

Facilitators and Barriers to the Provision of Respectful Maternity Care in Hospital Settings from Midwives' Perspectives: A Cross-Sectional Study in Selected Hospital in Central Kerala

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ABSTRACT

Background: The World Health Organization (WHO) emphasizes the significance of positive birth experiences through Respectful Maternity Care (RMC). A staggering 78.2% of childbirths experience disrespectful maternity care. Therefore, this review aims to explore the facilitators and barriers to delivering Respectful Maternity Care (RMC) in hospital environments. However, there is limited knowledge regarding the facilitators and barriers to delivering respectful maternity care in hospitals from the perspective of midwives.

Methods: A quantitative cross-sectional research design was employed to determine the facilitators and barriers to the provision of Respectful Maternity Care (RMC) during childbirth by midwives in hospital. The hospital selected for this study was a 350-bedded private hospital that offered maternal and child health services. A structured questionnaire consisting of 45 questions was administered to assess both aspects of respectful maternity care delivery among 91 midwives.

Results: A total of 91 midwives were chosen through a consecutive sampling method and the study was conducted in the

hospital settings. Of the 91 midwives, the proportions reflecting a very good, good, and poor perception of RMC facilitators and barriers are 67.04%, 31.87%, and 1.09% respectively. The results showed that nurse midwives (85.7%) held a much more favorable view of facilitators compared to barriers (49.4%).

Conclusion: Based on the findings presented, we recommend that strong measures be implemented to improve institutional policies, resources, training, and oversight for healthcare providers regarding respectful maternity care, which will ultimately enhance care quality and foster positive birth experiences.

KEYWORDS: Facilitators, Barriers, Respectful Maternity Care, Midwives, Perspectives

INTRODUCTION

Respectful maternal care (RMC) is being increasingly acknowledged worldwide as essential for enhancing the quality of maternity services, as women are entitled to receive care that is respectful and dignified^[1]. Many women experience disrespectful maternal care during childbirth, particularly in low- and middle-income nations, which discourages them from pursuing

institutional healthcare. Since women are the primary recipients of care, they are in the best position to report on the quality of respectful care they receive^[2]. Addressing factors that influence respectful perinatal care is vital towards the prevention of compromised patient care during the perinatal period as the factors have the potential to accelerate or hinder provision of respectful care.^[2] Respectful maternity care means providing care that upholds a woman's dignity, privacy, and confidentiality, allowing for informed choices, and ensuring freedom from harm and mistreatment during labor and childbirth.^[3] Respectful Maternity Care (RMC) encompass promoting women-centered care, enhancing healthcare provider attitudes, ensuring professionalism, building community trust, maintaining conducive health facility environments, and involving leadership.^[3]

Midwives are considered key players in promoting RMC due to their focus on woman-centered care, continuous support, and holistic approach to childbirth and also pay attention to laboring woman's safety in providing care and interventions.^[4] The elements that promote Respectful Maternity Care (RMC) in hospital environments consist of robust hospital policies that uphold patient autonomy, adequately trained personnel with effective communication abilities, a nurturing workplace atmosphere, and easily accessible resources; conversely, obstacles can encompass a lack of awareness regarding RMC, hierarchical dynamics among healthcare teams, overwhelming workload demands, insufficient staff training, cultural biases, and limited privacy options for patients.^[5] Factors that negatively impact the provision of RMC, as identified by healthcare workers, include insufficient resources, inadequate staffing, uncooperative mothers, communication challenges, privacy concerns, absence of policies, heavy workload, and language barriers^[6,7]. Overall, midwives are aware of the seven rights of mothers and maintain a favorable

perspective on delivering respectful maternity care (RMC). Nonetheless, certain abusive behaviors persist among midwives when offering RMC, accompanied by significant barriers such as overload and insufficient labor monitoring supplies.^[8,9] It is recommended to modify the midwife-to-client ratio and ensure the availability of necessary materials for labor monitoring.^[10,23]

To enhance respectful maternity care (RMC), it is essential for RMC to have a supportive environment characterized by motivated staff, sufficient workforce, manageable workloads, and ongoing training.^[11] Policies and attitudes either had the potential to support or obstruct RMC.^[12,13,14,24,25] These insights might contribute to a nationwide midwifery survey, educational curricula, and reforms in health systems to facilitate less restrictive policies and environments.^[15,26] Factors such as implicit bias and working conditions among healthcare providers contribute to disrespectful care.^[16,27] This information can help develop strategies for future training and other interventions aimed at enhancing maternity care. Research indicates that midwives in Indian hospitals generally view respectful maternity care positively; however, they face significant barriers in its consistent application due to issues such as excessive workloads, limited independence, and insufficient training in RMC principles.^[16,28] This leads to varying practices depending on individual midwives and the specific hospital context, with some midwives effectively employing patient-centered methods, while others may encounter difficulties in fully adopting RMC practices due to systemic limitations. We urge strong initiatives to enhance institutional policies, resources, training, and supervision of healthcare professionals regarding women's rights during childbirth to improve the quality of care and foster positive birth experiences.^[17,29]

As childbirth is a critical event in the life of a mother, traumatic childbirth experiences may negatively affect the mental and

physical health of women.¹⁸ The studies say the participants received a moderate level of RMC during labor and childbirth.^[19] Thus, RMC actions must be ensured by policymakers, leaders, and healthcare providers to promote RMC at facility based settings.^[20, 21] Respectful maternity care plays a big role in promoting health-seeking behaviors among pregnant women. However, women experience barriers ranging from provider behavior, work environment and health system challenges. Ensuring a dignified and respectful working environment could contribute to an increase in health seeking-behaviors and consequently reduction of maternal mortality.^[22] This study aimed for assessing the viewpoints of healthcare professionals regarding facilitators and barriers to providing respectful maternity care to the birthing women within a healthcare setting.

STATEMENT OF THE PROBLEM

A study to identify the Facilitators and barriers to the provision of Respectful Maternity Care in hospital settings from midwives perspectives. A cross-sectional study in selected hospitals in central Kerala

OBJECTIVES

1. To identify facilitators to provision of Respectful Maternity Care in hospital setting as perceived by midwives.
2. To identify barriers to provision of Respectful Maternity Care in hospital setting as perceived by midwives.

MATERIALS AND METHODS

Research Approach and Design

A quantitative cross-sectional research design was used to identify the facilitators and barriers to the provision of Respectful Maternity Care (RMC) during childbirth by midwives in the hospital located in Idukki district, Kerala. The health facilities chosen for this study were 350 bedded secondary-level charitable private hospital that provided maternal and child health care services.

Sample and sampling technique

The target population for the study included all registered nurse midwives employed at the hospital within the specified setting. Data collection was carried out using a non-probability consecutive sampling method, data collected from 1st January to 28th February 2025. All nurse midwives working in the hospital were invited to take part in the survey. The participants who consented and signed the informed consent form were involved in the study. Concerning the inclusion criteria, eligible participants were midwives working in the labor unit who possessed either a midwifery degree or diploma and had a minimum of one year of work experience at some point in their careers. Midwives with less than one year of experience were excluded (71 midwives). Those who agreed to participate in the study were selected and ultimately, out of 162 midwives employed in the hospital, 91 were included while 71 were excluded from the research. Structured interview (using a questionnaire) were conducted in convenient locations within the hospital. Data collection tools were developed by investigator and validated by nurse experts comprised a questionnaire that gathered demographic information and addressed midwives' perspectives on the facilitators and barriers to providing respectful maternity care, thereby identifying their views on these aspects within the hospital context.

Description of the Research Tool

The questionnaire on demographic data consists of 6 items, RMC facilitators with 25 items and barriers with 20 items, these encompassed various aspects of RMC (facilitators and barriers) to provide during labor and delivery. The facilitators with 5 items Client and Family related factors, 5 items Health care personnel Related factors, 7 items of Management related factors, 5 items Feedback and Improvement Mechanisms, and 3 items Technology and Monitoring. For each item, the response was scored as More important (3), Important (2),

Least important (1) Not important (0). Total score was 75. The questionnaire on RMC barriers with 20 items encompassed various aspects of RMC barriers during labor and delivery with 6 items Management system factors, 10 items Health personnel factors, 4 items Client/relatives factors. For each item, the response was scored as To a great extent (3), To a Moderate extent (2), To a little extent (1), To a no extent (0), The total score was 60. A score of more than 90% was very good RMC, 70% to 90% good RMC, and less than 70% poor RMC. The content validity index of the RMC facilitators and barriers questionnaire was 0.88. The reliability was established by Cronbach's alpha, which was 0.89 and .932 respectively. The facilitators and barriers to provision of RMC were assessed using a structured questionnaire with 45 items of two aspects. The both aspects were identified under five and three domains respectively. The pilot study was conducted with 11 members to find out the feasibility of the study.

Data collection

After getting ethical clearance from the ethical committee and written permission from the authority concerned the data was collected from selected midwives of Holy Family hospital Muthalakodam, Thodupuzha. Sample selection was done by using nonprobability consecutive sampling technique, data collected from 1st January to 28th February 2025. All the selected participants were asked to gather in their respective nurses' station. Then explained the purpose of the study and requested to informed consent and maximum cooperation with honesty in filling in questions. After clarifying their doubts and

getting all the needed information data collected from each sample.

Data analysis and interpretation

The collected data were entered in to a Microsoft excel data sheet after being reviewed for consistency and completeness. The IBM SPSS statistics for windows, version 30.0 was used to analyze the data, that was descriptive statistics of frequencies, percentages, graphs and tables. Data on midwives' perception of RMC facilitators and barriers was assessed using a 4-point Likert scale which was considered as an interval scale. A composite score was computed for all respondents using their responses to the 45 items assuming equal weighting of the items. A score of zero was given for least correct answer and a score of 3 was given for the most correct answer giving a minimum score of zero and a maximum score of 75 and 60 respectively. Instances where the negative response was the most correct answer, the reverse was the case.

For the proposed study the data analysis methods are; Descriptive statistics: Mean, percentage, and standard deviation will be used to assess the perception of facilitators and barriers to the provision of RMC by midwives perspectives.

Participants all provided written informed consent in a English language of their preference prior to administering any survey questions or interviews. All study documents were reviewed and approved by the ethics review board at the Holy family college of nursing Thodupuzha, Idukki Kerala.

RESULTS

Demographic characteristics of Participants

Table -1-Frequency and Percentage distribution of demographic characteristics N=91

SLNO	VARIABLES	FREQUENCY	PERCENTAGE
1	Age (year)		
	a) <25	58	63.7
	b) 25-35	12	13.2
	c) 36-45	17	18.7
	d) >45	4	4.4
2	Marital status		

	a) Single	60	65.9
	b) Married	31	34.1
3	Educational level		
	a) ANM	1	1.1
	b) GNM	5	5.5
	c) Bachelor in nursing	68	74.7
	d) MSc in nursing	17	18.7
	e) PhD in nursing	nil	nil
4	Work experience in the birth unit (years)		
	a) <5	84	92.3
	b) 5–10	4	4.4
	c) 11–15	2	2.2
	d) 16–20	1	1.1
	e) 21–25	Nil	Nil
	f) >25	nil	nil
5	Numbers of children		
	a 0	65	71.4
	b 1	7	7.7
	c 2	7	7.7
	d> 2	12	13.2
6	Employment status		
	Permanent	84	92.3
	Temporary	7	7.7

Above table shows that, a total of 91 nurse-midwives from the secondary level hospital in Thodupuzha, Idukki, Kerala, took part in the study. The majority of the participants were permanent staff members (92.3%), while the rest were employed on a temporary basis. A significant portion of them (63.7%) were under the age of 25 and

had less than 5 years (92.3%) of experience in intra-partum care units. Most midwives had completed their education up to the B.Sc. nursing level (74.7%), with only 1 in 5 holding a M.Sc. degree (18.7%). A large number of them (65.9%) were unmarried, and 71.4% did not have children.

Table- 2 Showing Client and Family related facilitators to the provision of Respectful Maternity Care by midwives perspective. N=91

Factors	N	Min. score	Max Score	Mean	Std. Error	Std. Deviation
Client and Family related						
1.Respecting maternal wishes when appropriate	91	2	3	2.95	.024	.229
2.Presence of birth companion	91	2	3	2.92	.028	.268
3. Friendly environment for partner and support persons	91	1	3	2.88	.038	.360
4.Co-operation of client and family members	91	2	3	2.95	.024	.229
5.Knowledge about rights of child bearing women	91	2	3	2.95	.024	.229

Above table shows that the Client and Family related factors category Respecting maternal wishes when appropriate, Co-operation of client and family members, Knowledge about rights of child bearing

women (2.95) shows the highest mean score value and Friendly environment for partner and support persons (2.88) shows the lowest mean score value.

Table- 3 Showing health care personnel related facilitators to the provision of respectful maternity care by midwives perspective. N=91

Factors	N	Min. score	Max Score	Mean	Std. Error	Std. Deviation
Health care personnel Related						
6.Good environment for employees to feel respected,	91	2	3	2.91	.030	.285
7. Good interpersonal relationship with colleagues and others	91	1	3	2.90	.035	.335
8.Adequate number of skilled and competent staff	91	2	3	2.93	.026	.250
9. Good remuneration with well-planned working hours	91	2	3	2.89	.033	.314
10. Constructive feedback and supervision of staff	91	2	3	2.86	.037	.352

Table -3 shows that Health care personnel Related category Adequate number of skilled and competent staff (2.93) shows the

highest mean score value and Constructive feedback and supervision of staff (2.86) shows the lowest mean score value.

Table- 4 Showing Management related facilitators to the provision of Respectful Maternity Care by midwives perspective. N=91

Factors	N	Min. score	Max Score	Mean	Std. Error	Std. Deviation
Management related						
11.Clear protocols and Policies related to Respectful Maternity Care (RMC)	91	2	3	2.88	.034	.328
12.Adequate physical facilities	91	2	3	2.90	.031	.300
13.Cost effective maternal health care services	91	1	3	2.79	.048	.460
14. Ongoing education for health care personnel on RMC	91	1	3	2.87	.042	.400
15. Efficient Workload management system.	91	1	3	2.81	.047	.445
16.Well-functioning Complaint management mechanism	91	0	3	2.85	.049	.470

Among the Management related category adequate physical facilities (2.90) shows the highest mean score value and Well-

functioning Complaint management mechanism (2.85) shows the lowest mean score value.

Table- 5 Showing Feedback and Improvement Mechanisms related facilitators to the provision of Respectful Maternity Care by midwives perspective. N=91

Factors	N	Min. score	Max Score	Mean	Std. Error	Std. Deviation
Feedback and Improvement Mechanisms						
17.Top level managers should demonstrate commitment to RMC principles	91	2	3	2.89	.033	.314
18. Patient satisfaction surveys	91	0	3	2.79	.053	.506
19. staff satisfaction surveys	91	1	3	2.87	.039	.371
20.Quality improvement initiatives focused on RMC	91	1	3	2.84	.042	.402
21.Mechanisms for reporting concerns and complaints	91	1	3	2.87	.039	.371
22. Periodic Staff performance appraisal	91	1	3	2.86	.040	.382

The table shows that the Feedback and Improvement Mechanisms category Top level managers should demonstrate commitment to RMC principles (2.89)

shows the highest mean score value and Patient satisfaction surveys (2.79) shows the lowest mean score value.

Table- 6 Showing Technology and Monitoring related facilitators to the provision of Respectful Maternity Care by midwives perspective. N=91

Factors	N	Min. score	Max Score	Mean	Std. Error	Std. Deviation
Technology and Monitoring:						
23.Advanced maternal care equipment	91	1	3	2.76	.050	.479
24. Visual displays are good for client to understand monitoring data of labour process.	91	1	3	2.84	.045	.429
25. Electronic medical Recording	91	2	3	2.87	.036	.340

Table -6 shows that the Technology and Monitoring category Electronic medical Recording (2.87) shows the highest mean

score value and advanced maternal care equipment (2.76) shows the lowest mean score value.

Table-8 Showing Management system related barriers to the provision of Respectful Maternity Care by midwives perspective. N=91

SL NO	Factors	N	Min score	Max Score	Mean	Std. Error	Std. Deviation
	Management system						
1	Resource limitations like infrastructure, supplies and equipment	91	0	3	2.65	.059	.565
2	Inadequate support from leadership	91	0	3	2.65	.057	.545
3	Lack of choice for adopting convenient birth position.	91	0	3	2.68	.056	.535
4	Lack of accountability mechanism for addressing complaints of disrespectful care.	91	2	3	2.67	.050	.473
5	Lack of clear policies regarding respectful care	91	1	3	2.71	.050	.478
6	Less awareness about rights of childbearing women	91	0	3	2.65	.057	.545

Above mentioned table shows that the management system category lack of clear policies regarding respectful care (2.71) shows the highest mean score value and

Resource limitations like infrastructure, supplies and equipment (2.65) shows the lowest mean score value.

Table -9 Showing Health personnel related barriers to the provision of Respectful Maternity Care by midwives perspective. N=91

SL NO	Factors	N	Min. score	Max Score	Mean	Std. Error	Std. Deviation
	Health personnel						
7	Low perceived quality of maternal health care.	91	0	3	2.63	.060	.571
8	Inadequate pay for healthcare personnel	91	1	3	2.62	.056	.533
9	Lack of access to get basic facilities for care providers	91	0	3	2.55	.065	.619
10	Poor communication between health care provider and clients	91	0	3	2.60	.062	.594
11	Inadequate staff training on patient- centered care	91	0	3	2.64	.067	.641
12	Poor staff -patient ratio	91	0	3	2.52	.072	.689
13	Poor collaboration among maternal health care professionals.	91	0	3	2.63	.067	.644
14	Not prioritizes women's autonomy and rights in childbirth	91	0	3	2.62	.066	.628
15	Negative attitudes of health personnel.	91	0	3	2.68	.060	.575
16	Inadequate supportive supervision	91	1	3	2.69	.051	.487

The table shows that among Health personnel category Inadequate supportive supervision (2.69) shows the highest mean score value and Poor staff -patient ratio (2.52) shows the lowest mean score value.

Table -10 Showing Client/relatives barriers to the provision of Respectful Maternity Care by midwives perspective. N=91

SL NO	Factors	N	Min. score	Max Score	Mean	Std. Error	Std. Deviation
	Client/relatives						
17	Socio-cultural beliefs of client and family members	91	0	3	2.66	.063	.600
18	Lack of knowledge regarding their rights	91	0	3	2.55	.063	.601
19	Robotic maternal health care services	91	0	3	2.47	.069	.656
20	Lack of co-operation of client and relatives	91	1	3	2.59	.056	.537

Table shows that among client/relatives' category Socio-cultural beliefs of client and family members (2.66) shows the highest mean score value and Robotic maternal health care services (2.47) shows the lowest mean score value.

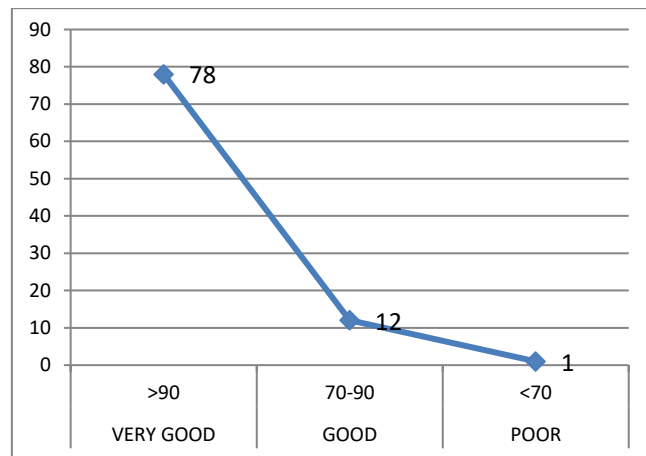


Fig: 1 showing facilitators to the provision of RMC by midwives perspectives. N=91

The diagram above indicates that 78 individuals have a very good perception (> 90%) of RMC facilitators while one person has a poor perception (< 70%).

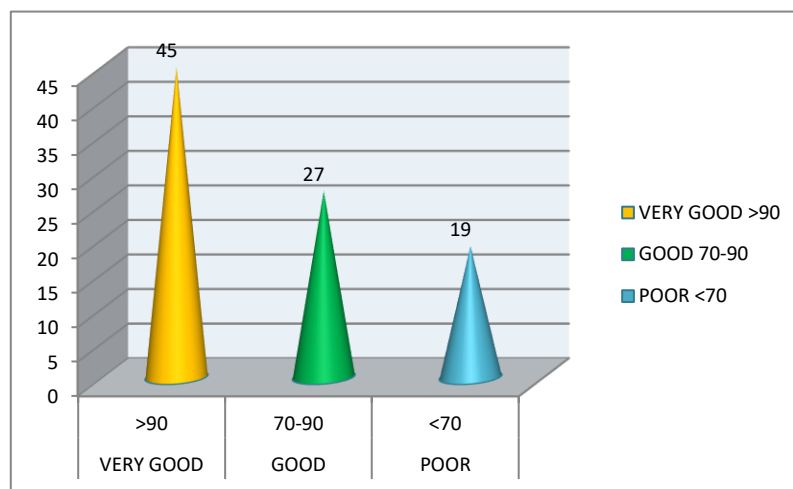


Fig: 2 showing barriers to the provision of RMC by midwives perspectives. N=91

The diagram above indicates that 45 individuals have a very good perception (> 90%) of RMC barriers, while 19 have a poor perception (< 70%).

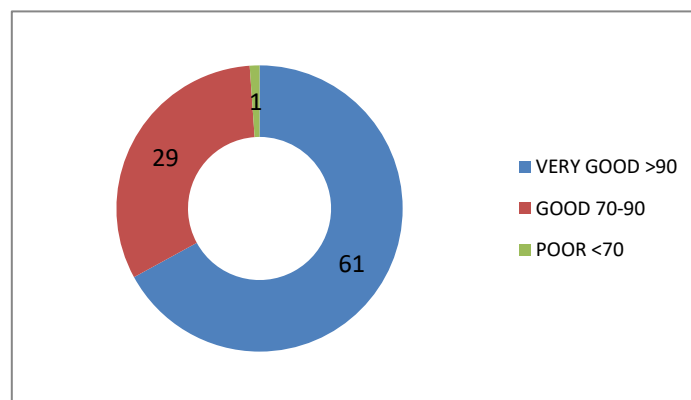


Fig: 3 showing facilitators and barriers to the provision of RMC by midwives perspectives N=91
The diagram above indicates that 61 individuals have a very good perception (> 90%) of RMC facilitators and barriers, while one person has a poor perception (< 70%).

DISCUSSION

In our study, a total of 91 nurse-midwives from the secondary level hospital in Thodupuzha, Idukki, Kerala, took part in the study. The majority of the participants were permanent staff members (92.3%), while the rest were employed on a temporary basis. A significant portion of them (63.7%) were under the age of 25 and had less than 5 years (92.3%) of experience in intra-partum care units. Most midwives had completed their education up to the B.Sc. nursing level (74.7%), with only 1 in 5 holding a M.Sc. degree (18.7%). A large number of them (65.9%) were unmarried, and 71.4% did not have children.

The study revealed that facilitators which involved the Client and Family related category Respecting maternal wishes when appropriate [2], Co-operation of client and family members [2,6], Knowledge about rights of child bearing women [5] (2.95) shows the highest mean score value and Friendly environment for partner and supporting members [1]. Among the Health care personnel related category adequate number of skilled and competent staff [4] (2.93) shows the highest mean score value and Constructive feedback and supervision of staff [4] (2.86) shows the lowest mean score (2.88). Management related category adequate physical facilities [6] (2.90) shows the highest mean score value and Well-functioning Complaint management mechanism [7] (2.85) shows the lowest mean score value. Feedback and Improvement

Mechanisms category Top level managers should demonstrate commitment to RMC principles [7] (2.89) shows the highest mean score value and Patient satisfaction surveys [13] (2.79) shows the lowest mean score value. the Technology and Monitoring category Electronic medical Recording [18] (2.87) shows the highest mean score value and Advanced maternal care equipment (2.76) shows the lowest mean score value. The study revealed that barriers which involved the Management system category lack of clear policies regarding respectful care [2,4,5,6,8] (2.71) shows the highest mean score value and Resource limitations like infrastructure, supplies and equipment [8,24] (2.65) shows the lowest mean score value. Health personnel category Inadequate supportive supervision [19] (2.69) shows the highest mean score value and Poor staff - patient ratio [4,5] (2.52) shows the lowest mean score value. Client/relatives category Socio-cultural beliefs of client and family members [6, 19] (2.66) shows the highest mean score value and Robotic maternal health care services (2.47) shows the lowest mean score value. Out of 91 nurse midwives, very good, good, and poor perception of facilities and barriers of RMC provision is 67.04%, 31.87%, and 1.09% respectively. The study result showed that nurse midwives (85.7%) have very good perspective of facilitators than barriers (49.4%).

CONCLUSION

Based on the findings mentioned, we suggest that robust initiatives be taken to enhance institutional policies, resources, training, and oversight of healthcare providers regarding respectful maternity care, which will ultimately improve the quality of care and lead to positive birth experiences. Moreover, failing to tackle the shortcomings within the healthcare system will hinder the successful implementation of RMC. Fostering teamwork with good collaboration, promoting accountability, and ensuring healthy communication among midwives, policymakers, and stakeholders, will further advance the principles of RMC.

Abbreviation

Respectful Maternity Care (RMC)

Declaration by Authors

Ethical Approval: Approved

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Conflict of Interest: The authors have no conflicts of interest regarding this investigation.

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