A descriptive survey to measure the knowledge of respectful maternity care among nurse-midwives working in maternity units

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Abstract
Respectful maternity care is the universal rights of women and newborns (WRA). 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. Memories of childbearing experiences stay with women throughout their lifetime. Health care providers play a very important role in creating respectful maternity care.

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

Method: A descriptive survey design was adopted in the present study. A self-structured questionnaire was used to collect the information on demographic variables and knowledge on respectful maternity care was measured by using two (2) case scenarios, where the components of respectful maternity care are presented in such a way that the components of RMC are ‘met’; ‘not met’; ‘cannot say based on the scenario’ and ‘not a component of RMC’.

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 majority of the subjects (40%) had poor knowledge followed by 32.5% having average knowledge of the subjects (40%) had poor knowledge followed by 32.5% having average knowledge and 27.5% having good knowledge of respectful maternity care.

Conclusion: The study shows that nurses have knowledge of respectful maternity care but there is a scope for improvement which can be promoted by training and awareness programs in any form.

Keywords: Knowledge, respectful maternity care, nurse-midwives, maternity units

Introduction
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 (WRAI, Healthy women, Healthy world). 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 (https://www.c3india.org/wrai-rmc-charter).

Pregnancy and childbirth are a momentous event in the life of every woman. It has a deep significant impact not only in the life of the woman but also in the family and community. It is an event celebrated joyously by the woman, family and community all around the world. For making this event a joyous moment, the well-being of women and newborn is of utmost importance, as both women and newborn are interconnected and the well-being of either one of the entities has an impact on the health and well-being of the other or vice versa. Memories of childbearing experiences stay with women throughout their lifetime. Many interventions aim to improve access to skilled birth care, less attention has been focused on the quality of relationships with caregivers during maternity care. Evidence shows that health care providers play a very important role in creating RMC, in fact, women's experiences are more influenced by the inter-personal interactions than availability of infrastructure.

Materials and Methods
The study was a pilot project done with small sample size. A descriptive survey design was used in the study.
Non probability purposive sampling technique used to collect relevant data. The aim of the study was to measure the knowledge 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 information on demographic variables and knowledge on respectful maternity care was measured by using two (2) case scenarios, where the components of respectful maternity care are presented in such a way that the components of RMC are ‘met’; ‘not met’; ‘cannot say based on the scenario’ and ‘not a component of RMC’. The reliability of the tool was calculated by using Cronbach’s alpha, and was found to be 0.94.

Results and Discussion

All the participants were female registered nurse-midwives working in maternity units with majority, 45% in the age group of 31 to 40 years; 70% with a work experience of 1 to 10 years in maternity units; 77.5% were satisfied with their job and 87.5% did not have training on respectful maternity care.

The knowledge score was categorized as: 0 to 10 as poor; 11 to 20 as average and 21 to 30 as good. The results of the knowledge score depicted that majority of the subjects (40%) had poor knowledge followed by 32.5% having good knowledge and 27.5% having average knowledge on respectful maternity care.

Limitation

This study was a pilot project done with a small sample size to measure the knowledge of respectful maternity care among nurse-midwives working in maternity units.

Conclusion

The aim/objective of the study was to measure the knowledge of respectful maternity care among nurse-midwives working in maternity units. The findings of the study demonstrated that majority of the subjects (40%) had poor knowledge followed by 32.5% having good knowledge and 27.5% having average knowledge on respectful maternity care. Nurses have knowledge of respectful maternity care but there is a scope for improvement. Training and awareness programs in any form may help in increasing knowledge and awareness of respectful maternity care.

References

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