

# *Exploring mistreatment of women and quality of care using WHO multi-country survey*

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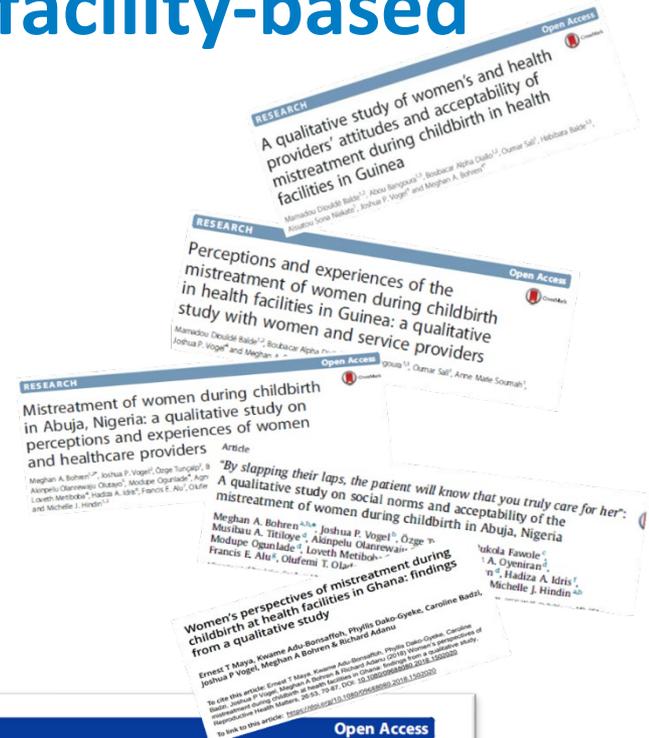
# How women are treated during facility-based childbirth (2015-2019)

## □ Two phased multi-country study:

- **Phase 1:** Qualitative formative research to explore what constitutes mistreatment during childbirth
- **Phase 2:** Develop and validate two tools to measure mistreatment during childbirth:
  - Labour observation tool
  - Community survey tool

## □ Four countries:

- Nigeria
- Ghana
- Guinea
- Myanmar



**STUDY PROTOCOL** Open Access

How women are treated during facility-based childbirth: development and validation of measurement tools in four countries – phase 1 formative research study protocol

Joshua P. Vogel<sup>1\*</sup>, Meghan A. Bohren<sup>1,2</sup>, Özge Tunçalp<sup>1</sup>, Olufemi T. Oladapo<sup>1</sup>, Richard M. Adanu<sup>3</sup>, Mamadou Diouldé Balde<sup>4</sup>, Thae Maung Maung<sup>5</sup>, Bukola Fawole<sup>6</sup>, Kwame Adu-Bonsaffoh<sup>7</sup>, Phyllis Dako-Gyeke<sup>8</sup>, Ernest Tei Maya<sup>9</sup>, Mohamed Campell Camara<sup>9</sup>, Alfa Boubacar Diallo<sup>9</sup>, Safiatou Diallo<sup>9</sup>, Khin Thet Wai<sup>10</sup>, Theingi Myint<sup>10</sup>, Lanre Olutayo<sup>11</sup>, Musibau Titiloye<sup>12</sup>, Frank Alu<sup>13</sup>, Hadiza Kdris<sup>14</sup>, Metin A. Gülmezoglu<sup>1</sup>

On behalf of the WHO Research Group on the Treatment of Women During Childbirth

Bohren et al. BMC Medical Research Methodology (2019) 19:124

**RESEARCH ARTICLE** Open Access

Methodological development of tools to measure how women are treated during facility-based childbirth in four countries: labor observation and community survey

Meghan A. Bohren<sup>1,2\*</sup>, Joshua P. Vogel<sup>1</sup>, Bukola Fawole<sup>3</sup>, Ernest T. Maya<sup>4</sup>, Thae Maung Maung<sup>5</sup>, Mamadou Diouldé Balde<sup>6,7</sup>, Agnes A. Oyeniran<sup>8</sup>, Modupe Ogunlade<sup>8</sup>, Kwame Adu-Bonsaffoh<sup>9</sup>, Nwe Oo Mon<sup>9</sup>, Boubacar Alpha Diallo<sup>9,10</sup>, Abou Bangoura<sup>6,10</sup>, Richard Adanu<sup>11</sup>, Sihem Landoulsi<sup>1</sup>, A. Metin Gülmezoglu<sup>1</sup> and Özge Tunçalp<sup>1</sup>

**How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys**

Meghan A Bohren, Hedieh Mehrtaah, Bukola Fawole\*, Thae Maung Maung, Mamadou Diouldé Balde, Ernest Maya, Soe Soe Thwin, Adeniyi K Aderoba, Joshua P Vogel, Theresa Azonima Irinyenikan, A Olusoji Adeyanju, Nwe Oo Mon, Kwame Adu-Bonsaffoh, Sihem Landoulsi, Chris Guure, Richard Adanu, Boubacar Alpha Diallo, A Metin Gülmezoglu, Anne-Marie Soumah, Alpha Oumar Sall, Özge Tunçalp

# Prioritized analyses to inform future research and programmatic work

- **Labour companionship** and women's experiences of mistreatment during childbirth: results from a multi-country community-based survey
- Women's experiences of mistreatment during childbirth and their **satisfaction with care**: findings from a multi-country community-based study in four countries
- **Adolescent experiences** of mistreatment during facility-based childbirth in four countries: Secondary analysis of a Community-based survey
- Development of **measures** for assessing mistreatment of women during facility-based childbirth based on **labor observations**
- Women's report of mistreatment during facility-based childbirth: **validity and reliability of community survey measures**
- **Differences between women-reported and observed** mistreatment of women during their childbirth
- Mistreatment of women and **vaginal examination** during childbirth in health facilities: direct continuous labour observations in three countries

**Forthcoming BMJ Global Health supplement (Summer 2021)**

# Current evidence on companion of choice during labour and childbirth to support programmatic work

 World Health Organization

 **Companion of choice during labour and childbirth for improved quality of care**

Evidence-to-action brief, 2020

*Supporting women to have a chosen companion during labour and childbirth is a low-cost and effective intervention to improve the quality of maternity care, including women's experience of childbirth.*



[https://www.who.int/news-room/detail/09-09-2020-every-woman-s-right-to-a-companion-of-choice-during-childbirth -](https://www.who.int/news-room/detail/09-09-2020-every-woman-s-right-to-a-companion-of-choice-during-childbirth)



## Every woman's right to a companion of choice during childbirth

9 September 2020 | Departmental news | Reading time: 3 min (715 words)

WHO strongly recommends supporting women to have a chosen companion during labour and childbirth, including during COVID-19.

Cochrane Database of Systematic Reviews

### Perceptions and experiences of labour companionship: a qualitative evidence synthesis

Cochrane Systematic Review - Qualitative | Version published: 18 March 2019 [see what's new](#)

<https://doi.org/10.1002/14651858.CD012449.pub2>

 69 [View article information](#)

[✉ Meghan A Bohren](#) | [Blair O Berger](#) | [Heather Munthe-Kaas](#) | [Özge Tunçalp](#)

### Implementation of a labour companionship model in three public hospitals in Arab middle-income countries

[Tamar Kabakian-Khasholian](#) ✉, [Hyam Bashour](#), [Amina El-Nemer](#), [Mayada Kharouf](#), [Ohoud Elsheikh](#), the Labour Companionship Study Group

Cochrane Database of Systematic Reviews

### Continuous support for women during childbirth

Cochrane Systematic Review - Intervention | Version published: 06 July 2017 [see what's new](#)

<https://doi.org/10.1002/14651858.CD003766.pub6>

 438 [View article information](#)

[✉ Meghan A Bohren](#) | [G Justus Hofmeyr](#) | [Carol Sakala](#) | [Rieko K Fukuzawa](#) | [Anna Cuthbert](#)

### Companion of choice at birth: factors affecting implementation

[Tamar Kabakian-Khasholian](#) ✉ & [Anayda Portela](#)

[BMC Pregnancy and Childbirth](#) 17, Article number: 265 (2017) | [Cite this article](#)

# Labour Companionship

- To describe the **characteristics** of labour companionship in maternity care settings and explore the **relationship** between labour companionship and the different types of mistreatment during childbirth
- Of 2672 women across Ghana, Guinea, Myanmar and Nigeria, about half (50.4%) reported the presence of a labour companion
- Women in the absence of a labour companions experienced some forms of mistreatment but this association varied depending on the country
  - In Guinea, it was 3.6x more likely among women that experienced **any physical abuse, verbal abuse, or stigma or discrimination** (AOR 3.6, 1.9–6.9)
  - In Ghana, it was 2x more likely among women with **non-consented vaginal examinations** (AOR 2.3, 1.7–3.1) and 2x more likely among those with **poor communication** (AOR 2.0, 1.3–3.2)

Original research

BMJ Global Health

## Labour companionship and women's experiences of mistreatment during childbirth: results from a multi-country community-based survey

Mamadou Dioulde Balde,<sup>1</sup> Khalidha Nasiri <sup>2,3</sup> Hedieh Mehrdash <sup>3</sup>  
Anne-Marie Soumah,<sup>1</sup> Meghan A Bohren <sup>4</sup> Boubacar Alpha Diallo,<sup>1</sup>  
Theresa Azonima Irinyenikan,<sup>5</sup> Thae Maung Maung <sup>6</sup> Soe Soe Thwin,<sup>3</sup>  
Adeniyi K Aderoba,<sup>5,7</sup> Joshua P Vogel <sup>8</sup> Nwe Oo Mon,<sup>9</sup> Kwame Adu-Bonsaffoh,<sup>9</sup>  
Özge Tunçalp <sup>3</sup>

# Implications

- Our study shows that **labour companions can be important in improving respectful maternity care**, and the associations between companion and types of mistreatment vary by **context**
- Facilities can establish **supportive policies** that allow and encourage women to have companions during labour and childbirth
- Allowing women to have the **support of a companion of choice during labour and childbirth** is a **practical intervention** that can be implemented to improve both provision and experience of care

# Importance of accurately measuring experience of care

## Measuring quality of care for all women and newborns: how do we know if we are doing it right? A review of facility assessment tools

Vanessa Brizuela, Hannah H Leslie, Jigyasa Sharma, Ana Langer, Özge Tunçalp

Original research

BMJ Global Health

## Measuring experiences of facility-based care for pregnant women and newborns: a scoping review

Elysia Larson <sup>1,2</sup>, Jigyasa Sharma <sup>2</sup>, Khalidha Nasiri <sup>3,4</sup>,  
Meghan A Bohren <sup>5</sup>, Özge Tunçalp <sup>4</sup>

REVIEWS

## @ A Rapid Review of Available Evidence to Inform Indicators for Routine Monitoring and Evaluation of Respectful Maternity Care

Patience A. Afulani, Laura Buback, Brienne McNally, Selemani Mbuyita, Mary Mwanjika-Sando and Emily Peca

Global Health: Science and Practice March 2020, 8(1):125-135; <https://doi.org/10.9745/GHSP-D-19-00323>

Policy & practice

## When the patient is the expert: measuring patient experience and satisfaction with care

Elysia Larson,<sup>a</sup> Jigyasa Sharma,<sup>a</sup> Meghan A Bohren<sup>c</sup> & Özge Tunçalp<sup>d</sup>

- Existing facility assessment tools provide a **valuable way** to assess quality of care, but **many do not include experience of care** measures.
- Many instruments that exist need to be **consolidated, validated and expanded** based on the purpose of the research, programme or accountability mechanism
- There are **limited number of studies assessing how programmes or policies affect user experience** and few that look at how user experience changes over time
- There is a need for **more nuanced interpretation** of satisfaction measures in relation to experience of care.

# Satisfaction with care

- To explore the relationship between women's self-reported experiences of mistreatment during childbirth and their satisfaction with care
- Despite 1/3 of women reporting experience of mistreatment (35.4%),
  - 88.4% were satisfied with for services received
  - 90% would recommend of the facility to other women
- Women who reported experiences of mistreatment were more likely to report lower satisfaction with care. For example:
  - Women were 4.5x more likely to be satisfied if they did not **experience verbal abuse** (AOR 5.12, 95% CI 3.94 to 6.65).
  - Women were 5x more likely to be satisfied if they had **short waiting times** (AOR 4.52, 95% CI 3.50 to 5.85).

Original research

BMJ Global Health

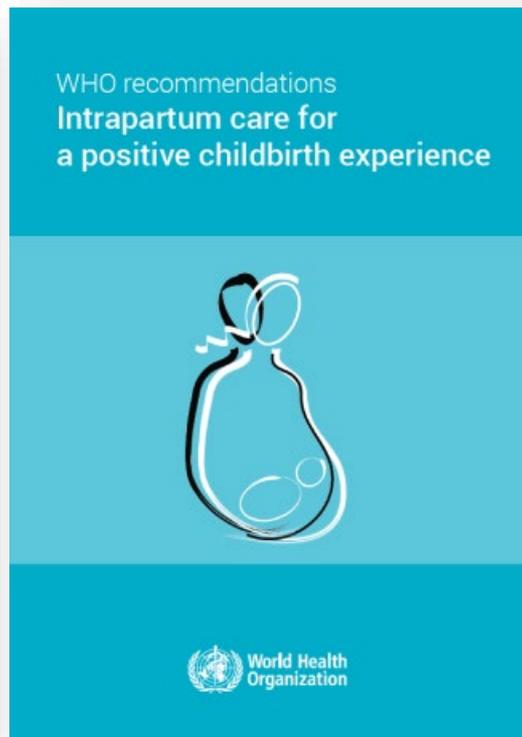
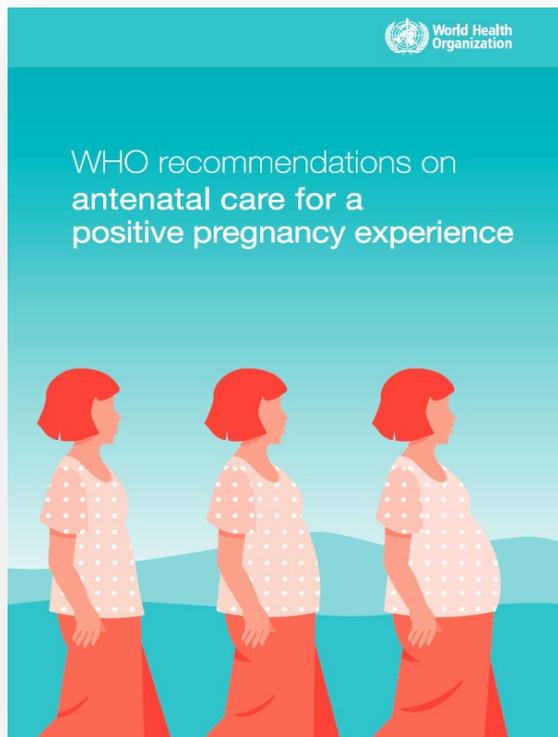
Women's experiences of mistreatment during childbirth and their satisfaction with care: findings from a multicountry community-based study in four countries

Thae Maung Maung <sup>1,2</sup>, Nwe Oo Mon,<sup>1</sup> Hedieh Mehrtash,<sup>3</sup> Kwame Adu Bonsaffoh,<sup>4</sup> Joshua P Vogel,<sup>5</sup> Adeniyi Kolade Aderoba,<sup>6,7</sup> Theresa Azonima Irinyenikan,<sup>8,9</sup> Mamadou Dioulde Balde,<sup>10</sup> Porjai Pattanittum,<sup>11</sup> Özge Tuncalp,<sup>3</sup> Meghan A Bohren <sup>12</sup>

# Implications

- Measuring **both women's experiences and their satisfaction** with care are critical to improving the continuum of maternity care services
- Measuring experience of care provides important information about a **woman's interactions with the health system and health providers** that may be missed if only satisfaction is measured.
- These measures are considered 'process measures' that can enable health systems **to identify and respond to root causes contributing to measures of satisfaction.**

# WHO recommendations: Antenatal, Intrapartum and Postnatal care



## WHO Recommendations on Postnatal Care (forthcoming 2021)

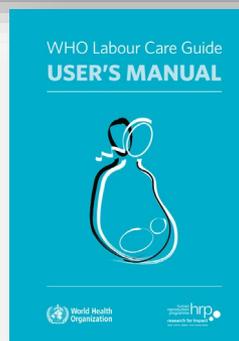
PLOS ONE

OPEN ACCESS PEER-REVIEWED  
RESEARCH ARTICLE

What matters to women in the postnatal period: A meta-synthesis of qualitative studies

Kenneth Finlayson Nicola Crossland Mercedes Bonet Soo Downe

Published: April 22, 2020 • <https://doi.org/10.1371/journal.pone.0231415>



# Quality of Care Network

Perspectives

## Leadership, action, learning and accountability to deliver quality care for women, newborns and children

Abosede Adeniran,<sup>a</sup> Andrew Likaka,<sup>b</sup> Anneka Knutsson,<sup>c</sup> Anthony Costello,<sup>d</sup> Bernadette Daelmans,<sup>d</sup> Blerta Maliqi,<sup>d</sup> Daniel Burssa,<sup>e</sup> Joseph Freer,<sup>d</sup> Ian Askew,<sup>d</sup> Lisa Bowen,<sup>f</sup> Lily Kak,<sup>g</sup> Lori McDougall,<sup>h</sup> Nabila Zaka,<sup>i</sup> Özge Tunçalp,<sup>d</sup> Petra Tenhoope-Bender,<sup>c</sup> Shamsuzzoha Babar Syed,<sup>j</sup> Stefan Swartling Peterson,<sup>j</sup> Thiago Luchesi,<sup>k</sup> Willibald Zeck,<sup>j</sup> Wilson Were,<sup>d</sup> Pierre Barker<sup>l</sup> & Zainab Naimy<sup>d</sup>

Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, India, Kenya, Malawi, Nigeria, Sierra Leone, Tanzania and Uganda

## QUALITY OF CARE FOR MATERNAL AND NEWBORN HEALTH: A MONITORING FRAMEWORK FOR NETWORK COUNTRIES

The goals of the QoC network are to:

1. Halve maternal and newborn deaths and stillbirths in health facilities
2. Improve patients' **experience of care**

# Midwives

## Midwives' Voices Midwives' Realities



Findings from a global consultation on providing quality midwifery care

WHO ICM Survey: 2,470 online responses from 93 countries in 4 languages

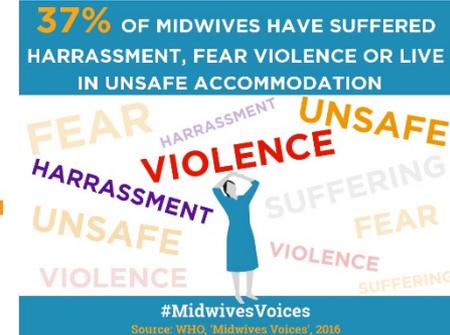
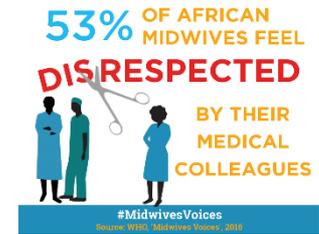


RESEARCH ARTICLE

### What Prevents Quality Midwifery Care? A Systematic Mapping of Barriers in Low and Middle Income Countries from the Provider Perspective

Alex Filby, Fran McConville, Anayda Portela

Significant social/cultural, economic and professional barriers ....moral stress and burn out



20-30% treated badly

# Acknowledgements

