Respectful Maternity Care: Compliance among Midwives in Tertiary Hospitals in Bayelsa State, Nigeria

[1]Jimmy J. Agada, [2]Nkamare B. Maureen, [3]Berefagha W. Ladi

[1,2,3]Department of Maternal and Child Health Nursing,
Faculty of Nursing Sciences,
Niger Delta University, Wilberforce Island,
Bayelsa State, Nigeria

How to cite this article:
Jimmy J. A, Nkamare B. M, Berefagha W. L. **Respectful Maternity Care: Compliance among Midwives in Tertiary Hospitals in Bayelsa State, Nigeria.**
NDJMS 2021; 3(2):57-65

Received 22nd February 2021 | **Accepted** 30th March 2021 | **Published** 24th April 2021

Abstract

Background: *Respectful Maternity Care (RMC) is a care free from disrespect and abuse that is given to every childbearing woman in the world. However, in most hospitals in low-resource settings, pregnant women experience some degree of harassments and insults from the midwives. This study was under taken to assess the level of compliance among Midwives as regards Respective Maternity Care in tertiary hospitals in Bayelsa State.*

Method: *A cross-sectional descriptive design was adopted for this study with sample of 40 midwives. Data collection was done using a self-administered structured questionnaire and data analysis was done using descriptive statistics.*

Results: *All respondents 40(100%) were female, majority 19(47.5%) were within 31-40 years, while 38(95%) were Christians. Most respondents 23(57.5%) have moderate knowledge on Respectful Maternity Care. All respondents provided privacy during childbirth 40(100%). Majority 26(65%) did not respect clients' choice of birth positions. On consented care, 28(70%) of respondents did not always take consent from the clients, On detainment of clients in the hospital for refusal to pay for the services, 36(90%) respondents reported that they have not detained clients, while 4(10%) answered in the affirmative. Compliance level was also poor. All respondents (100%) stated that the attitude of the pregnant women, lack of human resources and infrastructure were the factors that hinder them from practicing Respectful Maternity Care.*

Conclusion: *All respondents have significant knowledge about Respectful Maternity Care, the level of compliance among respondents were poor. However, all respondents agreed that attitude of the pregnant women, lack of human resources and infrastructure are some factors that hinder them from practicing Respectful Maternity Care.*

KEYWORDS: Respectful maternity care, midwives, knowledge, compliance.

Introduction

Every woman strives for a positive childbirth experience; women's memories of their child birth experiences tend to stay with them for a long time and may influence future childbirth choices. All women deserve human, considerate, sensitive and respectful health care throughout pregnancy and childbirth [1]. However, a growing body of research on women's experiences during pregnancy, and particularly childbirth, paints a disturbing picture. Many women across the globe experience disrespectful, abusive or neglectful treatment during childbirth in facilities [2-4]. This constitutes a violation of trust between women and their health-care providers and can also be a powerful disincentive for women to seek and use maternal health care services. [5] While disrespectful and abusive treatment of women may occur throughout pregnancy, childbirth and the postpartum period, women are particularly vulnerable during childbirth. Such practices may have direct adverse consequences for both the mother and infant.

Respectful care is a standard midwifery practice (no matter the setting), in which the midwife is ethically bound to give patient-centered, culturally sensitive and respectful care to the woman. However, there has been increasing evidence of disrespectful, neglectful and abusive treatment of women during childbirth in different countries. This is said to deter utilization of skilled care for childbirth [6].

Over the last two decades, facility based childbirths in Tanzania have only minimally increased by 10% partly because of health care providers disrespect and abuse (D & A) of women during child birth [7]. In Ethiopia, rates of skilled birth attendance are still only 20% despite a recent dramatic national scale up in the numbers of trained providers and facilities [(6)].

In Nigeria only 23% of deliveries occur in public sector facilities and 13% in private sector facilities, while 63.3% are delivered at home [8-9] .Other studies have attributed this low utilization of maternity services in Nigeria to the attitude of the attending midwives, public complaints of disrespectful, neglectful and abusive treatment of women during facility based childbirth and care that does not meet basic respect and dignity especially in primary health care settings. However in Nigeria, disrespectful maternity care is generally not documented, so little is known about how frequently women actually experience these behaviours [6].

Respectful care during childbirth has been described as "a universal human right that encompasses the principles of ethics and respect for women's feelings, dignity, choices, and preferences." Many women experience a lack of respectful and abusive care during childbirth across the globe [10], and these can be in form of physical abuse, non-confidential care, non-dignified care (including verbal abuse), discrimination based on specific patient attributes, abandonment or denial of care, detention in facilities etc. Hence the researchers deem it necessary to embark on this study.

Therefore the purpose of this study wasto assess the rate of compliance among midwives on Respectful Maternity Care in tertiary hospitals in Bayelsa State, since no research has been done on this topic in the state.

Materials and Methods

The study adopted a cross-sectional survey designed to assess compliance rate among midwives as regards respectful maternity care in tertiary hospitals in Bayelsa State. The tertiary hospitals are: Federal Medical Centre (FMC), Ovum Yenagoa and Niger Delta University Teaching Hospital (NDUTH), Okolobiri. These hospitals were selected because they are the major tertiary health facilities in the state yet most women do not go to these hospitals during labor

The population of the study were made up of a total of 40 midwives. Due to the small population, all the midwives in the gynecological, labor and postnatal units of the hospitals and were conveniently selected. Their designations include Nursing Officer 11 (NOII), Nursing Officer 1 (NOI), Senior Nursing Officer (SNO), Principal Nursing Officer (PNO), Assistant Chief Nursing Officer (ACNO), and Chief Nursing Officer (CNO). Inclusion criteria were midwives who were willing to participate and those present at the time of the research, while the exclusion criteria were midwives on leave either annual/casual at the time of the study. The instrument used for this study was a self-administered structured questionnaire which was developed by the researchers. It consists of four sections A, B, C and D.

Section A: Consists of personal/demographic data of the respondent, Section B consist of questions designed to elicit information on respectful maternity care, Section C: Consist of questions about respondents practices of respectful maternity care and section D: Consists of factors that influence their compliance. In order to establish the reliability of the instrument, a pilot testing involving twelve midwives (12) was carried out involving midwives from General Hospital Amassoma, Bayelsa State. Data was analyzed using Cronbach's Alpha reliability testing which gave a reliability coefficient of 0.81 Ethical approval was obtained from the hospitals' ethical committees and informed consent were given by participants Data collected from respondents were analyzed using frequency table to show distribution of scores as well as their percentage.

Results

Forty (100%) of respondents were female, majority 19(47.5%) were within 31-40 years. For marital status, 32(80%) of respondents were married, 24(60%) of respondents were of Ijaw ethnicity while 38(95%) were Christians.

Table 1: Demographic Characteristics of Participants

Variable	Response	Frequency	Percentage
Sex	Female	40	100
Age	· 20-30	6	15
	· 31-40	19	47.5
	· 41-50	10	25
	· 51-60	5	12.5
Marital status	· Single	8	20
	· Married	32	80
Tribe	· Igbo	13	32.5
	· Ijaw	24	60
	· Hausa	1	2.5
	· Yoruba	2	5
Religion	· Christian	38	95
	· Islam	2	5
Hospital	· FMC	20	50
	· NDUTH	20	50
Rank	· NO I	16	40
	· NO II	8	20
	· SNO	9	22.5
	· PNO	2	5
	· ACNO	3	7.5
	· CNO	2	5

Nursing Officer 11 (NOII), Nursing Officer 1 (NOI), Senior Nursing Officer (SNO), Principal Nursing Officer (PNO), Assistant Chief Nursing Officer (ACNO), and Chief Nursing Officer (CNO).

All the respondents have heard of RMC. The majority (72.5%) of the respondents learnt of RMC from hospital. The respondents gave different definitions of RMC. Most 23(57.5%) of them said it is not a universal human right that is due to all child-bearing woman in the health facility while 10 (25%) said it is a universal human right that is due to all child-bearing woman in the health facility and 7(17.5%) that it is just a new trend that will not be effective. Majority 17(42.5%) of the respondents admitted that respectful maternity care has nine (9) rights while 14(35%) noted five (5) rights.

Table 2: Respondents Knowledge on Respectful Maternity Care

Variable	Response	Frequency	Percentage
Have you heard about RMC before?	· Yes	40	10
If yes where and how did you get to know about RMC?	· In the hospital	29	72.5
	· From friends	11	27.5
What is RMC	· A universal human right that is due to every childbearing women	10	25
	· Yes it is just a new trend that will not be effective	7	17.5
	· It is not a universal human right but a way to increase women freedom in the health facility	23	57.5
Respectful Maternity Care	· Has 7 rights	9	22.5
	· Has 5 rights	14	35
	· Has 9 rights	17	42.5

Majority 11(29%) have discriminated based on specific patient attribute, 7(17.5%) said non-consented and non-confidential care, while 2(5%) have physically abused women under their care. When they were asked if they provide privacy during childbirth all 40(100%) said yes. On positioning during birth other than lithotomy, majority 26(65%) reported that patient will be slapped, 10(25%) said they will abandon her in the delivery room, while 4(10%) said they will respect her choice. On consented care, majority 28(70%) of the respondents responded in the affirmative but not often, 7(17.5%) of the respondents reveal that they do obtain informed consent while 5(12.5%) reported that they do not seek consent from the patient before performing any procedure. On discovery of infectious status of the patient majority 25(62%) said patient will be abandoned, 7(17.5%) reported that they will insult patient, while 8(20%) said they will protect themselves and still care for her. Meanwhile on detainment in the hospital, Majority 36(90%) of the respondents reported No, and 4(10%) reported that they have detained women because of inability to pay bills.

Table 3: Respondents Compliance with Respectful Maternity Care

Variable	Response	Frequency	Percentage
Have you ever abused any woman in the following form	· **Physical abuse**	**2**	**5**
	· **Discrimination based on specific patient attributes**	**11**	**27.5**
	· **Detention in facilities**	**4**	**10**
	· **Non consented and non-confidential care**	**7**	**17.5**
	· **Non consented and non-dignified care**	**4**	**10**
	· **Discrimination based on specific patient attribute, abandonment and denial of care**	**12**	**30**
Do you provide privacy during childbirth	· **Yes**	**40**	**100**
If a woman decides to use a particular position other than the dorsal position what do you do	· **Abandon her in the delivery room**	**10**	**26**
	· **Respect her choice**	**4**	**10**
	· **Shout and give her a slap**	**26**	**65**
Do you obtain informed consent from women before every procedure	· **Yes**	**7**	**17.5**
	· **No**	**5**	**12.5**
	· **Yes but not often**	**28**	**70**
During the time of birth if you find out a woman is having an infectious disease condition, what will you do	· **I will abandon her and go away**	**25**	**62.5**
	· **I will insult her for trying to infect me**	**7**	**17.5**
	· **I will protect myself and still care for her**	**8**	**20**
Have you ever detained any woman in the hospital because she refused to pay for the services	· **Yes**	**4**	**10**
	· **No**	**36**	**90**

40(100%) of respondents agreed that there are factors hindering them from practicing RMC. According to the results, 11(27.5%) reported patient attitude and human resources, however, 7(17.5%) reported lack of knowledge and facility infrastructure, while 8(20%) of respondents is of the view that patents' attitude, lack of knowledge, and human resources are factors preventing them from practicing RMC.

Table 4: Factors Influencing Respectful Maternity Care

Variable	Response	Frequency	Percentage
Does any factor or barrier hinder you form practicing RMC	Yes	40	100
	Total	40	100
If yes above, which factor	· Patient attitude	5	12.5
	· Lack of infrastructure	4	10
	· Lack of Human resources	2	5
	· Lack of knowledge	3	7.5
	· Patient attitude and lack of human resources	11	27.5
	· Lack of knowledge and facility Infrastructure	7	17.5
	· Patient attitude, lack of knowledge, and human resources.	8	20
	Total	**40**	**100**

Discussion

All respondents 40(100%) have knowledge of RMC through either from their friends or from the hospitals. Possible reasons for the display of this knowledge could be as a result of the Mandatory Continuing Professional Development Program instituted by the Nursing and Midwifery Council of Nigeria to continually update Nurses and Midwives on evidence-based Nursing and international best practices. The findings from this study is in agreement with the study on Knowledge, Attitude and Practices of Respectful Maternity Care among Nurse Midwives in Referral Hospitals of Bhutan where respondents knew and practiced woman's right to information and communication during childbirth process [11]. However, providers were found lacking on some aspects of the knowledge and practices related to respecting choices and rights of the women during childbirth and recounted their experiences of observing events which are described as abusive in maternal health literatures. Inadequate facilities, overworked staff and limited trainings were found as detrimental factors [12]. It is also in accordance with a Qualitative inquiry exploring midwives' understanding of respectful maternal care in Kumasi, Ghana, where midwives demonstrated some degree of awareness of respectful maternity care that comprised of the following components: non-abusive care, consented care, confidential care, non-violation of childbearing women's basic human rights, and non-discriminatory care. However, midwives' support for disrespectful and abusive practices such as hitting, pinching, and implicitly blaming childbearing women for mistreatment suggests that midwives awareness of respectful maternity care is disconnected from its practice [13].

Respondents have admitted that they have physically abused a woman before, have detained them in facilities, have given non-consented care and non-dignified care,discrimination based on specific

patient attributes, non-consented care and non-dignified care, abandonment of care, verbal insult. This disrespectful care can be as a result of the pregnant women non-cooperative attitude, physical exhaustion of midwife as a result of lack of human resources and also economic situations whereby the midwives have lost patience on waiting for the woman to pay for the bills and the money is not forth coming. This is in agreement with the study carried on midwives' respect and disrespect of women during facility based childbirth in urban Tanzania, where Midwives occasionally used force to compel women's obedience such as beating, slapping, kicking, or pinching during childbirth. Occasionally, the midwives aggressively caused harm and injured the women by giving inappropriate care and treatment by not following the right procedure such as artificial rupture of the membranes using a fragment of broken glass ampule, not following the doctor's instruction for the oxytocin dosage, or suturing perineal tears without the use of anesthesia [7]. Also, 10(25%) of respondents affirmed that if a pregnant woman decides to use a particular position other than the dorsal position they abandon her in the delivery room. This could be as a result of inadequate knowledge and skills on the part of the midwife in other birthing positions and fear of severe lacerations and other complications that may arise. This is in accordance with the findings from the study in Calabar, Nigeria, of lack of privacy, information about progress of labour and sensitivity towards clients' pain and culture. Others were denying preference and choice of childbirth position, verbal abuse, detention in facility for non-payment of bill, restricting women to deliver in the dorsal position and detaining women if they cannot pay the bill (because of hospital policy)[6]. However, all respondents 40(100%) in our study provided privacy during childbirth. This is in contrast with the above referenced study, where attending midwives confirmed inadequate screening or draping women (because of lack of screens and drapes) and with the study carried on knowledge attitude and practices of Respectful Maternity Care among Nurse Midwives in Referral Hospitals by where non-respectful care reported were lack of privacy, information about progress of labour, sensitivity towards client's pain and culture and denying preference and choice of childbirth position,.[6,10]

All the Respondents (100%) reported that there are factors or barriers that hinder them from practicing RMC and these factors are lack of human resources and many pregnant women in the ward with only one or two midwives to care for them. This can make the midwives to be fatigued as a result of stress and tiredness. Also, lack of facility infrastructures according to the midwives was one of the barriers. When the necessary equipment and adequate power supply is not available, it limits the ability of midwives to provide RMC adequately which can result in the physical abuse, psychological abuse, non-confidential care and non-consented care. This is in agreement with the study The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. Where it was reported that gaps in human resources for health (HRH)—including health worker shortages, mal-distribution of health workers, poor governance and otherwise negative or stressful working conditions—limit the capacity of facilities and health workers to provide RMC[14].
Potential solutions to address these factors/challenges that influence RMC include: improving work force by employing more midwives; providing in-service training to existing midwives; task shifting/sharing; putting mechanisms that will enhance accountability on the part of the midwives and promoting a model of supportive supervision. Infrastructural

deficits in the health facilities also require immediate attention. Midwives plays vital roles in the care and management of the woman from the time of conception till childbirth, therefore it is imperative for them to have adequate knowledge and skills in the management of the women, learning other birthing positions, having an adequate knowledge through research.

Also, the midwives should take it upon themselves to know that RMC is the right of all pregnant women to receive adequate and respectful treatment free from harm and abuse no matter the situation and so the woman should be treated with optimum respect.

The researchers only studied the midwives practicing in tertiary hospitals in Bayelsa State, hence, the findings in this research cannot be generalized to all Midwives in Bayelsa State

Conclusion

The study has investigated Respectful Maternity Care: Compliance among Midwives in tertiary hospitals. All respondents had significant knowledge about respectful maternity care, level of compliance among respondents were low and all respondents agreed that attitude of the pregnant women, lack of human resources and infrastructure are some factors that hindered them from practicing Respectful Maternity Care.

Appropriate maternity care must be respectful and rights-based in order to enhance access to skilled care at birth. Midwives can make a difference by promoting women's right and empowering women to give birth with dignity.

Recommendations

The following recommendations are proffered. In view of these findings, we recommend frequent in-service training for midwives, the institutionalization of regular supervision of intra-partum care services in the healthcare facility, pregnant Women should be health educated to create awareness to enhance attitudinal changes towards midwives and Government should employ more midwives to relieve the stress on the already small population of midwivesand provide necessary infrastructure to improve the quality of care to women.

Acknowledgement

The researchers hereby acknowledge respondents who participated in this study.

References

1. WHO, (2014). Prevention and elimination of disrespect and abuse during childbirth. http://www.who.int/reproductivehealth/topics/maternal/perinatal/statement-childbirth-stakeholders/en/
2. Silal SP, Penn-Kekana L, Harris B, Birch S, McIntyre D. Exploring inequalities in access to and use of maternal health services in South Africa. BMC Health Serv Res. 2011; 31;12:120–130.
3. Small R, Yelland J, Lumley J, Brown S, Liamputtong P. Immigrant women's views about care during labor and birth: an Australian study of Vietnamese, Turkish, and Filipino women. Birth. 2002; 29(4):266–77.
4. D'Oliveira AFPLA, Diniz SGS, Schraiber LBL. Violence against women in health-care institutions: an emerging problem. Lancet. 2002; 10: 359 (9318):1681–5.
5. Bohren MA, Hunter EC, Munthe-Kaas HM, Souza JP, Vogel JP, Gulmezoglu AM. Facilitators and barriers to facility-based delivery in low- and middle-income countries: a qualitative evidence synthesis. Reprod Health. 2014 ;11:71

6. John, EM, Duke, UE, Esienumoh, E. Respectful maternity care and midwives caring behaviour during childbirth in two hospital in Calabar. Afr. J. Biomed. Res. 2020; 23(2):165-169.
7. Shimoda K, Horiuchi S, Leshabari S, Shimpuku Y. Midwives' respect and disrespect of women during facility-based childbirth in urban Tanzania: a qualitative study. Reprod Health. 2018; 10: 15(1):8.
8. NPC National Population Commission. Nigeria Demographic and Health Survey 2013. Abuja Nigeria: NPC, 2014.
9. World Health Organization. Maternal and perinatal health profile, Nigeria. 2013. From http://www.who.int/maternal-child../profiles/nga.pdf
10. Pratima P, Bijaya G. Perception of Women regarding Respectful Maternity Care during Facility-Based Childbirth Hindawi Obstetrics and Gynecology International 2020 ; (3) : 8-17
11. Deki S, Choden J. Assess Knowledge, Attitude and Practices of Respectful Maternity Care among nurse midwives in Referral Hospitals of Bhutan. Bhutan Health Journal. 2018; 4(1):1-7.
12. Sando D, Ratcliffe H, McDonald K, Spiegelman D, Lyatuu G, Mwanyika-Sando M et al. The prevalence of disrespect and abuse during facility-based childbirth in urban Tanzania. BMC Pregnancy Childbirth. 2016;19;(16):236-241.
13. D-Zomeku VM, Mensah BAB, Nakua EK, Agbadi P, Lori JR, Donkor P. Exploring midwives' understanding of respectful maternal care in Kumasi, Ghana: Qualitative inquiry. PLoS One. 2020 ;15 (7): 121-130
14. 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 ; 2 (6): 11-21.