

QUALITY OF RESPECTFUL MATERNAL CARE PRACTICES IN DELIVERY ROOM AT AL- ZAHRA TEACHING HOSPITAL

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ARTICLE INFO

Received: 06 Sept 2023

Revised: 20 Sept 2023

Accepted: 26 Dec 2023

Keywords:

Respectful Maternity Care,
Quality.

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ABSTRACT

Purpose: The concept of respectful maternity care acknowledges that women's experiences of childbirth are vital components of health care quality and that their "autonomy, dignity, feelings, choices, and preferences must be respected.

Subjects and Methods: A cross-sectional descriptive to Assess quality of respectful maternal care in delivery room and to find out relationship between quality of respectful maternal care in delivery room with their demographic data (, the period of the study is from December, 1st, 2022 to May, 23th, 2023. A non-probability (Purposive sample) sample of one hundred fourteen (114) women who are attended Zahra teaching hospital. Data analysis by using descriptive statistics (percentage, frequency & mean of score) and inferential statistics (Chi-Square).

Results: The study show majority of study subjects from urban area and housewife and there was a significant association between number of children and abuse free care domains

Conclusions & Recommendation: The researcher can conclude that responses of postpartum women related to abuse and discrimination were disagree. Recommendations about care of episiotomy and put them in the delivery rooms of hospitals, emphasizing audio-visual mass media to publishing information about perineal care after episiotomy and Health providers in hospitals and health centers should educate women about perineal care after episiotomy during antenatal visit.

INTRODUCTION

Maternal mortality and morbidity are widely recognized as key human rights issues and women's right to available, accessible, acceptable and quality sexual and reproductive health care - including maternity care - (AAQ) is a central tenet of published technical guidelines. from the Office of the United Nations High Commissioner for Human Rights (OHCHR) on "a human rights-based approach to reducing preventable maternal morbidity and mortality." In addition, Directive states that "ensuring women's rights to sexual and reproductive health requires compliance with standards in health facilities, goods and services" and that "respectful care of women who "Using health services is an essential element." both quality and acceptance

dimensions. » However, to date there is no consensus on evidence-based standards for respectful maternity care. ⁽¹⁾

The quality of care includes the structure, the processes of care and the results. Structural elements include the presence of necessary medications, equipment, and provider training, while outcomes are changes in health status and patient satisfaction. Care processes include both technical aspects, that is, the delivery of clinical procedures and treatments, and the interpersonal relationship between client and provider, including how information is exchanged and decisions about care are made. ⁽²⁾

The personal interaction between client and provider is important in shaping women's experiences and their perceptions of maternity care. Poor interpersonal communication between client and provider during maternity care at health facilities in low resource settings is increasingly recognized as a barrier to accessing skilled care for routine and complicated births. Women and their families especially mention rude and uncaring provider attitudes, lack of privacy, discrimination against cultural practices, physical abuse, dirty facilities, and delays in receiving care as reasons for dissatisfaction with facility services or for not giving birth at facilities nor seeking facility-based care for complications. ⁽³⁾

The concept of respectful maternity care (RMC) acknowledges that women's experiences of childbirth are vital components of health care quality and that their "autonomy, dignity, feelings, choices, and preferences must be respected." RMC has commonalities with other efforts to refocus medical care away from a disease-oriented model which privileges the physician as expert including patient-centered care and the humanization of childbirth. ⁽⁴⁾

(RMC) It is internationally recognized as a universal human right for every woman who gives birth and is admitted to a health center or hospital. However, there is no consistent understanding of how the concept of respectful maternity care is defined, although it is used similarly with the term's woman-friendly care and woman-centered care. ⁽⁵⁾

Each childbearing lady getting healthcare administrations in any setting merits aware care by maternity care suppliers. The need of regard and the encounter of being mishandled amid the method of labor and conveyance disheartens numerous ladies from getting proficient maternity care. This may result in increased cases of birth hare and even women and neonate deaths. In spite of severe impacts, such disrespect and abuse during childbirth remain concealed and are rarely disclosed especially in developing countries. ⁽⁶⁾

Greater efforts have been made at the international level to identify and address mistreatment of laboring mothers admitted to maternal health centers. Eliminating disrespectful or harassing practices and replacing them with respectful practices in obstetric care is undoubtedly one of the most important measures to be implemented. This has also been the subject of some research. ⁽⁶⁾

As a starting point for research and action, Freedman, defined disrespect and abuse in childbirth as exchanges or situations that local agreement believes to be disgracing or unbecoming and those that are experienced as or intended to be "humiliating or undignified". ⁽⁷⁾

Survey conducted in key countries on their experiences of implementing measures to prevent disrespect and harassment during childbirth. Their efforts have supported the promotion of respectful maternity care that recognizes that safe motherhood must go beyond preventing injury or death and include respect for women's basic human rights. Additionally, there remain limited indicators of the frequency and prevalence of respectful practices in low-income healthcare

settings. Despite the challenges and difficulties associated with this issue, it has been noted that in many countries there is now an increasing emphasis on promoting respectful maternity care. ⁽⁸⁾

In fact, there is growing interest in the quality of care provided to women during childbirth. The interest in promoting respectful maternity care in many countries, including measures to address disrespect and harassment in maternity care, has become a key concern for maternal health advocacy groups. ⁽⁹⁾

According to Bartlett (2015), disrespect and harassment during childbirth reflect a lack of value in life and represent a systemic barrier to safe motherhood and a violation of women's human rights. Every woman strives for a positive birth experience. Memories of birth experiences remain with a woman for a long time and can influence her future birth decisions. Experiences with birth attendants can provide comfort or cause lasting damage and emotional trauma that could hinder future use of skilled birth attendants. If a woman does not feel safe and respected when visiting a maternity ward, she is less likely to attend further prenatal care or health appointments during labor. Some people may be reluctant to seek treatment even if they feel unwell. ⁽¹⁰⁾

METHODOLOGY

Design of the study: -

A cross-sectional descriptive approach was designed to meet objectives of the current study, the period of the study is from December 1st, 2022 to May, 20th, 2023.

Administrative Agreements: -

The researchers obtain an approval from maternity and newborn health department in the faculty of Nursing/University of Kufa and Al-Najaf Al-Ashraf Health Directorate / Al-Najaf Al-Ashraf Health Directorate / AL-Zahra teaching hospital. Also, subject agreement obtained from the women to answer the questionnaire.

Sample of the study: -

A purposive sample of (114) women who attend AL-Zahra teaching hospital.

The study instrument: -

An assessment tool was adopted and developed by the researchers to assess quality of respectful maternal care practices se at in delivery room Al-Najaf city. The final study instrument consisted from (2) parts as the following:

Part 1: Socio demographic Data:

This part includes (age, level of education, occupation, number of children, residence).

Part 2: Respectful maternal care practices:

This part of the questionnaire includes 4 domains friendly care contains 7 items, abuse free care domain contains 3 items, timely care domain contains 3 items and discrimination free care domain contains 2 items that explains the information about respectful maternal care practices, which is measure by triple scale.

Data collection: -

The data collection is done by adopted and developed tool by the interview technique with each woman, by using the Arabic tool version.

RESULTS AND DISCUSSION

Table (1): Statistical distribution of study group by their Socio-Demographic Data

Items	Rating and Intervals	Freq.	%
Age	<= 15	4	3.5
	16 – 22	33	28.9
	23 – 29	45	39.5
	30 – 35	25	21.9
	36+	7	6.1
	Total	114	100.0
Residency	Rural	22	19.3
	Urban	92	80.7
	Total	114	100.0
Level of Education	Do not read and writes	11	9.6
	Primary school	38	33.3
	Secondary school	28	24.6
	Institute	20	17.5
	College	17	14.9
	Total	114	100.0
Occupation	Employment	25	21.9
	Housewife	89	78.1
	Total	114	100.0
No. of Children	1	24	21.1
	2	36	31.6
	3	25	21.9
	4	19	16.7
	5	9	7.9
	6	1	0.9
	Total	114	100.0

Table reveals that that (23-29 years old) is the dominant age group for the study subjects. Regarding the residency majority of study subjects live in urban area. The table show (33.3%) of them are graduated from primary school. Concerning of occupation majority of samples are housewives and (31.6%) of them have 2 children.

Table (2): Overall assessment Women responses about quality of respectful maternal care at delivery room:

Questions No. = 20	M.s.	Assessment
Friendly care	1.44	Agree
Abuse free care	2.36	Disagree
Timely care	2.12	Neutral
Discrimination free care	2.78	Disagree

Cut off point=(≥ 2.34 ;"Disagree"; ≥ 1.67 ;"Neutral"; ≥ 1 ;"Agree")

This table show that the subjects' overall responses in regarding to the abuse and discrimination free care domains were above responses are disagree, friendly care domain subject's responses are agree and timely domain their responses neutral.

Table (3): Relationship Quality of Respectful of Maternal Care in Delivery Room Domain and their Socio-demographic Data:

and their Socio-demographic Data:						
	Socio-demographic data	Rating	Chi-square			
			χ^2	Df	P-value	Sig.
Friendly care	Age	<= 15	5.913	20	0.524	NS
		16 – 22				
		23 – 29				
		30 – 35				
		36+				
	No. of Children	<= 2	5.489a	10	0.986	NS
		3 – 4				
		5+				
	Level of Education	Do not read and writes	18.400 a	20	0.499	NS
		Primary school				
		Secondary school				
		Institute				
Residency	College	2.421a	5	0.788	NS	
	Rural					
	Socio-demographic data	Rating	Chi-square			
			χ^2	Df	P-value	Sig.
Abuse free care	Age	<= 15	11.778 a	20	0.923	NS
		16 – 22				
		23 – 29				
		30 – 35				
		36+				
	No. of Children	<= 2	5.339a	10	0.867	NS
		3 – 4				
		5+				

	Level of Education	Do not read and writes	19.400 a	20	0.496	NS	
		Primary school					
		Secondary school					
		Institute					
		College					
	Residency	Rural	2.421a	5	0.788	NS	
		Urban					
	Socio-demographic data	Rating	Chi-square				
			χ^2	Df	P-value	Sig.	
			16 – 22				
			23 – 29				
			30 – 35				
			36+				
	No. of Children	<= 2	11.785 a	10	0.04	S	
		3 – 4					
		5+					
	Level of Education	Do not read and writes	27.657 a	24	0.275	NS	
		Primary school					
		Secondary school					
		Institute					
		College	6.491a	6	0.371	NS	
		Rural					
		Urban					
	Socio-demographic data	Rating	Chi-square				
			χ^2	Df	P-value	Sig.	
Discrimination free care	Age	<= 15	19.605 a	16	0.239	NS	
		16 – 22					
		23 – 29					
		30 – 35					
		36+					
	No. of Children	<= 2	7.759a	8	0.457	NS	
		3 – 4					
		5+					
	Level of Education	Do not read and writes	13.925 a	16	0.604	NS	
		Primary school					
		Secondary school					
		Institute					
		College	2.347a	4	0.672	NS	
		Rural					
		Urban					

This table includes the correlation between the different demographic characteristics of the study subjects and their quality of respectful maternity care domains. The study results indicate that

there is a non- significant relationship between the study subject's characteristics and friendly, timely and discrimination free care domains. The study shows that there is a significant relationship between the number of children and abuse free care domain.

According to Table 1 shows that, about more than thirty of participants within age group (23-29) years old. This result agrees with other study done by Nwafor *et al.*, (2022) they mention that the 26 years is the dominant age. ⁽¹⁰⁾ Concerning education level, about 33.3% of study sample graduated from primary school. This result was contrary to the result of another study done in Egypt by Mousa and Turingan, (2019) in which they stated that the majority of the study participants were Bachelor's degree. ⁽¹¹⁾

Regarding to residence area, the majority of the study sample (80.7%) were from urban areas. the present finding is similar with other finding done by Sheferaw, *et al.*, (2016) mentions that the majority of the study sample are from urban areas. ⁽⁴⁾ In relation to occupation, more than half of the participants in the study were housewives and had only two children. The current statistical results are consistent with the results of a previous study by Mousa and Turingan, (2019), they found that majority of study subjects are housewife and about (31.6) from sample had only two children. ⁽¹¹⁾

Regarding to overall assessment of women responses about quality of respectful maternal care at delivery room, the study indicates that the subject's response to the abuse and discrimination free care domains were disagree. This result supported with previous study conducted by Amole, *et al.*, (2019), they stated that the majority of study sample disagree about abuse and discrimination free care domains. ⁽¹²⁾ Concerning the participants' responses about friendly care domain were agree, while timely care domain the response was neutral. In previous study done by Windau-Melmer, (2013) mention, contends that all women are equal and must be treated with respectful care regardless of their, culture, educational level, occupation, social or economic status. ⁽¹³⁾

According to the WHO meeting in Mexico, women-friendly services have to provide high technical quality, accessible, reasonable and culturally acceptable care, which could empower and satisfy users, as well as support and motivate providers. ⁽¹⁴⁾

According to table 3, relationship quality of respectful of maternal care in delivery room domain and socio-demographic data: the present results indicate that there is a non-significant relationship between friendly, timely, and discrimination free care domains with all socio demographic variables for the study sample except number of children in abuse free care domain, the study show that there is a significant relationship. This result supported by Rana, *et al.*, (2022), they reported that there was no statistically significant association between the total score of respectful maternity care for women and the selected socio-demographic variables. ⁽¹⁵⁾

CONCLUSION

The study confirms that the majority of women participant in this study are residence in urban area and housewife, overall assessment of abuse and discrimination free care domains were high degree, but response of postpartum women received moderate degree from friendly and timely care and Finally, there is a significant relationship between abuse free care domain and number of children, while a non - significant relationship with remaining domains and socio-demographic data.

Recommendations: Recommends that care given to all women should be in a manner that maintains their dignity, privacy and confidentiality, emphasizing audio-visual mass media to publishing information about postpartum care for women because it is her right and health

providers in hospitals should be educate and trained constantly in giving correct health care to women during and after childbirth.

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