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A Qualitative Study of Midwives' Experiences in the Provision of Respectful Maternity Care During Childbirth in Accra Metropolitan, Ghana

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Abstract

Respectful maternity care is recognised as essential for achieving superior quality of care for women during labour and delivery. In Nigeria, the prevalence of disrespect and abuse during childbirth is significant; midwives have been recognised as key contributors to this issue. Comprehending midwives' experiences in delivering respectful maternity care during childbirth is essential for its advancement. This study intended to explore and document midwives' experiences in delivering respectful maternity care during childbirth. This study employed a qualitative, phenomenological approach, utilising in-depth interviews with purposely selected midwives serving in the labour unit of a Nigerian hospital. Thematic analysis was employed to generate descriptive accounts of the study data, analysed with Nvivo software. Study Sample: A total of 10 nurses or midwives presently employed in the labour ward of the chosen hospital participated in the study. Midwives articulated expectations for pregnant women throughout childbirth that corresponded with their commitment to upholding patients' dignity. Furthermore, the midwives' perspective indicated that the motivation for disrespect stemmed from certain patients exhibiting behaviours and composure throughout delivery that were deemed unacceptable. Moreover, obstacles within the health system were indicated to affect the experiences of the midwives. Midwives have a positive inclination towards delivering respectful care during childbirth; nevertheless, when their expectations are unmet, the quality of treatment diminishes, compounded by systemic health constraints. Various measures may enhance midwives' experiences, encompassing systemic modifications and a collaborative shared care model between prenatal clinics and birthing wards.

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Introduction

Respectful maternity care (RMC) is an essential element of the WHO's framework for high-quality maternal and neonatal health and is vital for attaining the Sustainable Development Goals aimed at improving maternal and newborn health globally, particularly in preventing and eliminating disrespect and abuse of women during hospital deliveries (Silveira et al., 2019). RMC aims to improve care quality by eliminating disrespectful practices, implementing safe and respectful care protocols, safeguarding health, and sustaining the physiological processes associated with pregnancy, delivery, and early parenthood. Due to the rise in births taking place in medical institutions, emphasis and global initiatives are being directed on the quality of care (Bradley et al., 2019). Consequently, enhancing the quality of care during labour and delivery, particularly through the respect afforded to women, is the most efficacious strategy for reducing stillbirths, maternal mortality, and neonatal fatalities, in contrast to antenatal or postpartum care methods (Respectful Maternity Care Charter, 2012; Warren et al., 2013; WHO, 2018; Report, 2018). Such approaches would enhance the probability of familial health and community productivity.

Research indicates that women encounter disrespectful treatment during childbirth (WHO, 2023; Bohren et al., 2017). Disrespectful care, characterised by physical and verbal abuse, denial of treatment, unwanted obstetric procedures, stigma and prejudice, neglect, and failure to meet care standards (Abuya et al., 2015; Bohren et al., 2015), has been recognised as a deficiency in the delivery of high-quality maternal services, undermining healthcare systems' capacity to achieve favourable maternal health outcomes and deterring women from seeking necessary care (Banks et al., 2018; Bohren et al., 2015; Kujawski et al., 2017). Furthermore, accumulating evidence indicates that the quality of care and treatment received by women and families in healthcare institutions significantly discourages them from pursuing medical assistance (Abuya et al., 2015; Bohren et al., 2015; Kujawski et al., 2017; Munguambe et al., 2016). Multiple studies underscore the imperative for midwives to provide pregnant women with inviting, safe, respectful, and responsive maternity care, allowing women to engage in decisions concerning their care (Crowther & Smythe, 2016; Solnes Miltenburg et al., 2016). However, this is not consistently observed, as midwives are sometimes identified as purveyors of disrespectful care (Burrowes et al., 2017; Jiru & Sendo, 2021; Summerton et al., 2021). Midwives are essential carers for women during childbirth. Given their critical role in maternal health, particularly in upholding fundamental rights and improving care quality during labour (Belizán et al., 2020; Morton & Simkin, 2019), it is imperative to investigate their experiences in delivering respectful care during childbirth. The objective of this study was to investigate midwives' experiences and perspectives on providing respectful maternity care during childbirth.

Methodology

This research employed a qualitative methodology utilising a descriptive phenomenological approach. Phenomenology elucidates the significance of quotidian experiences and conveys these experiences to the reader through language (Fain, 2017), thus rendering it appropriate for this study. The research was performed in the labour ward of a Nigerian hospital. It is a state-owned hospital that offers a range of services, including emergency, radiological, laboratory, pharmaceutical, and patient care. The maternity unit comprises the antenatal clinic and ward, the gynaecology ward, the special care baby unit, the postnatal ward, and the labour ward. The labour ward is an open area containing a limited number of delivery couches. Each bed is partitioned by drapes. Delivery apparatus such as delivery packs, antiseptic buckets for sterilising utilised equipment, weighing scales, and similar items are

present in the labour room. Midwives operate in shifts within the labour ward, with a minimum of two midwives assigned to each shift. This pertained solely to nurses and midwives employed in the labour unit of the designated hospital. Inclusion Criteria: Midwives with over 2 years of employment in the labour ward who consented to participate in the study were included.

Midwives with less than 2 years of experience in the labour ward and those who declined participation in the study were excluded. No specific number of samples was established; it was attained upon reaching data saturation. Data saturation was attained following the interview of the tenth participant. A purposive sample method was employed to recruit study participants (midwives) who satisfied the inclusion criteria. The midwives were assigned codes/numbers (1–10) for identification to maintain participant anonymity. The researcher performed comprehensive, semi-structured individual interviews following ethical approval from the hospital's Ethical Review Board for this study. The interview guide was adapted from the Maternal and Child Survival Program (MCSP) Guatemala (2020) respectful maternity care formative assessment tool for pregnancy and birth care providers; it underwent pretesting with several midwives at a different hospital, and modifications were implemented based on the results. Prior to each interview, the researcher apprised participants of the study's nature and objectives, ensured the confidentiality of their discussions, and thereafter secured their written consent to participate. An audio recorder was utilised to document the interviews. Participant information, including age, educational attainment, work experience, and years in the labour force, was collected via a questionnaire. They were subsequently asked to discuss their experiences delivering respectful maternity care during childbirth. Each interview lasted between 40 minutes to 1 hour, averaging 60 minutes, contingent upon the participant's willingness. The study maintained data anonymity and confidentiality. Prior to the in-depth interview, each participant received both oral and written information regarding the study's objectives and methodologies, and their informed consent was secured in both formats. Rigour was upheld by assuring the credibility, transferability, dependability, and confirmability of the data. The accuracy of the codes was verified by reviewing the coding sections of fifty percent of the transcripts in collaboration with one of the writers. The study methodology was clearly reported, and a comprehensive methodological description of the analysis was presented utilising diagrams. Ultimately, three assistants participated in transcribing the interviews, and the resulting data was subsequently verified and re-transcribed by the author.

The taped interviews were thoroughly transcribed and analysed with NVIVO version 10. The transcribed data was input into NVIVO software, employing a deductive methodology to identify statements relevant to respectful maternity care. An inductive method was subsequently employed to extract codes from these utterances. A word frequency analysis was conducted based on the generated codes, resulting in the creation of a word cloud that displayed frequently utilised terms. All sentences were examined and re-examined prior to the formation of subthemes, which then led to the development of overarching themes.

Results

The study involved 10 midwives, with a mean age of 36.5 years. The majority (6, 60%) possess the greatest qualification as nurses or midwives, while 3 (30%) hold a Bachelor of Nursing degree and have an average of 9.5 years of service. Nonetheless, the majority (9, 90%) have remained in the labour ward for a duration of 1 to 9 years (Table 1).

Table 1: Participants Information Sheet

Code	Age (years)	Religion	Number of years in service (years)	Number of years in the labour ward (years)	Qualification
Midwife 1	37	Christian	9	2 ½	RN/RM
Midwife 2	35	Christian	4	2	RM
Midwife 3	50	Christian	24	4	RN/RM
Midwife 4	35	Moslem	7	1	RN/RM/BNSc/PGDE
Midwife 5	38	Christian	9	2	RN/RM
Midwife 6	40	Christian	12	2	RN/RM
Midwife 7	29	Christian	13	3	RN
Midwife 8	42	Christian	16	10	RN/RM/BNSc
Midwife 9	36	Christian	9	2	RN/RM
Midwife 10	32	Christian	7	1	RN/RM/BNSc

Experiences of midwives in providing respectful maternity care during labour

Theme One: Expectations of Midwives

Instruction During Antenatal Period

Midwives indicated that certain expectations during labour must be fulfilled for the experience to be deemed satisfactory in terms of respectful maternity care. Women are anticipated to participate in antenatal clinics during pregnancy, where they should acquire knowledge on labour expectations and pain management strategies; yet, this expectation is often unmet as women struggle to use the information obtained during antenatal care in the labour room.

"We only encounter them at the final stage, whereas they observe them from the onset of pregnancy until term."With a correct education and adherence to the communicated guidelines, one might anticipate a favourable conclusion in the labour room. Midwife 7 Instruction in the delivery room Midwives said that women are anticipated to interpret the instructions provided in the labour room during the labour process; however, this is often not realised.

Upon the woman's arrival, provide her with orientation and elucidate the labour method. If she is, particularly if she is a primiparous, inform her about the nature of the pain and what is anticipated from her during labour and the subsequent delivery of the kid. Once you inform her of the expectations, she will endeavour to meet them, thereby facilitating your tasks. It is more manageable when she is aware of the expectations placed upon her. (Midwife 2)

Collaboration from the women Midwives anticipate that a woman will completely participate in the labour room after having received antenatal and labour room education. "Upon entering the labour room, you are required to lie on your side and provide full cooperation."

Theme 2: Upholding Patient Dignity Conviction in Human Dignity

Most midwives articulated that human dignity encompasses the recognition of individuals' inherent worth, which is intrinsic to their humanity, and hence, warrants respect. As a midwife, certain expectations accompany my role, and among my priorities, treating women with respect and decency is paramount. Each day, I remind myself that one of my primary objectives in the labour room is to provide optimal care, ensuring that I deliver my best to every woman who presents for assistance during my shifts.

Regardless of the configuration of most labour wards, privacy is an indispensable consideration. The majority of midwives guarantee privacy for all women. Most midwives feel that privacy is an essential consideration during birth.

"We ensure patient privacy by placing a 'no entry' sign at the entrance of the labour room, installing curtains between each cubicle, and drawing the curtains around each bed during delivery to prevent other patients from viewing." Midwife 8 Recognising and upholding patient rights

Each patient possesses rights that must be safeguarded. This is also applicable in the labour ward for all patients. The majority of midwives indicated that they uphold the rights of women in childbirth, noting that even in challenging situations, they must be patient with the individual. She possesses the right to scream or shout when experiencing agony. She possesses the autonomy to make her own choices; some individuals express a desire to forgo oxytocin or the intravenous administration of it, and we respect their decision, since it is their prerogative.

Most midwives underscore that for every woman entering the labour chamber, information regarding the labour process is consistently communicated; this encompasses the procedure, expectations, and methods for managing labour pains, including breathing techniques, among others. They assert that a woman's cooperation is secured when she is provided with information.

"Indeed, we utilise the cervical chart, particularly during labour. Upon examination, we present this chart and elucidate, 'this is a depiction of the cervix… this indicates your current status.' After several hours, we anticipate certain progress, especially in primiparous patients, and we provide comprehensive explanations throughout the process."

Theme 3: Disparagement of Women

Application of force

The primary objective of a midwife is to ensure the survival of both the infant and the mother during childbirth; but, according to some midwives, certain women exhibit significant resistance and noncompliance, necessitating the use of force to facilitate delivery, as articulated below:

I hesitate to articulate this, but some women require a firm approach to heed instructions. We often say, 'If you do not comply, I will compel you.' The means of coercion may involve physical force, such as striking the thighs to encourage compliance. However, if the woman cooperates and the baby responds appropriately, the delivery will proceed smoothly, as my objective is to ensure a successful outcome without complications. Conversely, if the woman resists, I feel compelled to resort to force

Verbal Assault/Intimidation

Many midwives have reported that they raise their voices at patients to get cooperation. Shouting occurs when there is a need for the patient to exhibit flexibility, particularly when the foetal head is at the perineum, when a specific maternal posture is desired, or when there is a perception that the woman is acting incorrectly. This outcry may result in threats of withholding their necessary care or moving them to another facility. "For instance, when a woman is pushing and potentially applying pressure on the baby's head, such behaviour will undoubtedly impact the infant. It may be necessary to raise one's voice to prompt her to modify her actions. Often, shouting proves beneficial, as it encourages her to correct her behavior."

Violation of privacy

The labour room is a space where privacy is consistently respected; nevertheless, if the woman is uncooperative or fails to meet expectations, colleagues or other healthcare professionals must be summoned for assistance. This is the account of a midwife: "A patient exhibited a lack of cooperation during the bearing down phase of delivery, necessitating the involvement of additional personnel beyond the healthcare team present. We summoned patient relations representatives to assist in restraining her on the bed, with some individuals securing her hands and others her legs. The delivery was executed forcefully, compelling her to give birth."

Undertaking certain procedures without authorisation

Many midwives perform standard procedures on patients without alerting them that "this is what I intend to do" and obtaining the woman's consent to proceed. They believe they are benefiting her. In instances of episiotomy, many midwives believe that informing the lady prior to the incision may lead her to decline the procedure; hence, they choose to communicate this information post-incision. A midwife recounts: "As I stated from the outset, when it is evident that she is uncooperative and the life of the baby or the mother is at risk, the necessary measures to ensure the survival of either the infant or the mother must be employed. This may involve the application of force, such as manual manipulation to facilitate the descent of the baby's head, or performing an episiotomy that she may be resisting, as it is imperative for the baby's safe delivery."

Women are prohibited from making decisions

Midwives believe they possess superior knowledge regarding the patient's best interests, hence restricting autonomy in the labour ward. In the context of a woman selecting her delivery position, a midwife states: "We do not permit them to choose; rather, we facilitate positions that are comfortable for both the midwife and the woman."

Theme 4: Limitations of the Health System Regarding Human Resources

Midwives contended that a significant shortage of their profession led to increased stress for those employed in the field. The midwives indicated that the surge of women seeking delivery services is significant, hence intensifying the issue of insufficient manpower in the birth room. The challenge of delivering personalised care was intensified by a shortage of midwives and an excessive workload, resulting in women often being left unattended for prolonged durations; also, women were subjected to verbal reprimands due to stress."Primarily, it is a matter of manpower; if one is alone or accompanied by only one other individual while tasked with attending to approximately five to six patients, it becomes exceedingly challenging to deliver comprehensive respectful maternity care." Midwife One "Currently, we are a team of two; with three additional women joining, it will be challenging to manage multiple tasks simultaneously. We communicate to them that while we strive to accomplish our objectives, our limited manpower constrains our capacity to perform optimally."

Some midwives acknowledged that some factors could impede the delivery of care in a respectful manner. The concerns highlighted are to the training and mental condition of the midwife during work, which, if unresolved, may result in a deficiency of patience and potentially disrespectful care during birth. Some midwives assert, "My mental state may be influenced by my home environment; for instance, some individuals face issues such as prolonged salary delays, which can induce frustration. When one is hungry, social interaction becomes undesirable. Additionally, if one comes from a background fraught with difficulties—such as marital or familial problems—these factors may hinder our ability to extend respect to patients."

Additional concerns raised encompass inadequate compensation or delays in salary disbursement; impatience exhibited by midwives; and work-related stress. These factors inevitably contribute to midwives becoming easily irritable, resulting in the transference of their frustration onto patients and a failure to accord women the respect they merit. A midwife recounts her experience: "Indeed, I am inundated with work." One night, we completed approximately 10 deliveries between 9:30 PM and 3 AM. We completed 10 births, resulting in significant fatigue. Eight of the patients were primiparous, necessitating episiotomies that required suturing. By the time another patient arrived in the morning, we were already fatigued. We failed to provide her with the welcome and support she need due of our collective exhaustion and fatigue.

Patient Conduct

Midwives contend that certain patients possess intrinsic issues and attitudes, which complicate the provision of respectful care in the labour room. The midwives say that respect is mutual; hence, if a patient exhibits disrespect, she forfeits the right to receive respect in return. "Certain women exhibit considerable disrespect, perceiving nurses and midwives as inferior to other healthcare professionals. They regard us as the least valuable, relegating us to menial tasks without affording us the respect we deserve, despite the understanding that respect is mutual."

Prenatal Care

Midwives articulated their apprehension about the antenatal clinic's capacity to fulfil expectations. Concerns emerged regarding the adequacy of education provided to women during their prenatal appointments. The majority of women enter the labour room as novices,

necessitating that midwives provide essential information regarding childbirth. This induces stress for the midwives, particularly when managing numerous patients. “However, in our facility, there are typically numerous individuals, and not all can be accommodated within the antenatal clinic, resulting in some waiting outside.” Once they are outdoors, they become inattentive and hence will not perceive what is being communicated to them. Upon arrival for labour, individuals often assert that they were not informed during antenatal care, claiming, "I have never heard that" or "I was not informed."

Insufficient Equipment

The lack of physical resources, including tools and supplies, exacerbated the challenge of delivering appropriate maternity care. Midwives expressed dissatisfaction with the insufficiency of tools and supplies, a situation sometimes exacerbated by unanticipated cases arriving for delivery and the hospital's failure to provide appropriate resources when required.

“Our infrastructure is inadequate, and we lack functional equipment related to pharmaceuticals.” You arrive at work, place an order for this item, and are informed that it is unavailable. Before one realises it, the time taken for a patient to travel to obtain treatment and return may elapse, resulting in the potential for a life to be lost in an instant.

Discussion

Respectful maternity care is "designed and provided to all women in a manner that safeguards their dignity, privacy, and confidentiality, ensures protection from harm and mistreatment, and facilitates informed choice and ongoing support during labour and delivery" (Morton & Simkin, 2019). All women should get dignified maternity care during pregnancy, labour, and childbirth. To get insight into midwives' treatment of women during labour, their experiences in this domain were documented. The midwives' assertions that they endeavour to uphold patients' dignity while providing respectful maternity care during labour are essential for fostering pleasant experiences in this context. Respect for patient privacy, acknowledgement and compliance with patient rights, along with patient education and awareness, are fundamental to upholding patient dignity. This aligns with earlier studies (Jiru & Sendo, 2021; Moridi et al., 2020; Shimoda et al., 2018) that demonstrated midwives' regard for women in labour. Women in several studies (Solnes Miltenburg et al., 2016) affirmed this form of care by articulating the supportive assistance they received, characterised by good communication, as well as emotional and physical support. One study indicates that older clinicians, possessing greater experience in labour and delivery, may exhibit increased patience and, thus, a reduced likelihood of adverse reactions (Dynes et al., 2018).

This study's findings indicated that midwives have expectations for women during childbirth. They anticipate that these women have obtained information from the antenatal care unit to adequately prepare for the labour process. If these norms are not satisfied, it is improbable that midwives will give respectful care. Quality prenatal care is essential for delivering compassionate maternity care throughout labour. Midwives regard equipping women with knowledge to enhance their collaboration and preparation for childbirth as a crucial precursor to effective prenatal care (Okedo-Alex et al., 2020). The dissemination of knowledge by healthcare workers was emphasised as an essential element of superior prenatal care (Sword et al., 2012). In settings with deficient health systems and minimal support, health personnel' obligations to advocate for respectful maternity care and

guarantee safe births often conflict with entrenched professional standards, increasing the likelihood of perpetuating abuse (Ndwiga et al., 2017).

Many midwives rationalise their disdain towards mothers by asserting that circumstances necessitate the use of force during birth, accompanied by verbal abuse or threats, violations of privacy, performing procedures without consent, and denying the mothers' choices. This therapy modality was corroborated by women in multiple investigations (Burrowes et al., 2017; Gebremichael et al., 2018; Ishola et al., 2017; Orpin et al., 2018; Solnes Miltenburg et al., 2016; Wesson et al., 2018). Midwives justify this style of care by asserting that these actions were well-intentioned. For example, being struck on the knees was perceived as reinforcement to provide the pressure required for a successful delivery process. Certain women regard it as standard and acquiesce to whatever midwives provide. A communication barrier appears to exist between the midwife and the expecting mother during labour. Respectful care during childbirth necessitates attentive communication and the employment of courteous language. The content of the information conveyed and the method of delivery by the midwife to the pregnant woman are essential. The quantity and quality of resources, along with the overall disposition towards the woman, contribute to communication. Suboptimal communication fosters distrust, endangers patient safety, and diverts the attention of both the patient and midwife during labour.

This study demonstrates that midwives are highly motivated to provide women with respectful maternity care throughout labour and delivery; however, they are equally unsatisfied with the conditions that hinder their efforts. Midwives in this study identified health system barriers including insufficient educated people, patient conduct, inadequate work equipment, and ineffective antenatal care. The found limitations align with difficulties described in previous studies (Jiru & Sendo, 2021; Wesson et al., 2018; WHO, 2014), hindering the provision of respectful maternity care during labour and the delivering process. Multiple studies indicate that the stressful and uncomfortable work environment for providers, coupled with inadequate compensation and exacerbated by hospital overcrowding and staff shortages, fosters disrespect and bullying (Jiru & Sendo, 2021). Subpar interpersonal interactions with clients may lead to a decline in care quality. The heightened workload in labour and delivery may restrict physicians' ability to give consistently compassionate, supportive, and attentive care due to their sporadic interactions with patients throughout this period (Dynes et al., 2018). A study by Galle et al. (2020) indicated that midwives reported frequent instances of insults and aggression from affluent patients seeking superior care. Moreover, the midwives reported frequently experiencing aggressive conduct from moms who struggled to manage their agony, like as striking or gripping the midwives' hands during painful procedures. Midwives assert that the hospital administration fails to recognise these concerns or offer any support for their well-being.

The essence of a midwife's experience in delivering respectful care during labour lies in the element of communication. Midwives appear to have communication challenges when women are uncooperative, indicating a necessity for additional training for the midwives. Midwives must be instructed in ethics, communication skills, and pain management techniques throughout labour and childbirth to enhance the care provided to expectant mothers during delivery. The study's findings indicate that multiple factors either help or hinder midwives' ability to deliver respectful maternity care (Tajvar et al., 2022). This necessitates additional research to explore the development of RMC programs that consider various strategies to address the obstacles hindering midwives from achieving a happy

experience in delivery care. The intervention package may be integrated into in-service training programs for nurses and midwives (Dhakal et al., 2022).

Limitation

This study was confined to midwives engaged in the labour ward of a specific hospital in the state; hence, the small sample size may impact the generalisability of the findings. This study, conversely, afforded researchers the opportunity to acquire insight into midwives' lived experiences in delivering respectful care during childbirth.

Conclusion

This study's findings offer profound insights into midwives' experiences in delivering respectful maternity care during childbirth using a phenomenological lens. The investigation revealed both positive and negative emotions. Midwives are prepared to deliver respectful care throughout childbirth; yet, their capacity is constrained when expectations are unmet and when faced with systemic health limitations. However, when they perceived the newborns' lives to be at risk, they rationalised their disrespectful treatment. The findings indicate that systemic modifications to meet midwives' expectations and alleviate health system limitations are necessary to foster respectful maternity care. A collaborative approach of care between the antenatal clinic and the labour ward may enhance women's understanding of labour, hence fostering improved cooperation during the process.

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