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
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

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

Implementing a labour companionship model in three public hospitals in Arab middle-income countries

Cochrane Database of Systematic Reviews
Perceptions and experiences of labour companionship: a qualitative evidence synthesis

Tamar Kabakian-Khasholian, Hyam Bashour, Amina El-Nemer, Mayada Kharouf, Ohoud Elsheikh, the Labour Companionship Study Group

Companion of choice at birth: factors affecting implementation

Tamar Kabakian-Khasholian, Anayda Portela

BMC Pregnancy and Childbirth 17, Article number: 265 (2017)
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)
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

- 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).
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

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

Published: April 22, 2020 - https://doi.org/10.1371/journal.pone.0234455
Quality of Care Network

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

Abosede Adeniran,1 Andrew Likaka,1 Anna-Katrin Knutsen,2 Anthony Costello,1 Bernadette Daelmans,4 Berta Malik1,2 Daniel Burssa,2 Joseph Freer,2 Ian Askew,2 Lisa Bowen,2 Lily Kak,3 Lori McDougall,3 Nabila Zaka,1 Özge Tunçalp,2 Petra Tenhoope-Bender,2 Shamsuzzoha Babar Syed,1 Stefan Swartling Peterson,1 Thiago Luchesi,4 Wilibald Zeck,4 Wilson Were,4 Pierre Barker4 & Zainab Naimy4

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

20-30% treated badly

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