Original Article - Obstetrics

An Experience of Addressing Obstetric Violence in the Public Health Facilities of Bihar

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Abstract

Obstetric violence has been regarded as a form of violence against women and violation of the woman's rights. It is a worldwide and frequent problem observed during childbirth both by the public and private health care providers. Some minor or major form of obstetrics violence's are observed at almost all health facilities irrespective of the geography, region, socio-economic situation, religion and caste of beneficiaries. Though many programs are available to reduce obstetrics violence in health facilities, however its effective implementation and monitoring are still a biggest challenge for the health facilities. A Respectful Maternity Care model has been piloted in the Maternal Newborn Care Unit of District Hospital Purnea in Bihar along with regular client satisfaction survey and promoting birth companion to address the obstetrics violence and disrespect related issues of childbirth to pregnant women. During a period of six-month of the pilot, patient satisfaction score has improved from less than 50% to more than 90% during 2018 and helped the facility to qualify as the first ever National LaQshya Certified Labour Room among the Aspirational Districts of India. After the successful Purnea model of respectful maternity care, this has been upscaled in the remaining LaQshya identified health facilities in Bihar.

Introduction

The term 'obstetric violence' has been used to define the ill-treatment, disregard, abuse and insensitive care of women during childbirth by the health care providers. This treatment is regarded as a form of violence against women and violation of the woman's rights. It is a worldwide and frequent problem observed during childbirth both by the public and private health care providers. Obstetric violence has the ultimate effect of preventing women from seeking pre-natal care, newborn care and using other health care services at the health facilities. The abusive relationship and loss of trust between women and health providers can create great reluctance to obtain medical assistance during childbirth. Disrespectful and abusive treatment can be experienced during pregnancy too. During childbirth, a woman is very vulnerable and cannot protect herself. Results of this abuse can be very negative consequences for both the infant and the mother.

Background

Department of Health, Govt. of Bihar and its program implementing body State Health Society Bihar has taken many initiatives to reduce obstetrics violence and to ensure respectful care to each pregnant

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woman coming for institutional delivery. Few of the key initiatives taken by Health Department those either directly or indirectly contributing to reduce obstetrics violence are Respectful Maternity Care at the Health facilities, Mera Aspatal Application and Client Satisfaction Survey to obtain feedback from the beneficiaries on the quality, attitude and behavior of service providers towards the beneficiaries, Grievance Redressal system to comply the dissatisfactions perceived by the care receiver, Birth Companion to allow an previously experienced attendant of the mother choice to stay during the process of labor, delivery and recovery with the mother, Surakshit Matritva Aashwasan (SUMAN) - An initiative focuses on assured delivery of maternal and newborn healthcare services encompassing wider access to quality care services, at no cost, zero tolerance for denial of services, assured management of complications along with respect for women's autonomy, dignity, feelings, choices and preferences, etc., LaQshya- Labour Room Quality Improvement Initiative, Kayakalp - to ensure a safe healthy environment with focus on privacy, cleanliness and client satisfaction, Midwifery Led Care Units (MLCUs) to avoid unwanted forced Caesarean Sections. Though a lot of programs available to reduce obstetrics violence in health facilities, however its effective implementation and monitoring are still a biggest challenge for the health facilities.

Methodology

After the Ministry of Health and Family Welfare, Govt. of India and State Health Society Bihar's guidelines to ensure quality maternal and newborn care with client centric health care services at the health facilities, a respectful maternity care model was piloted in District Hospital Purnea during 2018. Initial 6 months of the study was dedicated for implementation of the pilot including capacity building of service providers and addressing gaps of ensuring respectful maternity care, the remaining 6 months were allotted to understand the impact and sustainability of the model. Pregnant Women coming for institutional delivery were the study participants and an objective structured client satisfaction survey checklist designed in Hindi was used to obtain responses of the mothers in the scale of 1-5, where "1" indicates highly unsatisfied and "5" indicates highly satisfied. At least one post-natal mother was randomly interviewed everyday just before her discharge from the maternity ward by using the prescribed checklist to collect her perceived satisfaction level during her stay and management she received. The total process of data collection, compilation and analysis was facilitated by the facility quality circle team. Every month the analyzed data were reviewed by the quality circle team and quality assurance team, and accordingly time bound actions were made to achieve the ultimate objective of more than 90% client satisfaction. Apart from this the qualitative maternal and newborn care data during pilot and post pilot (post LaQshya certification) were also analyzed to understand the sustainability and impact of this model on the maternal and newborn health services rendered at this facility.

Results and Discussion

Some minor or major form of obstetrics violence's are observed at almost all health facilities irrespective of the geography, region, socio-economic situation, religion and caste of beneficiaries.

An integrative review of the various articles published for obstetrics violence in India was carried out by Surabhi, Muthuswami et al. (2019)[1] observed that eight different categories i.e. (1) physical abuse, (2) sexual abuse, (3) verbal abuse, (4) stigma and discrimination, (5) failure to meet professional standards of care, (6) poor rapport between women and providers, (7) health system conditions and constraints, and (8) harmful traditional practices and beliefs' emerged as key domains from the Indian literature showing disrespect to mothers during the process of child birth by the health care providers at both public and private birth facilities in India. 'Obstetric violence' in India was found to be associated with socio-demographic factors, with women of lower social standing experiencing greater levels of mistreatment. In response to this normalized public health issue, a multi-pronged, rights-based framework was proposed that addresses the social, political and structural contexts of 'obstetric violence' in India.

A recent study led by the World Health Organization where more than 2,000 women during labor and more than 2,600 women after childbirth interviewed says that, 42% mothers reported physical or verbal abuse or discrimination during childbirth, more than one-third of women in four low-income countries in Africa and Asia were slapped, mocked, forcibly treated or otherwise abused during childbirth in health

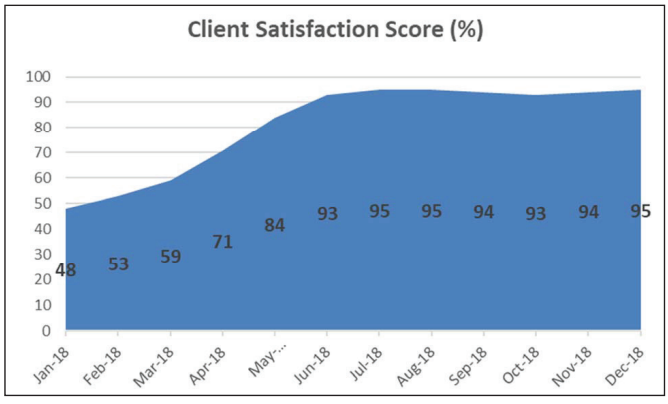

Fig-1: Client Satisfaction Score Trend during January-December 2018

centers and suggests that such mistreatment occurs worldwide.[2] Younger, less-educated women are at risk of such mistreatment which also includes neglect by health workers or the use of force during procedures, the study said.[2] The study suggested allowing women to have a companion of their choice present during childbirth, improving the informed consent process and redesigning maternity wards to improve privacy.

The Lancet medical journal says women in Nigeria, Myanmar, Ghana and Guinea also experienced high rates of caesarean sections and surgical cuts to the vagina, or episiotomies, without their consent and often without a pain killer.[3] This study also revealed that, more than 40% of observed women and 35% of surveyed women experienced mistreatment. The study also says that, adolescents, migrant women, women infected with HIV, and ethnic minority women are more likely than others to experience abuse during child birth.[3]

Abusive practices during maternal care have also been widely reported across Latin America, where Venezuela became the first country to legislate against specific unethical practices by adopting a law to ban so-called "obstetric violence" in 2007.[4]

In line with the Govt. of India and State Health Society Bihar's guidelines, the respectful maternity care model was piloted in the Maternal Newborn Care Unit (Fig-2) of District Hospital Purnea in Bihar along with regular client satisfaction survey and promoting birth companion. During the beginning of pilot in January 2018, the baseline client satisfaction level was only 48% and after successive follow up for improvement, it reached to 93% just within a span of six-month period of the pilot and there after it consistently maintained above the level of 90% satisfaction level (Fig-1). This also helped the facility to qualify as the first ever National LaQshya certified Labor Room among the Aspirational Districts of India in July 2018.

Trend of Maternal and Newborn Health Care Indicators of District Hospital Purnea (Fig-2) during and after the Respectful Maternity Care Pilot Model showed that total delivery, cesarean section ,blood transfusion and pregnant women with obstetrics complications management has increased 56%, 85%, 53% & 110% respectively. This was mostly due to the increase in trust and confidence of beneficiaries towards the client

S.N	Period	Pilot Period						Post Pilot/LaQshya Certification Period						Monthly Average		
	Indicators	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Pre	Post	Change
A	Normal Delivery	545	560	545	460	490	442	666	871	834	881	702	685	507	773	52%
B	C Section	47	54	54	72	70	59	83	138	135	115	96	84	59	109	85%
C	Total delivery	592	614	599	532	560	501	749	1009	969	996	798	769	566	882	56%
D	Still Birth	13	18	19	11	7	12	27	31	24	18	20	18	13	23	
	SBR	22	29	32	21	13	24	36	31	25	18	25	23	23	26	3%
E	Fresh	3	6	5	4	2	2	6	7	7	6	3	5	4	6	
	Fresh SBR	5.1	9.8	8.3	7.5	3.6	4.0	8.0	6.9	7.2	6.0	3.8	6.5	6	6	0%
F	Macerated	10	12	14	7	5	10	21	24	17	12	17	13	10	17	
	Macerated SBR	16.9	19.5	23.4	13.2	8.9	20.0	28.0	23.8	17.5	12.0	21.3	16.9	17	20	3%
G	Pregnant women with Obstetric Compilation managed	156	122	229	215	27	231	315	379	358	335	380	283	163	342	110%
H	Number of complicated prenancies treated with blood transfusion	101	92	47	182	138	92	203	286	245	88	67	115	109	167	53%
	Perinatal Asphyxia	45	43	36	38	39	35	43	49	58	37	28	45	39	43	
I	Perinatal Asphyxia Rate	7.6	7.0	6.0	7.1	7.0	7.0	5.7	4.9	6.0	3.7	3.5	5.9	7.0	4.9	2.1%
J	Maternal Death	0	1	4	3	4	2	0	3	5	3	0	3	2	2	0%
K	Neonatal Death in LR	0	0	0	0	2	1	0	0	0	0	0	0	1	0	100%

Fig-2: Trend of Maternal and Newborn Health Care Indicators at DH Purnea.

centric services rendered at District Hospital Purnea. Though, there was an increase in Stillbirth of 3% reported during the comparison period, however these are mostly macerated stillbirths and typically due to the last-minute referral of complicated cases from other health facilities. Perinatal birth asphyxia rate has been reduced by 2.1%, not a single neonatal death reported after the pilot and no change in maternal death numbers reported during the comparison period in spite of the surge in total delivery, C-section and management of complicated pregnant mothers at District Hospital Purnea, which indicates the quality of maternal and newborn care being rendered at this health facility.

A similar documentary film developed by NDTV in India during 2018-19 also shows that disrespect by service providers exists in the different level of public health facilities across the country, even mothers too mentioned that Government Ambulance drivers were also asking money to transport pregnant women to the health facilities. However, it also shows that the positive aspect of Respectful Maternity Care rolled out under the LaQshya program has a tremendous promising result in reducing incidences of Obstetrics Violence in the health facilities.

Though the term obstetrics violence or disrespectful maternity care is a quite subjective and there was no clear-cut definition available to define respectful care, however after many international and national studies, publications and guidelines on respectful care finally Govt. of India is now able to classify all types of disrespects faced by mother during childbirth into seven domains to ensure respectful maternity care in the public and private health facilities. These seven domains include 1) Physical abuse refers to hitting, pinching, restraining, not giving pain-relief medication and even rape/sexual assault, 2) Non-confidential care means that the woman was exposed or has any personal medical information disclosed without consent, 3) Non-consented care refers to when procedures such as caesarean section or sterilization, were not explained before being performed, 4) Non-dignified care refers to a provider being scolding, threatening, negative or discouraging, 5) Discrimination within this context refers to refusing care because of age, medical background, or cultural/ language background, 6) Abandonment or Denial of care is when a provider is absent, the patient is ignored or denied companionship from loved ones, 7) Lastly, detention in facilities refers to when providers will not let a patient leave because of outstanding balances, unpaid bribes etc.

Based upon the above seven disrespects Govt. of India has adapted the Respectful maternity care model to ensure the Universal Rights of Childbearing Women in Seeking & Receiving Maternity Care Before, During and After Childbirth. Which includes seven rights of respectful care i.e. 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) Communication with dignity and respect, 5) Equality, freedom from discrimination, equitable care, 6) Right to timely healthcare and to the highest attainable level of health and 7) Liberty, autonomy, self-determination, and freedom from coercion.

After the successful Purnea pilot model of Respectful Maternity Care, this has been scaled up in the remaining LaQshya identified health facilities in Bihar and currently till October 2020 a total of 11 Health facilities were National LaQshya certified and another 15 facilities were State LaQshya certified due to meeting the standards of quality of maternal newborn care with client centric services.

Recommendation:

Obstetric violence embodies a violation of human rights and a serious public health delinquent and is revealed in the form of careless, irresponsible, inequitable and disrespectful acts practiced by health care providers. Hence the Policy Makers, Department of Health including Medical Fraternity, Health Managers, Professional bodies, Development Partners should come forward to end any form of violence during childbirth through enforcing the rights of mother, awareness generation. This is to ensure environment and capacity building of the stakeholders with greater emphasis on the rights of women for dignified, respectful healthcare. It is also essential to generate data related to respectful and disrespectful care practices, systems of accountability and meaningful professional support.

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Conflicts of interest:

NIL

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