

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

Lanyo, T. N., Zielinski, R., Kukula, V. A., Apetorgbor, V. E. A., Ghosh, B., Lockhart, N. A., & Lori, J. R. (2025).

## 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 <sup>(2)</sup>

- Physical abuse
- Non-consented care
- Non-confidential care
- Non-dignified care (including verbal abuse)
- Discrimination based on specific attributes
- Abandonment or denial of care
- Detention I n facilities



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



### Right of Respectful Care <sup>(3)</sup>

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

## DATA ANALYSES

### Quantitative Analysis

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

### Qualitative Analysis

- 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.

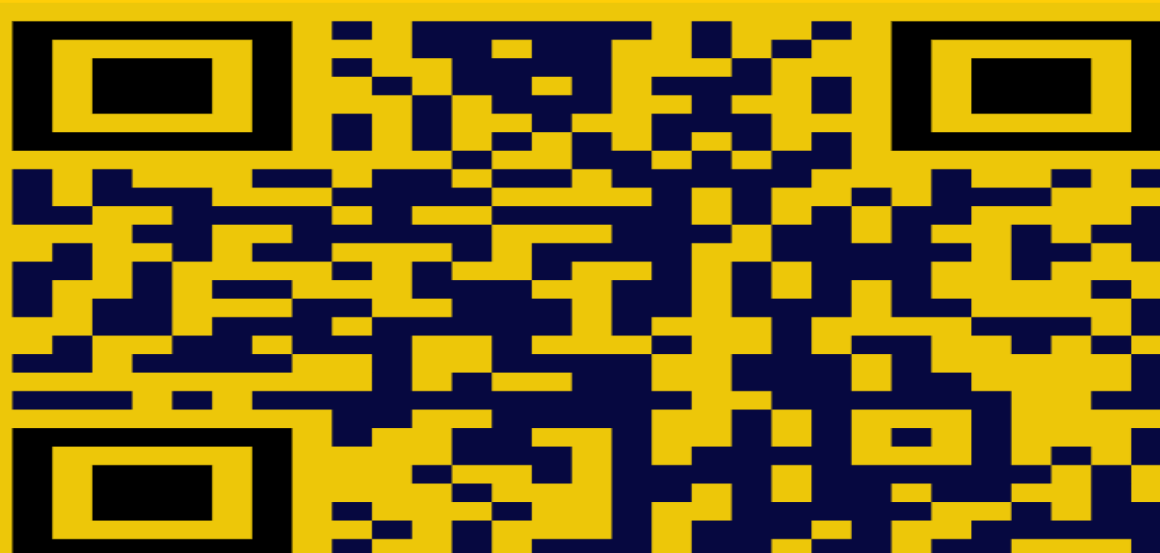
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## REFERENCES



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