

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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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.



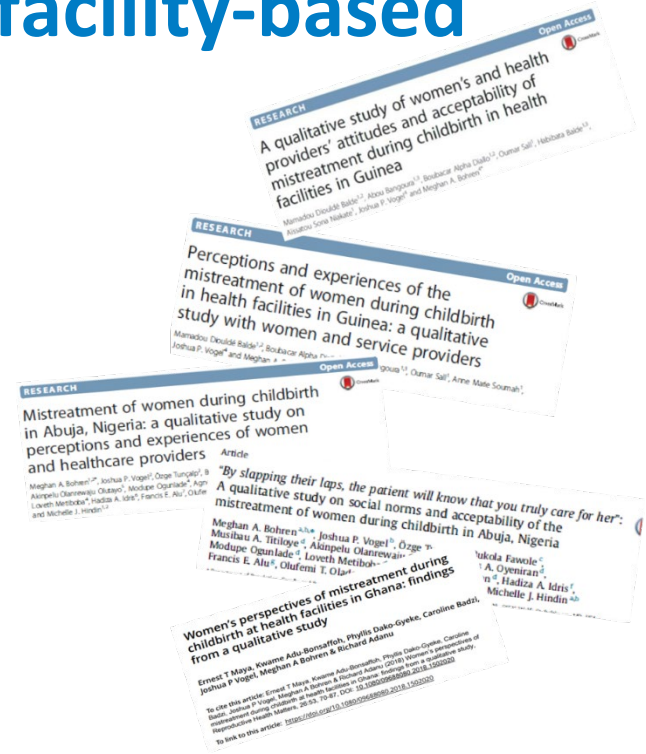
How women are treated during facility-based childbirth (2015-2019)

❑ 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



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

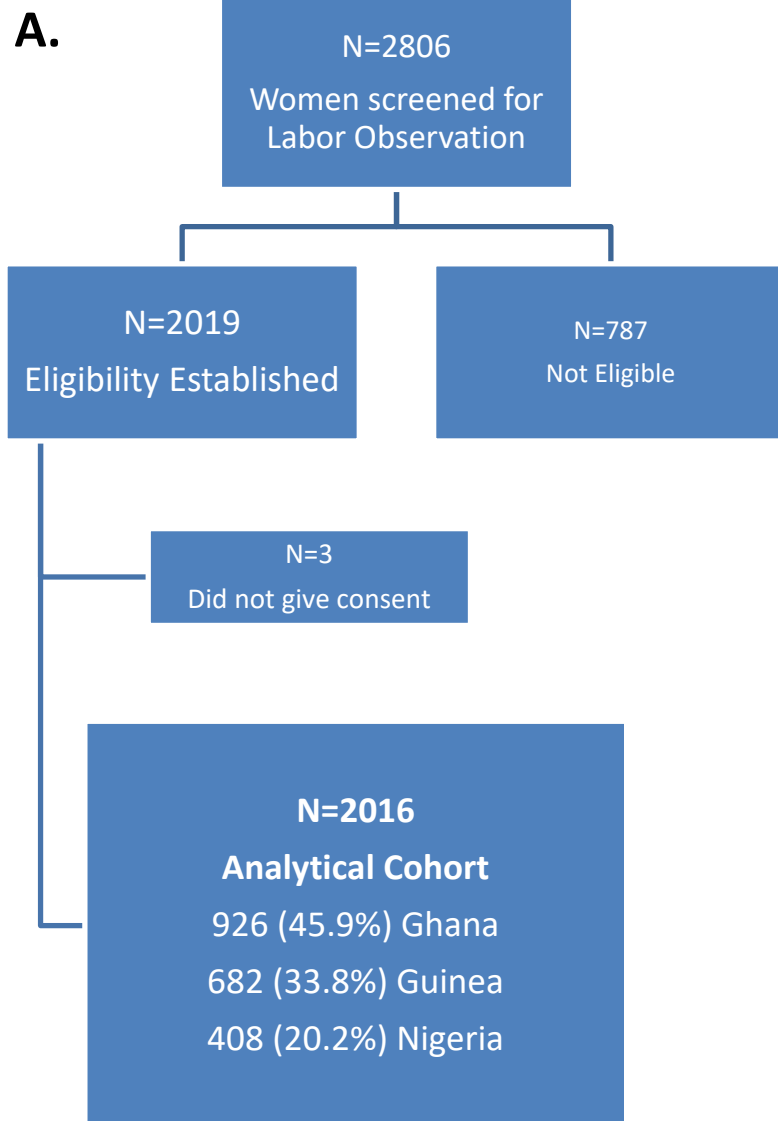
How women are treated during facility-based childbirth in four countries: a cross-sectional study with labour observations and community-based surveys



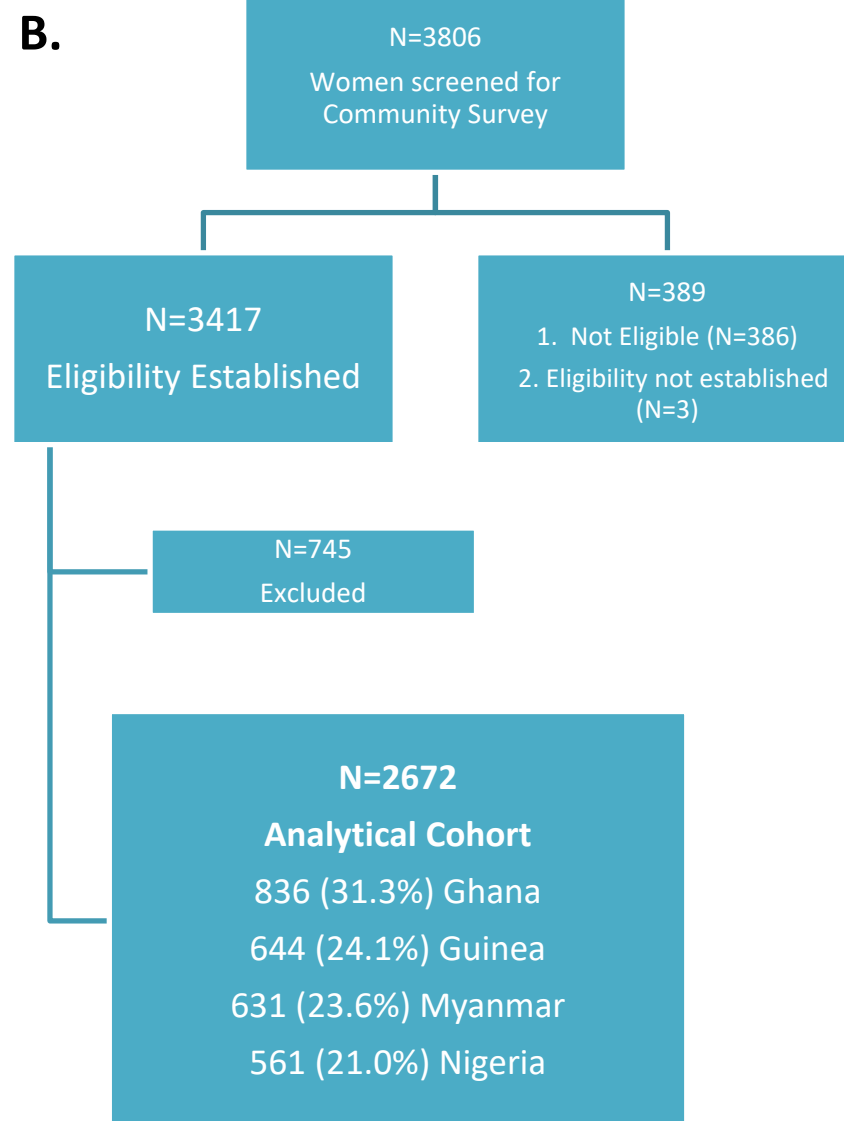
Meghan A Bohren, Hedieh Mehrtaash, Bukola Fawole*, Thae Maung Maung, Mamadou Dioulde Balde, Ernest Maya, Soe Soe Thwin, Adeniyi K Aderoba, Joshua P Vogel, Theresa Azonima Irinyenikan, A Olusoji Adeyanju, Nwe Oo Mon, Kwame Adu-Bonsaffoh, Sihem Landoulsi, Chris Guure, Richard Adanu, Boubacar Alpha Diallo,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



Overview of sample



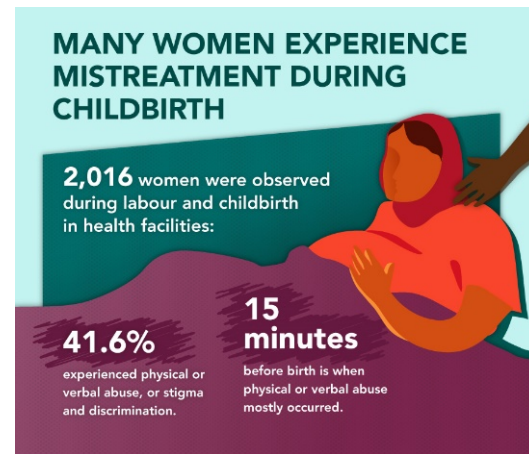
A. Flow diagram for labour observation



B. Flow diagram for community survey

*Labour observations were not conducted in Myanmar.

Any physical abuse, verbal abuse, or stigma or discrimination



	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

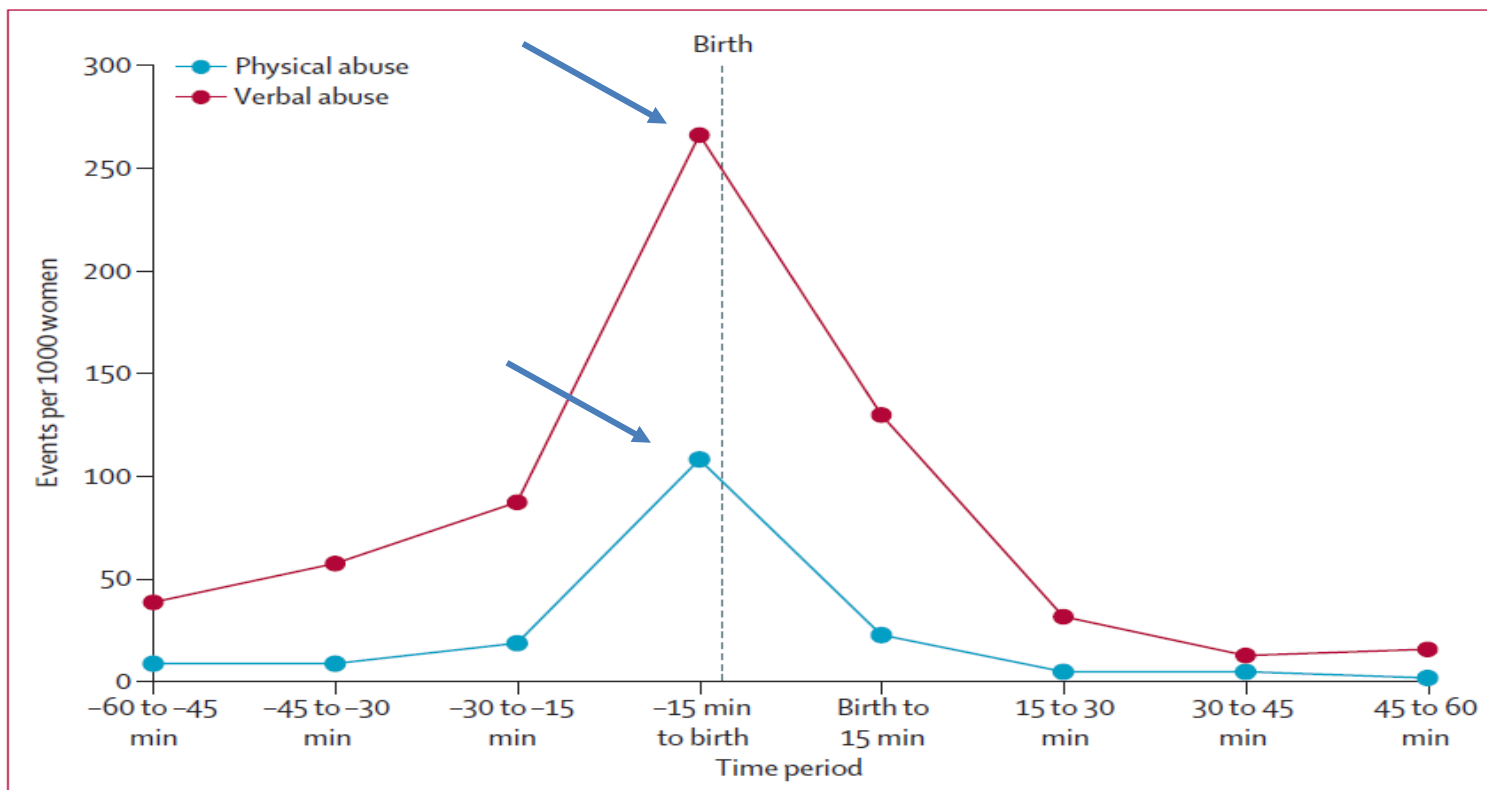


Figure 2: Temporal analysis of mistreatment during labour observation

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%)



World Health Organization

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

human reproduction programme
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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



World Health Organization

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



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*



Home / Newsroom / Detail / Research leads to actions improving childbirth in Guinea



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

