

JOURNAL OF ASIAN
MIDWIVES (JAM)



Journal of Asian Midwives
(JAM)

Volume 1 | Issue 2

Article

January 2015

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Recommended Citation

Sapkota, S, Sayami, J T, Manadhar, M, & Erlandsson, K. To Achieve Safe and Respectful Maternity Care in Tertiary Level Hospitals in Nepal, Relatives are a Valued Addition to the Provision of Maternity Care. *Journal of Asian Midwives*. 2015;1(2):30-33.

To Achieve Safe and Respectful Maternity Care in Tertiary Level Hospitals in Nepal, Relatives are a Valued Addition to the Provision of Maternity Care

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Royal College of Midwives; reductive media group has in the scientific journal *Evidence Based Midwifery* published two full version articles of the study referred to in this short comment article.

Abstract

Introduction:

The White Ribbon Alliance for safe motherhood believes respectful maternity care is the universal right of every childbearing woman.

Methods:

NHRC in 2012 approved an inquiry of respectful care at facility-based childbirth. Individual-, focus group interviews and content analysis was used for gathering and analysis of data.

Findings:

The participating women and the SBAs shared similar views, and this was that together the SBAs and relatives ensured the women remained within the comfort and safety zone when giving birth in a tertiary level maternity unit.

Conclusion:

The SBAs strategy of having relatives provides basic care alongside the provision of medical care by the SBAs is a strategy that Nepal could use to improve the quality of its maternity care without any additional costs.

Clinical implication: Prenatal classes might contribute to preparing relatives.

Further Research: Further research could evaluate such a strategy in order to determine its effectiveness in reduction of morbidity and mortality.

Keywords:

Respectful care, Maternity care, Relatives

Introduction

The White Ribbon Alliance¹ is a worldwide movement for safe motherhood that believes that respectful maternity care is the universal right of every childbearing woman. One of the Alliances' seven articles describing respectful maternity care highlights how every woman should have the right to a companion of her choosing when receiving maternity care. Evidence suggests that respectful birth care at hospitals and health care facilities could be promoted through the utilization of Skilled Birth Attendants (SBAs) and, in so doing it could contribute to the reduction of MMR and NMR in a country.²

We believe every nation in the world, including Nepal, wants to provide safe maternity care. Even where access to safe maternity care is limited by inadequate infrastructure and health workforce,³ maternity care plays a crucial role in a country.^{4, 5} This is why the Nepal Government has made the provision of safe and respectful maternity care a priority.⁵ As a result there are many programmes and agencies working to strengthen maternity care in Nepal. However, the SBAs' and women's views regarding respectful care are rarely described.

Methodology

In an attempt to address SBA's and women's views regarding respectful care, NHRC in 2012 approved an inquiry of respectful care at facility-based childbirth. Two studies^{6, 7} were conducted during 2012 investigating 24 Skilled Birth Attendants' and 10 women's views regarding respectful care at birth, based on their experiences at two tertiary level maternity units in Kathmandu. Individual-, focus group interviews and content analysis was used for gathering and analysis of data. Ethical approval for these studies was obtained from the Nepal Health Research Council (reference no 1434).

Findings

The findings of the two studies showed that women viewed the midwifery workforce as competent in guiding women and their family members through a safe and respectful normal birth by providing continuous communication and information. As a result of the challenging work environment which included high patient flow, the SBAs developed an effective coping strategy to support the mother and baby and ensure provision of basic and respectful maternity care. The strategy, devised was to ensure the women's safety by involving the family; this included delegating basic care to family in monitoring the woman, by involving them with continuous supervision by the SBAs, during the first and second stage of birth and in postnatal care. The SBAs and the woman's view of respectful care was that it required input from both SBAs and the woman's relatives to ensure that the women were treated with dignity and respect during birth.

Discussion

Interestingly, both the participating women and the SBAs shared similar views, and this was that together the SBAs and relatives could ensure that the women remained within the comfort and safety zone when giving birth in a tertiary level maternity unit. The White Ribbon Alliance worldwide movement for safe motherhood claims that, women should have the right of companionship of their choice during birth. It is in line with evidence that suggests increased utilization of SBAs and family members respectful birth care at hospitals and health care

facilities could contribute to the reduction of MMR and NMR in a country.^{1, 2} It therefore, also seems relevant, to capture the opportunity to invite family members to accompany women giving birth from admission to discharge in health care facilities in order to improve the provision of respectful and safe maternity care in Nepal.¹ However, the SBA will always have to supervise and take the lead in the provision of maternity care. They are the most appropriate attendants who are trained to recognise when a birth is not progressing normally and will know when and how to refer to emergency obstetric care.⁸

Conclusion

We conclude from our two studies that the SBAs' strategy of having relatives provide basic care alongside the provision of medical care by the SBAs is a strategy that Nepal could use to improve the quality of its maternity care without any additional costs. Further research could evaluate such a strategy in order to determine its effectiveness in reduction of morbidity and mortality.

Clinical Implication

Family members could be invited to accompany women giving birth from admission to discharge in health care facilities in order to improve the provision of respectful and safe maternity care. However, while after undertaking prenatal classes relatives might be in a better position to contribute to respectful and basic maternity care.

Acknowledgement

The authors want to acknowledge the participating new mothers and Skilled Birth Attendants and the Nepal Health Research Council for granting approval of the proposal "Perceptions of quality of respectful care at facility-based childbirth in Nepal; New mothers' and Skilled Birth Attendants'. Furthermore we want to acknowledge Royal College of Midwives; reductive media group for publishing full version articles in the scientific journal *Evidence Based Midwifery*.

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