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Respectful maternity care initiative-beneficiaries interview-in KMC hospital Chennai

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Abstract
Background: Facility-based care for childbirth is one of the key strategies to reduce maternal and perinatal morbidity and mortality. Various policies have been put in place by different governments and health systems such as use of incentives, education and community mobilization to increase facility births. However, many women decide not to seek facility-based care for childbirth, despite recognizing the associated health benefits. This decision is often based on their previous experiences of poor quality care, including poor treatment, abuse, discrimination and neglect while in facilities.
Aims & Objectives: To review available standards for Respectful Maternity Care (RMC) and adapt them in the Indian context by evaluation of Antenatal, Labour ward and Postnatal women from Govt. KMC Hospital.
Methodology: In The intervention phase, all the beneficiaries of the department were administered with a questionnaire consists of the above broad parameters. Earlier from the pilot study, the Cronbach's alpha reliability of the questionnaire found(>0.8). It was good reliability.
Results and Conclusion: The above analysis clearly indicates the health providers are maintaining RMC care different domains in a uniformed manner and no patients were not satisfied. This shows overall respectful maternity care was well maintained from Government Kilpauk Medical College Hospital. due to the sensitizing of RMC and the LaQshya programme.

Keywords: Respectful maternity care, reduce maternal, perinatal morbidity

Introduction
Facility-based care for childbirth is one of the key strategies to reduce maternal and perinatal morbidity and mortality. Various policies have been put in place by different governments and health systems such as use of incentives, education and community mobilization to increase facility births. However, many women decide not to seek facility-based care for childbirth, despite recognizing the associated health benefits. This decision is often based on their previous experiences of poor quality care, including poor treatment, abuse, discrimination and neglect while in facilities. For example, hitting, slapping, physical restraint during childbirth, women and their newborns being detained due to inability to pay, and the use of threats have been documented. (Santhya, K.G., 2009; Timothy A 2013; Rosen *et al*. 2015) [1, 2, 3] Studies have also documented that ill-treatment of women during birthing can affect progress of labour, mother–child bonding, initiation/continuation of breast feeding and may lead to post-traumatic stress disorders. (Romano AM, 2008) [4] These experiences constitute a violation of a woman's human rights, and a violation of the trust women place in caregivers and the health system. It is therefore critical for the maternal health community to ask how it can prevent such mistreatment, and better meet women's socio-cultural, emotional and psychological needs as part of broader efforts to provide better quality care. (JP Vogel, 2015) [5].
The Institute of Medicine (IOM) defines good quality maternal and newborn care as care that is 'safe, effective, timely, efficient, equitable and people-centred'. (Institute of Medicine 2001) [6].
In September 2014, WHO issued a statement on the prevention and elimination of disrespect and abuse during facility-based childbirth, emphasizing the rights of every woman to dignified, respectful care during childbirth, and the need for greater action, dialogue, research and advocacy by all health stakeholders on this issue. However, in clinical practice these factors are too often overlooked and result in dissatisfaction among birthing women and their families.

One important impediment in identifying disrespect and abuse is the absence of a definition which can adequately capture the health, human rights, legal and socio-cultural dimensions of this problem. Freedman *et al*. highlighted the challenges to establishing such a definition, including the need to consider not only women's and provider's experiences, but also intentionality, the role of local societal norms about what constitutes disrespectful or abusive behaviour in different cultures, and how underlying deficiencies in health systems contribute to disrespectful and abusive care. Certain groups of women, such as those of different ethnicities and languages, pregnant adolescents, the poor, migrants and women, who are HIV positive, may be more vulnerable to mistreatment than others. Furthermore, the poor physical environment in many facilities, including a lack of privacy and shortages of space, water, food and shelter for women and their families, electricity, staff, drugs and equipment, can all contribute (directly or indirectly) to negative birth experiences.

Despite these knowledge gaps, there are some immediate steps which can be taken to promote respectful maternity care practices. For example, monitoring and correcting disrespect and abusive language by facility staff, and encouraging women to have social support throughout birth as continuity of care or having a birth companion during labour and delivery. However, despite the directives of Government of India, implementation of this low-cost, effective intervention remains poor in many settings. Another, useful step is clear, respectful, culturally sensitive communication with women and their families regarding labour progress and answering their queries, and making efforts to improve standards of privacy, empathetic, polite communication, respecting the woman's confidentiality and informed consent before any clinical intervention in facilities.

The USAID has placed respectful maternity care (RMC) in seven broad domains:

- Dignified care
- Consented care
- Confidential care
- Non-abandonment in care
- No physical/verbal abuse
- No abuse related to cost including detention
- Equity in access

These domains are useful in identifying and quantifying disrespect and abuse and working out solutions. The indicators for each of these domains can be identified in the local context by different stakeholders such as clinicians, supervisors, clinical managers, assessors and women themselves.

Worldwide, very few studies have documented the burden of mistreatment of women during childbirth, with wide ranging estimates ranging (15 to 98%), because of using variable operational definitions and measurement approaches. (Abuya T 2015) [7, 8] Little is known about interventions aimed at lowering the frequency of disrespectful and abusive behaviors. One study reported that a multipronged approach including working with policymakers to encourage greater focus on disrespect & abuse (D&A), training providers on respectful maternity care, and strengthening linkages between the facility and community for accountability and governance resulted in a significant decrease (20–13%, $p < 0.004$) in four of six typologies of D & A. Night shift deliveries were associated with greater verbal and physical abuse (Abuya T BMC 2015) [7, 8].

It is therefore crucial that health system stakeholders should define respectful maternity care in the Indian context, identify evidence-based and validated measurement tools that can be used in different settings and address the mistreatment of women when, where and how it occurs so that effective, sustainable, measures/interventions can be implemented in the health system to prevent disrespect and abuse and improve women's birthing experience.

Aims & Objectives

To review available standards for Respectful Maternity Care (RMC) and adapt them in the Indian context by evaluation of Antenatal, Labour ward and Postnatal women from Govt. KMC Hospital.

Methodology: This is a health systems initiative to inform policy and programme managers, clinicians and all other stakeholders to improve care of women during pregnancy, birthing and in the post-partum period. The aims of this initiative will be fulfilled using different strategies for each objective. The same was carried out in Govt. Kilpauk Medical College Hospital, Chennai. The observations of the patients clearly indicates the following domain area should be concentrated and sensitize these areas with Health providers. 1. Confidentiality and Privacy 2. Physical harm or ill treatment. 3. Dignity and Respect 4. Left without care 5. Right to information, informed consent, and choice/preferences.

In The intervention phase, all the beneficiaries of the department were administered with a questionnaire consists of the above broad parameters. Earlier from the pilot study, the Cronbach's alpha reliability of the questionnaire found(>0.8). It was good reliability.

Results

Frequency Table 1

Q1: Was the privacy observed during examination, screens or drapes provided?

Table 1: Confidentiality and Privacy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	79	63.2	63.2	63.2
	Good	45	36.0	36.0	99.2
	Fair	1	.8	.8	100.0
	Total	125	100.0	100.0	

Q2: Are you comfortable with Labour bed? Physical comfort and clothes provided by the hospital?

Table 2: Physical harm or ill treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	74	59.2	59.2	59.2
	Good	50	40.0	40.0	99.2
	Fair	1	.8	.8	100.0
	Total	125	100.0	100.0	

Table 3: Question 3: Did service providers introduce themselves to you and address you by name?

Dignity and Respect					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	61	48.8	48.8	48.8
	Good	63	50.4	50.4	99.2
	Fair	1	.8	.8	100.0
	Total	125	100.0	100.0	

Table 4: Question 4: Were they politely speaking to you in a language you understand?

Dignity and Respect					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Good	57	45.6	45.6	45.6
	Good	65	52.0	52.0	97.6
	Fair	3	2.4	2.4	100.0
	Total	125	100.0	100.0	

Table 5: Question: 5: When you called the provider, did the provider attend to you immediately and offer you treatment (including verbal comfort)?

Dignity and Respect					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	71	56.8	56.8	56.8
	Good	51	40.8	40.8	97.6
	Fair	3	2.4	2.4	100.0
	Total	125	100.0	100.0	

Table 6: Question : 6 Did anyone speak to you or to your companion harshly or have insulted you / your companion?

Left without care					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	75	60.0	60.0	60.0
	Good	48	38.4	38.4	98.4
	Fair	2	1.6	1.6	100.0
	Total	125	100.0	100.0	

Table 7: Question : 7 Did the staff explain you about the procedure and get verbal permission before any examination or procedure?

Left without care					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Good	68	54.4	54.4	54.4
	Good	55	44.0	44.0	98.4
	Fair	2	1.6	1.6	100.0
	Total	125	100.0	100.0	

Table 8: Question: 8 Were you asked to share a bed or allowed to lie on the floor?

Right to information, informed consent, and choice/preferences					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	56	44.8	44.8	44.8
	Good	68	54.4	54.4	99.2
	Fair	1	.8	.8	100.0
	Total	125	100.0	100.0	

Table 9: Question: 9 Were you offered oral fluids and diet appropriately?

Right to information, informed consent, and choice/preferences					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	75	60.0	60.0	60.0
	Good	48	38.4	38.4	98.4
	Fair	2	1.6	1.6	100.0
	Total	125	100.0	100.0	

Table 10: Question 10 Were you explained about the possible events that can happen during labour / delivery?

Right to information, informed consent, and choice/preferences					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	63	50.4	50.4	50.4
	Good	62	49.6	49.6	100.0
	Total	125	100.0	100.0	

Table 11: Question 11 Were necessary explanation regarding breast feeding given and did you breast feed the baby immediately after birth?

Right to information, informed consent, and choice/preferences					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	78	62.4	62.4	62.4
	Good	47	37.6	37.6	100.0
	Total	125	100.0	100.0	

Table 12: Question 12 Was Contraceptive advice given and did they obtain informed consent?

Right to information, informed consent, and choice/preferences					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very good	61	48.8	48.8	48.8
	Good	57	45.6	45.6	94.4
	Fair	7	5.6	5.6	100.0
	Total	125	100.0	100.0	

Summary

Total number of participants 125. Of which 60% were very Good responses.

It was significant to observe that No birthing woman (0%) expressed her opinion, that she was dissatisfied with privacy provided**,** at any time of her stay in the hospital. No women expressed that she was ill treated or complained of physical harm done to her during her stay in the hospital.

The response of complete satisfaction regarding the important aspect of maternity care namely dignity and was received by 95% of birthing women. Regarding care given to the pregnant women before delivery, during period labor and post natal period The majority of 100% of women felt that they had been given adequate care and immediate attention when they called for any need. A majority of 100% of women gave their opinion that the practices of the hospital regarding choices, preferences and right to information, and obtaining informed consent was good/fair with the methods engaged by hospital health care providers regarding right to information, informed consent and practices. LaQshya' programme of the Ministry of Health and Family Welfare aims at improving quality of care in labour room and maternity Operation Theatre (OT).

Goal

Reduce preventable maternal and newborn mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT and ensure respectful maternity care.

Objectives

- To reduce maternal and newborn mortality & morbidity due to APH, PPH, retained placenta, preterm, preeclampsia & eclampsia, obstructed labour, puerperal sepsis, newborn asphyxia, and sepsis, etc.

- To improve Quality of care during the delivery and immediate post-partum care, stabilization of complications and ensure timely referrals, and enable an effective two-way follow-up system.
- To enhance satisfaction of beneficiaries visiting the health facilities and provide Respectful Maternity Care (RMC) to all pregnant women attending the public health facility.

Strategies

- Reorganizing/aligning Labour room & Maternity Operation Theatre layout and workflow as per 'Labour Room Standardization Guidelines' and 'Maternal & Newborn Health Toolkit' issued by the Ministry of Health & Family Welfare, Government of India.
- Ensuring that at least all government medical college hospitals and high case- load district hospitals have dedicated obstetric HDUs as per GoI MOHFW Guidelines, for managing complicated pregnancies that require life-saving critical care.
- Ensuring strict adherence to clinical protocols for management and stabilization of the complications before referral to higher centres.

Conclusion

The above analysis clearly indicates the health providers are maintaining RMC care different domains in a uniformed manner and no patients were not satisfied. This shows overall respectful maternity care was well maintained from Government Kilpauk Medical College Hospital. due to the sensitizing of RMC and the LaQshya programme.

References

1. Santhya KG. Understanding pregnancy-related mortality and morbidity among young women in Rajasthan. Population Council. New Delhi 2009.
2. Timothy Abuya, Rebecca Njuki, Charity Ndwiga *et al*. Manifestations, Type and Prevalence of Disrespect and Abuse during Child Birth in Kenya. Presentation at Global Maternal Health Conference 15-17th January 2013.
3. Rosen, *et al*. Direct observation of respectful maternity care in five countries: A cross-sectional study of health facilities in East and Southern Africa. BMC Pregnancy and Childbirth 2015;15:306. DOI 10.1186/s12884-015-0728-4
4. Romano AM, Lothian JA. Promoting, Protecting, and Supporting Normal Birth: A Look at the Evidence. Journalof Obstetric, Gynecologic & Neonatal Nursing 2008;37:94-105. DOI: 10.1111/J.1552-6909.2007.00210.x.
5. JP Vogel, MA Bohren, Ö Tunçalp, OT Oladapo, AM Gülmezoglu Promoting respect and preventing mistreatment during childbirth. BJOG.1 DEC 2015.
6. Institute of Medicine (US) Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington (DC): National Academies Press (US); 2001. 2, Improving the 21st-century Health Care System. Available from: http://www.ncbi.nlm.nih.gov/books/NBK222265/
7. Abuya T, Warren CE, Miller N, Njuki R, Ndwiga C *et al*. Exploring the Prevalence of Disrespect and Abuse during Childbirth in Kenya. PLoS ONE 2015; 10(4): e0123606. doi: 10.1371/journal.pone.0123606
8. Abuya T, Ndwiga C, Ritter J, Kanya L, Bellows B, Binkin N, *et al*. The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya. BMC pregnancy and childbirth 2015;22;15(1):1.