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Original Research Article

Knowledge on respectful maternity care among staff nurses: a descriptive survey

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ABSTRACT

Background: Pregnancy is an especial, rousing and often blissful period in a woman's life. Women may undergo various physiological changes during antepartum, intrapartum and postpartum period. The birthing room environment and health care provider's attitude are important to minimize the pain and offer a positive childbirth experience. Across the world, women endure disrespect and abuse (D&A) during childbirth. Dearth of Respectful Maternity Care (RMC) from medical professionals like doctors and midwives may cause patients to feel unsatisfied with the healthcare system and lessen their obligation to seek antenatal (ANC), delivery, and postnatal care services. Objective of the study was to assess the existing knowledge on RMC among staff nurses working in the labour room.
Methods: A non-experimental descriptive survey design was used to assess the knowledge on Respectful Maternity Care among staff nurses working in the labour room. Non-probability convenient technique was used to select 69 staff nurses from Ramaiah Medical College Hospital, Ramaiah Memorial Hospital, Motherhood Hospital, Lakshmi Maternity and Surgical Center and Aveksha Hospital, Bengaluru from April 2022 to May 2022. Structured knowledge questionnaire was used to assess the knowledge on respectful maternity care.
Results: The overall knowledge score shows that 65.5% had moderately adequate knowledge on Respectful Maternity Care. The overall knowledge score mean was 16.72 with mean percentage of 64.30 and SD of ±3.438.
Conclusions: Assessment and improvement in nurses' knowledge will improve the quality of care as a means of enhancing safety during childbirth and positive childbirth experience.

Keywords: Pregnancy, Maternal health services, Health personnel, Midwifery

INTRODUCTION

Pregnancy is an especial, rousing and often blissful period in a woman's life, emphasizing the fantastic creative and nurturing process. Pregnancy starts from the first day of the last menstrual period and ends in labour, usually by 38-40 weeks of gestation. During pregnancy, a woman undergoes various physiological changes; in adaptations, her systems sometimes fail to accommodate these changes. Therefore, complications can develop at any stage of pregnancy. So, timely obstetric care services are essential for managing complications during pregnancy, childbirth and immediate postpartum period.[1]

The act of giving birth can be seen as the first act of motherhood, a test of womanhood, personal competence, and peak experience. Regular uterine contractions that are accompanied by cervical effacement, dilatation and descent signal the beginning of labour.[1] This is among the most agonising experiences a woman will ever have. However, there is a difference in understanding labour pain resulting from mental and behavioural processes as fear and anxiety heighten, muscle tension increases and inhibits uterine contractions' effectiveness, increasing discomfort and further raising the mother's fear and anxiety.[2]

The hospital's atmosphere and environment, birthing rooms, and the healthcare provider's attitude are much more important to give a positive childbirth experience.[3] Research evidence shows that a supportive companion during labour reduces anxiety and creates a strong feeling of security. During labour, the companion can help the woman in ambulation and offer support throughout labour. The presence of a companion during childbirth will give psychological support to the woman and enhances coping mechanism.[4]

Currently, standard care in a hospital for labouring women embraces routine practice of episiotomy, epidurals, and constraints on eating and drinking and movement. Women give birth on their backs, and directed pushing is the custom. None of these practices is evidence-based. These interventions and restrictions make labour more difficult for women by increasing stress. These interventions will interfere with the natural physiologic process of labour, and increase complications such as prolonged labour, foetal distress, use of forceps/ventouse and increased caesarean section chance.[5]

During childbirth, women are subjected to mistreatment, including physical assault, verbal abuse, prejudice in care, non-consented procedures, and unsupportive care. This ill-treatment will create emotional trauma, affect women's confidence and self-esteem. Thereby leaves negative memories in childbearing experience.[6]

Recognizing the poor intrapartum care services offered to women, the WRA (White Ribbon Alliance) has issued a statement, "Respectful Maternity Care: a universal right for a childbearing woman". A woman who is pregnant or nursing need and deserves to have her autonomy and right to self-determination respected. Furthermore, it is against women's fundamental rights when they are disrespected or subjected to abuse when receiving maternity care. World Health Organization (WHO) accentuated the significance of respectful maternity care (RMC), women's privileges during pregnancy and childbirth, and the necessity for immediate consideration to this universal phenomenon.[6]

In line with the World Health Organization's Respectful Maternity Care (RMC), MOHFW (Ministry of Health and Family Welfare), GOI (Government of India) has taken several initiatives to provide quality and accessible maternal and child health services.[7] In 2017, Labour Room Quality Improvement Initiative (LaQshya) guidelines were laid down to improve intra-partum and immediate postpartum care and respectful maternity care. LaQshya guidelines clarify the procedures to be followed in the labour room. Privacy during labour, company of birth companion, freedom to pick a comfortable posture throughout labour, initiation of breastfeeding within one hour of birth etc., are the key actions to be carried out during labour. Insistence on using the traditional lithotomy position for birth, routine use of induction and augmentation of labour without solid clinical justification, any verbal or physical abuse of pregnant women etc., are instructed to avoid during labour.[8]

The midwife has to offer necessary support, care, and advice during pregnancy, labour, and up to six weeks of postpartum period to facilitate safe birth and provide care for the new-born. Midwives have to recognize abnormalities and complications and implement appropriate treatment and care. She has to act as an advocate for respectful care in pregnancy, labour and childbirth, and postpartum. The midwife also has to educate women individually or in groups to have a healthier pregnancy and better birth. Midwives have to work inter-professionally; with doctors and other healthcare providers.[7] Therefore, midwives have to promote the natural birthing process with respect and help the woman to achieve a positive birthing experience.

METHODS

A non-experimental descriptive study. The study carried out in Labour Rooms of Ramaiah Memorial Hospital, Ramaiah Medical College Hospital, Motherhood Hospital, Lakshmi Maternity and Surgical Centre, and Aveksha Hospital, Bengaluru, from April 2022 to May 2022. The geographical proximity, familiarity of the investigator with the settings, feasibility of conducting the study and availability of the samples led to the selection of the setting for the study.

Sample: Nurses working in labour room of selected hospitals, Bengaluru.

Sample size: The sample size for the study was 69 labour room nurses

Sampling technique: Non-probability convenient sampling technique.

Inclusion criteria

Staff nurses working in the labour room, available at the time of data collection and agreeable to partake in the study.

Exclusion criteria

Staff nurses who are not ready to take part in the study.

Description of tool: The tool consisted of dual sections.

Section A- Socio-demographic profile:

It includes age, education, designation, marital status, total years of experience, years of experience in the labour room and previous awareness.

Section B- Structured knowledge questionnaire on respectful maternity care:

This questionnaire is developed to measure the knowledge on respectful maternity care (RMC) and it will cover the following aspects of intrapartum care provided by healthcare workers to the woman in labour. The item identification, selection, and development are done through literature review related to measurement of RMC, WHO guideline for RMC and LaQshya guidelines for RMC. 26 items are present in the questionnaire. These items are in six domains: Emotional support, dignity, confidentiality, safe care, prevention of mistreatment, and privacy.

Content validity

It was obtained from 13 experts (11Nurse experts and 2 Obstetricians). Modification of the tool was done as per the suggestions given by them.

Reliability

Tool was tested for reliability using Cronbach's alpha, the value obtained for the structured knowledge questionnaire was 0.72.

Pilot study

The pilot study was conducted at Lakshmi Maternity and Surgical Centre, Malleshwaram. The study was found to be feasible and practicable.

Data collection

Permission was acquired from the concerned authorities of Ramaiah Memorial hospital, Ramaiah Medical College Hospital, Motherhood Hospital, Lakshmi Maternity and surgical Center and Aveksha Hospital. Nurse who was on duty was selected for the study. 69 subjects were carefully chosen by a non-probability convenient sampling technique. Self-introduction was given, the investigator given detailed information about the study purpose to the participants and obtained consent. The data was collected and confidentiality was maintained. Subjects were requested to complete the structured knowledge questionnaire on Respectful Maternity care. The average time taken for the subjects to complete the questionnaire was about 20-30 minutes. The collected data was coded and the master data sheet prepared for analysis.

Statistical analysis

SPSS (version 20.0) was used. Data obtained from the subjects were organized and analysed using both descriptive and inferential statistics. Frequency and percentage were used to describe the socio-demographic variables of staff nurses. Mean, mean percentage and standard deviation were used to define the knowledge on respectful maternity care amongst staff nurses. Chi-square test was accustomed to find the association between knowledge and selected socio-demographic variables.

RESULTS

Socio demographic characteristics of staff nurses

Among 69 staff nurses nearly half of the subjects 40.7% remained in the age group of ≤30 years. Only 1.4% of the subjects were >60 years of age.

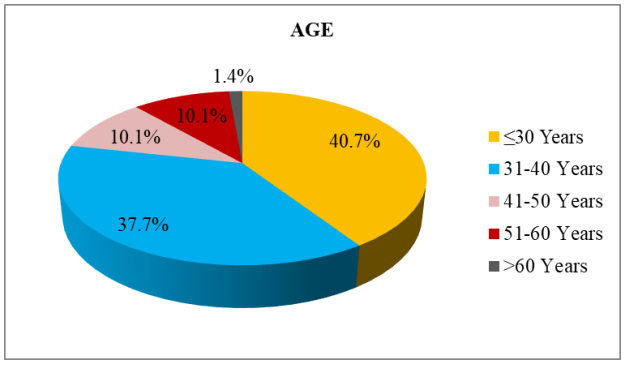

Figure 1: Percentage distribution of subjects with regard to age (n=69).

Table 1: Frequency and percentage distribution of subjects with regard to educational status and designation (n=69).

Category	Frequency	Percentage
Educational status		
GNM	57	82.6
B.Sc.(N)	11	16.0
M.Sc.(N)	01	1.4
Designation		
Staff nurse	53	76.8
Shift-in-charge	10	14.5
Ward-in-charge	06	8.7

Majority of the subjects 82.6% had educational status of GNM and 76.8% were staff nurses.

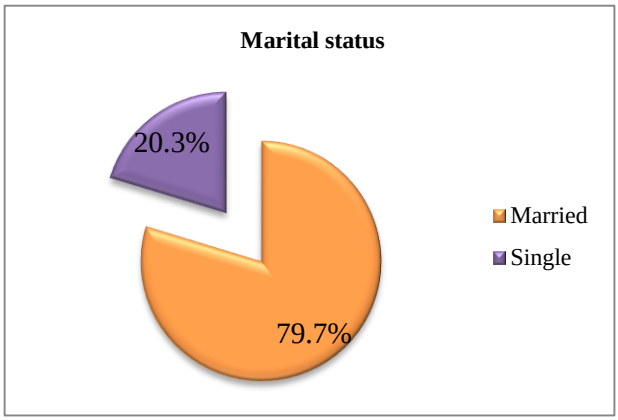

Figure 2: Percentage distribution of the subjects with regard to marital status (n=69).

Majority of the subjects 79.7% were married.

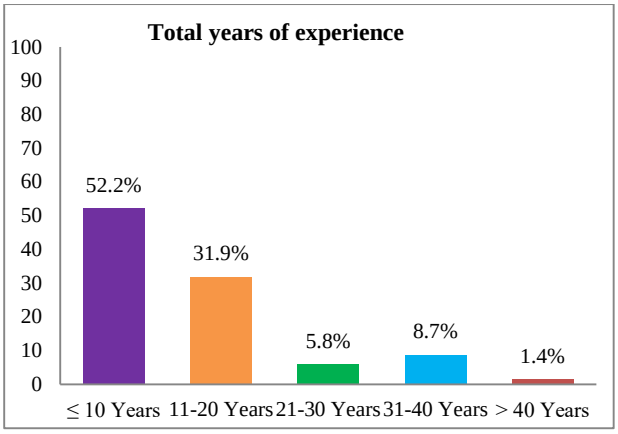

Figure 3: Percentage distribution of the subjects with regard to their total years of experience (n=69).

Half of the subjects 52.2% had their total years of the experience ≤10 years.

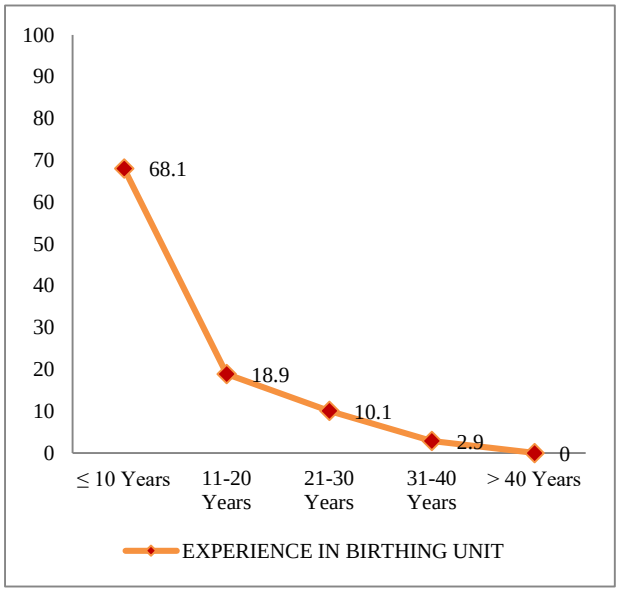

Figure 4: Percentage distribution of the subjects with regard to total years of experience in the birthing unit (n=69).

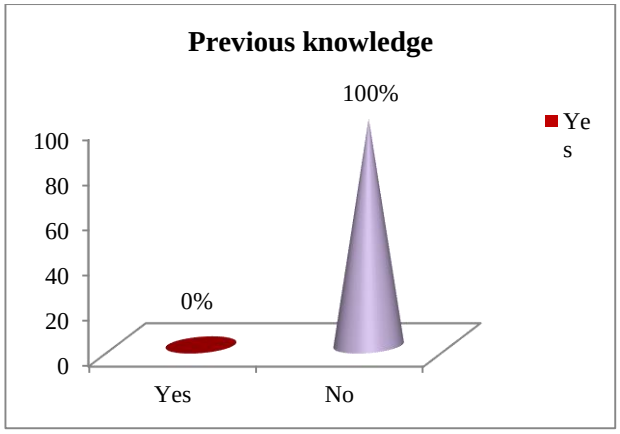

Figure 5: Percentage distribution of the subjects with regard to previous knowledge on respectful maternity care (n=69).

Majority of the subjects 68.1% had their total years of experience in birthing unit ≤10 years.

100% of the subjects did not undergo any in-service education on RMC.

Mean, mean percentage and standard deviation of knowledge score of subjects on respectful maternity care.

The highest mean percentage observed was 79.14 for safe care with a SD ±1.195, whereas lowest mean percentage observed was 50 on confidentiality and privacy with SD ±0.955. The mean of overall knowledge was 16.72 with mean percentage of 64.30 and SD ±3.438.

Frequency and percentage distribution of knowledge on respectful maternity care

This table revealed that 49.3% of the subjects had inadequate knowledge on emotional support, 43.5% on dignity and 63.8% on confidentiality and privacy whereas 53.6% of the subjects had adequate knowledge on safe care and 40.6% on preventing mistreatment. The overall knowledge score shows that 65.2% of participants had moderately adequate knowledge on respectful maternity care.

Table 2: Mean, mean percentage and standard deviation of knowledge score of subjects on respectful maternity care (n=69).

Knowledge on respectful maternity care	Maximum scores	Mean	Mean percentage	Standard deviation
Emotional support	6	3.41	56.83	±1.192
Dignity	4	2.75	55.00	± 0.946
Confidentiality and privacy	4	2.00	50.00	± 0.955
Safe care	7	5.54	79.14	± 1.195
Preventing mistreatment	4	3.03	75.75	± 0.970
Overall knowledge score	23	16.72	64.30	± 3.438

Table 3: Frequency and percentage distribution of knowledge on respectful maternity care (n=69).

Knowledge on respectful maternity care	Inadequate		Moderately adequate		Adequate	
	f	%	f	%	f	%
Emotional support	34	49.3	21	30.4	14	20.3
Dignity	30	43.5	21	30.4	18	26.1
Confidentiality and privacy	44	63.8	24	34.8	1	1.4
Safe care	2	2.9	30	43.5	37	53.6
Preventing mistreatment	22	31.9	19	27.5	28	40.6
Overall knowledge score	10	14.5	45	65.2	14	20.3

Table 4: Association between knowledge on respectful maternity care with socio-demographic variables such as age, educational status, designation, marital status, total years of experience and total years of experience at birthing unit (n=69).

Socio demographic variables	Level of knowledge on respectful maternity care		Chi square value χ^2	p value (p<0.05)
	<Median	≥Median		
Age in years			0.153 df-1 NS	0.696
≤ 35	21	20		
> 35	13	15		
Educational status			1.758 df=1 NS	0.185
GNM	26	31		
B.Sc.(N) & M.Sc.(N)	8	4		
Designation			0.004 df=1 NS	0.947
Staff nurse	26	27		
Shift-in-charge/ ward-in-charge	8	8		
Marital Status			0.004 df=1 NS	0.952
Married	27	28		
Single	7	7		
Total years of experience			1.188 df=1 NS	0.276
≤10	20	16		
>10	14	19		
Total years of experience in birthing unit			0.359 df=1 NS	0.549
≤10	22	25		
>10	12	10		

(Df = Degree of freedom, NS= Not significant).

Association between knowledge on respectful maternity care and selected socio-demographic variables

There is no significant association between respectful maternity care and selected socio-demographic variables like age (p=0.696), educational status (p=0.185), designation (p=0.947), marital status (p=0.952), total years of experience (p=0.276) and total years of experience in birthing unit (p=0.549).

DISCUSSION

The study result shows that among 69 nurses, 65.2% nurse were having moderately adequate knowledge, 14.5% of nurses had inadequate knowledge, and 14% nurses had adequate knowledge on respectful maternity care. This result is largely dependable with a study led by Mathew B in selected hospitals/ health centres at Meerut showed that 50% health workers were having moderately adequate knowledge, 40% were having adequate knowledge and 10% were having inadequate knowledge on RMC.[9] Similar findings revealed by another study in which 61% staff nurses were having average knowledge regarding RMC.[10] These study findings shows that almost everywhere there is a need of knowledge enhancement of health care providers on respectful maternity care.

The study finding disclosed that there is no significant association amongst Respectful Maternity Care and designated socio demographic variables such as age (p=0.696), educational status (p=0.185), designation (p=0.947), marital status (p=0.952), total years of experience (p=0.276) and total years of experience in birthing unit (p=0.549).

This study outcome is reinforced by a non-experimental exploratory study led on knowledge and attitude of staff nurses concerning respectful maternity care in certain

hospitals of Pune city, Maharashtra, India. The study result found that there is no significant association between respectful maternity care and certain socio demographic variables such as age (p=0.915), educational qualification (p=0.963), experience in clinical areas (p=0.555), experience in obstetrics and gynaecological department (p=0.521), and marital status (p=0.920).[10]

Similar findings were observed in a descriptive study conducted to measure the knowledge on RMC amongst health workers in selected hospitals / health centres at Meerut, Uttar Pradesh, India. The sample size was 30 and there was no momentous link between the level of knowledge and selected socio demographic variable such as age, sex, education, years of experience, area of employed and any in-service education attended. There was a significant association between knowledge on RMC and the number of deliveries conducted by the health worker.9 The difference in the study results may be because of different sample size and the area of the study conducted.

In this study there was no statistically important association found between respectful maternity care and socio-demographic variables such as age (p=0.696), educational status (p=0.185), designation (p=0.947), marital status (p=0.952), total years of experience (p=0.276) and total years of experience in birthing unit (p=0.549). Hence the research hypothesis (H1) is rejected.

CONCLUSION

Though majority of nurses had moderately adequate knowledge on respectful maternity care they were actually unaware about the concept of RMC. This may be due to lack of updated knowledge and busy working schedules, which somewhere lacks providing positive child experience to the women in labour. These study findings suggest that in-depth awareness programmes regarding respectful maternity care to be provided to the nurses and other healthcare providers and nurse administrators should be responsible for taking adequate feedback from the women in labour.

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Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Mathew A, Nayak S, K. V. A comparative study on effect of ambulation and birthing ball on maternal and newborn outcome among primigravida mothers in selected hospitals in Mangalore. J Heal Allied Sci NU. 2012;02(02):02–5.
2. Weisenberg M, Caspi Z. Cultural and educational influences on pain of childbirth. J Pain Symptom Manage. 1989;4(1):13-9.
3. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, et al. The mistreatment of women during childbirth in health facilities globally: a mixed-methods systematic review. PLOS Med. 2015;12(6):e1001847.
4. Lunda P, Minnie CS, Benadé P. Women's experiences of continuous support during childbirth: A meta-synthesis. BMC Pregnancy Childbirth. 2018;18(1):1-11.
5. Lothian JA. Safe, Healthy Birth: What Every Pregnant Woman Needs to Know. J Perinat Educ. 2009;18(3):48-54.
6. White Ribbon Alliance. Respectful Maternity Care: The Universal Rights of Childbearing Women. The White Ribbon Alliance for Safe Motherhood. 2011. Available at: https://www.healthpolicyproject.com/pubs/46_FinalRespectfulCareCharter.pdf. Accessed on 16 Aug 2022.
7. MoHFW. Guidelines on MIDWIFERY SERVICES IN INDIA. Government of India 2018 p. 64. Available at: http://nhm.gov.in/images/pdf/programmes/maternal-health/guidelines/Guidelines_on_Midwifery_Services_in_India.pdf. Accessed on 14 Aug 2022.
8. Labour Room Quality Improvement Initiative (LaQshya); National Health Mission; Ministry of Health and Family Welfare, Government of India; 2017. Available at: https://www.mohfw.gov.in. Accessed on 17 Aug 2022.
9. Mathew MB. A study to assess the knowledge on respectful maternal care among the health workers working in selected hospital/health centers at Meerut. Int J Res Appl Sci Eng Technol. 2021;9(12):941-6.
10. Laishram M, Devi L, Deshpande J, Devi NS. To Assess the Knowledge and Attitude Regarding Respectful Maternity Care among Staff Nurses in Selected Hospitals of Pune City. 2021;10(1):1932-43.

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