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A descriptive survey to assess the awareness of the components of respectful maternity care (RMC) among nurse-midwives working in maternity units

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Abstract

Respectful maternity care refers to 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 childbirth (WHO, 2018).

Aim: The aim of present study was to assess the awareness of the components of respectful maternity care among nurse-midwives working in maternity units.

Method: A descriptive survey design was adopted in the present study. Self-structured questionnaire was used to collect the socio-demographic data and the components of respectful maternity care by WRAI was used to assess the awareness regarding the components of RMC among nurse-midwives working in maternity units of a selected health facility.

Results: The participants were female registered nurse-midwives working in maternity units with majority, 45% in the age group of 31 to 40 years. The findings of the study demonstrated that nurse-midwives were aware of most of the components of RMC like right to freedom from harm and ill treatment, information and informed consent, privacy and confidentiality, dignity and respect, equitable care but less aware of certain rights like right to birth companion and preference, freedom from arbitrary detention, right of the newborn to be with the parent/guardian, right of the newborn to nationality and identity from birth, adequate nutrition and clean water and grievance redressal. Frequent in-service training of nurse-midwives is recommended to increase the awareness of the components of respectful maternity care.

Conclusion: Respectful maternity care is the universal rights of women and newborns. The study shows the awareness of certain rights/components of RMC among nurse-midwives. Frequent in-service training of nurse-midwives is recommended to increase the awareness of the components of respectful maternity care.

Keywords: Awareness, components of RMC, nurse-midwives, maternity units, WRAI (White ribbon Alliance India)

Introduction

Respectful maternity care refers to 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 childbirth (WHO, 2018) [4]. Respectful Maternity Care (RMC) is the nature of the interpersonal interactions that occur between women seeking maternity care and their families; and, the health care providers, and it emphasizes the fundamental rights of maternal-neonatal pair while safeguarding the rights of the family; and the term was coined by WHO. According to WRAI, Healthy women, Healthy world, Respectful Maternity Care (RMC) is the universal human rights of women and newborns. It is a universal human right that is due to every childbearing woman in every health system around the world. It also says that RMC is an integral part of quality of care, which is increasingly recognized internationally as a critical aspect of the maternal and newborn health agenda.

In 2011, White Ribbon Alliance (WRA) launched a global campaign to promote a clear standard for RMC, rooted in international human rights. Working with global organizations, WRA produced the ground breaking RMC charter, which has been updated to delineate the rights of newborns and is actively used to raise awareness and create policy change worldwide. The charter articulates the rights of two entities, the women and the newborn, within the vision and provision of a framework for ethical, high-quality respectful maternity care that supports and upholds the dignity of both.

Materials and Methods

The study was a pilot project done with small amount of sample. A descriptive survey design was used in the study. The study was conducted on May 2022. Non probability purposive sampling technique used to collect relevant data. The aim of the study was to measure the awareness of the components of respectful maternity care among nurse-midwives working in maternity units. Study participants were 40 nurse-midwives working in maternity units. A self-structured questionnaire was used to collect the socio-economic and demographic data and the awareness regarding the components of RMC among nurse-midwives was assessed using the respectful maternity care charter by WRAI (White Ribbon Alliance India). However, three fake components were also included in the study and the participants were asked to tick on the component/components that applies for respectful maternity

care.

Results and Discussion

Section I: Distribution of subjects according to demographic variables

All the participants (100%) were females with majority, 45% in the age group of 31 to 40 years. Majority of the participants, 47.5% were GNM, followed by 42.5% of graduate and 10% of post graduate qualification. Maximum participants, 25% were working in postnatal ward followed by 22.5% in labour room; 95% of the participants were nursing officers; 70% with a work experience of 1 to 10 years in maternity units. 62.5% agreed that they are paid fairly with the amount of work/job responsibility; 77.5% were satisfied with their job and 87.5% did not have training on respectful maternity care.

Table 1: Table describing Demographic variable, Frequency and Percentage

S. No.	Demographic variable	Frequency	Percentage (%)
1.	Age in years		
	21 to 30	17	42.5 %
	31 to 40	18	45%
	41 to 50	4	10%
2.	Professional qualification		
	GNM	19	47.5%
	Graduate	17	42.5%
	Post graduate or higher	4	10%
3.	Work area		
	OPD	1	2.5%
	Antenatal ward	6	15%
	Postnatal ward	10	25%
	LR	9	22.5%
	Family planning unit	0	0
	NICU	1	2.5%
	OT	8	20%
4.	Position		
	Nursing officer	38	95%
5.	Work experience in maternity unit		
	Less than 1 yr	9	22.5%
	1 to 10	28	70%
	11 to 20	2	5%
6.	Paid fairly with the amount of job responsibility?		
	Yes	25	62.5%
	No	15	37.5%
7.	Job satisfaction		
	Satisfied	31	77.5%
	Not satisfied	6	15%
8.	Attended training on RMC?		
	Yes	5	12.5%
	No	35	87.5%

Table 2: Frequency and percentage distribution showing the awareness of the components of RMC

Components of RMC	Frequency	Percentage (%)
Right to freedom from harm and ill treatment.	34	85
Right to information and informed consent.	38	95
Right to a birth companion and preference.	23	57.5
Right to avoid breastfeeding.	1	2.5
Right to privacy and confidentiality.	38	95
Right to be treated with dignity and respect.	35	87.5

Right to have health care provider of choice.	13	32.5
Right to equality, freedom from discrimination and equitable care.	28	70
Right to healthcare and to the highest attainable level of health.	20	50
Right to self-determination, freedom from arbitrary detention and to refuse informal payments.	15	37.5
Right to leave the health facility as desired.	30	75
Right of the newborn /child to be with their parents or guardians.	21	52.5
Right of the newborn/ child to an identity and nationality from birth.	19	47.5
Right to adequate nutrition and clean water.	13	32.5
Right to timely and effective grievance redressal.	10	25

Section II: Frequency and percentage distribution of participants on what they feel the components that applies for RMC

The frequency and percentage distribution shown in Table 2 depicts that 85% of the participants were aware of the 'Right to freedom from harm and ill treatment'; 95% were aware of the 'Right to information and informed consent'; 57.5% were aware of 'Right to a birth companion and preference'; 95% were aware of the 'Right to privacy and confidentiality'; 87.5% were aware of 'Right to be treated with dignity and respect'; 70% were aware of 'Right to equality, freedom from discrimination and equitable care'; 50% were aware of 'Right to healthcare and to the highest attainable level of health'; 37.5% were aware of 'Right to self-determination, freedom from arbitrary detention and to refuse informal payments'; 52.5% were aware of 'Right of the newborn /child to be with their parents or guardians'; 47.5% were aware of 'Right of the newborn/ child to an identity and nationality from birth'; 32.5% were aware of 'Right to adequate nutrition and clean water' and 25% were aware of 'Right to timely and effective grievance redressal'. Among the three fake rights, 1 (2.5%) says that 'Right to avoid breastfeeding' is a component of RMC which means 97.5% were aware that it is not a component of RMC; 32.5% says that 'Right to have health care provider of choice' is a component of RMC which means 67.5% were aware that it is not a component of RMC and 75% says that 'Right to leave the health facility as desired' is a component of RMC which means 25% were aware that it is not a component of RMC.

Limitation

This study is a part of a pilot project done with a small sample only just to assess the awareness of the components or rights of respectful maternity care charter given by WRAI.

Conclusion

Respectful maternity care is the universal rights of women and newborns. The aim/ objective of the study was to assess the awareness of the components of respectful maternity care among nurse-midwives working in maternity units. The findings of the study demonstrated that nurse-midwives were aware of most of the components of RMC like right to freedom from harm and ill treatment, information and informed consent, privacy and confidentiality, dignity and respect but less aware of certain rights. Frequent in-service training of nurse-midwives is recommended to increase the awareness of the components of respectful maternity care.

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