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Original Research Article

Impact of respectful maternity care and its outcome in a childbearing woman

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ABSTRACT

Background: Respectful maternity care (RMC) is an individualised approach which emphasises on moral values and respect for human rights, and encourages behaviours that take into account women's preferences and the needs of both pregnant women and new mothers. The Indian Government has recently undertaken RMC under LaQshya to give respectable attention and care to the pregnant patients at medical facilities.
Methods: It is a cross sectional study conducted in the department of obstetrics and gynaecology at a tertiary care hospital in Bhopal. Pregnant women who came for labour and delivery services were included in the study and all pregnant female–healthcare provider interactions during childbirth were taken for assessment.
Results: Patient satisfaction survey of labour room done consecutively for 3 months revealed PSS score of 4.55, 4.51 and 4.51 in month 1, 2 and 3. Similarly, patient satisfaction survey of maternity operation theatre (OT) done consecutively for 3 months revealed PSS score of 4.59, 4.56 and 4.50 in month 1, 2 and 3.
Conclusions: The study's results show that respectful maternity care is still in its budding stage despite the fact that women are noticing and reporting positive changes in maternity care practises. In order to improve maternal health outcomes for all women, there is a need for increased action, discussion, research, and advocacy on this crucial public health and human rights problem.

Keywords: Respectful maternity care, LaQshya, Human rights, Maternal health

INTRODUCTION

The moment of unfathomable joy that comes with having a newborn in her arms should be available to every mother. But for many expectant women in India, this memory won't ever be produced because giving birth is frequently unpleasant.

The universal recognition of maternity care as a fundamental human right includes the right of women to sexual and reproductive health care, including maternity care that is accessible, acceptable, and of high quality. Maternal fatalities are a key health indicator since their direct causes are widely understood, largely avoidable, and preventable.[1] According to the most recent report of the national Sample Registration system (SRS) statistics, India's maternal mortality ratio (MMR) for the years 2016–18 was 113/100,000 live births. The sustainable development goals (SDGs) of the United Nations (UN) include a target for the worldwide maternal mortality ratio (MMR) of less than 70 deaths per 100 000 live births by 2030.[2] The Government of India is a signatory to these goals. This necessitates accurate quantification of maternal mortality rates and trends, as well as knowledge of the primary subnational causes of these deaths. Respectful maternity care (RMC) is one such effort.[3] The Indian Government has recently undertaken RMC under LaQshya to give respectable attention and care to the pregnant patients at medical facilities.[4]

RMC during childbirth is an interaction between the client and the healthcare providers (HCPs) or facility conditions.

It has a significant role in MMR reduction by enhancing clients' inclination to deliver in health facilities. RMC is an individualised approach which emphasises on moral values and respect for human rights, and encourages behaviours that take into account women's preferences and the needs of both pregnant women and new mothers.[5] Respect for women's autonomy, privacy, feelings, choices, and preferences is one aspect of this. Another is companionship throughout maternity care and ongoing care during labour and deliveries. It makes sure that no one is harmed or mistreated.[6] RMC is applicable to all stages of pregnancy, including the antepartum, intrapartum and postpartum periods.

Indian scenario of RMC

One of the barriers to using maternity care services in developing countries like India is the disrespect and abuse of women during institutional delivery services.[7,8] Women's rights are violated when they are mistreated during labour and delivery, which has a detrimental impact on their decision to seek future obstetric care at medical institutions.[9,10] The main issues include a lack of privacy and confidentiality, disrespect for the right to choose a comfortable position, access to basic health care facilities, prompt medical care, inadequate intrapartum and postpartum care and assessment, availability of specialist and female doctors, poor infrastructure, post-delivery counselling, neglect, care given by unskilled or incompetent staff, a lack of communication, and other infrastructure issues like poor cleanliness, poor hygiene, a lack of water and electricity and crowded rooms.[11,12] In a wide range of settings, it is also common to see physical abuse, verbal abuse, assault, lack of emotional and cognitive support, separation from a baby, a lack of food, incentives, transportation, unofficial payments, inadequate information, non-consented care, and the performance of unnecessary procedures.[11-16]

Episiotomies are commonly performed, sometimes even without anaesthesia, according to the results of a study done in Assam, despite WHO recommendations that no more than 10% of patients should receive such procedures. It is essential to educate healthcare professionals and adhere to evidence-based practise.[17]

Importance of RMC

The experiences women have during this sensitive time may be crucial in empowering them or contributing to negative feelings that result in low self-esteem and confidence. The mother carries these memories with her for the rest of her life. They also have an impact on the mother's and the baby's health.[18] Studies have shown that the mother's mistreatment and maltreatment during pregnancy can have an impact on the foetus's cognitive development. RMC is a practical and successful method for lowering new-born, mother, and stillbirth mortality. RMC not only contributes in ensuring positive outcomes for the mothers and new-borns but also supports cognitive development of the babies later in the life. The lack of RMC shows a major health system failure.[5]

There are limited India studies related to the respectful maternity care. The present study assessed the level satisfaction regarding respectful maternity care among women availing delivery services at a tertiary care centre.

Aims and objectives

Aims and objectives of the study were: to assess patient satisfaction regarding respectful maternity care and find out reasons of dissatisfaction if any; and to increase awareness about RMC among various stakeholders including mothers, health care providers, administrators and policy makers involving public health experts as educators and advocates.

METHODS

Study design

Facility based cross sectional study was conducted from 01 September 2022 to 30 November 2022.

Study population

Pregnant women who came for labour and delivery services during study period in a tertiary care hospital at Bhopal. Labouring women and their respective birth attendants throughout the data collection period were used as the study population.

Inclusion criteria

All client–provider interactions during childbirth were taken for assessment.

Exclusion criteria

The study excluded women who were admitted to the hospital after the second stage of labour, were gravely ill, and were seen by undergraduate students.

Data collection procedure

A quality improvement team was formed involving consultant, resident doctor and staff nurse for birth labour room and OT. Observations were made after obtaining written consent from survey participants and health care providers. Observational checklists were used to assess provider–client interactions during labour and delivery services. The study investigator did not intervene in the care provided to the women. Patient information was collected in a pretested, structured proforma. Efforts were made to minimize the effect of observation on provider behaviour, that is, the Hawthorne effect. The data was collected and entered simultaneously in the statistical package for social sciences (SPSS) version 23.0 and coded appropriately. Descriptive statistics were calculated to

summarize the sample characteristics in terms of frequency and percentage. Analytical and inferential analysis was applied between a dependent variable and other independent variables. After the survey, QI team conducted brain storming session and used process flow chart and fish bone analysis to understand the problem and find out possible solution for improvement.

RESULTS

In present study total of 4488 patients came to our study settings during study period. Out of these majority, 90.2% (4052) were registered patients, 472 (10.5%) were booked and only 7 (0.15%) were unregistered. A total 2439 vaginal deliveries occurred. Out of these 70.6% (1723) patients had some or other medical condition. Demographic data and satisfaction survey was done for these 1723 patients. Out of 1723 study participants, 65% (1120) were rural residents and 34.9% (603) were urban. Majority of the cases were above 35 years of age (45.3%,782 cases), followed by 21.1% (365) in the age group of 31-35 years, 19.9% (343) in age group of 18-24 years and 13.5% (233) in the age group of 25-30 years.

Table 1: Baseline characteristics.

Characteristics	Frequency (%)
Total no. of patients	4488
Total vaginal deliveries	2439 (54.34)
Total vaginal deliveries with some medical conditions	1723 (38.39)

Table 2: Booking status of study participants.

Booking status	Frequency (%)
Booked	472 (10.5)
Unregistered	07 (0.15)
Registered	4052 (90.2)

Majority of the study participants in present study belonged to lower class (23.5%, 405 cases) and upper lower class (28.2%, 486 cases). 23.2% (400) cases belonged to middle class followed by 13.05% (225) in upper class and 12.01% (207) in upper middle class. Patient satisfaction survey of labour room done consecutively for 3 months revealed PSS score of 4.55, 4.51 and 4.51 in month 1, 2 and 3. Similarly patient satisfaction survey of maternity OT done consecutively for 3 months revealed PSS score of 4.59, 4.56 and 4.50 in month 1, 2 and 3. In response to the questions for suggesting measures to improve care in future by the caregivers majority suggested for improving the "cleanliness of toilets", "information provided at help desk", "laboratory services "long waiting time", and "behaviour of class fourth employees".

Table 3: Distribution of residence among study participants with vaginal deliveries with some medical conditions.

Resident	Frequency (%)
Urban residents	603 (34.9)
Rural residents	1120 (65)

Table 4: Distribution of age group among study participants with vaginal deliveries with some medical conditions.

Age group (years)	Frequency (%)
18-24	343 (19.9)
25-30	233 (13.5)
31-35	365 (21.1)
>35	782 (45.3)

Table 5: Distribution of SES among study participants with vaginal deliveries with some medical conditions.

SES	Frequency (%)
Upper class	225 (13.05)
Upper middle class	207 (12.1)
Middle class	400 (23.2)
Upper lower class	486 (28.2)
Lower class	405 (23.5)

Table 6: Patient satisfaction scores of labor room.

Data element	1st month	2nd month	3rd month
PSS score and sample size	4.55, 90.95%	4.51, 90.33%	4.51, 90.33%
Lower performing attributes	Patients were less satisfied with toilet cleaning; patients were less satisfied with USG room and pathology	Patients were less satisfied with signages in the department; patients were less satisfied with laboratory services	Patients were less satisfied with the information provided at help desk; poor cleanliness in toilet of L.R.
Corrective and preventive	Nodal officer instructed to UDS supervised to clean the toilet twice in a shift; nodal officer instructed	More pictures signages and Hindi signages to be display in the department; M. h. co-ordinator and senior nursing	At least one staff with full training about OBGY protocol to sit at help desk in each shift and training of the help desk staff; to

Continued.

Data element	1st month	2nd month	3rd month
actions taken	to guard to help the patient and patient attender	officer instructed to guard for give a direction to going pathology and C.P.L.	clear blockage and educate to patient regarding importance of cleanliness

Table 7: Patient satisfaction scores of maternity OT.

Data element	1st month	2nd month	3rd month
PSS score and sample size	4.59, 91.95%	4.56, 91.23%	4.50, 90.04%
Lower performing attributes	Patients were less satisfied with toilet cleaning; patients were less satisfied with USG room and pathology	Patients were less satisfied with signages in the department; patients were less satisfied with laboratory services	Patient attenders and patients take long time to reach the ward L.R. O.T.; the behaviour of class fourth employees to wards patient is not satisfactory
Corrective and preventive actions taken	Nodal officer instructed to UDS supervised to clean the toilet twice in a shift; nodal officer instructed to guard to help the patient and patient attender	More pictures signages and Hindi signages to be display in the department; M. h. co-ordinator and senior nursing officer instructed to guard for give a direction to going pathology and C.P.L.	Pictorial signages to be made and increase the numbers of signages near the lifts; counselling of patient and attenders regarding maintain cleanliness in ward and nodal officer instructed to M.H.; coordinator and nursing mentor to give RMC training to all class four employees

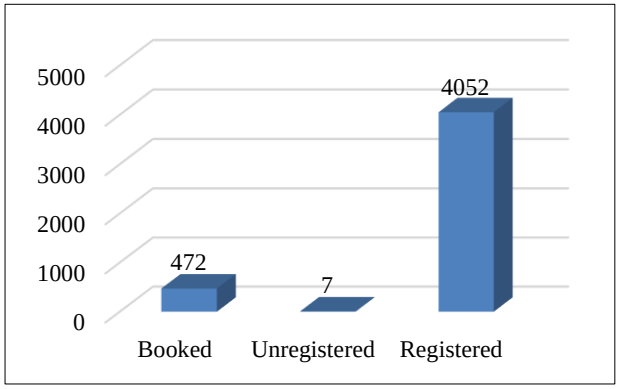

Figure 1: Booking status of study participants.

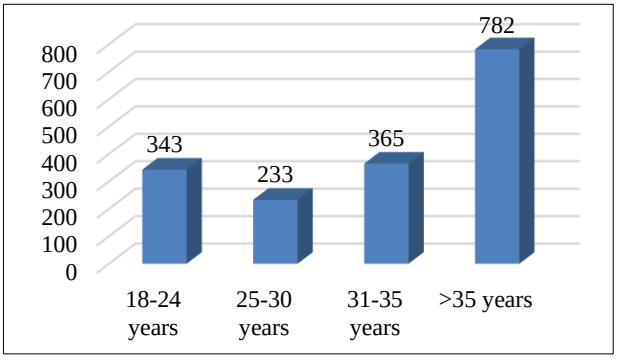

Figure 3: Distribution of age group among study participants with vaginal deliveries with some medical conditions.

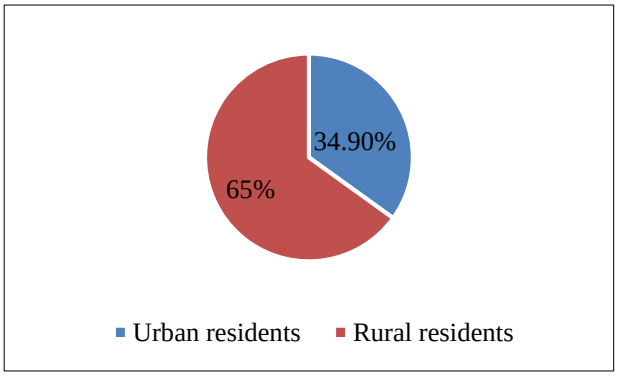

Figure 2: Distribution of residence among study participants with vaginal deliveries with some medical conditions.

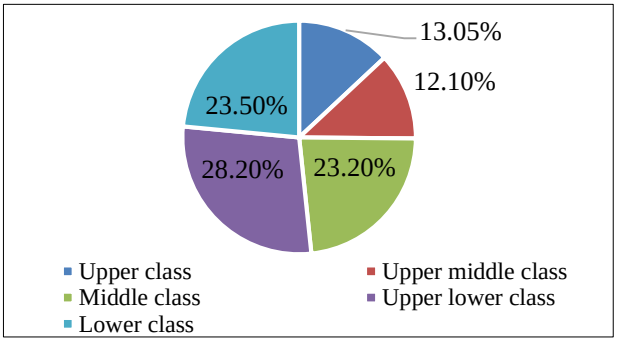

Figure 4: Distribution of SES among study participants with vaginal deliveries with some medical conditions.

DISCUSSION

If there is no change in the quality of care given, especially the components of respectful care, efforts to increase the use of facility-based maternity care in low-income countries are unlikely to provide the intended results. As stated by Jha et al, women deliver at government hospitals to reduce the financial burden but in lieu of this they have to compromise on dignity and respect.[19] As a result women are not keen on delivering at health facilities or seek late treatment. Studies also show that the birth outcome is better when the mother receives quality care. Itis essential to create awareness among the mothers regarding respectful maternity care.[20] In present study high satisfaction level was seen among study participants regarding respectful maternal care both in labour room and maternity OT. In response to the questions for suggesting measures to improve care in future by the caregivers' majority suggested for improving the "cleanliness of toilets", "information provided at help desk", "laboratory services "long waiting time", and "behaviour of class fourth employees". This study's finding that none of the study subjects had ever experienced discrimination due to any particular characteristic was encouraging. The personnel spoke to them in a language they could all understand, according to all the females. This encouraging finding will accentuate the general population's trust in the public sector healthcare system in the long run. Sharma et al reported a lower percentage of discriminating, which is consistent with our study's findings.[14] Absence of discrimination based on specific attributes points towards equitable care, a positive feature of a public institute. It is comforting to learn that almost all of the female participants in our study stated that they were never left alone and unattended. Nearly all respondents received regular information on the status and progress of labour, which was similar with the findings of Asefa et al, a high proportion of inappropriate demands for money were reported by Bhattacharya et al, no such findings were there in our study.[15,21] Our results also provide evidence that elements of the health system, such as the physical surroundings, impacted the favourable birth experiences of women. Therefore, in order to improve the quality of care by encouraging RMC, it is necessary to address interactions between the woman and the physician as well as make changes to the health-system level.

It is impossible to provide universal health care without using a holistic approach, offering high-quality care, and adhering to RMC standards. In turn, this will assist in achieving goals three and ten of the sustainable development goals, or improved health and well-being and decreased inequality. Beyond just preventing mortality and morbidity, all healthcare facilities must provide high-quality, egalitarian, and respectful maternity care. In this sentence, the WHO highlights the significance of both "providing care" and "experience of care" in its vision for high-quality reproductive health care for women and new borns.[23] As a result, encouraging RMC is essential for raising the standard of maternity care and institutional births.

CONCLUSION

The results of this study provide a variety of fresh viewpoints on the current situation of respectful maternity care. The study's results show that respectful maternity care is still in its budding stage despite the fact that women are noticing and reporting positive changes in maternity care practises. Since most of the studies conducted in India focuses primarily on the accessibility and availability of maternal healthcare services, there is a research gap in the area of respectful maternity care. The current study serves as a standard to fill this significant research gap in healthcare organisations. In order to improve maternal health outcomes for all women, there is a need for increased action, discussion, research, and advocacy on this crucial public health and human rights problem.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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