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

Dr Theresa Irinyenikan, on behalf of WHO MoW Study Team
University of Medical Sciences, Ondo State, Nigeria
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
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

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

<table>
<thead>
<tr>
<th></th>
<th>Labor Observation Tool (N=2016)</th>
<th>Community Survey Tool (N=2672)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any physical, verbal or stigma and/or discrimination</td>
<td>838 (41·6%)</td>
<td>945 (35·4%)</td>
</tr>
<tr>
<td>Any physical abuse</td>
<td>282 (14·0%)</td>
<td>287 (10·7%)</td>
</tr>
<tr>
<td>Any verbal abuse</td>
<td>762 (37·8%)</td>
<td>821 (30·7%)</td>
</tr>
<tr>
<td>Any stigma and/or discrimination</td>
<td>11 (0·6%)</td>
<td>79 (3·0%)</td>
</tr>
</tbody>
</table>
Any physical abuse or verbal abuse

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

MANY WOMEN EXPERIENCE UNCONSENTED PROCEDURES

<table>
<thead>
<tr>
<th>Non-consented care</th>
<th>Labor Observation Tool (N=2016)</th>
<th>Community Survey Tool (N=2672)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caesarean Sections</td>
<td>35/261 (13.4%)</td>
<td>52/483 (10.8%)</td>
</tr>
<tr>
<td>Episiotomy (among vaginal births)</td>
<td>190/253 (75.1%)</td>
<td>295/526 (56.1%)</td>
</tr>
<tr>
<td>Induction of labour</td>
<td>-</td>
<td>94/349 (26.9%)</td>
</tr>
</tbody>
</table>
### Failure to meet professional standards – Informed Consent and Confidentiality

<table>
<thead>
<tr>
<th>Vaginal examinations</th>
<th>Labor Observation Tool (N=2016)</th>
<th>Community Survey Tool (N=2672)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not informed or no permission obtained</td>
<td>847/1435 (59·0%)</td>
<td>1214/2445 (49·7%)</td>
</tr>
<tr>
<td>Vaginal examination not done privately</td>
<td>-</td>
<td>295/526 (56·1%)</td>
</tr>
</tbody>
</table>

**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

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

“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.