Witnessing Disrespect and Abuse During Childbirth: The Experience of Ghanaian Midwifery Students

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Despite focused attention, 16 countries in sub-Saharan Africa still have maternal mortality rates of 500/100,000 live births or higher

Ghana has a maternal mortality rate of 350/100,000 live births

Reducing newborn death has been slower than reductions in other child deaths

Mainly from intrapartum events, infections or preterm birth
International Consensus

• “Increasing access to high-quality, skilled care around the time of birth will reduce maternal deaths, stillbirths and newborn deaths.”—World Health Organization

• Increasing facility-based delivery is one strategy to achieve this
Ghana

- Formal cost barriers removed in 2008
- Approximately half of births occur in a facility despite high levels of ANC coverage
- Disrespectful and abusive behavior by providers has been identified as one barrier
Disrespect and Abuse

- Physical abuse
- Non-consented care
- Non-confidential care
- Non-dignified care
- Discrimination based on patient attributes
- Abandonment of care
- Detention in facilities

Feedman et al., 2014
Current Study

- Objective: to investigate how final year midwifery students conceptualize disrespect and abuse during childbirth

- Methods
  - Focus Groups Discussions
  - 15 public midwifery training colleges
  - All of Ghana’s 10 regions
Analysis

- Inductive coding
- Consensus among team members
- Codes
- Themes
Results

- Midwives-in-training spoke of the importance of respectful care
  - To prevent psychological damage
  - To encourage future facility-based delivery
- Midwives-in-training reported high levels of D&A which they both witnessed and engaged in
Respectful Patient Care

- Definitions of respectful patient care

“No matter the appearance of the person, you just treat the person as you would treat any other clients. Let’s say… a patients from…your mommy’s family is coming to deliver. The care I would give to that client, I should be able to give it to all clients across board.”—Student, Bolgatanga Midwifery Training College
Importance of Respectful Patient Care

- The impact on care-seeking
  - “They won’t come to the hospital when she’s in labor ‘cause she thinks that when she comes the midwife will yell at her, the midwife will slap her. So she prefers stay in the house to deliver rather than coming to the hospital to deliver so it matters.” — Student, Tamale Nursing and Midwifery School

  - “To me, I think, it really matters because if you maltreat the woman, don’t forget the woman will get pregnant (again) one day and this will let the woman deliver in the house instead of coming to the hospital, so it really matters.” — Student, Bolgatanga Midwifery Training College
Types of D&A Witnessed

- Physical abuse
- Non-consented care
- Non-confidential care
- Non-dignified care
- Discrimination based on patient attributes
- Abandonment of care
- Detention in facilities
Reasons for D&A

- Differences among providers

“It depends on the provider, what her attitude is. Because if the person is angry from the house and she comes to work, she can do displacement on the client who is coming, so that depends on the person’s attitude.”—Student, Jirapa Midwifery Training College
Reasons for D&A

• Working conditions

• “I think sometimes it is not the intention of the midwife to disrespect, but sometimes it is due to stress for instance you are just a one-man staying at a district, you are the only person, sometimes you work so hard that you become so tired, so some of the things you do is not intentional, you don’t intend to disrespect them.”—Student, Bolgatanga Midwifery Training College
Reasons for D&A

- Prevent stillbirth

“Well, the state that I saw a women being yelled at to push was the state when the labor was halfway through. But, she relented and...the health of the child she was going to give birth to..., because of her attitude, was at stake. And to save the infant, she was being yelled at to push. And to me, she understood later on the reason why she was being yelled at to push. Because if not so, definitely it would have ended in a stillbirth or something of such...You have labored...and only to give birth to a stillbirth child because of your behavior.” — Student, Korle Bu Nursing and Midwifery Training College
Reasons for D&A

- Fear of being blamed for bad outcomes

“I also think it is good for her to do that [yell at a patient] because at times the patients, whatever you said they don’t cooperate and maybe they will end up losing their baby and they will be blaming you that you are the one who have done that. So I think in a way it’s better [to yell at them].” —Student, Tamale Nursing and Midwifery Training College
Reasons for D&A

- Normalized

I: Have any of you ever seen a provider hit or slap or push a woman during delivery or any...
R2: I have seen it.
R4: Oh of course that one would be, it’s...
R2: Normal.
R4: The midwife yell and also hit the client before.

Students, Kumasi Nurse Training College
Reasons for D&A

- Pressure from older midwives

  “Because like as we are, as we are right now we are students so we are trying to do everything that goes with yes accordingly. So if you go and you are extra nice to them (pregnant women) then they, they (precepting midwives), they tell you to be hard on them. ‘Why you be extra nice? If you’re extra nice to them they will not listen to you’…most of the time they expect you to be extra hard on them.’” —Student, Atibie Nursing and Midwifery
Possible Interventions

- Midwives-in-training need education on alternative ways to encourage women to push
- Midwives-in-training could benefit from empathy training
- Health systems need to support providers
- Precepting midwives need to be held accountable for the kind of care they model and provide
- Patients might benefit from education about what to expect
Conclusion

- If women are not treated with respect, they will continue to choose to deliver at home
- The health system is a microcosm of society
- Culture of blame if things go wrong
  - Midwives afraid of being blamed
  - Midwives blaming patients
- Culture of health-seeking behavior will only change if the culture of providing care is changed