

***How women are treated during childbirth:
evidence from WHO multi-country study***

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Background

❑ Bowser and Hill (2010)

- Landscape analysis outlining the issue of disrespect and abuse during childbirth.

❑ WRA respectful maternity care charter (2011)

- Universal Rights of Childbearing Women to address issues of disrespect and abuse among women seeking maternity care.

❑ WHO technical consultation (2013)

- Develop a universal typology of the mistreatment of women during childbirth; and
- Initiate research activities to develop, validate and apply measurement tools to measure the prevalence of this mistreatment.

❑ WHO statement (2014)

- “Prevention and elimination of disrespect and abuse during childbirth”



Framing and terminology

Obstetric violence

Disrespect and abuse

Mistreatment

Respectful care



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Commentary

Obstetric violence: a Latin American legal response to mistreatment during childbirth

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World Health Organization

hrp

The prevention and elimination of disrespect and abuse during facility-based childbirth

WHO statement

Every woman has the right to the highest attainable standard of health, which includes the right to dignified, respectful health care.

PLOS MEDICINE

RESEARCH ARTICLE

The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review

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Systematic review

Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis

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Typology of mistreatment

- WHO conducted a mixed-methods systematic review to develop a typology of what constitutes mistreatment of women during childbirth
- 65 studies from 34 countries

Typology:

- ✓ Physical abuse
- ✓ Verbal abuse
- ✓ Stigma and discrimination
- ✓ Failure to meet professional standards of care
- ✓ Poor rapport between women and providers
- ✓ Health system conditions and constraints



WHO Multi-country study: *How women are treated during facility-based childbirth*

Overall aims and objectives:

- To develop and validate tools that can measure this phenomenon; and
- To explore individual, provider, institutional and health systems factors that are associated with mistreatment during childbirth in facilities.



Phase 2: Methodology



- ❑ Prospectively recruited women aged at least 15 years in twelve health facilities in Ghana, Guinea, Myanmar, Nigeria
- ❑ Data collection between Sept 19, 2016, and Jan 18, 2018
 - ❑ Labor Observation Too (LOT): Continuous observations of labour and childbirth were done from admission up to 2 h post partum*
 - ❑ Community survey Tool (CST): Surveys was administered by interviewers in the community to women up to 8 weeks post-partum
- ❑ Data were collected on sociodemographic, obstetric history, and experiences of mistreatment based on typology

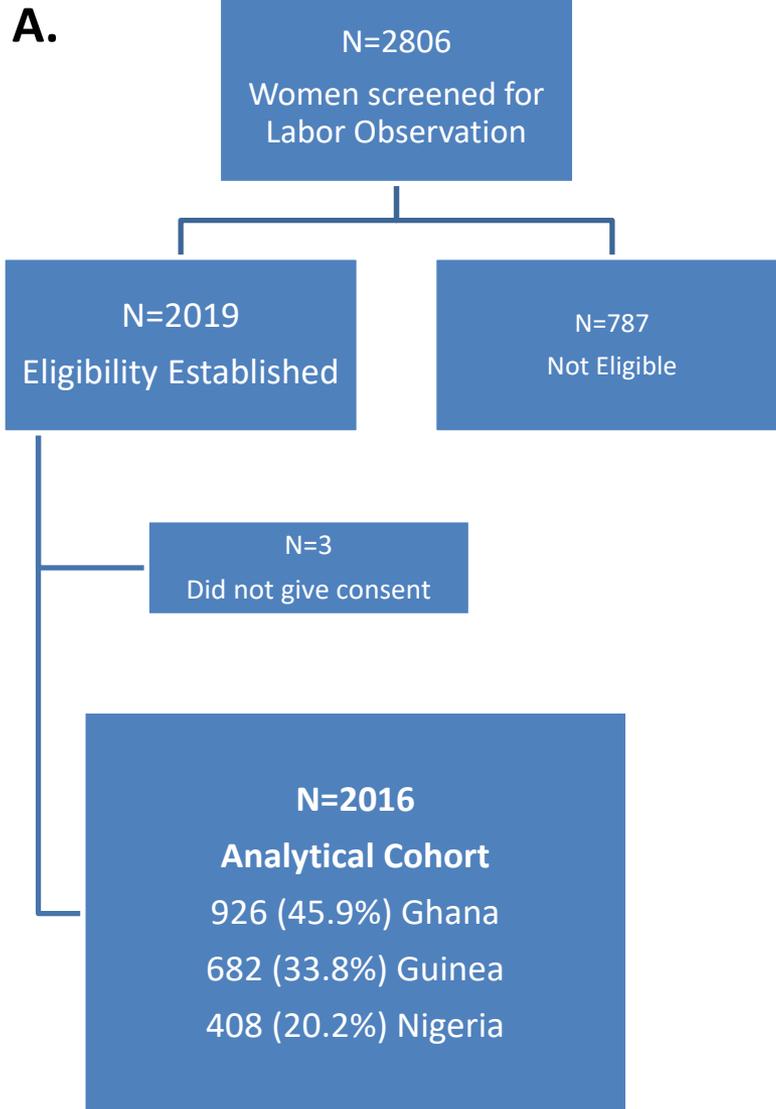
THE LANCET

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

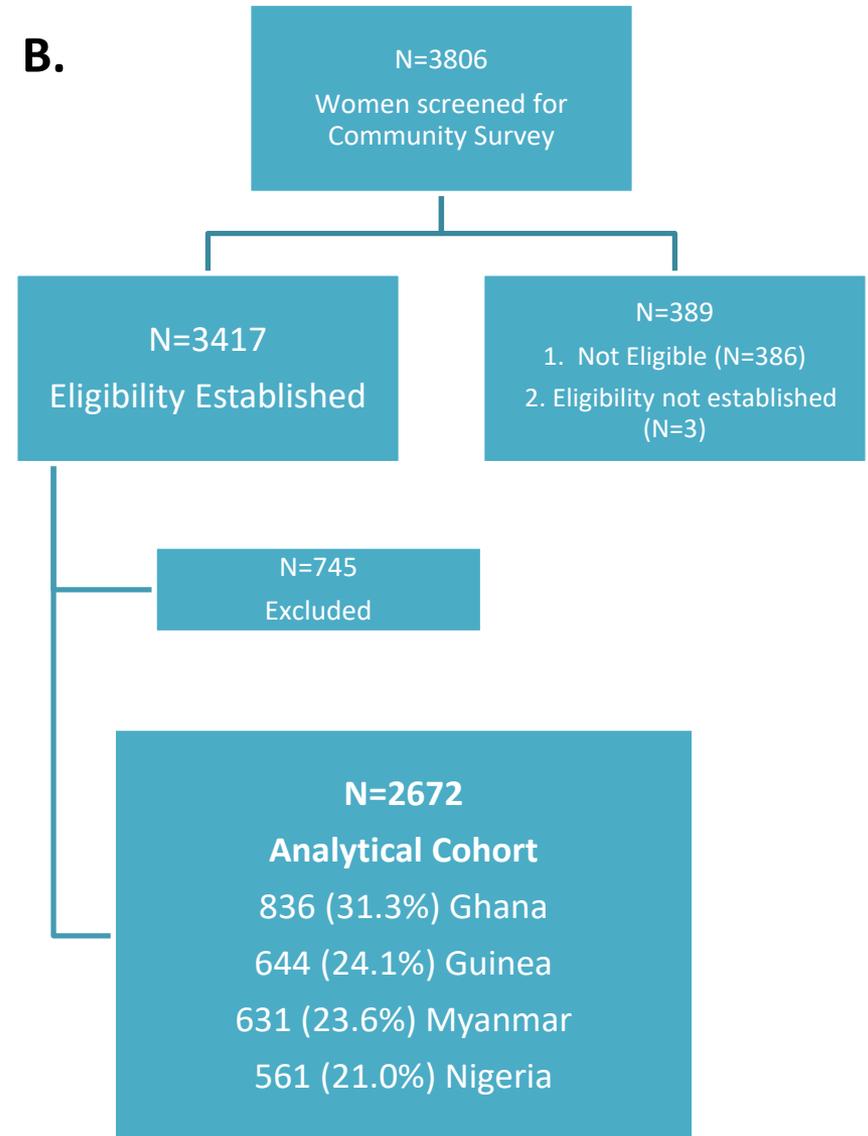
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Overview of sample



A. Flow diagram for labour observation



B. Flow diagram for community survey

*Labour observations were not conducted in Myanmar.

Any physical abuse, verbal abuse, or stigma or discrimination



For more information DOI: 10.1016/S0140-6736(19)31992-0



	Labor Observation Tool (N=2016)	Community Survey Tool (N=2672)
Any physical, verbal or stigma and/or discrimination	838 (41.6%)	945 (35.4%)
Any physical abuse	282 (14.0%)	287 (10.7%)
Any verbal abuse	762 (37.8%)	821 (30.7%)
Any stigma and/or discrimination	11 (0.6%)	79 (3.0%)

Any physical abuse or verbal abuse

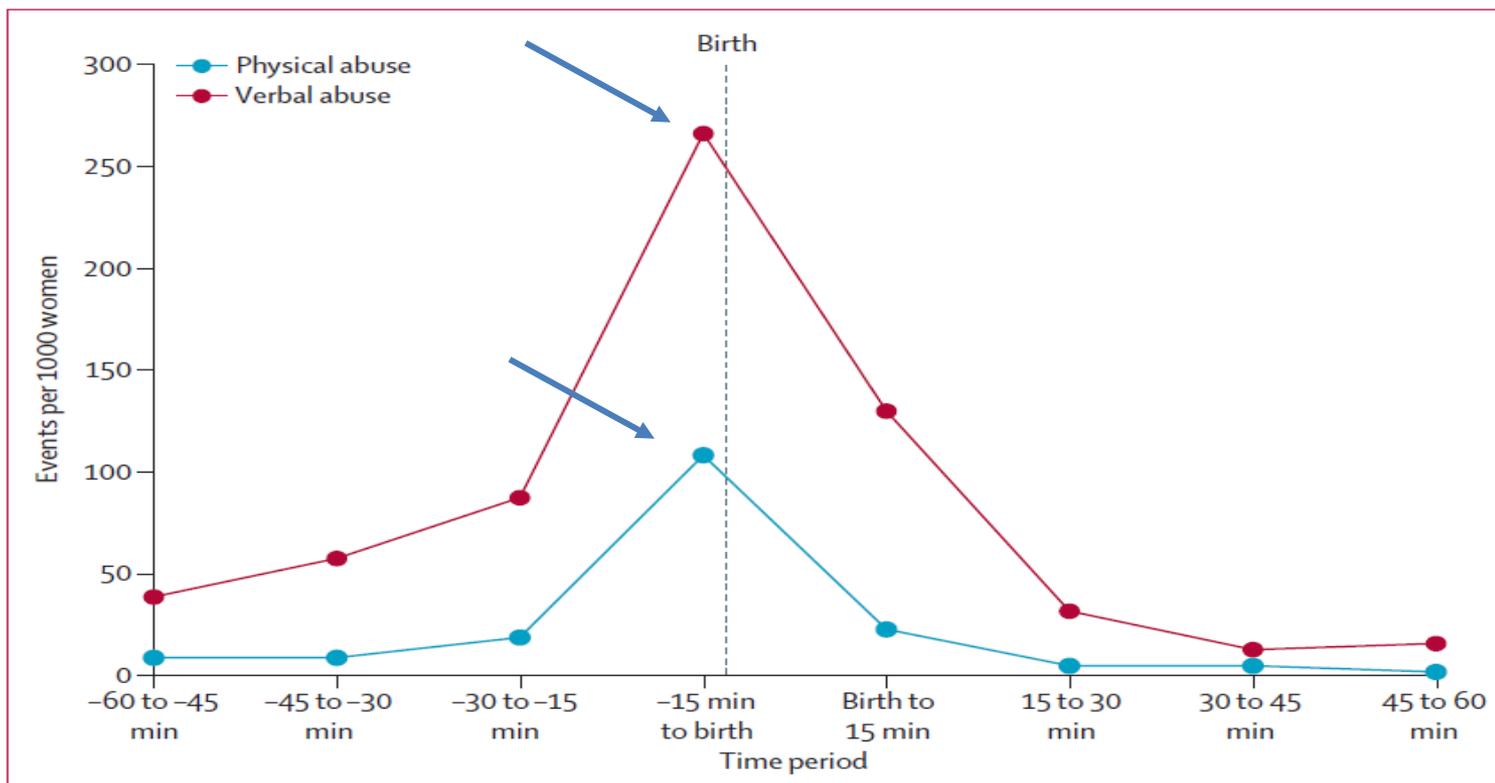


Figure 2: Temporal analysis of mistreatment during labour observation

Physical and verbal abuse events per 1000 women. Based on 1590 (78.9%) of 2016 women who were observed for at least 1 h before and after the time of childbirth. Physical and verbal abuse peaked during the period from 30 min before birth until 15 min after birth.

Women were at increased risk 15 min prior to delivery:

- 11.6 (95% CI 6.2–21.7) times increased risk of physical abuse compared to 1 hour prior ($p < 0.05$)
- 6.7 (95% CI 4.7–9.5) times increased risk of verbal abuse compared to 1 hour prior ($p < 0.05$)

Failure to meet professional standards – Informed consent and confidentiality



For more information DOI:
10.1016/S0140-6736(19)31992-0



Non-consented care	Labor Observation Tool (N=2016)	Community Survey Tool (N=2672)
Caesarean Sections	35/261 (13.4%)	52/483 (10.8%)
Episiotomy (among vaginal births)	190/253 (75.1%)	295/526 (56.1%)
Induction of labour	-	94/349 (26.9%)

Failure to meet professional standards – Informed Consent and Confidentiality

Vaginal examinations	Labor Observation Tool (N=2016)	Community Survey Tool (N=2672)
Not informed or no permission obtained	847/1435 (59.0%)	1214/2445 (49.7%)
Vaginal examination not done privately	-	295/526 (56.1%)



For more information DOI: 10.1016/S0140-6736(19)31992-0



Privacy:

Women who reported no use of privacy measures, such as curtains, were 3.4 times (95% CI 2.3–5.0) more likely to report lack of privacy compared with women who had privacy measures used

Risk of non-consented care:

Unmarried women between 15-19 years were 4.6 times (95% CI 1.7–12.3), more likely to have non-consented vaginal examinations



Factors associated with mistreatment during childbirth based on community survey – Vulnerability and inequity

MANY WOMEN EXPERIENCE MISTREATMENT DURING CHILDBIRTH

Younger women were:

1.8 times

more likely to experience physical abuse

...and those with no education were

3.6 times

more likely to experience verbal abuse



Young women (15-19 years) were at increased risk of mistreatment compared those who did not experience ($p < 0.05$):

- 1.8 (95% CI 1.1–2.8) times increased risk of physical abuse
- 1.9 (95% CI 1.4–2.6) times increased risk of any physical abuse, verbal abuse, stigma or discrimination

Young (15-19 years) and uneducated women were 3.6 (95% CI 1.6–8.0) times more likely to experience verbal abuse compared those who did not experience ($p < 0.05$)

Implications

- **Redesigning** labour wards to allow for privacy and labour companionship
- Improving **effective communication** and **informed consent process** for all medical procedures
- Providing sufficient **mentoring and support** for health workers to empower them to provide better quality care
- Building public **demand for high quality maternity services** that provide women-centred care and do not tolerate any form of mistreatment.



Translation of evidence to national recommendations on respectful maternity care in Guinea (December 2019)



- Based on published evidence in October 2019, stakeholders in Guinea developed recommendations to reduce mistreatment of women during childbirth
- In May 2020 adopted by the MoH, this has now been included in Guinea's *Reproductive, Maternal, Newborn, Infant, Adolescent Health and Nutrition (SRMNIA-N 2020-2024) Strategic Plan* and the *MUSKOKA Action Plan of 2021*



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Research leads to actions improving childbirth in Guinea



<https://www.who.int/news-room/detail/15-05-2020-research-leads-to-actions-improving-childbirth-in-guinea>

“We shared the recommendations widely with a lot of midwives, and immediately took actions to improve respectful maternity care in our hospital,” explained Mrs. Hawa Keita, Head Midwife of Maternity Ward at Ignace Dean.

Acknowledgements

