Midwives' Perspectives of Respectful Maternity Care during Childbirth: A Qualitative Study

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Abstract

Background: The adoption of respectful maternity care during labour and birth is a complex process which needs both scientific and interpersonal skills of providers. In this regard, identifying the potential barriers and applying effective strategies for implementing respectful maternity care are essential. This study aimed to explore the perceptions of Iranian midwives regarding respectful maternity care during labour and childbirth.

Methods: This was a qualitative study which was conducted from September-December 2018 in two non-teaching public hospitals in Tehran, Iran. Twenty-four semi-structured interviews were conducted with midwives, who had more than one year work experience in labor and childbirth units, through a purposive sampling method. The data was analyzed using conventional content analysis approach and managed by MAX QDA 10 software.

Results: Three themes were extracted including showing empathy, women-centered care and protecting rights. Showing empathy reflects that establishing a friendly relationship and being with women. Women-centered care indicated keeping women safe and participating in decision making. Protecting rights reflected a need for safeguarding dignity as well as giving equal care and preparing appropriate environment.

Conclusions: Iranian midwives considered respectful maternity care a broader concept rather than preventing mistreatment. Providing supportive care through friendly interaction with women was the first step for providing respectful maternity care. Promoting respectful care also should be through performing safe care by implementing evidence-based care and women’s involvement in their care as well.
as appropriate environment for women, families and caregivers.

Introduction

Childbirth is an important event in women’s life and all women need and deserve to receive respectful care during labor and childbirth [1]. World Health Organization (WHO) (2018) emphasized the quality of interactions between women and providers and considered their good interactions as a prerequisite for the positive outcome of childbirth [2]. These interactions involve health care professionals preserving women's respect and providing essential information and emotional support during labor and birth [3-5]. It is around a decade that promoting Respectful Maternity Care (RMC) has been recognized as an essential strategy for improving quality and utilization of maternity care [6]. It is defined as a universal human right that encompasses the principles of ethics and respect for women’s feelings, dignity, choices and preferences [7]. Indeed, RMC is an approach to care which emphasizes the fundamental rights of women, newborns, and families, and that enhances adequate access to evidence-based care while recognizing the unique needs and preferences of both women and newborns [8]. The White Ribbon Alliance (WRA) (2011) has defined seven domains of RMC during childbirth using a rights-based approach [1], however, operational components of RMC in terms of specific behaviors, practices, or standards in research and program implementation are often variable [8].

There are several studies throughout the world that attempted to explore the components of RMC in labor and birth from the laboring women's and providers' perspectives which generally include providing safe and timely care, nurturing positive interactions between midwives and women, protecting confidentiality,
maintaining an active role in the labor process, obtaining the women's consent before performing procedures, providing information regarding procedures to women, respecting patient privacy, and promoting freedom of choice as it related to position for labor and birth [8-14]. From the laboring women's perception, an essential component in the improving quality of care and birth satisfaction is providers' respectful behaviors and is becoming a critical indicator of maternal health care [15].

Iran has good maternal health indicators and has achieved the fifth goal of Millennium Development Goals (MDGs) [16]. Around one million women give birth each year with 96% of births taking place in health facilities and 97% managed by skilled attendants [17]. The academic midwifery had started 100 years ago in Iran. Iranian midwives receive four years training and could practice independently in prenatal, labor, childbirth and postpartum cares [18]. However Iranian midwives today have little authority in providing childbirth care and all care process is managed by obstetricians in the teaching hospitals. In some non-teaching public hospitals, childbirth care is performed by midwives under the obstetricians' supervision [19]. Iranian government has increased integrated sexual and reproductive health services including maternal health within primary health care facilities. Additionally, respecting laboring women has been noted in Iran’s National Guidelines for Normal Childbirth; however the strategies and indicators to implement RMC have not been addressed clearly [20]. Despite the adoption of Mothers’ Bill of Rights that has been launched in 2003 [21], a study from Iran reported that the quality of childbirth care is not desirable including support groups, timely attention, rapid prevention and detection, service continuity, respect, safety, access, and basic facilities [22]. This qualitative study provided a better insight into
Iranian midwives' perspectives on RMC during labor and childbirth in non-teaching hospitals in Tehran.

Methods

Study design
The study was conducted from September-December 2018 in two non-teaching public hospitals in Tehran, (the capital of Iran). The qualitative content analysis was employed to explore Iranian midwives’ perceptions about RMC. It is appropriate for exploring the views of midwives on the RMC with a special focus on the role of their knowledge, experiences, belief systems, culture, and social backgrounds [23].

Participants and Sampling
The midwives were recruited using purposeful sampling method. First, the information-rich midwives who had experiences about childbirth care were interviewed and then continued by selecting midwives with maximum variation in age, educational level, occupational position, and years of working experience in labor units to reach data saturation. The inclusion criteria were holding at least bachelor’s degree of midwifery, having work experience for one year or more in labor and birth units, and having complete responsibility of labor and childbirth care.

Data collection
Initially, the first author (MM) contacted the potential participants and informed them about the purpose of the study. If they agreed to participate and signed the concept form, they interviewed in the place at their convenience. The main technique of data collection was the semi-structured, in-depth, and face to face interviews which were conducted by MM who was supervised by three qualitative
research experts. In addition, observation and field notes techniques were utilized. The duration of the interview sessions varied from 60 to 120 min and the mean duration of interviews was 80 min. The participating midwives were invited to talk about the care of pregnant women in labor units, the important factors which should be considered when assisting women, their understandings of and approaches to respectful maternity care and their personal experiences about women’s respect and dignity in labor and childbirth unit.

All interviews were audio-recorded with participants’ permission and transcribed verbatim in Persian language prior to the next interview. Data analysis was undertaken concurrently with data collection, following Graneheim and Lundman’s (2004) method including transcription of the whole interview immediately after each interview, reading the entire transcription of the interview to achieve an overall understanding of its content, specifying basic codes, classifying initial similar codes in more comprehensive sub-themes, and ultimately, extracting themes from the sub-themes [23]. The first three interviews were coded by each researcher of the study independently, after which the codes were compared. If the codes differed, the disagreement was resolved by consensus. The first three interviews were entered into MAXQDA and then other interviews were added and analyzed. Data saturation was achieved at 24 interviews.

Trustworthiness

The study was validated based on the following strategies that were proposed by Lincoln and Guba in 1994 as cited in Polite & Beck, 2010 [24]. All interviews were carried out by MM who was trained in conducting qualitative research and interviewing techniques. The interviewer had a prolonged engagement with data
and the process of data collection and analysis which lasted about two years. Finally, the sufficient numbers of interviews were performed to ensure the saturation of concepts. At the end of the study the methods of member- and peer-checking were used. The printed transcribed files were returned to participants for their review of accuracy. Additionally, peer checking was conducted through sending the transcripts, codes and themes to four experienced qualitative researchers in reproductive health and social sciences to review the credibility of the extracted themes and sub-themes. Finally, in addition to audio-records and transcripts, multiple data sources, including field notes and observation were used.

**Ethics**

This study was a part of a doctoral dissertation, which was approved by the Ethics Committee of the Shahid Beheshti University of Medical Sciences (IRB code=1396.810). Also each participant signed the written informed consent form before the interview.

**Results**

The age range of midwives was 24-55 years. Majority of participants hold only BSc degree and were staff midwives (Table 1).

The analysis of in-depth interviews finally led to the generation of three themes and seven sub-themes which are listed in Table 2 and are described below.

Three themes were derived from midwifes’ perception of RMC during labor and birth, including showing empathy, women-centered care, and protecting rights. Showing empathy reflected the need for building trust and confidence in women. Women-centered care emphasizes the importance of providing maternal and infant health through the best care, and prevention of any complication as well as the
importance of involving women in their care by providing adequate information and taking informed consent on care. Protecting rights also reflected a need to protect the dignity of the women through respect for their privacy, confidentiality, equality, and the provision of suitable environment.

**Theme 1: Showing empathy**

Midwives by starting friendly relationship and accompanying the women take the first step in providing optimal care for them. Showing empathy had two aspects, establishing friendly relationship and being with women.

**Establishing friendly relationship**

The majority of midwives, especially those with longer work experience, believed that establishing a good and friendly relationship was essential for providing RMC. The midwives stated that expecting mothers are worried about their own and their baby’s health status and believed that creating a good relationship would make very friendly atmosphere to preserve RMC. A midwife said:

"*Respectful care is that we have a good relationship with women. We need to communicate in a way that they can trust us.*" (Midwife 7, 42yrs, 17yrs work experience, MSc in midwifery)

Midwives stated that using kind words and respectful language when talking to women were effective measures for establishing a friendly relationship.

"*When a mother arrives, we should kindly welcome her and call her name in a respectful manner. In this way, she would feel comfortable.*" (Midwife 13, 35yrs, 12yrs of working experience, MSc in midwifery)

**Being with women**

Some midwives believed that one of the most important parts of respectful care is to understand the unique situation of the laboring women and their families. A
midwife stated:

"I should understand the woman's situations. If we want to perform vaginal examination, and the woman has labor pain, it is better to wait until she gets calm."

(Midwife 2, 24 yrs old, 2 yrs of working experience, BSc in midwifery)

In the study hospitals, the women were mainly not allowed to have a companion of their choice. Midwives believed that the presence of companion is another important way to provide respectful care for women.

“One of the best supports that we can provide for woman is to allow companion of her choice to stay with her. If the companion has taken part in the birth-preparation classes, she/he can help the mother to have a better experience.” (Midwife 20, 39 yrs old, 16 yrs of working experience, BSc in midwifery)

**Theme 2: Women-centered care**

The women-centered care includes two sub-themes: keeping women safe that refers to the provision of evidence-based and harm-free care for women. It also includes participating in decision making that discusses the need of providing adequate information about procedures and interventions and involving women in decision-making about their care.

**Keeping women safe**

The participant midwives believed that science and ethics are interconnected. In the study hospitals, childbirth care was medicalized and unnecessary interventions such as accelerating and augmenting labor using oxytocin and performing episiotomy were used for the low risk women. The midwives believed that unnecessary interventions without medical indication should be eliminated and any harm to mothers and babies should be prevented. One midwifery lecturer stated:

“First of all, we all want to give a scientific care and perform it accurately. We don’t
Some midwives stated that timely presence at bedside form the important part of respectful care.

“When a woman needs a specific care, we should provide it for her as soon as possible, because delay in taking care would have undesirable consequences for both mother and child. In this way I think the women's respect will be protected.” (Midwife 12, 40 yrs old, 8 yrs of working experience, PhD in reproductive health)

**Participating in decision making**

Most midwives considered involving women in the care process and decision making as an essential part of the RMC. This would contribute to women-centered care by recognizing women’s preferences and expectations. Midwives believed that women need to get information about progress of labor. One midwife said, “We respect the women when give information about progress of labor. We should tell them what is going on at every stage and what they can do to help themselves, this would reduce their stress. We should introduce caregivers and make them familiar with rooms and equipment as well.” (Midwife 9, 46 yrs old, 24 yrs of working experience, BSc in midwifery)

Midwives expressed that women also need to be informed about the care and interventions that would be performed. They believed that access to information is needed for the active participation of women in the process of care. In this regard, a midwife said:

“If we want to check the fetal heart rate or doing an episiotomy, we should first explain the procedure and the necessity of performing of that, then if woman
agrees, it could be done." (Midwife 8, 38 yrs, 22 yrs of working experience, BSc of midwifery)

A midwife in charge of the labor unit stated that it is difficult to provide women-centered and respectful care when the births are managed by obstetricians. She emphasized that the midwife-led care is an appropriate model of care for improving the RMC.

"Disrespect is consequence of working in a medicalized context. They (obstetricians) treat laboring women hastily and completely medically. If we had midwife-led birth centers, then we could provide respectful care for women."

(Midwife 4, 46 yrs old, 25 yrs of working experience, BSc of midwifery)

**Theme 3: Protecting rights**

This theme referred to the importance of providing a caring environment in which the privacy, equality, non-discrimination and comfort was provided. This theme includes three sub-themes of safeguarding dignity, giving equal care and preparing appropriate environment.

**Safeguarding dignity**

Some midwives stated that preserving dignity is to preventing any maltreatment with laboring women. They emphasized that maltreatments that mainly were performed by obstetricians and young midwives, should be eliminated.

"Some less experienced midwives do not know how to deal with a laboring woman when she is in pain and shouting. They may not treat women properly and show unpleasant reactions. Women's dignity should be protected by preventing provider’s disrespectful behaviors.” (Midwife 11, 50 yrs old, 25 yrs of working experience, BSc in midwifery)

The Iranian midwives considered preserving women's privacy during labor and
childbirth in frequently overcrowded units as an important part of RMC.

“Preserving privacy is an important issue for the women in labor. Some midwives think that due to labor pain and existence of only the female staff in the units, it is not necessary to pay attention to women’s privacy. But I believe that if the women's privacy is not preserved, they may be shameful and feel disrespect.” (Midwife 21, 45yrs, 20 yrs of working experience, BSc in midwifery)

The majority of participants stated that a significant example of assuring women's privacy is covering their bodies with a bed sheet during examinations.

"Dignity means to preserve the privacy of women. When I start Fetal Heath Monitoring (FHM) for a woman, the first thing that I consider is to cover her body using a bed sheet." (Midwife 8, 48 yrs old, 22 yrs of working experience, BSc in midwifery)

Midwives also mentioned that women should not be examined in attendance of unnecessary individuals.

"It is important when we perform any intervention for women, nobody should be there." (Midwife 13, 35yrs, 12 yrs of working experience, MSc in midwifery)

**Giving equal care**

Some midwives stated that caregivers should respect everyone and avoid discrimination on grounds of women's culture, customs and religion. Such attitude facilitates and improves the implementation of respectful care. In this regard, a midwife said:

"When they come here, the rights of women from every culture and traditions should be protected and we must pay attention to them" (Midwife 15, 39 yrs old, 15 yrs of working experience, MSc in midwifery)

The midwives, participating in this study also believed that having prior knowledge
of different cultures and taking into account cultural and religious differences help in providing equal and fair care for the women.

“When the women are trying hard to push, I ask them to rely on the God and pray by reading Doa (written praying). Sometimes I think, maybe this is not believed by all, or some people who are from other countries might have different beliefs.”

(Midwife 18, 30 yrs old, 9 yrs of working experience, BSc in midwifery)

**Preparing appropriate environment**

Midwives believed that providing a comfortable, clean, and quiet labor and birth environment with sufficient equipment for laboring women was essential for providing respectful care. They stated that these services give women a sense of security and comfort.

"When a woman enters the birth unit and sees untidy environment, she may get stressed and feels some sort of disrespect; we should try to provide a convenient setting in which women could be relaxed." (Midwife 11, 50 yrs old, 25 yrs of working experience, BSc in midwifery)

One of the desirable recent changes in the labor unit of hospitals is establishing the Labor and Delivery Room (LDR), which improves the privacy of the women. Midwives believed that LDR provide the comfort for women and ultimately maintained their dignity.

"Some of units now have LDR which are very comfortable place for women. As women stays in a single room that really preserves the privacy of the women"

(Midwife 14, 38 yrs old, 12 yrs of working experience, BSc in midwifery)

In the study hospitals, companions stayed outside and even in the labor unit did not have an appropriate place for waiting. A number of midwives also stated that companions of women should also have a suitable waiting room with adequate
seats.

“The companions stay outside in a cold place, from night until morning. They lose their patience, so they may get easily nervous. If they could stay in a suitable place, they would be comfortable and cooperate with us to support the women.” (Midwife 24, 42 yrs old, 19 yrs of working experience, BSc in midwifery)

Additionally, appropriate working environment is also important for midwives themselves. In terms of participants, factors such as crowded units and high workload make them exhausted, and consequently affect proper communication with the women and their companions.

“One of the problems here is that the number of the women is too high in comparison to the number of the midwives. There is a long distance between the rooms, so we may not be able to visit them continuously and quickly.” (Midwife 19, 36 yrs old, 9 yrs of working experience, BSc of midwifery)

Discussion

This study presented the perception of Iranian midwives about RMC during labor and childbirth. Our midwives accounts showed that the RMC is more than merely preserving women’s dignity while giving birth. Participating midwives defined RMC as showing empathy, providing women-centered care and protecting rights. Our findings are consistent with global perceptions of RMC during childbirth in health services that was presented by a qualitative synthesis study. This study reviewed 67 studies from 32 countries presented 12 domains and indicates that women’s perspectives of RMC are quite consistent [10]. However, our study shows that, the role of emotional support was stronger than other components of RMC. Several studies that investigated the childbearing women’s experiences supported the
accuracy of the perceptions of the midwives [10, 25, 26]. They indicated that the women's experiences are multidimensional and women did not want to be treated as the medical patients during labor and childbirth, but rather as a human beings with feelings, expectations [10, 25, 27]. A study from Iran showed that women's needs and expectations fell into seven main categories: Physiological, psychological, informational, social and relational, esteem, security and medical needs [26].

Our study indicated that the important aspect of RMC is to show empathy to the woman by being with women and establishing a friendly relationship. In fact, the midwives believed that providing a supportive and intimate interaction with women was the key determinant of RMC. The establishing of warm and friendly relationships with women is reported in several studies from the UK, Norway, Sweden, New Zealand and Australia [14, 28-31]. Bradfield and his associates also defined the term of “being with women” as the fundamental component of the midwifery profession and philosophy [14]. Nigerian and Ugandan women’s experiences also indicate the positive emotional and interpersonal experiences of care have equal value with the clinical and contextual environmental factors [30, 32].

Another feature of RMC emphasized the midwives in our study was providing timely, and up to date care that includes adequate information for a woman to participate in decision-making. Furthermore, a midwife highlighted the importance of birth centers where midwifery model of care would be provided for women and could be a facilitator for promoting RMC. Providing safe, efficient, effective, and timely care by taking informed consent has been reported in several studies [10–12]. In addition, some studies concluded that birth centers create a positive birth experiences [33, 34].
Iranian midwives’ narratives indicated that the RMC referred to respect to the women's customs, religion, ethnicity, autonomy, privacy. A systematic review demonstrated that women's experiences of childbirth are shaped by culture. Providing culturally competent maternal health care will improve the quality of the birth experiences for women and their families [35]. Behruzí et al. (2014) highlighted the importance of respecting the women's cultures, values and beliefs from the midwives' views [36]. Also, Aziato et al, (2016) stated that, in all spheres of midwifery, spirituality should be considered as an integral part of the care provided to women and their families [37]. Additionally, midwives opined that appropriate environment conditions in labor unit for women, their companions as well as the proper working conditions for caregivers are essential for promoting the RMC. A qualitative study in Brazil showed women in hospital setting confronted with structural problems such as lack of beds available for birth care, lack of presence of companions, lack of adequate accommodation for the companions, and the presence of other women in the same room [34]. This qualitative study was a first study in its kind which was conducted in the context of middle income countries in the Middle East. The interview with adequate number of midwives is strength of this study. This study was conducted in two public hospitals in Tehran but the results may be applied to other provinces in Iran as well as similar contexts and cultures in other low- and middle income countries.

Limitation of the study

This study was carried out in two non-teaching hospitals in the South of Tehran, therefore this may not reflect the perceptions of midwives in other parts of Iran. The participant midwives in the study hospitals provided labor and childbirth care under
supervision of obstetricians. Consequently, midwives’ perception who work in teaching hospitals where obstetric residents manage all vaginal births and midwives are less involved in normal childbirth, may be different.

Conclusion

Midwives’ perceptions indicate that RMC was broader concept rather than preventing disrespect and preserving women’s rights and dignity. It is important to maintain appropriate interpersonal communication between caregivers and women during labor and childbirth. This should be considered by policy-makers to design culturally appropriate interventional program to promote RMC during childbirth. The pre-service and in-service midwifery trainings, improvement of environmental conditions, and streamlining of maternity systems by close collaborations of health providers are needed. Also, it is recommended that the midwifery model of care was implemented in the labor and birth owing to its necessity for preserving RMC by promoting women-centered, evidence-based and humanized care during labor and childbirth. This research, along with all the articles surveyed, seem to make the same point about what women want in labor kindness, respect and inclusion, safety. We seem to have a global consensus; now we as a childbirth care community need to decide what to do next. Further testable research to confirm these results is required, and it seems mandatory to provide an educational program to increase women awareness about their rights during labor and childbirth.

Abbreviations

RMC: Respectful Maternity Care.
Declarations

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Authors’ contributions
MM, FP, SH and AE conceptualised the study, and developed the study protocol. MM, FP, SH and AE contributed data collection and analysis. MM and FP wrote the manuscript in consultation with BP. SH and BP read, contributed critical revision, and approved the final manuscript. All authors read and approved the final manuscript.

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Availability of data and materials
The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Ethics approval and consent to participate
The ethics committee of Shahid Beheshti University of Medical sciences approved the study (IRB code = 1396.810). All participants provided written consent for the study, were made aware that data is anonymised, securely stored, will be analysed for publication, participation is voluntary and they are free to leave the study at any time.

Consent for publication
Not applicable.

Competing interests
The authors declare that they have no competing interests.

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Table 1: The demographic characteristics of midwives in two non-teaching public hospitals of Tehran, Iran.

|                          |               |
|--------------------------|---------------|
| Age (year) (Range)       | 24-55         |
| Age (Year) (Mean)        | 38.5          |
| Education (Number)       |               |
| BSc                      | 13            |
| MSc                      | 6             |
| PhD                      | 5             |
| Work experience (Year)   | 1-29          |
| Work experience (Year) (Mean) | 15          |
| Position (Number)        |               |
| Head of midwifery or Midwife in charge | 2          |
| Staff midwife            | 17            |
| Midwifery instructor     | 5             |
Table 2: The main themes and sub-themes extracted from Iranian midwives' perception regarding respectful maternity care during labor and childbirth.

| Sub-themes                        | Themes               |
|-----------------------------------|----------------------|
| Establishing friendly relationship| Showing empathy      |
| Being with women                  | Women-centered care  |
| Keeping women safe                |                      |
| Participating in decision making  |                      |
| Safeguarding dignity              | Protecting rights    |
| Giving equal care                 |                      |
| Preparing appropriate environment |                      |