INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X
Impact Factor: 6.078

(Volume 10, Issue 3 - V10I3-1190)
Available online at: https://www.ijariit.com

Respectful Maternity Care Practices During Labour Among Nursing Personnel

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ABSTRACT

Safe motherhood care is the right of every woman, and it is the responsibility of the welfare state to provide quality maternal health services. Respectful maternity care (RMC) is not only a quality indicator of maternity care, but it also assures that all childbearing women's essential human rights are protected. Methods: A cross-sectional study was conducted to assess the Respectful Maternity Care Practices during labor among 60 nursing personnel from maternity centers who were selected by consecutive sampling technique. The data was collected by observation method, using pretested and validated tools such as background variables proforma of nursing personnel and standardized white ribbon Alliance Charter on Respectful Maternity Care during labor. Results: The findings revealed that 96.7% of the nursing personnel exhibited moderately adequate practice in respectful maternity care. The global mean practice score was 30.60/52 ± 2.76 (58.84%). There was a significant association between selected background variables—age, years of experience, marital status, number of children—and the practice of nursing personnel on respectful maternity care (RMC) during labor (p < 0.05). Conclusion: The implementation of Respectful Maternity Care needs and change of attitudes of nursing personnel who render care during childbirth will address the issue of disrespect and abuse towards women and provide happy and fulfilling experiences for all women during labor.

KEYWORDS: *Practice, Respectful Maternity Care, and Nursing Personnel.*

Introduction:

Safe motherhood care is the right of every woman, and it is the responsibility of the welfare state to provide quality maternal health services. World Health Organization (WHO) guidelines emphasize positive birth experience through Respectful Maternity Care (RMC) which promotes healthcare-seeking behaviour and access to emergency obstetrical care (World Health Organization,2017). This implies providing quality maternal care does not only require adequate equipment and professional skills but also positive attitudes from health workers to promote optimal interventions in maternity care (Ndwiga et al, 2017)

An evaluative review was conducted among 125 women to assess the available standards for Respectful Maternity Care (RMC) and adapt them in the Indian context at Government Hospital. The beneficiaries were administered a questionnaire based on the domains of RMC. The findings clearly showed that health providers are maintaining RMC based on domains in a uniform manner and no patients were not satisfied. This shows overall respectful maternity care was well maintained from Government

Medical College Hospital. due to the sensitizing of RMC and the LaQshya program (Padmanaban, Udayakumar & Sironmani, 2021)

A cross-sectional study assesses the level of RMC and its barriers in the labor room of a tertiary care hospital in Odisha among 246 women selected by consecutive sampling technique. According to the findings, more than one-third of women reported positive RMC. Women ranked highly in the domains of environment, resources, dignified care, and non-discrimination, however non-consented care and non-confidential care were rated low. Lack of resources, personnel, recalcitrant mother, communication concerns, privacy issues, a lack of policies, workload, and language problems were identified as barriers to RMC delivery by health care providers. RMC showed a substantial relationship with age, education, occupation, and income. In contrast, residence, marital status, number of children, antenatal visit, type of antenatal care facility, mode of delivery, and gender of health care provider were not connected with RMC. (Yadav et al,2022)

A facility-based observational, descriptive study was conducted among healthcare professionals posted in the labor room to identify resident doctors' and staff nurses' opinions on the provision of RMC at their workplace and to explore the association between opinions on RMC. The findings revealed that more than 60% of providers were trained on RMC. Providers reported desirable practices on most items related to RMC except in providers introducing themselves to women, allowing birthing companions, and allowing women to assume the position of choice. Opinion about RMC was significantly associated with training status. Uncooperative women were considered the most important barrier to providing optimum RMC. It can be concluded from this study that training providers can reinforce good practices related to RMC and improve the quality of care at birth. (Das et al,2023)

Raval et al (2021) conducted a cross-sectional study to assess the RMC services during the intrapartum period at public healthcare facilities. A total of 41 pregnant women across three public health facilities were observed during intrapartum care. The findings revealed that most of the women experienced disrespectful intrapartum care provided at the public health care facilities; however, at least two performance standards of the RMC charter were met during intrapartum care at each public health care facility. Comparatively, the PHC demonstrated higher RMC performance compliance than DH and the CHC. Most often violations of RMC standards included beneficiaries were not greeted, privacy not maintained, they were not encouraged to ask questions, and support not provided during labour.

Based on the findings of the preceding study, it is believed that respectful maternity care practices need to be improved in India. The attitudes and behaviors of nurses significantly impact the quality of care and the satisfaction of the women they serve (Silal et al., 2020). Therefore, awareness and training in RMC among nursing personnel are essential to foster a healthcare environment that respects women's rights and meets their needs effectively (Abuya et al., 2020).

Comprehensive behavioural training on RMC, particularly for primary, secondary, and tertiary care physicians and nursing personnel, can help to improve the adaptation of RMC standards in different public health care institutions. Positive intrapartum care experiences have the potential to increase demand for maternal care services. As a result, this study was done to evaluate Nursing Personnel's Respectful Maternity Care Practices during Labour.

Statement of the Problem

A Descriptive Cross-Sectional study to assess the Respectful Maternity Care Practices during labour among Nursing Personnel at Selected maternity Centres

Objectives of the Study

1. To assess the Respectful Maternity Care Practices during labor among nursing personnel.
2. To determine the association between selected background variables and Respectful Maternity Care Practices among nursing personnel.

Hypothesis

Ho1 – There will be a significant association between selected background variables and Respectful Maternity Care Practices among nursing personnel at $p<0.05$.

Materials and Methods

This study was conducted using descriptive research design at corporation maternity centres, in Chennai. The setting was chosen based on the feasibility in terms of the availability of adequate samples and the cooperation of the concerned authorities. After obtaining the setting permission, 60 nursing personnel who fulfilled the inclusion criteria were selected using the total enumerative sampling technique. The data was collected by observation method using pretested and validated tools such as

background variables proforma of nursing personnel and standardized white ribbon alliance checklist. Background variables proforma of nursing personnel] includes the information regarding age, professional qualification, designation, nature of employment, years of experience, marital status, number of children, and exposure to in-service education programme on RMC. White Ribbon Alliance Respectful Maternity Care Checklist includes 52 items on 7 domains. The domains were physical harm and ill-treatment, right to knowledge, informed consent and preferred option, confidentiality and privacy, dignity and respect, provision of equitable care free of discrimination, being left without care, and being detained or confined against one's will. The participants will be observed during their practices. The total obtainable score was 0-52. The obtainable score was converted into percentages and interpreted as adequate (> 38), moderately adequate (26 – 38), and needs improvement (< 26). The collected data were analyzed using descriptive and inferential statistics.

Results and Discussion

Table 1: Frequency and Percentage Distribution of Background Variables of Nursing Personnel.

(N= 60)

Variables	**f**	**%**
Age in years		
≤25	0	0
26-35	29	48.3
36-45	22	36.7
Above 45	9	15.0
Educational Qualification		
ANM	47	77
GNM	11	18
B.Sc (N)	3	5
Designation		
Maternity Assistant	46	76.7
Staff Nurse	14	23.3
Nature of Employment		
Permanent	50	83.3
Contract	10	16.7
Marital Status		
Married	54	90.0
Unmarried	6	10.0
No of Children		
Nil	6	10.0
One	14	23.3
Two	40	66.7
>Two	0	0
Attended CNE on RMC		
Yes	0	0
No	60	100

Table 2 reveals that around half of the nursing personnel were aged 26-35 years (48.3 %), had more than 10 years of experience (51.7%), and belonged to a nuclear family (50%). Most of them were married (90%) having two children (66.7%),

working as Maternity Assistants (76.7%), and permanent employees (83.3%) and none of them attended CNE on respectful maternity care.

Fig 1 shows that more than half the of nursing personnel had more than 10 years of experience (52%)

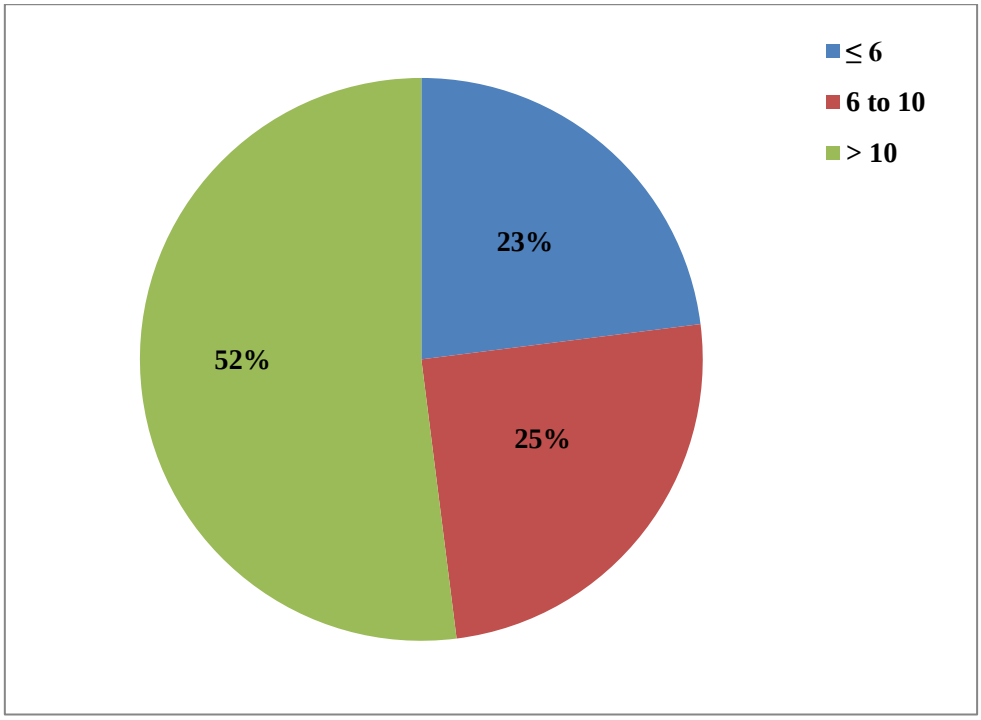

Fig: Percentage distribution of Experience of Nursing Personnel

Table 2: Respectful Maternity Care Practices during Labor among Nursing Personnel.

N = 60

Practices	**f**	**%**
Adequate (> 38)	0	0
Moderately Adequate (26 -38)	58	96.7
Needs Improvement (< 26)	2	3.3

Table 2 reveals that most of the nursing personnel's practice was moderately adequate on respectful maternity care during labor.

Table 6: Descriptive Statistics of Practice Scores on Respectful Maternity Care (RMC) among Nursing Personnel. (N=60)

Components	**Obtainable Score**	**Min**	**Max**	**Mean**	**Mean %**	**SD**
Physical harm and ill-treatment	0-11	4	8	6.02	54	0.873
Right to information, informed consent, and preferred choice	0-11	4	7	5.93	53.9	0.821
Confidentiality and privacy	0-7	2	6	4.48	64	0.676
Dignity and respect	0-9	4	6	5.15	57.22	0.633
Provision of equitable care, free of discrimination	0-5	2	4	3.28	**65.6**	0.524

Left without care	0-5	2	4	3.22	64.4	0.524
Detained or confined against will	0-4	2	3	2.52	63	0.504
Global Practice Score	0-52	**23**	**36**	**30.60**	**58.84**	**2.769**

The above table 3 depicts that, the mean and SD of practice scores on respectful maternity care during labor i.e. the global mean practice score was 30.60/52 ± 2. 76 (58.84%) among nursing personnel regarding the components the highest mean % was found in the provision of equitable care, free of discrimination (65.4%) and the lowest score was found in Right to information, informed consent and preferred choice (53.9 %).

Table 4 Association between selected background variables and Respectful Maternity Care Practices during labor among nursing personnel

(N= 60)

Variables	n	Practice		F /t value	p value
		Mean	SD		
Age in Years				F=21.578	**P<0.001**
≤ 25	-	-	-		
36 to 35	29	32.29	2.20		
36 to 45	22	31.53	3.34		
>45	9	29.39	2.12		
Educational Status				F = 1.606	0.210
ANM	46	31.40	2.27		
GNM	11	30.33	2.70		
B. Sc (N)	3	33.00	2.37		
M. Sc (N)	-	-	-		
Designation				t = 1.749	0.086
Maternity Asst	46	31.14	2.93		
Staff Nurse	14	30.05	2.59		
Experience				F=7.928	**P<0.001**
Upto 5 Yrs	14	32.29	2.20		
6-10 Yrs	15	31.53	3.34		
>10Yrs	31	29.39	2.12		
Nature of Employment				t = 1.001	0.321
Permanent	50	31.40	2.27		
Contract	10	30.33	2.70		
Marital Status				t = 2.319	**0.024**
Married	54	33.00	2.37		
Unmarried	6	33.00	2.37		
No of Children					
Nil	6	31.14	2.93	F=3.604	**0.034**

1	14	30.05	2.59		
2	40	32.29	2.20		

There was a significant association between selected Background variables- Age, Years of experience, Marital status, no. of children, and practice of Nursing personnel on Respectful Maternity Care (RMC) during labor at ($p < 0.05$). However, there is no significant association between other Background variables like educational status, designation, nature of employment, and practice of Nursing personnel on Respectful Maternity Care (RMC) at ($p > 0.05$).

Hence hypothesis—**H_1** – "There will be a significant association between selected background variables and Practice on Respectful Maternity Care during labor among nursing personnel" was retained with regard to age, years of experience, marital status, and number of children and rejected with regard to other variables like education, designation and Nature of Employment.

Discussion

The purpose of this study was to assess the level of practice regarding respectful maternity care (RMC) among nursing personnel. Most of the nursing personnel's practice was moderately adequate on respectful maternity care during labor. This may be due to a lack of training, workload, and shortage of manpower. Nursing personnel can be empowered by comprehensive training on respectful maternity care principles, communication skills, and cultural competence, which will enable them to implement respectful care practices during labor.

These findings were supported by Dasari & Thulasingam (2021), who conducted a qualitative assessment among residents and nurses practicing respectful maternity care. The operationalization of the birth companion policy was monitored through daily observations, inquiries, and onsite surprise visits over a one-year period. The results showed that only a few healthcare workers and a certain cadre of women who labored and received RMC followed the practice of RMC, and disrespect and abuse still prevailed. The bottlenecks identified were the low socioeconomic status of women, the in-charge consultants not insisting on the presence of birth companions, and the residents and nurses not promoting the birth companion policy. So it is concluded that the implementation of Respectful Maternity Care needs will change of attitudes of personnel who render care during childbirth.

These findings were also supported by Ansari & Yeravdekar (2020) who conducted a systematic review of various databases. After quality assessment, seven studies were included. Individual study prevalence ranged from 20.9% to 100%. The overall pooled prevalence of disrespectful maternity care was 71.31% (95% CI 39.84–102.78). Pooled prevalence in community-based studies was 77.32% (95% CI 56.71–97.93), which was higher as compared to studies conducted in health facilities, this being 65.38% (95% CI 15.76–115.01). The highest reported form of ill-treatment was non-consent (49.84%), verbal abuse (25.75%) followed by threats (23.25%), physical abuse (16.96%), and discrimination (14.79%). Besides, other factors they identified some factors such as lack of dignity, delivery by unqualified personnel, lack of privacy, demand for informal payments, and lack of basic infrastructure, hygiene, and sanitation. The determinants identified for disrespect and abuse were sociocultural factors including age, socioeconomic status, caste, parity, women's autonomy, empowerment, comorbidities, and environmental factors including infrastructural issues, overcrowding, ill-equipped health facilities, supply constraints, and healthcare access.

In the current study, there was a significant association between selected Background variables- Age, Years of experience, Marital status, no. of children, and practice of Nursing personnel on Respectful Maternity Care (RMC) during labor at ($p < 0.05$). There is no significant association between other Background variables like educational status, designation, nature of employment, and practice of Nursing personnel on Respectful Maternity Care (RMC) at ($p > 0.05$).

Hence hypothesis—**H_4** – "There will be a significant association between selected background variables and Practice on Respectful Maternity Care during labor among nursing personnel" was retained with regard to age, years of experience, marital status, and number of children and rejected with regard to other variables like education, designation and Nature of Employment.

These background variables can intersect and interact in complex ways to influence nursing personnel's practice of RMC during labor. For example, older nursing personnel who are married and have children may have a particularly strong commitment to providing respectful care, drawing on their personal and professional experiences to inform their practice.

These findings were supported by Dasari et al (2024) conducted a cross-sectional mixed-metho study in a tertiary care teaching institute in South India to assess the D&A during labor and postpartum, and to determine the factors significantly associated with D&A among 380 women. The prevalence of D&A was high (85%) according to the RMC standards of the USAID-MCHIP questionnaire, whereas it was only 33% according to women's perspective. The most common type of D&A was non-dignified care. The factors significantly associated with D&A were women over 25 years old, those admitted as an emergency referral, having a recommendation letter, and relatives working at the same healthcare facility.

Nurses' knowledge also can be enhanced using effective and other alternative teaching methods such as online teaching (Kalaimathi et al, 2020, Mary et al, 2024), Simulation-based learning (Saraswathi et al, 2023), Bibliotherapy (Metha et al, 2016), Virtual Reality Therapy, Hemakshmi, et al, 2018, Anusha, 2018 and Priyanka et al, 2021) and Integrated teaching using patient experiences as a teaching tool (Ramya et al, 2021). The nurse's performance and clinical competence in this area should be periodically by various reliable and valid evaluation tools (Vijayalakshmi et al 2014, Vijayalakshmi & Revathi, 2017, Vijayalakshmi et al 2016) such as OSCE/ OSPE (Objective Structured Clinical/ Practical Examination). In terms of workplace practices, creating a culture that values and promotes RMC is essential (Pandiselvi et al, 2024). Healthcare institutions should implement systems where nurses can regularly review and provide feedback on RMC practices. Practical steps such as peer-review systems (Vijayalakshmi & Venkatesan 2014) and recognition programs for exemplary RMC practices can help maintain high standards of care.

Additionally, the teaching and learning process can be made more effective and engaging by incorporating innovative and alternative approaches and ice-breaking sessions such as humor therapy (Debashree et al., 2017), laughter therapy (Meenakshi et al., 2014), and rather than relying solely on traditional and monotonous methods. Additionally, it will also help them reduce their stress and improve their wellbeing. These innovative approaches also will enhance self-esteem (Priya et al, 2019) and improve competence among nursing personnel which in turn helps in maintaining the quality of care. Dignified care also plays a vital role in promoting health-seeking behaviors (Vijayalakshmi, 2021) among women during labor, which is an essential component of maternal health care. Therefore, respectful maternity care must be promoted and maximized by customizing care to meet individual needs.

Conclusion

The findings of the study revealed that most of the nursing personnel exhibited moderately adequate practice of respectful maternity care during labor. Respectful maternity care plays a vital role in promoting health-seeking behaviors among women during labor. Ensuring a dignified and respectful working environment could contribute to an increase in health-seeking behaviors and consequently reduction of maternal mortality.

Addressing these challenges requires multifaceted approaches, including comprehensive training programs on respectful maternity care, efforts to reduce workload and improve staffing levels, investment in resources and infrastructure, and initiatives to promote a culture of respect and compassion within healthcare settings. By addressing these factors, nursing personnel can be better equipped to provide quality and respectful care during labor.

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