Review Article

Respectful and Non-abusive Care during Childbirth: an Urgent Need in Health Care Facilities

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Abstract

Many women globally experience disrespectful, abusive or neglectful care/treatment during childbirth in facilities. Disrespectful and abusive care/treatment of women may occur throughout pregnancy, childbirth and the postpartum period, particularly vulnerable during childbirth. Such practices may have direct adverse consequences for both the mother and infant. Professional birth assistants and more humanized care are important vehicles for providing a safe and comforting birth experience for women. Fear of disrespect and abuse perpetuated by health workers, influence the women's choice and decision to seek maternity care in the health facility. Key manifestations of disrespect and abuse include; physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment, and detention in facilities. Understanding the prevalence of disrespect and abuse is critical in developing interventions at national, health facility and community levels to address the factors and drivers that influence disrespect and abuse in facilities and to encourage clients' future facility based maternity service utilization.

Introduction

Maternal health is an important part of the health care system aimed at reducing morbidity and mortality related to pregnancy. The health care of woman received during pregnancy, delivery and after delivery is important for the survival and well-being of mother and child (DoHP, New ERA,ICF International, 2012). Significant progress has been made globally in maternal and neonatal health care, and maternal and neonatal mortality rates have dropped in recent decades (WHO, 2010). Even when services are available, care may be compromised by social, ethnic and cultural barriers, lack of privacy and information for the client, and disrespect and abuse, that is physical abuse, non-dignified care, no consented care, non-confidential care, discrimination, abandonment of care, and detention in facilities (Bowser & Hill, 2010).

Despite decades of efforts to encourage facility births to reduce the maternal mortality, many women continue to deliver at home. A recent emphasis has centered on quality of care, specially, women's experience of disrespectful care and abuse related directly to provider actions (Bowser & Hill, 2010; Warren, et al., 2013). In Enugu Hospital Nigeria, 437 (98.0%) reported that at least one form of disrespectful and abusive care was found during their last childbirth. Non-consented services and physical abuse were the most common types of disrespectful and abusive care during facility-based childbirth, affecting 243 (54.5%) and 159 (35.7%), respectively. Non-dignified care was reported by 132 (29.6%) women, abandonment/neglect during childbirth by 130 (29.1%), non-confidential care by 116 (26.0%), detention in the health facility by 98 (22.0%), and discrimination by 89 (20.0%). Disrespect and abuse during childbirth are highly prevalent. (Okafor, Ugnu, & Obi, 2015).

Disrespectful and abusive care/treatment during childbirth in facilities have included complete

physical abuse; profound humiliation and verbal abuse; coercive or un-consented medical procedures; lack of confidentiality; failure to get fully informed consent; refusal to give pain medication; gross violations of privacy; refusal of admission to health facilities; neglecting women during childbirth to suffer life-threatening, avoidable complications; and detention of women and their newborns in facilities after childbirth due to an inability to pay in some context (Bowser & Hill, 2010). Pregnancy, childbirth, and their consequences are still the leading causes of death, disease and disability among women of reproductive age in developing countries (United Nation, 2010). Women experience highly unfavorable births in facilities, which may play a critical role in the stagnation of facility-based births in recent decades, particularly in rural areas. Respectful care is a vital component to improve maternal health (McMahon, George, Chebet, Mosha, & Mpembeni, 2014).Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care (WHO, 2014). Many women experience disrespectful and abusive treatment during childbirth in facilities worldwide. Such treatment not only violates the rights of women to respectful care, but can also threaten their rights to life, health, bodily integrity, and freedom from discrimination (WHO, 2014).

A woman's relationship with her maternity providers is vitally important. Not only are these encounters the vehicle for essential lifesaving health services, but women's experiences with caregivers can empower and comfort or inflict lasting damage and emotional trauma. Either way, women's memories of their childbearing experiences stay with them for a lifetime and are often shared with other women, contributing to a climate of confidence or doubt around childbearing (Whiten Ribbon Alliance, 2011).

Respectful maternity care(RMC) is an approach centered on the individual, based on principles of ethics and respect for human rights, and promotes practices that recognize women's preferences and women's and newborns' needs. This include; (i) Freedom from harm and ill treatment (ii) Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care (iii) confidentiality, privacy (iv) Dignity, respect (v) equality, freedom from discrimination, equitable care (vi) Right to timely health care and to the highest attainable level of health (vii) Liberty, autonomy, self-determination, and freedom from coercion (Whiten Ribbon Alliance, 2011).

Underlying factors of disrespectful and abusive maternity care

1. Policy

- National policy: lack of regulations and legal frameworks for health rights; failure to enforce existing laws or to apply policy or laws.
- Institutional policy: client rights and respectful maternity care not reflected in institutional policy; lack of or failure to use, protocols, guidelines, and performance standards related to respectful maternity care; ignorance of the existing laws related to pregnancy, labor, and delivery care; norms that exclude fathers, family members, and friends, from the labor and birth process.
- Cross-cutting issues(national/institutional/community): women and communities unaware of women's rights in policy, or of laws that protect them; health care providers do not respect norms or rules and so work in an undisciplined way.

2. Facility infrastructure, physical resources, and commodities

- Lack of adequate infrastructure (physical space and environment).
- Lack of essential supplies and equipment.
- Poor facility conditions including extreme overcrowding with client/patient sharing beds, poor sanitation.
- Lack of resources for facilitating normal birth, e.g., birth stools, floor mats; lack of informational materials related to respectful maternity care.

- Few or no supplies for community midwives who work in rural/remote sites.

3. **Human resources**

- Inadequate staffing and resources, and little reward leading to high stress and frustration among skilled birth attendants (SBAs).
- Acute shortages of health workers.
- Staff underpaid or not paid.
- Few midwives participating in maternity care; and lack of credibility for midwives within the medical community.
- The thoughts and ideas of the medical hierarchy predominate over the thoughts of other care providers.
- Poor communication among medical professionals, with resistance to dialogue and change.
- Lack of support for the work of traditional midwives in remote areas; lack of motivation and interest in improving quality of services; health workers who have no love for the profession and no compassion (empathy) for women; leads to staff frustrated.
- Health worker's attitudes: lack of "humanism" among professionals; lack of empathy and commitment of care providers.
- Few professionals with holistic vision that support respectful maternity care.

4. **Knowledge and practice of health care providers**

- Authoritarian culture in health services with socialization of health care providers into a hierarchical system of care; denigration(condemnation) of midwives by obstetricians.
- Lack of knowledge and skills of staff, including limited understanding of the normal, physiologic birth process and how to facilitate it.
- Lack of awareness of rights and gender issues; lack of harmonization of clinical care and treatment with respect for the woman as an individual.
- Attention focused on specific clinical issues without regard to a woman's beliefs or culture.
- Outdated practices not supported by evidence.
- Professional resistance to changing practice based on evidence.
- Institutional/professional culture of performing unnecessary cesarean sections and/or overuse of unnecessary technology.
- Health team exercises power over people seeking care, with women being seen a "patient" with pathology rather than as an equal person who can participate in her own care.
- Abusive care as punishment for traditional practices.
- Institutionalized discrimination by ethnicity and socio-economic position.

5. **Knowledge and skill development**

- Professional pre-service education: gaps in the education of professionals; out-dated curricula in pre-service institutions, which do not emphasize respectful care or evidence based approaches. Medicalized care, rather than woman-centered care, is taught in pre-service education; lack of respectful maternity care (RMC) in undergraduate training of health teams; poor behavioral practices learned during trainings by senior professionals; lack of training sites that can serve as a model for provision of respectful maternity care (RMC).
- In-service education/training: lack of training and updating in best practices and respectful care.
- Lack of positive role models.

6. **Management**

- National level factors: poor distribution and management of human resources; managerial and political leadership with little knowledge about respectful maternity care (RMC) issue; poor management of service delivery system; leaders and decision makers not chosen for

technical ability but for political and economic reasons.

- Institutional/facility management: poor care and use of human resources; lack of supportive supervision; lack of individual and institutional accountability and mechanisms that ensure respectful maternity care (RMC); lack of incentives for good and penalties for bad practices on health care; limited numbers of beds in facilities force health care providers to discharge women and their newborns earlier than is safe.

4. **Ethnicity, gender, socio-economic, and culture**

- Ethnicity/culture: belief that traditional but harmful practices should be preserved; lack of respect for minority cultures.
- Society: lack of respect for basic human and civil rights prevalent in the society.
- Gender: disempowerment and low status of women; influence of culture "to give birth with pain;" paradigm of care where the woman is the object and not the subject.
- Socio-economic: institutionalized racism/ classism by providers from high socio-economic background and different ethnicity/cultural background from clients.
- Culture: generalized lack of respect and disregard for human life; lack of respect for the woman's culture.

5. **Communities**

- Lack of awareness among pregnant women and families of their rights.
- Lack of understanding of healthy practices during pregnancy, labor and birth.
- Limited demands from mothers for quality care services.
- Lack of information through the media.
- Lack of availability of community-level service providers, such as community midwives.

(Reis V. , Deller, Carr, & Smith, 2012)

Ways to address Issue of Respectful Care

- Strengthening training
- Implementing quality improvement approaches
- Developing clinical guidelines and protocols
- Implementing community activities, including campaigns
- Strengthening local laws and regulations
- Advocacy, including initiatives and clients' rights charter
- Supporting women who want to give birth, sharing responsibility with their care provider.
- Professionalizing midwifery so that midwives have the autonomy to be primary care providers in partnership with women and their families in the community. (Reis V. , Deller, Carr, & Smith, 2012)

Conclusion

Woman's autonomy and dignity during childbirth must be respected, and her health care providers should promote positive birth experiences through respectful, dignified, supportive care, as well as by ensuring high-quality care. The development of validated and reliable tools to measure the mistreatment of women during childbirth, as well as interventions to prevent mistreatment and promote respectful care is a critical. Research and interventions addressing quality care during childbirth must emphasize that high-quality of care is respectful, humanized care.

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