The authors declare no conflict of interest.

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