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Exploring midwives' perceptions of respectful maternity care during childbirth in Lagos State, Nigeria: A qualitative inquiry

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Waleola B. Ige and Winnie B. Ngcobo

School of Nursing and Public Health, University of KwaZulu-Natal, Howard College, Durban, South Africa

***For Correspondence:** Email: *waleolaige24@gmail.com*; *218088046@stu.ukzn.ac.za*

Abstract

In recent years, Disrespectful Maternity Care of women seeking maternity services in the health facilities continues to gain recognition globally, given that it is a violation of women's right. Growing evidence from both low- and high-income countries indicate that many women are discouraged from accessing health facilities due to substandard maternity services and the likelihood of disrespectful and abusive care from midwives and other health providers. This study's aim was to explore midwives' perception of respectful maternity care during childbirth in selected health facilities in Lagos state, Nigeria. The research study employed exploratory descriptive research design. Data generation was through semi structured individual interviews. The data underwent manual coding and thematic analysis. The findings revealed that participating midwives were newly acquainted with the term Respectful Maternity Care (RMC), but they had positive perception of RMC. Midwives perceived RMC as treating patients with dignity and respect, respect of patients' culture, beliefs and values, maintain privacy and confidentiality, respect patients' opinions, and non-abusive care. They also viewed RMC as explaining procedure to obtain consent, holistic and individualised care, client/relations involvement in care, empathic care, non-abandonment and non-discriminatory care. Findings further revealed that perceptions do not fully translate into practice. *(Afr J Reprod Health 2022; 26 [10]: 21-30).*

Keywords: Respectful maternity care; midwives; childbirth; health facilities; perception

Résumé

Ces dernières années, les soins de maternité irrespectueux des femmes qui demandent des services de maternité dans les établissements de santé continuent d'être reconnus à l'échelle mondiale, étant donné qu'il s'agit d'une violation des droits des femmes. De plus en plus de preuves provenant de pays à revenu faible et élevé indiquent que de nombreuses femmes sont découragées d'accéder aux établissements de santé en raison de services de maternité de qualité inférieure et de la probabilité de soins irrespectueux et abusifs de la part des sages-femmes et d'autres prestataires de santé. L'objectif de cette étude était d'explorer la perception des sages-femmes concernant les soins maternels respectueux pendant l'accouchement dans des établissements de santé sélectionnés dans l'État de Lagos, au Nigeria. L'étude de recherche a utilisé une conception de recherche descriptive exploratoire. La génération des données s'est faite par le biais d'entretiens individuels semi-structurés. Les données ont fait l'objet d'un codage manuel et d'une analyse thématique. Les résultats ont révélé que les sages-femmes participantes connaissaient depuis peu le terme Respectful Maternity Care (RMC), mais qu'elles avaient une perception positive de RMC. Les sages-femmes perçoivent le CMR comme traitant les patients avec dignité et respect, dans le respect de la culture, des croyances et des valeurs des patients, dans le respect de la vie privée et de la confidentialité, dans le respect des opinions des patients et dans des soins non abusifs. Ils considéraient également le CMR comme expliquant la procédure pour obtenir le consentement, les soins holistiques et individualisés, l'implication des clients/relations dans les soins, les soins empathiques, le non-abandon et les soins non discriminatoires. Les résultats ont en outre révélé que les perceptions ne se traduisent pas entièrement dans la pratique. *(Afr J Reprod Health 2022; 26[10]: 21-30).*

Mots-clés: Soins de maternité respectueux ; sages-femmes; accouchement; établissements de santé; la perception

Introduction

Globally, approximately 80% of births were assisted by midwives and other health professionals between 2012 and 2018, compared to 62% from 2000 to 2005[1]. The rate of progress has varied across regions[1]. Sub-Saharan Africa has shown rate of progress from almost 40% to over 50% (2000 to 2005, 2012 to 2018), while Nigeria has improved from almost 35% to over 40% within the same time frame[2]. While these achievements may seem encouraging, they still reflect that a larger

percentage of women are not utilising the health facilities for maternity care. Growing evidence from both low- and high- income countries indicates that many women are discouraged from accessing health facilities because of substandard maternity services and likelihood of disrespectful and abusive (D&A) care from providers[3,4]. Various studies reveal that women's perception of experiences of childbirth will determine their choice of place of delivery in subsequent pregnancies[5,6]. Several reports suggest that women are often attended to by rude, disrespectful, abusive and unprofessional midwives[7,8].

Disrespectful care of women seeking maternity services in the health facilities continues to gain recognition globally given that it violates women's right to highest standard maternity care[9,10]. Respectful maternity care is an organised care rendered to women during labour and delivery in a form that maintains women's dignity, privacy and confidentiality, freedom from harm and all forms of mistreatment, ensure informed choice and continuous support throughout this period[11]. Bowser and Hills, 2010 landscape analysis on D&A during childbirth identified seven categories of D&A[7]. These include physical abuse, non-consented care, non-confidential care, non-dignified care (including verbal abuse), discrimination based on specific attributes, abandonment or denial of care detention in facilities[7]. These categories guided White Ribbon Alliance to develop Respectful Maternity Care Charter: an international human right based approach[12]. In 2015, Bohren and others[6] systematic synthesis of D&A of women during health facilities revealed other forms of D&A which are physical abuse, sexual abuse, verbal abuse, stigma and discrimination, failure to meet professional standards of care, poor rapport between women and providers, and health system conditions and constraints.

In Nigeria, a broad range of discourse on D&A has been reported by women during childbirth, which include physical abuse, non-consented care, discrimination, abandonment, non-dignified care, verbal abuse and detention[13-15]. Studies conducted in Nigeria attributed women's failure to utilise health facilities for delivery to negative provider attitudes especially midwives[16,17]. The understanding of the concept of RMC will equip midwives in rendering maternity care with dignity and respect[18]. However, disrespect and abuse of women at childbirth in the Nigerian health system has not been comprehensively documented, despite its possible importance in the reduction of Nigeria's MMR[13,19]. Research has largely explored the perception of women on D&A, little is known about midwives which are a major gap. Additionally, this will inform data for development of interventions to promote RMC in Nigeria; hence this study aims to explore midwives' perceptions of the concept of RMC during childbirth in Lagos State, Nigeria.

Methods

Study setting and study design

The overall aim of the study was to explore midwives' perception of RMC during childbirth in selected health facilities in Lagos Sate[20,21]. The study sites were two purposively selected secondary hospitals located in Lagos State, Southwest Nigeria[21,22]. Both hospitals act as referral centres for privately owned hospitals and primary health centres. The hospital was selected for its maternal and child services with high patient turnover from its environs.

Sample and sampling

The population comprised midwives providing midwifery care in labour wards of the health facilities[20,21]. Participants in this study were recruited using purposive sampling techniques[23]. In purposive sampling, the researcher is seeking people who have rich experiences of the phenomenon and possess the ability and willingness to express them[22]. The inclusion criteria were as follows: participants must be a registered midwife; the participants must have worked in the labour wards for a minimum of one year and must be willing to be interviewed and audio recorded.

Data collection

In the study, data was collected using a semi-structured interview guide, which was developed based on the research objectives[23]. The key question in the interview guide asked participants to describe their understanding of Respectful Maternity Care, other general questions were socio-demographic data, the process of admission, labour, delivery and

discharge of a woman in the labour ward, the start and end of shifts in the labour ward.

A semi-structured, open-ended question interview guide was used with questions aimed at enabling the researcher to explore midwives' perception of RMC during childbirth in selected health facilities in Lagos State, Nigeria. The data collection process took place in a private room attached to the ward during October to December, 2020 after the approval to conduct the study was granted by the University (protocol reference number HSS/00001507/2020), Lagos State Ministry of Health (MoH), the Medical Director (MD) and Heads of Nursing Services at the two hospitals.

Before data collection, an information letter detailing the information about the study was handed to each participant to gain consent. Once consent to participate was established, data collection was obtained through individual interview which ranged between 45 and 60minutes and was audio recorded. Twenty midwives were interviewed with the focus on data saturation[22]. Reflective notes were made immediately after the interview. Participants were assured of confidentiality and anonymity of information given.

Data analysis

Data analysis and data collection occurred simultaneously in order to identify new and important issues that need addressing during the subsequent interviews, including transcription of the whole interview immediately after each interview. A thematic analysis was employed for data analysis. Repeated reading of the entire transcription of the interview was for full immersion in the data, which serves as an avenue to start thinking about possible codes in relation to the phenomenon understudy. The researcher noted recurring meanings and patterns, which formed the initial similar codes[24]. Thereafter the classification of similar codes into more comprehensive sub-themes occurred, and finally, extracting themes from the sub-themes. Each researcher of the study coded the transcripts independently; thereafter the codes were compared to agree on themes and sub-themes by both researchers.

Rigour

To enhance rigour and trustworthiness of the study, all interviews were conducted by the researcher who was trained in conducting qualitative research and interviewing techniques; a sufficient number of interviews was performed to ensure the saturation of concepts, prolonged engagement with participants in data collection and the process of data collection and analysis, and peer debriefing to enhance the credibility through confirming samples of coded data by experienced qualitative researcher[21,22].

Results

Twenty individual interviews with participants generated the data. During data analysis, 11 subthemes emerged, which were categorised into two main themes: humanised birth care and women-oriented care**.**

Theme one: Humanised birth care

The participants perceived RMC to be the humanised approach of rendering maternity care to women, sub-categorised as follows: Treat patients with dignity and respect; Respect patients' rights; Respect patients' culture, beliefs, and values; maintain privacy and confidentiality; respect patient's opinions; non-abusive care.

Sub theme one: Treat patients with dignity and respect

All the participants were aware of the term during the interviews; however, the majority stated RMC was the act of treating women in labour with dignity and respect. Some further explained it as the way midwives attended and cared for patients, from inception into the ward. Participants remarked that courteous welcoming of patients and relatives, addressing a patient by her name and title and not by bed number or ailment were considered respectful. Others claimed it is the ability to tolerate women in labour despite the attitude during the labour process. Participants noted a warm reception of patients on admission forms the basis of interpersonal relationships. Other participants claimed RMC was listening to her complaints,

Table 1: Perception of midwives on respectful maternity care during childbirth

Themes and subthemes	
With regards to the perception of midwives on respectful maternity care during childbirth	
Humanized birth care	Treat patients with dignity and respect
	Respect patients' culture, beliefs, and values
	Maintain privacy and confidentiality.
	Respecting patient's opinion
	Non-Abusive care (Physical /verbal)
Women-oriented care	Explaining procedure and obtaining consents
	Holistic and individualized care
	clients/relative involvement in care
	Empathic care.
	Non-abandonment.
	Non-discriminatory care

rendering timely assistance, explaining the labour process to mothers, and encouraging and supporting them during labour and delivery.
This is evident in the following statements:

Participant C

In my own opinion, what I understand is forming an interpersonal relationship with your patient, respecting them, giving them the care and respect; they need from you, then handling them with care and respect. there are some cases the pregnant women see nurses and talk about us, like saying we shout on them, we do this, handling them with respect will erase that misconception about us, so I feel this ... I am personally interested in this topic.

Participant J

I'm just hearing that word being used for the first time, all I know now is that we have ethics in nursing practice, we have principles and one of it is courteous admission of our patients, we must be warm, caring, wearing a smiling face all the time. Well if I will pick from the word, respectful maternity care also means showing respect to my patients calling her by her name respectfully, to her to answer questions as prompt as possible, then to be logical and reasonable with the patient I think that's what…….

Sub theme two: Respect patients' culture, beliefs and values

A few participants perceived RMC as recognising the cultural background of participants, as it influences patients' perception of care. One participant emphasised that respect is relative to the recipient of care, what a client considers as disrespectful may be widely accepted by the other. The following excerpts reflect participants' views:

Participant L

…Respecting their beliefs, and values including their culture.

Participant K

Respectful care is encompassing actually because is enh! relative, and because Africa generally, we have this cultural attitude we have to putting so many things to make sure that we are actually respected.

Maintaining privacy and confidentiality

Participants regarded maintaining privacy and confidentiality as part of RMC. Participating midwives admitted they were not able to provide adequate privacy because of the open ward system and inadequate bedscreens, nevertheless they were able to meet the fallouts by restricting visitors/relations on the ward and the use of movable screens. Participants' emphasised that midwives should ensure provision of privacy by not exposing patients' bodies unduly, and the use of screens when necessary. A few participants remarked that privacy does not relate to the body alone but extends to patients' information and health status. One participant stated:

Participant F

…we talk also, in terms of privacy; we respect their privacy too and don't expose them. Although when you talk about privacy in this place, our privacy here is not too encouraging, because it is an open ward, and there is no curtain demarcation we use screen, and when we don't have enough screen for the whole patient.

Respecting patients' opinion

In line with the participants' responses, the findings revealed RMC was viewed as respecting patients'

opinions, either right or wrong. Participants stressed that midwives should desist from condemning patients' opinions but rather clarify misconceptions. Another participant expressed that health professionals should not enforce their opinions on patients but provide detailed information for the patient to make an informed decision. This was reflected in the statement below:

Participant 10

You should respect them in all aspects, which include respecting their opinion. give them the options available for them choose, don't enforce your opinion on them.

Sub theme five: Non-abusive care (physical/verbal)

Some participating midwives' responses indicated respectful maternity care should not be abusive. Participants claimed patients were never abused or witnessed patients being abused by other midwives. Beating and shouting were the major forms of abuse mentioned by participants. Some of the participants interviewed cited instances where patients demanded beating from midwives to assist them to birth their babies. One participant stressed that some patients' attitudes at times may call for abusive care. However, participants acknowledged supportive care through encouragement and involving relations are a better strategy to gain patient cooperation than abuse. The excerpt below confirms the narratives.

Participant 4

…. I have heard patient that will be screaming nurse beat me if you beat me I will respond, I tell them I don't beat, you are to follow my instructions because you did not come here to receive beating I likewise I don't expect you to beat me because you are in labour. I have not seen any nurse or midwife beat patients.

Participant 6

…. most times when in labour we must not be rude to them, because at times they tend to behave somehow, because of that pain, if we are not careful, we can start talking to them carelessly. We have to really respect them at that stage; it is not that they are purposely doing it. We should encourage them to comply.

Theme two: Women-oriented care

Six (6) sub themes generated the theme women-oriented care, which includes explaining procedure to gain consents, holistic and individualised care, client /relative involvement in care, empathic care, non-abandonment, and non-discriminatory care. A discussion of these follows.

Explaining procedure and obtaining consent

During the interview, a few participants expressed provision of RMC means explaining procedures to patients to gain their consent and cooperation. Participants admitted to not practicing this routinely because of workload and time factors. One participant related it as follows:

Participant A

…if we want to do anything for them, we obtain a consent, informed consent, we inform about the procedure and respectful ask for their consent whether they want the procedure to be performed on them especially vaginal examinations, we explain the procedure I'm not saying that is what we practice but that is how it is supposed to be because by the time we have like 4 or 5 patient to attend to and you will want to use 4 or 5 minutes to counsel a patient you know time is fast spent, 5 minutes to counsel a patient a particular patient on vaginal examination, begging her to do… of which those ones have been explained at ANC, they have right to refuse to examine them or not be it most times we just inform and go ahead with the examination so that respectful is obtaining consent and providing privacy for them and making them comfortable at least to some extent

Subtheme two: Holistic and individualised care

A few participants felt that RMC is holistic and individualised care. Holistic care is total midwifery care that observes physical, emotional, social, financial and spiritual need of woman in labour. Individualized care on the other hand is a planned care to meet the specific need of a woman as oppose to routine care rendered to all women in labour.

Participant A

…treating the patient holistically as an individual not that the way you treat A is the way you treat B

that is respective maternity care, individuality care...

Subtheme three: Client/relative involvement in the care

Some participants indicated involving clients and relatives in their care as respectful maternity care. They acknowledged relation often accompany patients to the hospital, and as such should be carried along in the care plan. Involving clients and relations includes discussing the care options with them to facilitate an informed decision to accept or reject care. Participants stressed patients have the right to care. This was further highlighted in the comments below:

Participant 4
They want to exercise that autonomy to make a choice, as against what we had before. Don't make me choose, whatever you choose for me its ok, the patient we have now is tell me what you want to do for me and why I should accept that line of management and even with your explanation I don't want. RMC allows you to recognise the right of your patient, allows them to maintain their dignity and self-worth. When a patient feels that she is allowed to decide what happens, how it happens, when and why, she believes you are providing respectful maternity care.

Participant 5
I feel I believe respectful maternity care is a care that is client oriented. Everything boils down in you involving them. Let the client know what you want to do for them, allow him or her to have an understanding of what you want to do, so when you do it that way I feel maternity care or whatever care you want to give will be respectful

Empathic care

The participating midwives described some patients as uncooperative, rude, aggressive, behaving irrationally during childbirth. Others said such attitude may be patients coping strategy to pain or done subconsciously. Participating midwives however, suggested the need to empathise with women throughout the labour process. One participant had this to say:

Participant F
.. Most times, a woman in labour tends to get angry, insulting and can be aggressive. You tend to talk to them on a softer tone and don't get offended with whatever you feel they are saying, respect their wishes

Non-abandonment

One participant related RMC to interacting with the patient and not neglecting her all through labour.

Participant F
Like I said, so far so good with staffs I have worked with, nobody is perfect we don't leave our patients alone we interact with them, we talk to them even while they are in labour we talk to the in labour to allay their fears and anxiety.

Sub theme three: Non-discriminatory care

It emerged from this study that RMC is rendering adequate maternity care to all women irrespective of their educational background, age, social status, religion, and race. One of the participating midwives' comments reflected this:

Participant G
That is giving necessary and adequate care to a woman during pregnancy, labour, and puerperium even without knowing their status, educational status, background, age, race.

Discussion

This study explored perceptions of midwives on respectful maternity care. Our findings generated two themes which emerged from 11 subthemes: humanised birth care and Women-oriented care. The findings showed that midwives were just getting acquainted with the term respectful maternity care during individual interviews; nevertheless, they had positive perception of RMC.

Our result illustrates that the majority of participants understood RMC as treating patients with dignity and respect, which agrees with findings from Rominski and colleagues[25]. The result from this study may reflect lack of familiarity with the term or literal interpretation of respect in relation to RMC[26]. This study further reveals RMC is listening to women's complaints, rendering timely assistance, and supporting them during labour and delivery[27,28]. Midwives should support, empathise, and be kind to women in labour by providing dignified maternity care[18,29].

Our findings are in line with studies by Moridi and others, where Iranian midwives indicated that RMC is respect for women's customs, religion and ethnicity[28]. The result builds on existing evidence that cultural beliefs and values should guide midwives in addressing the patients and presenting the care in a culturally acceptable manner[30,31].

The findings establish that RMC is perceived as maintaining privacy and confidentiality. This corresponds with findings by Dzomeku and others[26], where a plausible remark on privacy and confidentiality was given by midwives, and breeches in privacy and confidentiality are regarded as a violation of women's rights. This shows midwives are aware of the necessity to respect and protect privacy and confidentiality of women[32]. This study's findings also reveal midwives are constrained in maintaining adequate privacy because of the open structure of the ward and limited bed screens[33], this suggests privacy and confidentiality have not been properly preserved on the ward[34-36].

This study's findings substantiate previous findings in literature that RMC includes respecting patients' opinions and preferences rather than providers enforcing their opinions on patients[29,37]. This shows midwives often enforce their opinions on patients, probably due to lack of confidence in patient's decisions and patients not refuting providers' decisions or other alternative choices[36].

This finding agrees with studies by Shakibazadeh and colleagues[38], where RMC was described as non-abusive care. This implies midwives acknowledge care should not inflict pain or harm women[10,37]. Our findings also reveal midwives claimed not to have witnessed patients being abused by other colleagues or by themselves, but they are aware women are abused during childbirth, which differs from some published studies[34,37]. This compelling result may be in part due to midwives expressing their perceptions on RMC as non-abusive care and the need to emphasise this point, or social desirability bias[34,35]. Our findings further reveal that some patients' attitudes may predispose them to abusive care[25]. Patients' attitudes in this study refers to difficult and uncooperative women in labour and delivery, whose attitude posed risk to life of mother and baby[40,41]. This reveals midwives may be overstressed and temperamental, propelling them to beat and shout towards uncooperative patients, and whose attitude may claim the life of the unborn child[42,43].

This study observed that RMC involves the provision of consented care. This is in agreement with the study by Bulto and others[44], who recognised women's rights to information and informed consent. This implies that patients and family members should be intimated with necessary information pertaining to patients' care in a sensitive manner to ensure her right to decision making, informed consent or refusal[29,45].

This study indicates midwives perceived RMC to be holistic and individualised care, which concurs well with previous studies[25]. Our findings would seem to show that delivering respectful care that caters for patients' individual needs will assist midwives to build a trusting relationship with women and supports persons[46]. These findings support Lalonde and colleagues, who in their study declared holistic care requires midwives to understand and observe the physical, emotional, social, financial and spiritual needs of woman in labour[45]. This suggests midwives require appropriate training on how to provide care that meets woman's individual and holistic needs[27].

This study shares similarity with those of Lambert and others[36] who acknowledged informing and involving women in their care was RMC, and are corroborated by previous findings of Deki and Choden[37] as they define the concept of RMC as respect for patients' autonomy and choices. This confirms that experience of care received by the patient is defined by how the patient (and support person) received all information about her care and felt involved in all decisions taken regarding her treatment[29].

These findings reveal midwives believe RMC is providing empathic care to all women in labour despite some being uncooperative, rude, aggressive or behaving irrationally[47,48]. This suggests inadequacy in empathic and compassionate skill of midwives in stressful situations; where life is at risk and the patient remains uncooperative compounds midwives sense of helplessness and anxiety, which can further suppress empathy[49].

The findings show RMC was described as midwives interacting with patients and not abandoning them through labour[6,7]. It seems midwives are unlikely to accept abandoning women in the labour ward, probably due to the contact

made with women during procedures from admission through to delivery. However, previous literatures confirmed women reported being abandoned by providers during their stay in the health[50,51]. Midwives need to be intentional with contacts to build trusting relationships, not superficial interaction to carry out procedures[36].

Ethical consideration

The University granted ethics clearance (protocol reference number HSS/00001507/2020). A written gatekeeper letter of permission to conduct the study came from the Lagos State Ministry of Health, Medical Directors, Heads of Nursing Services, and midwives of the labour ward. Informed consent was sought from the participants before data collection; written, informed voluntary consent was then obtained from all participants individually.

Recommendations

Respectful Maternity Care (RMC) is at the forefront of quality care for women during childbirth. Several studies on perception and experiences of childbirth experience revealed that women desire respectful and dignified care. This study revealed midwives have positive perceptions of RMC. Some categories of RMC, such as privacy, informed consent, physical and verbal abuse, were not adequately provided by participants with reasons, which included the open ward, inadequate bed screens, uncooperative patients, tension from safeguarding the lives of babies, work overload and time factors. These indicated that despite midwives' good perception of RMC, it was not fully replicated in practice. The following recommendations were suggested: Government should redesign the labour ward to private labour and delivery suites for each woman to accommodate support persons while her privacy is maintained; training midwives on stress coping mechanisms in overburdened health facilities; organising workshops and seminars for midwives and other health providers, policy makers and stakeholders on RMC and implementation of RMC in training and practice.

Limitations

This study was limited to two health facilities where participants were working and social desirability bias, as midwives are unlikely to report disrespectful and abusive care perpetrated by them or their colleagues. This was minimised by emphasising confidentiality and that the study was for research purpose. Nonetheless, the study is among comprehensive qualitative studies on perceptions of midwives on respectful maternity care in Nigeria.

Conclusion

The outcome of this study revealed that midwives have positive perceptions of RMC, although there are some aspects of RMC constrained by challenges. Further research is needed to explore the experience and provision of RMC by midwives, and barriers and facilitators to provision of RMC. Nevertheless, women deserve respectful maternity care by midwives. These findings have significant implication in understanding and promotion of respectful maternity care in health facilities. This will improve facility-based maternity care and access to quality maternity care, thus contributing to the reduction of MMR

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Authors' contributions

Ige WB: Conception, design and writing of the manuscript. Ngcobo WB: guided the design and provided logistical support during data collection and analysis, reviewed the manuscript and provided critical comments. Both authors critically reviewed the draft of the manuscript.

Conflict of interest

None.

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