

“ASSESSMENT OF RESPECTFUL MATERNITY CARE AND ITS RELATIONSHIP WITH CHILDBIRTH EXPERIENCE IN TERTIARY CARE HOSPITALS OF EASTERN ODISHA”

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Abstract

Background: Respectful Maternity Care encompasses the protection from physical and verbal abuse, disrespect, mistreatment, and inequitable care. It permits a woman to decide her pregnancy and delivery and also helps her to protect her rights. A positive or negative childbirth experience of the mother stays throughout her lifetime.

Methods: A descriptive study recruited 384 women in labor room and postnatal ward of 4 hospitals of Eastern Odisha. Samples were selected using Consecutive sampling technique. Self-structured questionnaire on Respectful maternity care and Childbirth experience was used and data were collected by using interview technique. Data were analyzed by using Strata 15.1 software and Spearman's Rank Coefficient Correlations was used to determine the relationship between RMC and childbirth experience.

Results: The respectful maternity care showed more positive responses as compared to negative responses. 108(28.1%) mothers were having very good where as 276(71.9%) mothers were having excellent childbirth experience. The study denoted mixed significant relationship between RMC and childbirth experience($p < 0.001$).

Conclusion: In this descriptive study the Respectful maternity care at four hospitals of Eastern Odisha was found to be significantly improved. The findings of the study supported that the pregnant mother who have got the respectful maternity care while availing the health facility, the mother have experienced the positive childbirth event. Direct relationship between the respectful maternity care and positive childbirth experience was observed

Keywords: Respectful Maternity Care, Childbirth experience, Mistreatment, Inequitable care

INTRODUCTION

Pregnancy and childbirth are the most precious momentum a mother experiences during her lifetime, though it is a period of intense vulnerability. This time mother needs care, attention, and affection from the family as well as from their midwives while going for antenatal examination. Respectful Maternity Care encompasses the protection from physical and verbal abuse, disrespect, mistreatment, and inequitable care. It permits a woman to decide her pregnancy and delivery and also helps her to protect her rights. A positive or negative childbirth experience of the mother stays throughout her lifetime.

Globally about 830 women die every day because of pregnancy and childbirth-related complications. The UN launched the Global Strategy for Women's, Children's, and Adolescent health to reduce the global Maternal Mortality Ratio to fewer than 70 per 100000 by the year 2016-2030^[1].

Globally around 810 women die each day from avoidable causes of pregnancy and childbirth, about 94% of deaths occur in low resource settings^[2](WHO 2019). Reduction of maternal, perinatal, and neonatal mortality rates in developing countries has been a collaborative focus of both the Millennium

Development Goals(MDGs) and Sustainable Development Goals(SDGs)which emphasize the promotion of institutional births, increasing skilled professional support, and ensuring that every woman has the basic right to access and avail the maternal health care services^[3].

In 2011, White Ribbon Alliance published the Respectful Maternity Care Charter: The Universal Rights of Childbearing Women, this document is utilized as a programming tool by many countries^[4]. In 2014 WHO released a statement for the prevention and elimination of dishonor, mistreatment, and discrimination of care during childbirth. WHO has stated that "every woman has the right to the highest attainable standard of health, including the right to dignified, respectful care during pregnancy and childbirth"^[5]. For this reason WHO called for the mobilization of stakeholders, researchers, government and private agencies as well as the community to support RMC.

In December 2017, the Ministry of Health and Family Welfare launched the Labor Room & Quality Improvement Initiative (LaQshya) guidelines which aimed to reduce the maternal mortality rate, and quality of care in labor rooms and enhance

the positive childbirth experience by fostering RMC for all the pregnant mothers while attending the health care facility^[6].

The admiration of respectful maternity care during labor and childbirth needs both scientific and interpersonal skills of midwives as well as healthcare providers. Providing supportive care with friendly interaction is the first step of respectful maternity care. It is also practiced by providing safe care and implementing evidence-based practice. A qualitative study was conducted in Iran to know about the perception of Iranian midwives about RMC during labor and childbirth. Midwives believed that RMC is the preservation of women's dignity and respect while giving childbirth^[7]. It is mainly women-centered care and showing sympathy, empathy as well as protection of women's rights. The midwife believed that providing a supportive and intimate interaction with the mother was the key element of RMC. The midwives' knowledge can be improved by the in-service training program, evidenced practice, and the close collaboration of health providers^[7].

The rate of institutional deliveries in India has increased to 88.6% in 2019-2021 from 40.8% in 2005-2006 (National Family Health Survey 5)^[8]. Till now the standard of intrapartum and immediate postpartum care has not been improved. For this reason assessment of disrespect, maltreatment, and quality of care is indispensable for fostering respectful maternity care^[9].

In the year 2020, a study was conducted in Odisha at the hospital level to investigate how respectfully women are treated while accessing health care during delivery. A total of 115 mothers are selected from public, private, and public-private partnerships (PPP) health facilities in Ganjam and Kandhamal district of Odisha for 6 monthly survey studies. The result presented that the RMC is not uniform for all the respondents of all the facilities and public health facility which is the largest service provider in the population affects RMC adversely and PPP facilities received more RMC^[10].

The preponderance of Indian studies primarily have less focus on the opportunity and accessibility of maternal health care services and various areas of RMC remains overlooked and have a disparity in research area. During the service period and clinical posting, the researcher witnessed the disrespect and abuse of the mother during the labor process in the tertiary care hospital and Sub-divisional hospital in West Bengal and Odisha. The mother has faced verbal as well as physical abuse during the labor, no consent was taken before episiotomy, fundal pressure was applied and privacy was not maintained properly. So the researcher wants to study the RMC approach, childbirth experience, and the relationship of RMC with childbirth experience among mothers.

METHODOLOGY

Study design and Sample

A descriptive research design was used to assess the respectful maternity care and its childbirth experience among the mothers who undergone for normal vaginal delivery and were willing to participate in the study from four(4) hospitals of Eastern Odisha. Women with any associated disease conditions like Eclampsia, PPH, Postpartum psychiatric disorders etc were excluded from the study.

Sample size & Sampling technique

Total 384 samples were calculated by applying compliance value from the relevant article (By Bulto Abdisa Gizachew, Demissie Bayissa Dereje and Tulu Shibr Abara). Considering 50% prevalence of Disrespect & Abuse, $d=0.05$ and $Z=1.96$

A consecutive sampling technique was used to select the samples from the population.

Data collection tools and technique

Data were collected by using self-structured questionnaire containing three(3) sections. These are (a) Socio-demographic variables, (b) Questionnaire on respectful maternity care and (c) Childbirth experience rating scale. Again the RMC questionnaire has divided in 7 performance standard i.e. Physical harm and abuse, Right to information and preferred choice, Confidentiality and privacy, Dignity and respect, Provision of equitable care, Negligence in care and Detained against will. Child birth experience it included Four (4) domains i.e. Own capacity, Professional support, Perceived safety and Participation. These sub set contained 5-6 questions. In RMC questionnaire response Yes was scored as 1 and for No 0. In childbirth experience rating scale positive response was scored as per the response i.e. 1, 2, 3, 4 & 5 and for negative sentence the scoring was opposite. Reliability of the tool was checked after doing the pilot study. The reliability of the tool related to RMC questionnaire and Childbirth experience rating scale was calculated by using Cronbach's Alpha method. The calculated value were respectively 0.79 and 0.88.

Data analysis

Strata 15.1 software was used for data analysis. Descriptive statistics was used to determine the frequency and percentage distribution of socio-demographic variables, respectful maternity care status and for determination of childbirth experience. Inferential statistics was used to determine the association and relationship of the variables. Spearman's Rank Coefficient Correlations was used to determine the relationship between RMC and childbirth experience. Chi square test was done to find out the association between socio-demographic variable and childbirth experience.

Ethical consideration

This study was ethically approved by Institutional ethical committee, Kalinga Institute of Medical Sciences (KIMS) on 22/04/2022 after commencement of required enquiry and discussions at its board meeting. Approval was obtained from selected hospital authorities for conduction of study in that selected health institutions. Informed consent was obtained from mothers before collection of the data. Confidentiality and anonymity was maintained in recording and storage of data throughout the study.

RESULT

The respectful maternity care showed more positive responses as compared to negative responses. 108(28.1%) mothers were having very good where as 276(71.9%) mothers were having excellent childbirth experience. The study denoted mixed significant correlationship between RMC and childbirth experience ($p<0.001$). There is a significant Negative correlationship between physical harm and abuse ($r=-0.312$), Negligence in care ($r=-0.574$) and Detained against will ($r=-0.254$) with childbirth experience ($p<0.001$). There is a significant positive correlationship between Right to information and preferred choice ($r=0.331$), Confidentiality and privacy ($r=0.205$), Dignity and respect ($r=0.310$) and Provision of equitable care ($r=0.565$) with childbirth experience.

TABLE 1: Frequency and percentage distribution of socio-demographic variables n=384

SOCIO-DEMOGRAPHIC VARIABLES		Frequency(%)
Age		30.27±6.23
Education	No formal education	19(4.95%)
	Primary education	53(13.80%)
	Secondary education	117(30.47%)
	Graduate	111(28.91%)
	Post graduate and above	84(21.88%)
Occupation	Govt. employee	39(10.16%)
	Private employee	116(30.21%)
	Self employed	54(14.06%)
	Homemaker	175(45.57%)
Family monthly income(In rupees)	₹ 6175-18,496	11(2.86%)
	₹ 18,497-30,830	68(17.71%)
	₹ 30,831-46,128	110(28.65%)
	₹ 46,129-61,662	32(8.33%)
	₹ 61,663-123,321	83(21.61%)
	₹ ≥ 123,322	80(20.83%)
Religion	Hindu	217(56.51%)
	Muslim	122(31.77%)
	Christian	26(6.77%)
	Others	19(4.95%)
Residence	Urban	210(54.69%)
	Rural	174(45.31%)
No of antenatal visit	1-4 times	175(45.57%)
	5-9 times	184(47.92%)
	10-15 times	25(6.51%)
Parity	Primi	207(53.90%)
	Multi	141(36.72%)
	Grand multi	36(9.38%)

Table 2: Frequency And Percentage Distribution Of The Status Of Respectful Maternity Care (n=384):

PERFORMANCE STANDARD	YES	NO
Physical harm and abuse		
Use of physical force or harsh behaviour with mother, including slapping or hitting	27(7.03%)	357(92.97%)
Inappropriate touch in examination	6(1.56%)	378(98.44%)
Physical comfort not provided (eg- raising head end of the table, back massage or verbal comfort)	106(27.60%)	278(72.40%)
Provision for adopting position during delivery	346(90.10%)	38 (9.90%)
Consent taken by health professional while performing episiotomy	333(86.72%)	51(13.28%)
Improper use of Personal protective equipment and infection control measure	19(4.95%)	365(95.05%)
Right to information and preferred choice		
Health care provider did not give the self-introduction to the mother and her birth companion	32 (8.33%)	352(91.67%)
Health care provider did not allow birth companion during delivery and also not allowed to ask questions.	86(22.40%)	298(77.60%)
Health care provider did not give a clear and truthful answer in respectful manner.	7(1.82%)	377(98.18%)
Health care provider did not allow the mother to walk during labor	55(14.32%)	329(85.68%)
Labor and delivery process was not clearly explained to the mother and birth companion.	105 (27.34%)	279(72.66%)
Inform consent was not understandable.	55(14.32%)	329(85.68%)

After delivery the sex of the baby was not informed(scolded when asked about the sex of the baby)	0	384(100%)
Counselling regarding PPIUCD was not done	105 (27.34%)	279(72.66%)
No information was given about the vaccination of new born	0	384(100%)
Confidentiality and privacy		
Without information or verbal consent students are allowed to observe and assist in delivery	61(15.89%)	323(84.11%)
No screens or curtains are provided during examination	55(14.32%)	329 (85.68%)
Inappropriate exposure of private parts during examination	61(15.89%)	323 (84.11%)
Records were kept near the bedside	378(98.44%)	6(1.56%)
Discussing with the personnel other than Health care provider regarding mothers compromised condition(HIV, HbsAg, Psychiatric disorder)	0	384(100%)
Dignity and respect		
Greeting the mother while attending every time	289(75.26%)	95(24.7%)
Midwives spoke harshly to mother and her companion	40(10.42%)	344(89.58%)
Use of abusive language during delivery	35(9.11%)	349(90.89%)
Not allowed to do cultural practices which are not harmful for mother as well as for the baby(eg- Prayer)	0	384(100%)
Provider asked the mother to lie down on the floor and using unsterile linen.	0	384(100%)
Labor tables are not cleaned after every delivery	0	384(100%)
Talking in their regional language and making fun of them	12 (3.13%)	372(96.88%)
Provision of equitable care		
Verbal and physical disrespect of woman on various attributes(e.g. disability, caste, religion, race,age, presence of too many relatives , grand multipara, unwanted pregnancy, wearing dirty clothes, uneducated)	52(13.54%)	332(86.46%)
Night delivery and care is refused by the provider	6(1.56%)	378(98.44%)
Provider demonstrated favoritism	0	384(100%)
Mothers were neglected in care while absent in bed	7(1.82%)	377(98.18%)
Negligence in care		
Proper care and examination were not provided to the women	19 (4.95%)	365 (95.05%)
Mother left unattended and discouraged to call when needed	0	384(100%)
Not counseled for breast feeding, family planning and other necessary care	51(13.28%)	333(86.72%)
Detained against will		
Mothers did not get the facility of care , medicine and investigation as she was not able to pay the bill in time	6(1.56 %)	378(98.44%)
Mothers asked for informal payments	12(3.13%)	372(96.88%)
Any other specific	0	384(100%)

TABLE 3: Frequency And Percentage Distribution Of Childbirth Experience

n=384

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Very good	108	28.1%
Excellent	276	71.9%

TABLE 4: The relationship between the RMC and Childbirth experience: n=384

Table with 3 columns: RESPECTFUL MATERNITY CARE, Correlation- Coefficient, and p-value. Rows include Performance Standard, Physical harm and abuse, Right to information and preferred choice, Confidentiality and privacy, Dignity and respect, Provision of equitable care, Negligence in care, and Detained against will.

DISCUSSION

A descriptive study on assessment of Respectful maternity care and its relationship with childbirth experience in Tertiary care Hospitals of Eastern Odisha was conducted where 384 mothers recruited. The current study findings illustrated that the respectful maternity care showed more positive responses as compared to negative responses which is similar to a prospective cohort study conducted in Iran, where more than half of the women (63.42%) reported respectful maternity care[11]. In the present study findings depicted that, out of 384 mothers, 276(71.9%) mothers were having excellent childbirth experience and 108(28.1%) were having very good experience which is congruent with a prospective cohort study conducted in Iran. The results showed that the mean (SD) overall score of childbirth experience was 3.29 (0.13)[11]. According to the Spearman's Rank Coefficient-correlation test, findings of the present study showed that there was a significant positive correlation between Right to information and preferred choice (r= 0.331), Confidentiality and privacy (r=0.205), Dignity and respect (r=0.310) and Provision of equitable care (r=0.565) with childbirth experience. There was a significant Negative correlation between physical harm and abuse (r=-0.312), Negligence in care (r=-0.574) and Detained against will (r=-0.254) with childbirth experience (p<0.001). This study is supported by a study conducted in Iran, where high respectful maternity care was associated with positive childbirth experience. Results showed that there was a significant relationship between total score of childbirth experience and the total score of respectful maternity care (r=0.85, P<0.001) and its subscales with overall childbirth experience score including: (a) friendly care (r=0.82, P<0.001), (b) abuse-free care (r=0.77, P<0.001), (c) timely care (r=0.68, P<0.001), and (d) discrimination-free care (r=0.77, P<0.001)[11]. There was a statistical significant relationship was found between Childbirth experience with socio-demographic variables. The association between the religion of the participants with the Childbirth experience was highly significant as evidenced by χ^2 value= 14.9 and p Value=0.002 (Level of significance p=0.05). The association between the frequency of antenatal visit of the participants with the Childbirth experience was significant as evidenced by χ^2 value= 6.26 and p Value=0.04 (Level of significance p=0.05). But no similar study was found to support this findings.

CONCLUSION

In this descriptive study the Respectful maternity care at four hospitals of Eastern Odisha was found to be significantly improved. The findings of the study supported that the

pregnant mother who have got the respectful maternity care while availing the health facility, the mother have experienced the positive childbirth event. Direct relationship between the respectful maternity care and positive childbirth experience was observed. The women are more vulnerable during the pregnancy period mainly during labor. They face more stress and tolerate unbearable pain during labor and delivery. So they are more delicate at that time. So midwives should be more vigilant, empathetic and should pay more attention to the mother during delivery. This will help to reduce the risk of any harmful condition and stress of the mother. Women should be educated about their rights, responsibilities and principles of respectful maternity care. Therefore, the health care sector should create awareness among the midwives, other health care professionals and mothers about standards of respectful maternity care and impact of RMC on childbirth experience. It will help to increase the number of institutional delivery, maternal satisfaction and the maternal mortality ratio will drop down.

IMPLICATIONS OF THE STUDY
NURSING EDUCATION

- The health care delivery system emphasizes on Respectful maternity care among mothers.
- The major inferences of the study will enhance the knowledge of the midwives regarding the RMC approach and childbirth experience.
- The health care professional will be able to educate the mother about the benefits of RMC which can make a remarkable change in the field of midwifery nursing.

NURSING PRACTICE

- The midwives playing a vital role in providing maternity care should adopt the evidence-based care policies, transformative strategies and respectful care processes.
- RMC includes the endorsement of new and innovative strategies and ignore the traditionally followed disrespect methods of maternal care.
- The entire health care professional should be trained periodically to promote the attitudes and practices of RMC in health care sector.

NURSING ADMINISTRATION

- With the advancement and ever growing challenges in nursing, the nurse administrator has responsibilities to provide substantive and qualitative as well as continual education to the midwives.
- The nurse administrator should share the policies related to Respectful maternity care in order to enhance the

4. Individualized, supportive care key to positive childbirth experience, says WHO [Internet]. Who.int. [cited 2022 Sep 14]. Available from: <https://www.who.int/news/item/15-02-2018-individualized-supportive-care-key-to-positive-childbirth-experience-says-who>

5. *Respectful maternity care* [Internet]. Maternal Health Task Force. 2014 [cited 2022 Sep 14]. Available from: <https://www.mhtf.org/topics/respectful-maternity-care/>

6. *Government of India embeds respectful maternity care in its priorities* [Internet]. White Ribbon Alliance. [cited 2022 Sep 14]. Available from:

<https://whiteribbonalliance.org/stories/government-of-india-embeds-respectful-maternity-care-in-its-priorities/>

7. Moridi M, Pazandeh F, Hajian S, Potrata B. Midwives' perspectives of respectful maternity care during childbirth: A qualitative study. *PLoS One* [Internet]. 2020;15(3):e0229941. Available from:

<http://dx.doi.org/10.1371/journal.pone.0229941>

8. *percentage of institutional delivery in india - Google Search [Internet]. Google.com.*

[cited2022Sep14].Availablefrom:[https://www.google.com/sear](https://www.google.com/search?q=the+effectiveness+of+vaccines+in+reducing+mortality+rates&rlz=C6978C1_621437961_1000000000_1000000000_1000000000)

ch?q=percentage+of+institutional+delivery+in+india&rlz=1
C1CHBF_enIN921IN940&sxsrf=ALiCzsa0p01xihmnq7mSA3
3eAThrePIKg%3A1663080702428&ei= pggY5HKGYyeseMPk

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*xDWBBCwAzIKCAAQRxDWBBCwA0oECEYYAEoECEYYAF
AAWABgs8MBaAFwAXgAgAEAiAEAkEAmAEAyAEIwAEB&*

9. Sharma SK, Rathod PG, Tembhurne KB, Ukey UU,

Narlawar UW. Status of Respectful Maternity Care among women availing delivery services at a tertiary care center in

central India: A cross-sectional study. Cureus [Internet]. 2022 [cited 2022 Sep 14];14(7):e27115. Available from:

<https://www.cureus.com/articles/103744-status-of-respectful-maternity-care-among-women-availing-delivery-services-at-a>

10. Gouda J, Shekhar C. How respectfully women are treated

- during difficult phase like childbirth? A primary survey of differently-managed health facilities in Odisha, India. Clin Epidemiol Glob Health. 2020;8(2):222-24.

- Epidemiol Glob Health* [Internet]. 2020;8(3):828–34. Available from: <https://www.euro.who.int/en/press-room/news/2020/04/covid-19-what-we-know-and-what-we-dont-know>

11. Huijizadeh, K., Vaezi, M., Meashar, S., Mohammad Alizadeh

11. Hajizadeh K, Vaezi M, Meedyd S, Mohammad Alizadeh Charandabi S, Mirghafourvand M. Respectful maternity care and its relationship with childbirth experience in Iranian

- and its relationship with childbirth experience in Iranian women: a prospective cohort study. *BMC Pregnancy Childbirth* [Internet]. 2020;20(1):468. Available from:

- Chilabirin [Internet]. 2020;20(1):468. Available from: <http://dx.doi.org/10.1186/s12884-020-03118-0>

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