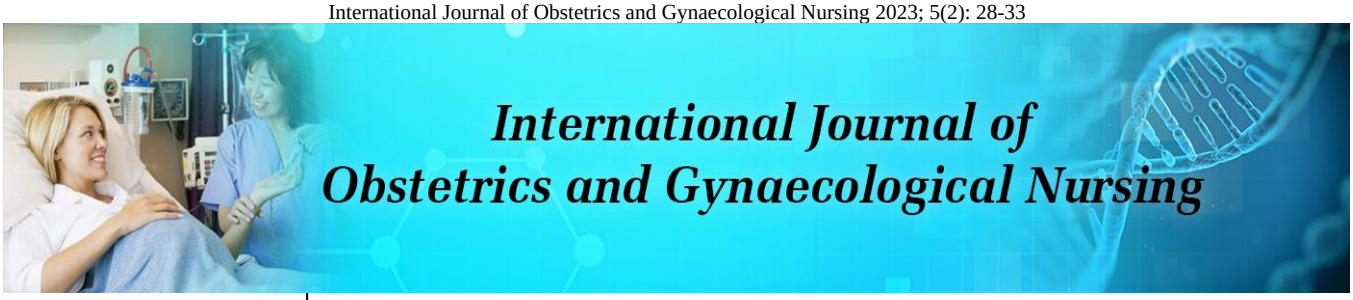

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Midwife led maternity care: Assessment of autonomy and dignity of mothers during labour using MOR index

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Abstract
Midwifery led care can play a critical role in promoting physiological births, and reducing over medicalization. Ministry and Indian Nursing council have brought out guidelines for Midwifery services. Midwife led care is paradigm shift which can address many of the issues that our country continue to face. Measuring respectful care over the childbearing cycle requires thoughtful assessment of several domains. The Mother on Respect index is a straightforward tool to measure the experience of respect during discussions with providers about maternity care options. Mother on Respect Index (MOR) was developed through participatory research process and has been administered to women in Canada and US and is a reliable and valid measure of respectful maternity care.
Aim: To conduct a pilot study to assess Mother on Respect Index as a tool to measure autonomy and dignity of care perceived by mothers during labour.
Objectives: To assess the autonomy and dignity of maternal care perceived by mothers during labour using Mother on Respect Index
To find the association of MOR index with sociodemographic and baseline variables
Hypothesis: There is no association of MOR index with selected sociodemographic and baseline variables.
Research Methodology
Research approach: Quantitative Non Experimental
Research Design: Cross Sectional Survey Design
Target Population: Antenatal women of Western Maharashtra
Study population: Antenatal women attending selected tertiary care hospital in Western Maharashtra
Sampling Technique: Purposive Sampling
Sample Size: 200
Tool: Mother on Respect Index
Result: 18 study subjects reported medium level of satisfaction between 37-60. Maximum 182 (91%) study subjects reported high level of satisfaction in Midwife Led Maternity Care. No association of Mother on respect index score with gravida, parity in study group at p value 0.05.There is no aassociation of Mother on respect index score with age, education, type of family, pregnancy status in study group at p value 0.05. There is a moderate positive correlation between total duration of labour and Mother on respect index score but the finding is not statistically significant as the p value calculated is 0.63. A moderate positive correlation between Modified Coopland Risk Assessment score as calculated p value <0.0001 this finding is statistically highly significant. Number of antenatal visit has shown a week positive correlation with Mother on Respect index as p value is 0.20 this finding is not statistically significant.
Conclusion: The MOR index may assist institutions and care providers to evaluate the psychosocial impact of informed consent process and patient perceptions of the respect. MORi can measure differences between their expected and actual interactions during maternity care discussions with providers. Evidence based practice of MOR index as new quality and safety indicator in maternity care centre indicate paradigm shift towards person centred care.

Keywords: Midwife led maternity care, mother on respect index (MORi)

Introduction

"Pregnancy and birth knit womankind together. Help weave a gorgeous thread to add to the fabric. Be supportive. Be kind. Be wise. Be open."

Desirre Andrews

Good care during pregnancy is important for the health of the mother and the development of the baby. Pregnancy is a crucial time to promote healthy behaviors and parenting skills Pregnancy, motherhood and child birth are not at all romance and dreamy nostalgia but it is a serious reality which has its own inherent risks to health and survival both for mother and the baby.

The extent of maternal mortality is an indicator of disparity and inequity in access to appropriate health care and nutrition services throughout a lifetime, particularly during pregnancy and child birth. Between 1990 and 2015, India has witnessed 77% decline in maternal mortality as compared to global decline of 44%. India has recorded a decline of 9 points in the maternal mortality ratio from 122 in 2015-17 to 113 in 2016-18, according to the Sample Registration Survey.

Systematic review of 65 studies across 34 countries conducted by WHO research group on the treatment of Women during Child birth (Bohren *et al*., 2015) [1] generated evidence that there is no consensus at a global level on how disrespectful maternity care is measured. Lukasse *et al.* studied 6923 pregnant women in six European countries and results were showing that one in five pregnant women had experienced maternal disrespect.

Though there is knowledge explosion, scientific advancement, and technological development in Maternity Health care, we are moved to Max Tech to Min Touch Care scenario.

Need for the study

Do we need midwives?

(Michel Odent)

In 2015, India became one of the 193 countries to commit to the Sustainable Development Goals. (SDGs). To transform the world to a more prosperous, more equal and more secure planet for all by 2030. Core Health Indicators are Maternal mortality & Infant mortality.

Maternal mortality can be effectively controlled by

- Increase in Institutional deliveries through National Health Mission
- Midwifery practices to centre stage can improve quality of care around birth and decongest higher levels of facilities.

A strong midwifery cadre provide quality childbirth care to our mothers and newborns. It ensures care with dignity and compassion and promote a positive child birthing experience. Approximately 85% of pregnancies and births do not require specialized obstetric intervention. Midwifery led care can play a critical role in promoting physiological births, and reducing over medicalization. Ministry and Indian Nursing council have brought out guidelines for Midwifery services. Midwife led care is paradigm shift which can address many of the issues that our country continue to face.

A case brought before the Jharkhand Hight Court, Kalyani Meena vs Union of India & Ors, addressed the overwhelming number of preventable deaths of women who die either in pregnancy or childbirth as a result of human rights violations.

The Lancet series on Midwifery (2014) high lights that where midwives are educated, trained and deployed to provide the full scope of the competencies as described by International Confederation of Midwives (ICM), they can provide 87% of the services needed.

Midwife Led Units: Transforming Maternity Care Globally. There are an estimated 1.1 million midwives documented globally and far more who provide care to women and their families but are not officially counted. This robust evidence base led the National Institute for Health and Care Excellence (NICE) to recommend midwifery-led settings as the safest birthplace for healthy women experiencing uncomplicated pregnancies in the United Kingdom. The parturients in the study group presented higher spontaneous vaginal delivery (SVD) rate (p<0.05), and had shortened duration of first and second stages of labor and total duration of labor (p<0.05). The incidence of both PPH and neonatal asphyxia in the study group was lower than that in the control group (both p<0.05) and the patients' satisfaction in the study group was significantly higher (p<0.05).

Measuring respectful care over the childbearing cycle requires thoughtful assessment of several domains. The Mother on Respect index is a straightforward tool to measure the experience of respect during discussions with providers about maternity care options. Mother on Respect Index (MOR) was developed through participatory research process and has been administered to women in Canada and US and is a reliable and valid measure of respectful maternity care.

Kruske *et al*., 2013 [7] suggested that use of a validated tool as a routine quality and safety measure at the antenatal clinic or hospital level, could help clarify the confusion providers often exhibit over the conflict between patient rights and their own perceived professional responsibilities concerning pregnant persons.

Implementation of the Mother on Respect Index at the hospital level could support more women to make more informed decisions by comparing respectful treatment to measure and follow respectful care across birth facilities. The 14 item Mother on Respect Index can be used to quantify women's sense of disrespect and dismissal especially when engaging in conversations with providers. It does not measure incidence or impact of other types of abusive behaviour such as shouting, scolding, slapping which can be measured by Sheferaw's tool.

Aim

To conduct a pilot study to assess Mother on Respect Index as a tool to measure autonomy and dignity of care perceived by mothers during labour

Objectives

1. To assess the autonomy and dignity of maternal care perceived by mothers during labour using Mother on Respect Index
2. To find the association of MOR index with sociodemographic and baseline variables

Hypothesis

There is no association of MOR index with selected sociodemographic and baseline variables.

Research Methodology

Research approach: Quantitative Non Experimental

Research Design: Cross Sectional Survey Design

Target Population: Antenatal women of Western Maharashtra

Study population: Antenatal women attending selected tertiary care hospital in Western Maharashtra

Sampling Technique: Purposive Sampling

Sample Size: 200

Tool: Mother on Respect Index

A: Overall while making decisions about my pregnancy or birth care: (select or circle one answer for each statement)						
	Strongly Disagree	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
I felt comfortable asking questions	1	2	3	4	5	6
I felt comfortable declining care that was offered	1	2	3	4	5	6
I felt comfortable accepting the options for care that my doctor or midwife recommended	1	2	3	4	5	6
I felt pushed into accepting the options my doctor or midwife suggested	6	5	4	3	2	1
I chose the care options that I received	1	2	3	4	5	6
My personal preferences were respected	1	2	3	4	5	6
My cultural preferences were respected	1	2	3	4	5	6
	Section a total score:					
B: During my pregnancy I felt that I was treated poorly by my doctor or midwife because of: (select or circle one answer for each statement)						
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
My race, ethnicity, cultural background or language*	6	5	4	3	2	1
My sexual orientation and / or gender identity*	6	5	4	3	2	1
My type of health insurance or lack of insurance*	6	5	4	3	2	1
A difference of opinion with my caregivers about the right care for myself or my baby*	6	5	4	3	2	1
Add all scores in section B:	Section b total score:					
C: During my pregnancy I held back from asking questions or discussing my concerns because: (select or circle one answer for each statement)						
	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
My doctor or midwife seemed rushed*	6	5	4	3	2	1
I wanted maternity care that differed from what my doctor or midwife recommended*	6	5	4	3	2	1
I thought my doctor or midwife might think I was being difficult*	6	5	4	3	2	1
Add all scores in section C:	Section c total score:					

Scoring Table
Enter total score section A
Enter total score section B
Enter total score section C
A + B + C = Total Score

The range of scores is 14-84, with higher score indicating more respectful care.

Data Collection process

Permission to conduct the study was obtained from the Head of the Department & Institutional Ethical Committee.

The investigator introduced self and informed the subjects about the objectives of the study their willingness for participation in the study was sought and written informed consent was obtained in the language they understood.

All the subjects enrolled in the study was monitored during their antenatal visits, labour and ensured the quality antenatal, intrapartum and post-partum care was delivered. Only midwives were involved in rendering care. High risk cases were referred to obstetrician.

First postnatal day the MOR proforma has given to the subjects to fill their perception.

Data Analysis

Table 1: Socio-demographic data of study subjects n=200

Parameters	**Groups**	**No of subjects**	**Percentage**
Age (Yrs)	≤20	7	3.5
	21 – 25	74	37.0
	26 – 30	68	34.0
	31 – 35	34	17.0
	36 – 40	17	8.5
Education of wife	<X	24	12.0
	X – XII	55	27.5
	Diploma/ below graduation	23	11.5
	Graduation	63	31.5
	Post-graduation	35	17.5
Type of family	Nuclear	96	48.0
	Joint	104	52.0
Monthly income (Rs)	10000 – 20000	18	9.0
	20001 – 30000	10	5.0
	30001 – 40000	32	16.0
	40001 & above	140	70.0

Table 2: Assessment of maternal satisfaction based on the mother on respect index

Mother on respect index	No of subjects	Percentage
14 – 36 (Low)	0	0
37 – 60 (Medium)	18	9.0
61 – 84 (High)	182	91.0
Total	200	100.0

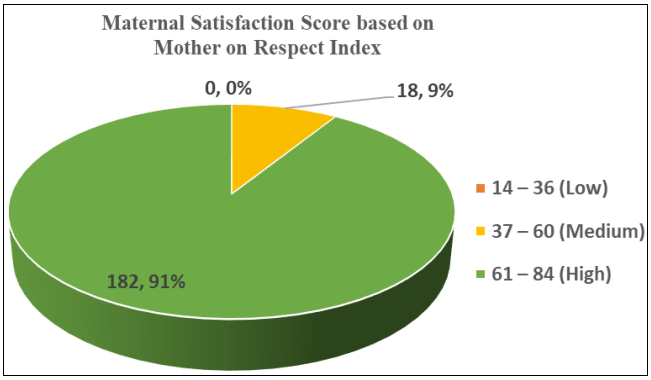

Fig 1: Assessment of maternal satisfaction based on the mother on respect index

Tab 2 & Fig 1 depicts Maternal Satisfaction. No study subjects reported low maternal satisfaction. 18 study subjects reported medium level of satisfaction between 37-60. Maximum 91% study subjects reported high level of satisfaction.

Table 3: Association of Mother on respect index score with gravida in study group

Gravida		Mother on respect index score		F Value	P Value
	n	Mean	SD		
G1	83	68.18	5.631	0.38	0.69
G2	105	68.10	6.091		
G3 & above	12	66.58	7.821		

Df= (2,197)

Tab 3 depicts no association of Mother on respect index score with gravida in study group at p value 0.05.

Table 4: Association of Mother on respect index score with parity in study group

Parity		Mother on respect index score		F Value	P Value
	n	Mean	SD		
0	110	68.47	5.785	0.75	0.47
1	84	67.43	6.198		
2	6	68.67	7.339		

Df= (2,197)

Tab 4 shows no association of Mother on respect index score with parity in study group at p value 0.05.

Table 5: Association of Mother on respect index score with pregnancy status in study group

Pregnancy status		Mother on respect index score		F Value	P Value
	n	Mean	SD		
Unplanned	38	67.42	5.401	0.76	0.47
Planned	146	68.34	6.233		
ART infertility treatment	16	66.75	5.119		

Df= (2,197)

Tab 5 illustrate no association of Mother on respect index score with pregnancy status in study group at p value 0.05.

Table 6: Association of Mother on respect index score with age in study group

Age (Yrs)		Mother on respect index score		F Value	P Value
	n	Mean	SD		
≤20	7	65.57	2.936	1.07	0.37
21 – 25	74	68.76	5.654		
26 – 30	68	67.93	5.911		
31 – 35	34	68.24	6.876		
36 – 40	17	66.00	6.708		

Df= (4,195)

Tab 6 show there is no association of Mother on respect index score with age in study group at p value 0.05

Table 7: Association of Mother on respect index score with education of wife in study group

Education of wife		Mother on respect index score		F Value	P Value
	n	Mean	SD		
<X	24	65.96	5.931	2.18	0.072
X – XII	55	67.56	5.224		
Diploma/below graduation	23	66.43	5.151		
Graduation	63	69.13	6.142		
Post-graduation	35	69.31	6.961		

Df= (4,195)

Tab 7 depict no association of Mother on respect index score with maternal education in study group at p value 0.05.

Table 8: Association of Mother on respect index score with Maternal Occupation in study group

Occupation of wife		Mother on respect index score		F Value	P Value
	n	Mean	SD		
No	145	67.96	5.856	0.16	0.93
Government	34	68.50	7.025		
Private	18	68.11	5.508		
Health sector/Daily/ Temporary	3	66.33	5.508		

Df= (3,196)

Tab 8 illustrate no association of Mother on respect index score with Maternal Occupation in study group at p value 0.05.

Table 9: Association of Mother on respect index score with type of family in study group

Type of family		Mother on respect index score		F Value	P Value
	n	Mean	SD		
Nuclear	96	68.03	5.754	0.54	0.59
Joint	104	68.05	6.243		

Tab 9 show no association of Mother on respect index score with type of family in study group at p value 0.59

Table 10: Correlation between total duration of labour and Mother on respect index score

Correlation between total duration of labour and	r Value	P Value
Mother on respect index score	0.43	0.63

Tab 10 depicts a moderate positive correlation between total duration of labour and Mother on respect index score but the finding is not statistically significant as the p value calculated is 0.63.

Table 11: Correlation between no of antenatal visit and Modified Coopland Risk Assessment score,

Correlation between no of antenatal visit and	R Value	P Value
Modified Coopland Risk Assessment score	0.291	<0.0001
Mother on respect index score	0.091	0.20

Tab 11 shows a moderate positive correlation between Modified Coopland Risk Assessment score as calculated p value <0.0001 this finding is statistically highly significant. Number of antenatal visit has shown a week positive correlation with Mother on Respect index as p value is 0.20 this finding is not statistically significant.

Findings

18 study subjects reported medium level of satisfaction between 37-60. Maximum 91% study subjects reported high level of satisfaction.

No association of Mother on respect index score with gravida, parity in study group at p value 0.05.

There is no association of Mother on respect index score with age, education type of family, pregnancy status in study group at p value 0.05

There is a moderate positive correlation between total duration of labour and Mother on respect index score but the finding is not statistically significant as the p value calculated is 0.63.

A moderate positive correlation between Modified Coopland Risk Assessment score as calculated p value <0.0001 this finding is statistically highly significant.

Number of antenatal visit has shown a week positive correlation with Mother on Respect index as p value is 0.20 this finding is not statistically significant.

Discussion

European Court of Human Rights recognized that women's decisions about childbirth are an expression of personal autonomy and as such are protected by Article 8 Right to Private and Family life (European Court of Human Rights, 2014b) [4]. The ability to make those decisions, however, depends upon the woman having both adequate information and respect for her decision-making capacity.

Women's reports of care indicate that interventions are routinely imposed on them without meaningful informed consent was supported by the Baker study (Baker & Precilla, 2005) [8] findings that women had little control over the decision-making process during labor, had inadequate information about birth options, and received interventions that were contrary to their preferences.

This study findings are n congruence with the present study recommendation on women's right for more information about the benefits and risks of certain procedures and the inadequate information and sense of loss of control both contributed to feelings of disrespect. Disrespectful maternity care has been linked to postpartum depression, post-traumatic stress and fear of childbirth during subsequent pregnancies (Lukasse, Schroll, & Karro, 2015) [6]. Post-traumatic stress disorder (PTSD) can result from negative birth experiences, and is associated with lack of involvement in decision-making, perceptions of inadequate care and feeling powerless (Creedy, Shochet, & Horsfall, 2000) [3].

Our study findings are in agreement with the above findings and recommend assessment of maternity care using MOR Index. It also enhances the applicability of this tool to examinations of women's experiences of respectful maternity care across low, middle, and high resource countries. This method of community led, participatory research generates authentic patient oriented outcomes (Canadian Institute for Health Research, 2016) [2] and may assist in informing and health professional education and health systems policy

Conclusion

The MOR index may assist institutions and care providers to evaluate the psychosocial impact of informed consent process and patient perceptions of the respect. MORi can measure differences between their expected and actual interactions during maternity care discussions with providers. Evidence based practice of MOR index as new quality and safety indicator in maternity care centre indicate paradigm shift towards person centred care.

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Author's Contribution

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Conflict of Interest

Not available

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References

1. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, *et al*. The mistreatment of women during childbirth in health facilities globally: A mixed-methods systematic review. PLoS Medicine, 2015, 12(6). http://dx.doi.org/10.1371/journal.pmed.1001847.
2. Canadian Institute for Health Research (CIHR). Canada's strategy for patient oriented research: Patient engagement framework at a glance; c2016. Retrieved on; c2016. at ⟨http://www.cihr-irsc.gc.ca/e/documents/spor_panel-en.pdf⟩
3. Creedy D, Shochet I, Horsfall J. Childbirth and the development of acute trauma symptoms: Incidence and contributing factors. Birth; c2000. Retrieved from ⟨http:// onlinelibrary.wiley.com/⟩doi/http://dx.doi.org/10.1046/.1523-536x.2000.00104. x/full
4. European Court of Human Rights Strasbourg. Dubska and Krejzova v the Czech Republic; c2014. Retrieved from http://hudoc.echr.coe.int/eng/?I=001-148632#
5. International Federation of Gynecology and Obstetrics, International Confederation of Midwives, White Ribbon Alliance, International Pediatric Association, &

World Health Organization. Mother-baby friendly birthing facilities. International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics. 2015;128:95-99. DOI: 10.1016/j.ijgo.2014.10.013.
6. Lukasse M, Schroll A, Karro H. Prevalence of experienced abuse in healthcare and associated obstetric characteristics in six European countries. Acta Obstetricia; c2015. Retrieved from ⟨http://onlinelibrary.wiley.com/doi/10.1111/aogs.12593/pdf⟩.
7. Kruske S, Young K, Jenkinson B, Catchlove A. Maternity care providers' perceptions of women's autonomy and the law. BMC pregnancy and childbirth. 2013 Dec;13(1):1-6.
8. Baker SR, Choi PY, Henshaw CA, Tree J. 'I Felt as though I'd been in Jail': Women's Experiences of Maternity Care during Labour, Delivery and the Immediate Postpartum. Feminism & Psychology. 2005;15(3):315-42.

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