

Respectful Maternity Care: Fundamental Human Right in Labour and Delivery

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Abstract:

Labour and childbirth is an important event in the life of a woman and her family members. For a pregnancy to go uneventful there should be good interaction between healthcare providers and the pregnant mother is a prerequisite for good pregnancy outcome which can be practiced through Respectful Maternity Care (RMC). It is necessary to provide emotional support and be able to get good information and effective information from the woman in labour and child birth. Respectful Maternity Care is an approach to care which uses the approach of fundamental human right of the newborn, mother and families and also provides access to evidence based care giving preference to both newborn and mother. Respectful Maternity Care is an approach to care which uses the approach of fundamental human right of the newborn, mother and families and also provides access to evidence based care giving preference to both newborn and mother. Mistreating pregnant women entails discrimination, failure to obtain consent for procedures like vaginal examination, episiotomy, induction of labour, caesarean section and so on physical and or verbal abuse, neglect, lack of supportive care, lack of privacy and so on. The mentioned mistreatment can take place between the healthcare workers and the pregnant women, or even at a higher level like health facility and health system. It is therefore recommended that pregnant women should be treated well and organized care

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provided to them in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment.

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Introduction

Labour and childbirth is an important event in the life of a woman and her family members. Pregnancy, labour and delivery are a stressful period in the life of a pregnant woman and all pregnant women deserve to be treated with respect during this crucial period. In 2018, World Health Organization (WHO) affirms that for a pregnancy to go uneventful there should be good interaction between healthcare providers and the pregnant mother as a prerequisite for good pregnancy outcome which can be practice through Respectful Maternity Care (RMC). It is necessary to provide emotional support and to be able to get good information and effective information from the woman in labour and child birth. It is also necessary for good utilization of healthcare services and improvement of quality care. Respectful Maternity Care is an approach to care which uses the approach of fundamental human right of the newborn, mother and families and also provides access to evidence based care giving preference to both newborn and mother (Moridi, et al., 2020).

Mistreating pregnant women during labour is a global issue, the effect of which makes a woman to be dehumanized, makes her not to be in charge of her own birth and disempowered her. Meanwhile, for some decades now, women all over the world has been encouraged to make use of health facilities in giving birth so that they can have access to skilled care during birth and prompt referral if there is need to do so but there has been increasing evidence of pregnant women being exposed to undignified, disrespectful and demoralizing act in many health facilities. Some of the practices are; discrimination, failure to obtain consent for procedures like vaginal examination, episiotomy, induction of labour, caesarean section and so on, physical and or verbal abuse, neglect, lack of supportive care, lack of privacy and so on. The mentioned mistreatment can take place between the healthcare workers and the pregnant women, or even at a higher level like health facility and health system (Boren, et al., 2019).

The advocacy for good quality care in nursing, midwifery and medicine started formerly in 1960s and 1970s. it was given various terms like good quality care, humanized care, right based care, family centered care, patient centered care, woman centered care and respectful care. In maternity care, the concept of respectful maternity care occurs in 1970 alongside the women's rights movement which includes; women's health and rights and impacted provider thinking about the provision of care. Also, journals in nursing and midwifery published research on what is now known as evidence based respectful care including evidence supporting birthing position other than supine. Respectful Maternity Care began to appear in textbooks and training courses for midwives in early 2000. It included the American College of Nurse Midwives (ACNM) training on greetings and listening to women and their family members, providing privacy and comfort measures, explaining what will happen and providing answers to questions (Boren, et al., 2019).

Presently, respectful maternity care is being referred to as care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and child birth. It is being recommended by WHO for all women during labour and child birth. According to WHO's recommendations on intra partum care for a positive child birth experience in 2018 highlighted that respectful maternity care is in accordance



with human rights based approaches to maternity care, it could improve women's experience of labour and child birth and also address health inequality (Boren, et al., 2019).

Concept of Respectful Maternity Care

Respectful Maternity Care is defined as a universal human right that encompasses the principles of ethics and respect for woman's feelings, dignity, choices and preferences (Moridi, et al., 2020). It can also be defined as organized care rendered to woman during labour and delivery in a form that maintains women's dignity, privacy and confidentiality, freedom from harm and all forms of mistreatment and ensures informed consent and continuous support throughout this period (Ige & Cele, 2021).

It is a human right issue because all women have right to freedom from harm and ill treatment, right to provide informed consent and refusal to consent, respect for choices and preferences including companionship during maternity care. Respectful maternity care is an important component of care in provision of good quality care during labour and birth. Facility based care is being advocated from the pregnant women which is possible when they are supported, respected, feel safe and are able to participate in taking decision with their providers which is more likely to add to their positive child birth experience. However, when women experience disrespectful care, they are less likely to use facility based care which can have negative birth experiences (Boren, et al., 2019).

According to The White Ribbon Alliance cited in Moridi, et al. (2020), there are seven domain of respectful maternity care during child birth using a right base approach which are; physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment of care and detention in facilities. There are however variations in operational components in terms of specific behaviours, practices or standards in research and programme implementation.

Concept of Human Rights

Human rights are phenomena that are universal to all but of great significant for the disadvantaged groups like people with mental illness who due to the limitations of their illness cannot assert their rights (Iheanacho, et al., 2021). Human rights of patients are the basic rights to life and freedoms that belong to every person and recognize and protect the dignity of all human beings (Equality and Human Rights Commission, 2021). According to UNICEF (2015), human rights are standards that recognize and protect the dignity of all human beings. It governs how individual human beings live in society and with each other, as well as their relationship with the State and the obligations that the State have towards them. No government, group or individual person has the right to do anything that violates another's rights.

It has several elements as presented below by UNICEF (2015):

Indivisibility: Human rights are indivisible. Whether civil, political, economic, social or cultural in nature, they are all inherent to the dignity of every human person. Consequently, they all have equal status as rights. There is no such thing as a 'small' right of hierarchy of human rights.

Inter-dependence and inter-relatedness: The realization of one right often depends, wholly or in part, upon the realization of others. For instance, the realization of the right to health may depend on the realization of the right to education or of the right to information.



Equality and non-discrimination: All individuals are equal as human beings and by virtue of the inherent dignity of each human person. All human beings are entitled to their human rights without discrimination of any kind, such as race, color, sex, ethnicity, age, language, religion, political or other opinion, national or social origin, disability, property, birth or other status as explained by the human rights treaty bodies.

Participation and inclusion: Every person is entitled to active, free and meaningful participation in, contribution to, and enjoyment of civil, political, economic, social and cultural development, through which human rights and fundamental freedoms can be realized.

Accountability and rule of law: States and other duty-bearers must comply with the legal norms and standards enshrined in human rights instruments. Where they fail to do so, aggrieved rights-holders are entitled to institute proceedings for appropriate redress before a competent court or other adjudicator, in accordance with the rules and procedures provided by law.

Also, the United Nations Human Rights Office of the High Commissioner (2021) noted that human rights also mean that States have obligations and duties under international law to respect, protect and fulfill human rights.

- The obligation to respect means that States must refrain from interfering with or curtailing the enjoyment of human rights.
- The obligation to protect requires States to protect individuals and groups against human rights abuses.
- The obligation to fulfill means that States must take positive action to facilitate the enjoyment of basic human rights.

In the interim, as individuals, while we are entitled to our human rights, we should also respect and stand up for the human rights of others.

Rights of Women during Labour and Childbirth

Jolivet, et al. (2021) identify the following as the seven key categories to focus on;

- a. Right to be free from harm and ill treatment
- b. Right to dignity and respect
- c. Right to information, informed consent, respect for choices and preferences including right to companionship of choice where ever possible
- d. Right to privacy and confidentiality
- e. Right to non-discrimination, equality and equitable care
- f. Right to timely healthcare and to highest attainable level of care
- g. Right to liberty, autonomy, self-determination and freedom from coercion

Women should be treated in a way that they are free from harm, and harmful practices, violence, torture and mal treatment which may be inform of physical, sexual and verbal abuse. There should be provision of food and fluid during the course of labour and only medically indicated and evidence based practices should be encouraged and practiced. Harmful practices and overuse of interventions, drugs, technology and unnecessary separation of baby from the mother should be avoided. Mothers should be protected from individuals and institutional violence and maltreatment including physical, verbal and sexual abuse. It is the right of women to be given pharmacological and non-pharmacological pain



relief option with supportive care and skin to skin contact with the baby immediately postpartum.

It is the right of women to be treated with dignity and respect during facility based childbirth which should be demonstrated through sensitivity and empathy for women and their partner especially those who experience loss and bereavement. Care should be culturally sensitive, good inter provider relationships, competent care including respect for beliefs and traditions. There should be respectful treatment of women including respect for their personality, experiences and feelings. All healthcare providers and other workers should collaborate to provide respectful maternity care. There should be effective communication through the use of language that the patient understands, use of the language that is respectful and addressing the patient politely by name and providing verbal support and encouragement. Non-verbal communication should be positive and supportive, the behavior which should be of dignity and respect.

Information should be given to women and they should be allowed to provide informed consent, refusal and their choices and preferences should be respected. Honest and complete information should be provided while encouraging women to ask questions and express their concerns and opinions as well as engage them with decision making about their care. Before performing any procedure and intervention, their consent should be sought while respecting their choices and refusals. Healthcare workers can support women who want to move freely during labour and birth including assuming the position of their choice. Also, women should be provided with option of having companion of their choice to be present during labour, childbirth and postpartum. They should be informed about tests treatments and any out pocket expenses. If they want to involve any other significant others in their care and decisions, their decision should be respected.

Right to confidentiality and privacy focuses on visual and auditory privacy which includes provision drapes, screens, private rooms and so on for the patients during examinations and consultations. Number of people present should also be limited to those who are clinically necessary or as desired by the patients. Information of the patients should be kept confidential and should not be divulged unless for the treatment and patient's management. Sharing of patient's detail information in the medical records should be avoided.

Right to non-discrimination, equality and equitable care includes that every woman should be treated equally (equal respect and dignity) regardless of specific personal attribute but not limited to age, education, religion, class, ethnicity, wealth, influence, lesbian, gay, bisexual etc. with or without disease like Hepatitis, HIV etc. The above right should be adhere for women in labour, delivery and postpartum

Right to timely healthcare and to highest attainable level of health includes that every woman has a skilled attendant during childbirth. Every woman should be given prompt and needed attention being responsive to medical care and comfort of the woman. Also, healthcare workers should ensure continuity of care across facilities, settings and between providers. Healthcare should be timely, and to the highest attainable level.

Right to liberty, autonomy, self-determination and freedom from coercion advocates that women should not be prevented from holding their babies, seeing their babies or being with



their babies for any reason, not even their inability to pay. Also, they should not be illegally detained or restrain physically which is applicable to their family members also.

The 12 steps to safe and respectful mother-baby-family maternity care according to International Childbirth Initiative (ICI) (Boren, et al., 2019) are

- i. Provide respect, dignity and informed choice
- ii. Provide free or affordable care with cost transparency
- iii. Routinely provide Mother-Baby-Family maternity care
- iv. Offer continuous support
- v. Provide pain relief measure
- vi. Provide evidence-based practices
- vii. Avoid harmful practices
- viii. Enhance wellness and prevent illness
- ix. Provide emergency care and support
- x. Have a supportive human resource policy
- xi. Provide a care continuum
- xii. Promote breast feeding and skin to skin contact (Boren, et al., 2019)

Coercion in Maternity Care

Definition of coercion refers to force and compulsion and is the practice of compelling a person to behave in an involuntary way and can be physical or psychological (Webster's online dictionary 2022). The coercive methods on which statistics have been compiled in maternity care are forced medication and physical restraint. Seclusion is defined as isolation, placement, and retention of an inpatient in a room with minimal furnishing. Forced medication (or chemical restraint) refers using any medication to control agitated states against the patient's will in case of an emergency or within involuntary treatment.

In medicine generally, this may be experienced by the patient through the physician's expertise and control of resources. Coercion plays a central but highly controversial role in maternity health services. Coercive interventions include restraints, involuntary hospitalizations, and (in some cases) medications through which the will of clinicians and the power of institutions are enacted upon (Lovell & Rhodes, 2019).

Formal coercion refers to the power given to clinical staff from legislation to force individuals to be assessed; and then admitted to hospital and treated without consent. Informal coercion refers to the influence of family members and health care providers on the individual through ongoing reminders of appointments or warnings about consequences of not taking medication; and persuasion by the family giving reasons why the patient would benefit from hospitalization (Lovell & Rhodes, 2019). Coercion may be experienced with persuasion, inducement (an exchange of something positive for agreeing to admission), threats, show of force, physical force (restraint), legal force (involuntary hospitalization), giving orders, and deception.

Ethical Principles and Nurses Role in Maternity Care

In health sector, nurses are known to play significant role with various responsibilities (Department of Health, State Government of Victoria, Australia, 2020). They are the lifeblood and backbones of any healthcare system (Scalise, 2021). They perform the day-to-day care and services at the hospitals hence are life savers (Department of Health, State Government of



Victoria, Australia, 2020). Therefore, Smith (2021) noted that primarily, they advocate and care for patients and support them through health and illness towards a better wellbeing. According to Department of Health, State Government of Victoria, Australia (2020), they provide several services such as cares for patients, communicate necessary information to the doctors and could also serve as representative to the doctor where need be especially for first aids to patients, they assist in the administration of drugs and medicine, helping patients to check for vital signs, and other several others. Hence, the success of any health center is not guaranteed without the position and services of nurses (Scalise, 2021) because the success is vested on the successful partnership between the nurses and doctors.

According to Scalise (2021), there are several types of nurse-specialists' positions that exists in the health sector which ranges from clinical nurses, critical care nurses, geriatric nurses, oncology nurses, cardiac nurses nurse-anesthetists mental and health nurses among others. This study focused on the midwife nurses who work in variety of settings providing support and treatment for pregnant women.

The need for ensuring patients right among nurses is premise on the fact that the levels of anxiety, depression, and disorder among individuals, families and members of the community have increased. This increase is attributed to the several challenges that are faced by individuals which could be family, community, and national related issues within the Nigerian society. Therefore, nurses are expected to provide care and health services in any hospital towards ameliorating the various pain pregnant women pass through during labour.

Ethics has many definitions, according to different needs and body of profession. Ethics In nursing according to Ajao, (2017) is viewed as a body of knowledge concerned with issues of moral behaviour and a systematic inquiry into principles of right and wrong conduct, virtue and vice, as well as good and evil, as they relate to conduct and as a set of principles that guides conduct. Furthermore, ethics according to Kjervik and Brous, (2017), provided the expression of values in support of nurses' empowerment, such as autonomy in practice, beneficence, and care-based moral in doing what is best and just for patient. Professional ethics, therefore, refers to the use of logical and consistent communication, knowledge, clinical skills, emotions, and values in nursing practice (Dehghan, et al., 2015). Ethics and ethical practices are in no doubt integrated into all aspects of nursing care.

Ethics and its principles are inseparable, and therefore the place of ethical principle in nursing practice cannot be over emphasized. While ethics is the structure of standard of right and wrong, principles are rules that put values into practice. Therefore, ethical principles include those rules that guide our morals, integrity, values character and conduct which serve as a guide to our daily living and help us to judge whether our behaviour can be justified (Joshua, 2019). Ethical principles vary as viewed by different writers. Saint Mary's college, (2019) identified three major principles (autonomy, beneficence, and justice) based on research on human while Joshua (2019) identified four pillars of ethical principles, which are autonomy, beneficence, justice and veracity. Others added by Quora, (2019) are fidelity, truthfulness, confidentiality, non- maleficence, social justice, procedural justice, and honesty. Aina (2017) therefore declared that the ethical principles that nurses must adhere to should include the principles of justice, beneficence, non -maleficence, accountability, fidelity, autonomy, and veracity among others. In influencing patient care from an ethical perspective,



a nurse needs an understanding of ethical principles and models. Knowledge of ethical principles, such as autonomy and beneficence, arms the nurse with power to be a major player in the decision-making processes regarding patient care.

Behavioural Barriers inhibiting Respectful Maternity Care from the Healthcare Workers

According to Smith, et al (2021), the following are identified five key behavioral barriers inhibiting respectful maternity care;

Barrier 1: This happens when providers do not consider the decision to provide respectful care because they believe they are doing what they are expected to do. Training, supervision and feedback is focused on clinical treatment and health risks and does not address respectful care. There are clinical algorithms and guidelines, including visual cues in the facility, but nothing which provides clear guidelines for how to give good care. Pain is seen as a natural birth experience, the provider had a painful delivery, has attended many painful deliveries, and the bible says that labour is painful; hence pain in labour is seen as normal.

Barrier 2: Providers do not consider the decision to provide respectful care explicitly since abuse and violence are normalized and therefore the default. Provider experienced violence as a child as a form of discipline. Training and clinical experience of provider reinforces that clients need rigid, forcefully delivered commands and interventions making it difficult for the providers to accept and change to respectful maternity care.

Barrier 3: Providers believe they do not need to provide respectful care. There are no serious consequences to providers who engage in disrespectful or abusive behavior. Client clothing or appearance makes them seem low income, or they are considered to be a community member of lower status. Provider has never interacted with the client before delivery and the client is behaving erratically or not following instructions.

Barrier 4: Providers consistently reported focusing on avoiding death of the client and her child, and defined success as both of them surviving. Their remarks highlighted that the risk that the client or her child could die in childbirth looms large in providers' minds, and that their attention and energy is focused on keeping them alive by all means necessary making providers resort to tactics that involve disrespectful care such as shouting at, hitting, or refusing to attend clients who do not follow directions. Maternal or infant death results in an audit, placing an emphasis on clinical practices. Providers do not receive salient information or feedback on the impact of respectful or disrespectful care on health outcomes.

Barrier 5: Providers change their mind about the quality of care they will provide when they believe that disrespectful care will assist their clinical objectives. While many providers spoke about wanting to provide respectful care, other comments suggest that they may ultimately change their minds and provide care which is harsh or abusive. Providers often highlighted the risky nature of the work they do and how any adverse development could become extreme and lead to the death of a client or a child. Providers perceive the client's own actions as instrumental in averting disaster; therefore, providers often spoke of needing to have authority over clients. Throughout labour, providers ask clients to assume certain positions, to refrain from pushing too early, to push at the right time, or to respond to other instructions. Providers reported that clients often do not follow these instructions and that harsh treatment is often necessary to get them to comply.



Conclusion

Respectful maternity care is recommended for all women throughout labour, childbirth, and postpartum periods, and refers to as care organized for and provided to all women “in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, which enables informed choice and continuous support during labour and childbirth. Despite clear guidance about what constitutes respectful care, not all women receive this type of care. Improving the experience of care for women during delivery is an issue of critical importance from both health outcomes and human rights perspectives.

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