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Status of the Respectful Maternity Care Among Women Attending Public Health Facility for Child Birth

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Author`s Contribution

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ABSTRACT

Objectives: To determine the status of respectful maternity care (RMC) among women attending public health facility for childbirth.

Methodology: This descriptive cross-sectional study was conducted at postnatal ward of the Department of Obstetrics and Gynecology of Federal Government Polyclinic Hospital Islamabad, from August 2024 to February 2025. The women in postnatal wards who delivered either vaginally or through C-Section in the federal government polyclinic hospital of either age or parity were included. A face-to-face interview was done using a predesigned questionnaire covering domains such as dignity, privacy, informed consent, non-discrimination, and freedom from abuse. All the data was collected on a designated proforma and entered using SPSS version 23.

Results: Overall 147 patients were enrolled with mean age of 30.59$\pm$2.86 years, mostly with primary education (41.5%), Muslim (87.8%), and of satisfactory socioeconomic status (69.4%). Around all women were booked (95.2%), majority had more than five antenatal visits (53.1%) and SVD was the predominant mode of delivery (40.1%). According to respectful maternity care, procedures were explained and consent obtained in most patients (87.8% and 95.2% respectively), though confidentiality of patient information ensured in only 35.4% of the patients. However no physical abuse or religious discrimination was reported by any women. Overall, 90% of cases expressed satisfaction with the maternity care received.

Conclusion: The respectful maternity care in the public health facility was largely achieved, as evidenced by higher rates of taking consent, explanation of procedure, and good management of pain, along with the lack of physical abuse and religious discrimination.

Key words: Antenatal Care, Satisfaction, Pain Relief, Counseling, Abuse, Outcomes.

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Introduction

The childbirth process represents as a thoughtful physical and emotional transition in the life of a woman, marked by both anticipation and susceptibility.[1,2] Subsequently, it demands care that is not only clinically competent but also respectful and supportive in order to protection the overall maternal well-being.[1] Women seeking maternity services often encounter rude and uncourteous treatment at the health care facilities.[3] The experiences of disrespect and abuse during childbirth can weaken the patient provider relationship and also increase emotional stress and psychological burden during pregnancy and birth.[1,4]

Guaranteeing patient privacy and confidentiality, along with timely and dignified care free from any form of verbal or physical abuse, plays an important role in facilitating a positive experience of labour.[5] On the other hand, RMC is influenced by inadequate communication, including the use of loud or threatening language, exclusion of women from decision-making, performance of procedures without prior consent, and discrimination based on personal, cultural, or socioeconomic factors,[5]

along with physical abuse, humiliation, verbal mistreatment, and inadequate pain relief. Moreover the gross privacy violations and disrespectful treatment of women in childbirth facilities can significantly discourage the use of maternity care services.[4]

Additionally the relationship between pregnant women and maternity care providers is crucial, as women's experiences with caregivers during pregnancy and childbirth can have either positive or negative consequences. Such experiences may provide comfort and reassurance or lead to emotional trauma, thereby enhancing or diminishing the confidence and self-esteem of the women.[6] Though governments, professional bodies, international organizations, researchers, civil society groups, and communities globally have widely acknowledged the imperative need to address disrespectful maternity care, meaningful progress remains limited, as policies aimed at promoting RMC have either not been adopted, lack of the specificity, or have not yet been translated into meaningful action on the ground.[7]

According to a 2010 landscape report, Bowser and Hill described seven major categories of disrespect and abuse that childbearing women encounter during facility-based maternity care.[6,8] Since then, significant progress has been made in addressing women's reproductive health issues, particularly in promoting their fundamental human right to safe motherhood. In 2015, the World Health Organization (WHO) issued a statement reaffirming the fundamental human rights of women during childbirth.[9,10] Against this background, and considering the limited literature on this issue, the present study aimed to determine the status of respectful maternity care among women attending public health facilities for childbirth. The findings of this study may help improve the childbirth experiences of women receiving maternity care in public healthcare facilities.

Methodology

This descriptive cross-sectional study was conducted in the postnatal ward of the Department of Obstetrics and Gynecology at Federal Government Polyclinic Hospital, Islamabad. The study was carried out over a six-month period from August 2024 to February 2025. A sample size of 147 women was calculated using a 95% confidence level and an absolute precision of 8%. A non-probability consecutive sampling technique was employed.

Women admitted to the postnatal ward who had delivered either vaginally or by cesarean section at Federal Government Polyclinic Hospital, irrespective of age or parity, were eligible for inclusion. Women who experienced adverse obstetric outcomes, such as stillbirth or neonatal death, and were therefore not in a condition to participate in the interview were excluded.

Eligible participants were informed about the objectives and procedures of the study, and written informed consent was obtained from those who agreed to participate. Face-to-face interviews were conducted on the day of discharge using a predesigned and pretested questionnaire. The questionnaire was developed based on the Respectful Maternity Care Charter and assessed key domains, including dignity, privacy and confidentiality, informed consent, non-discrimination, and freedom from abuse.

Data were collected using a structured proforma and entered into SPSS version 23 for analysis. Descriptive statistics were used to summarize the data. Continuous variables, such as age, were presented as mean ± standard deviation (SD), whereas categorical variables were summarized using frequencies and percentages. Following stratification, the chi-square test was applied to assess associations between categorical variables, with a p-value <0.05 considered statistically significant.

Results

This study overall enrolled 147 patients. Most of the women had primary-level education (41.5%), followed by secondary education (29.3%), and with majority were Muslim (87.8%), while socioeconomically, the largest proportion fell in the satisfactory category (69.4%). Approximately all women were booked (95.2%), 2 to 3 parity was the most common (29.9%), and (26.5%) respectively. Around half of the patients had over five antenatal visits (53.1%) and SVD was the most frequent mode of delivery (40.1%), followed by SVD with episiotomy (21.1%) and elective LSCS (20.4%). Most of the cases were discharged within <3 days (61.9%) and male babies were slightly more common (52.4%) than female babies (47.6%) as presented in table 1.

Most of the babies had an Apgar score of 10/10 at 5 minutes (58.5%), following by 9/10 (36.7%), representing that most neonates were in good condition at birth, while only few babies were scored below 8/10 (0.7%). According to the respectful maternity care, procedures were explained to the majority of the women

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(87.8%) and consent was obtained in around all patients (95.2%). The privacy was maintained for 70.7% of cases, and majority had their queries answered (74.8%), discomfort resolved among (78.9%) of the patients, and pain relieved in (83.0%) patients. Additionally, the confidentiality of safety information was ensured according to only 35.4% of patients, 5.4% were verbally abused and discrimination on booking status was noted in (8.8%) of the cases, while no physical abuse or religious discrimination was detected. Table II

Table I: Descriptive statistics of clinical and demographic variables.

Variables		N	%
Education of patients	Uneducated	24	16.3
	Primary	61	41.5
	Secondary	43	29.3
	Intermediate	16	10.9
	Above	3	2.0
Religion of patients	Muslim	129	87.8
	Non-Muslim	18	12.2
SES of patient	Poor	16	10.9
	Satisfactory	102	69.4
	Good	29	19.7
Booking status of patients	Booked	140	95.2
	Un-booked	7	4.8
Parity of the patients	Primi	22	15.0
	para 1	26	17.7
	para 2	44	29.9
	para 3	39	26.5
	para 4	11	7.5
	para 5	5	3.4
No of antenatal visits	no visits	2	1.4
	less than 5 visits	67	45.6
	≥ 5 visits	78	53.1
Mode of delivery	SVD	59	40.1
	SVD with episiotomy	31	21.1
	EL LSCS	30	20.4
	EM LSCS	22	15.0
	VBAC	5	3.4
Duration of hospital stay	less than 3 days	91	61.9
	3 to 5 days	54	36.7
	more than 5 days	02	1.4
Gender of baby	Baby girl	70	47.6
	Baby boy	77	52.4

Generally, the satisfaction level among patients was found high, with around 91.80% reporting satisfaction with the maternity care received, revealing a generally positive experience of the patients. Figure 1.

Moreover, post stratification analysis di not showed any significant association of RMC with educational level, religion, SES, mode of delivery and booking status of the patients, (p.0.05) as [presented in table III.

In this study [the] privacy was maintained for 70.7% of patients that aligns moderately with global standards. Our findings were supported by a systemic review, 54 records were included in the qualitative synthesis, with the bulk addressing the operationalization of key RMC rights

Table II: Status of the respectful maternity care among women.

Variables	N	%
Procedure explained to patient		
Yes	129	87.8
No	18	12.2
Privacy of patient maintained		
Yes	104	70.7
No	43	29.3
Patient ensured of safety Information		
Yes	52	35.4
No	95	64.6
Quires of patient answered		
Yes	110	74.8
No	37	25.2
Consent taken before procedure		
Yes	140	95.2
No	7	4.8
Patient's discomfort resolved		
Yes	116	78.9
No	31	21.1
Patient's pain relieved		
Yes	122	83.0
No	25	17.0
Patient being verbally abused		
Yes	8	5.4
No	139	94.6
Patient being physically abused		
No	147	100.0
Discriminated due to booking status		
Yes	13	8.8
No	134	91.2
Discriminated on religious basis		
No	147	100.0

including freedom from harm, respect and dignity, informed consent, confidentiality and privacy, and the healthcare delivery on the time.[14] On the other hand a study on low- and middle-income regions reported only few of articles included behaviors reflecting the right to privacy and confidentiality, even though several studies have identified lack of privacy as a major obstacle to

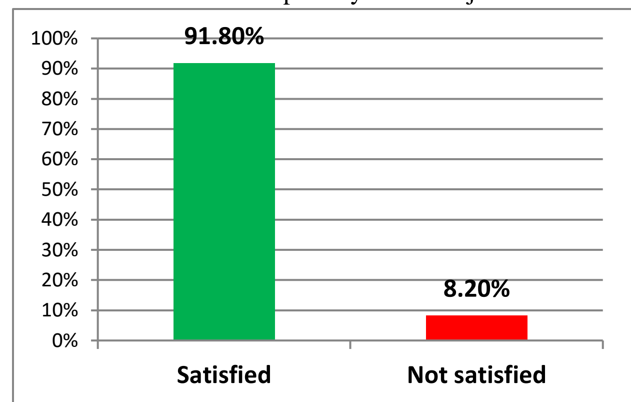

Figure 1. Overall satisfaction level among patients with RMC provided.

Table III: Post stratification analysis for RMC.

Variables		Overall satisfaction with RMC Yes	No	Total	*p-value*
Education level of patients	Uneducated	21	3	24	0.740
		14.3%	2.0%	16.3%	
	Primary	56	5	61	
		38.1%	3.4%	41.5%	
	Secondary	41	2	43	
		27.9%	1.4%	29.3%	
	Intermediate	14	2	16	
		9.5%	1.4%	10.9%	
	Above	3	0	3	
		2.0%	0.0%	2.0%	
SES of patients	Poor	16	0	16	0.396
		10.9%	0.0%	10.9%	
	Satisfactory	92	10	102	
		62.6%	6.8%	69.4%	
	Good	27	2	29	
		18.4%	1.4%	19.7%	
Religion of patients	Muslims	117	12	129	0.177
		79.6%	8.2%	87.8%	
	Non-Muslims	18	0	18	
		12.2%	0.0%	12.2%	
Booking status of patients	Booked	129	11	140	0.544
		87.8%	7.5%	95.2%	
	Un-booked	6	1	7	
		4.1%	0.7%	4.8%	
Mode of delivery	SVD	55	4	59	0.096
		37.4%	2.7%	40.1%	
	SVD with episiotomy	29	2	31	
		19.7%	1.4%	21.1%	
	EL LSCS	29	1	30	
		19.7%	0.7%	20.4%	
	EM LSCS	17	5	22	
		11.6%	3.4%	15.0%	
	VBAC	5	0	5	
		3.4%	0.0%	3.4%	

facility-based care maintenance.[14,15] However according to an evidence from Pakistan, the complete informational confidentiality was maintained among only 10.8% of the patients in public hospitals while 35.5% in private health facilities, with significant differences across the health care settings.[16] In contrast to this study a Nigerian study by Esan OT et al[17] also found lower rate of that privacy around only 28% during labour, and information and consent only 14% by the direct statement, with low levels of RMC observed.Such ongoing gap in low- and middle-income nations emphasizes the difficulties in ensuring information privacy in resource-limited public healthcare settings.

In this study overall RMC rate was found 91.80%, with higher pain relief rate and without verbal or physical abuse or religious discrimination. In aligns to this series a tertiary hospital-based study on 217 patients by Heera KC et al[12] reported the overall RMC score around 81%, with the maintained dignity and respect among most of the cases 90.87% and equitable care free of discrimination reported around 86.41%. Inconsistently, a cross-sectional study from Ethiopia reported RMC prevalence to be considerably lower compared to our findings with overall maternal satisfaction around 245 (59.32%) with intra-partum care. Our findings were also supported by a United States national survey, where around 90% of respondents' demonstrated satisfaction with maternity care received, while the satisfaction was lower among those who experienced the mistreatments.[19] This parallel underscores that high satisfaction scores do not necessarily reflect full adherence to RMC standards, and discrete lapses particularly in confidentiality may go underreported when women assess overall care positively. In aligns to this study, an Indian study by Shafqat N et al[20] on 270 participants, reported the 82.6% overall RMC, with domain-wise rates of 91% for friendly care, 93.3% for abuse-free care, 79.7% for timely care,

and discrimination-free care reported by 87.7%, while 15–25% of cases experienced delays, verbal mistreatment, or felt insulted. Additionally, they reported that the socioeconomic status significantly influenced all four RMC domains and higher education level was linked to higher recognition of discriminatory practices ($p < 0.05$). Strengthening privacy protocols, staff training, and accountability mechanisms remains essential to bridging this gap in public maternity settings. Moreover, another intervention study observed that the providing respectful maternity care and effective communication during labor and delivery can decrease the duration of labor and stay in Hospital, decrease emergency C-sections and pain during labor pain, along with improvements in neonatal outcomes, including first-minute Apgar scores and early breastfeeding initiation.[21]

Overall, compared with studies from other low-income countries, the present study observed a relatively higher rate of respectful maternity care (RMC). This may be attributed to the study being conducted in the country's capital city, where most participants had satisfactory educational attainment and socioeconomic status, as well as access to comparatively advanced healthcare facilities. However, these findings cannot be generalized to the entire country because the study has several important limitations, including the lack of comparison with private healthcare facilities and a relatively small sample size. Therefore, further large-scale, multicenter studies, particularly in low-resource regions where healthcare infrastructure and trained personnel are limited, are strongly recommended to generate more representative and generalizable evidence regarding the status of respectful maternity care across the country.

Conclusion

The study demonstrated an overall satisfactory level of respectful maternity care, accompanied by favorable maternal and neonatal outcomes, including high rates of normal vaginal delivery and good neonatal Apgar scores. Core components of respectful maternity care, such as obtaining informed consent and providing explanations of procedures, were widely practiced. However, maintaining patient privacy and confidentiality remained an important area requiring improvement. Furthermore, the low prevalence of abuse and discrimination, together with the high level of overall patient satisfaction, indicates that women generally received dignified and respectful maternity care.

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