

Improving Respectful Maternity Care through Group Antenatal Care: Findings from a Cluster Randomized Controlled Trial.

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BACKGROUND & SIGNIFICANCE

Problem – Disrespect and patient mistreatment are identified as barriers to care-seeking and low uptake of maternal healthcare, especially in low and middle income countries (LMICs).

Consequence – Slow progress in the achievement of maternal and child health targets, especially in Ghana.

Intervention – Group antenatal care (G-ANC) was implemented as an innovative strategy to improve the quality of maternal care.

Objective -- To assess the impact of G-ANC on the concept of respectful maternity care (RMC) compared to individualized-based antenatal care.

METHODS

- A 5-year **cluster randomized controlled trial (cRCT)** was conducted across 14 health facilities in 4 districts of the Eastern Region of Ghana.
- **Randomization:** health facilities were randomly assigned to either the intervention group (7 facilities) or the control group (7 facilities).
- **Sample:** A total of 1,761 participants were included (intervention n=877; control n=884).
- **Quantitative data:** Questions regarding RMC were administered at Time 2 (6 weeks postpartum)
- **Focus group discussions:** These sessions explored participants' experiences with RMC.

Category of Disrespect and Abuse ⁽²⁾

1. Physical abuse
2. Non-consented care
3. Non-confidential care
4. Non-dignified care (including verbal abuse)
5. Discrimination based on specific attributes
6. Abandonment or denial of care
7. Detention in facilities



Respectful maternity Care: Humane and dignified treatment, that respects rights and choices, and provides supportive communication, actions, and attitudes ⁽⁵⁾



Right of Respectful Care ⁽³⁾

1. Freedom from harm and ill-treatment
2. Right to information, informed consent and refusal, and respect for choices and preferences, including companionship during maternity care.
3. Confidentiality, privacy
4. Dignity, respect
5. Equality, freedom from discrimination, equitable care
6. Right to timely healthcare and to the highest attainable level of health
7. Liberty, autonomy, self-determination, and freedom from coercion

DATA ANALYSES

Quantitative Analysis

1. Chi-square test was used to test the 21 categorical RMC questions.
2. Compare the outcome between the G-ANC (intervention) and individual (control) groups.
3. Results for each comparison are reported individually as percentages with significance set at a p-value less than 0.05.

Qualitative Analysis

1. Content analysis using the pre-defined universal rights described by the White Ribbon Alliance (WRAC, 2023) was used.

RESULTS

Women in G-ANC reported:

- Greater respect than those in the control group (93.5% vs. 83%).
- Receiving information on nutrition (99.7% vs. 94%), what to expect during delivery (95% vs. 87%), delivery plans (99% vs. 87%), where to go when complications arise (97% vs. 94%); breastfeeding (97% vs. 81%).
- Informed consent was higher (95% vs. 81%).
- Waiting times were reduced (92% vs. 81%, $p < 0.0001$) in the intervention groups.
- A significantly higher proportion (84%) of midwives introduced themselves in the intervention group compared to 53% in the control group.
- 92.5% in G-ANC versus 83% enrolled in standard, individual care reported being treated equally regardless of age, marital status, children, education, or wealth.
- **Qualitative results** revealed group sessions maintained privacy and confidentiality, the right to information and informed choice, dignity and respect, freedom from harm and ill-treatment, and general satisfaction with group antenatal care.

DISCUSSION

- ✓ Disrespect and mistreatment are a global health issue, but our findings indicate that women in G-ANC receive respectful care.
- ✓ Findings are consistent with other G-ANC carried out in LMICs, Rwanda (5,6), Nigeria (7), and Kenya (8).
- ✓ Our findings provide evidence for providing RMC, as suggested by Vogel et al. (2016), to help reduce maternal and child mortality through behavioral-based support (4,9-11)

CONCLUSION

G-ANC has the potential to enhance RMC by fostering a meaningful and therapeutic relationship between the provider and the patient.

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REFERENCES



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