Original Article

doi:10.31674/mjn.2023.v14i04.004

MJN

Experiences of Midwives in Providing Respectful Maternity Care During Childbirth in Jos, Nigeria

Grace Daniel[1]*, Tolulope Afolaranmi[2], Anita Mfuh[3], Folashade Wina[4], Regidor III Dioso[1]

[1]Department of Nursing, Lincoln University College, Wisma Lincoln, No. 12-18, Jalan SS 6/12, 47301 Petaling Jaya, Selangor Darul Ehsan, Malaysia
[2]Department of Community Health, College of Medical Sciences, University of Jos, 930105, Jos, Plateau, Nigeria
[3]Department of Nursing Science, Faculty of Health Sciences, Ahmadu Bello University, 810211, Zaria, Nigeria
[4]Department of Nursing Science, Faculty of Health Science and Technology, University of Jos, 930105, Jos, Plateau, Nigeria

**Corresponding Author's Email:dgomolade@lincoln.edu.my*

ABSTRACT

Objective: Respectful maternity care is acknowledged as necessary for reaching higher levels of care quality for women during labour and delivery. In Nigeria, the problem of disrespect and maltreatment during childbirth is quite high; midwives have been acclaimed as agents in this regard. Understanding the experiences of midwives in providing respectful maternity care during childbirth is critical to its promotion. This study therefore aimed at exploring and documenting the experiences of midwives in providing respectful maternity care during the birth of a child. **Methods:** This research was performed using a qualitative, phenomenological approach involving in-depth interviews conducted on purposefully selected midwives providing services in the labour ward of a Nigerian hospital. The thematic analysis procedure was used to create descriptive accounts of the study information, which was analyzed using Nvivo software. **Study Sample:** In total, 10 nurses or midwives currently working in the labour ward of the selected hospital participated in the study. **Results:** Midwives expressed expectations from pregnant women during childbirth that aligned with their belief in the preservation of patients' dignity. Additionally, the opinion of the midwives pointed to the justification of disrespect with some patients acting outside of acceptable behaviors and composure in labour. Furthermore, health system constraints were also expressed to influence the experience of the midwives. **Conclusion:** Midwives are favorably disposed to providing respectful care during childbirth, but when their expectations are not met, their care becomes limited, and there are health system constraints. Several strategies could improve the experiences of midwives, including system-level changes and a collaborative shared model of care delivery between the antenatal clinic and labour wards.

Keywords: Experiences; Midwives; Maternity care; Respectful; Childbirth

INTRODUCTION

Respectful maternity care (RMC) is a critical component of the WHO's framework for high-quality health for mothers and newborns and is essential for achieving the Sustainable Development Goals to enhance maternal and newborn health worldwide, particularly the avoidance and abolition of disrespect and abuse of women during hospital-based deliveries (Silveira *et al.*, 2019). In other words, RMC focuses on enhancing the quality of care by eradicating disrespectful care, adopting safe, respectful care practices, protecting everyone's health, and maintaining and supporting the physiological processes that take place throughout pregnancy, childbirth, and early parenthood. Given the increase in births occurring in medical facilities, the focus and international effort are now being placed on the quality of care (Bradley *et al.*, 2019). Therefore, compared to antenatal or postpartum care approaches, raising the standard of care during labor and delivery, including respect for women, is the most effective method of lowering stillbirths, maternal fatalities, and neonatal deaths (Respectful Maternity Care Charter, 2012; Warren *et al.*, 2013; WHO, 2018; Report, 2018). Such measures would increase the likelihood that families will be healthy and that communities will be more productive.

Received: October 8, 2022 Received in revised form: December 27, 2022 Accepted: April 25, 2023

Studies have shown that women experience disrespectful care during childbirth (WHO, 2023; Bohren *et al.*, 2017). Disrespectful care, defined as physical and verbal abuse, denial of treatment, unwanted obstetric operations, stigma and prejudice, neglect, and failure to meet care and attention criteria (Abuya *et al.*, 2015; Bohren *et al.*, 2015), has also been identified as a gap in the provision of high-quality services for maternal well-being, compromising health-care systems' ability to deliver positive outcomes for mothers' health and preventing women from putting themselves at risk (Banks *et al*., 2018; Bohren *et al.*, 2015; Kujawski *et al.*, 2017), mounting data has also shown that the quality of attention and treatment that women and families obtain in institutions is a substantial disincentive to obtaining care (Abuya *et al.*, 2015; Bohren *et al.*, 2015; Kujawski *et al.*, 2017; Munguambe *et al.*, 2016).

Numerous studies highlight the necessity for midwives to offer pregnant women welcoming, secure, respectful, and receptive maternity care with women participating in resolutions regarding their care (Crowther & Smythe, 2016; Solnes Miltenburg *et al.*, 2016), but this is not always the case as midwives are implicated as agents of disrespectful care (Burrowes *et al.*, 2017; Jiru & Sendo, 2021; Summerton *et al.*, 2021). Midwives are key providers of care for women during childbirth and considering the importance of their role in maternal health regarding the safeguarding of the fundamental right and enhancing the quality of care during labour (Belizán *et al*., 2020; Morton & Simkin, 2019), it is essential to explore their experiences in providing respectful care during childbirth. Therefore, the purpose of this study was to explore the experience and perspective of the midwives on offering respectful maternity care during childbirth.

METHODOLOGY

Research Design

This study was based on qualitative research using a descriptive phenomenological strategy. Phenomenology uncovers the meaning of everyday experiences and brings these experiences to the reader through language (Fain, 2017) hence, it was found suitable for this study.

Research Setting

The study was conducted in the labour ward of a Nigerian hospital. It is a state-owned Hospital that provides various services, which include emergency, radiological, laboratory, pharmaceutical, and patient care. The maternity unit consists of the antenatal clinic and ward, the gynaecology ward, the Special care baby unit, postnatal ward, and labour ward. The labour ward is an open ward with few delivery couches. Each bed is separated by curtains. Delivery equipment like delivery packs, buckets with antiseptic for sterilizing used equipment, weighing scales, etc., can be seen in the labour room. Midwives run shifts in the labour ward and at least two midwives cover a particular shift.

The Population of the Study

This covered only nurses/midwives employed in the labour ward of the selected hospital.

Inclusion Criteria

Midwives who had spent greater than 2 years employed in the labour ward and were willing to take part in the study were included.

Exclusion Criteria

Midwives who had spent less than 2 years working in the labour ward and those who did not agree to take part in the study were excluded.

Sampling and Sampling Techniques

There was no predetermined number of samples; it was achieved when data saturation was reached. Data saturation was reached after the 10th person was interviewed. A purposive sampling technique was used to enrol study participants (midwives) who met the inclusion criteria. The midwives were given code/numbers (1–10) for identification to preserve the identity of the participants.

Data Collection

The researcher conducted in-depth, semi-structured individual interviews after obtaining ethical confirmation from the Ethical Review Board of the hospital for this study. The interview guide was modified from the Maternal and

Child Survival Program (MCSP) Guatemala (2020), respectful maternity care formative assessment instrument for providers of pregnancy and birth care; it was pretested on some midwives in another hospital, and adjustments were made based on the findings. Before undertaking each interview, the researcher informed participants about the nature and goal of the study, as well as the confidentiality of their conversations, and then obtained their signed consent to participate in the study. A tape recorder was used to record the interviews. The participant's details, such as age, education level, work experience, and the number of years spent in the labour force, were gathered using a questionnaire. They were then requested to talk about their experiences providing respectful maternity care during childbirth. Each interview lasted between 40 minutes and 1 hour, with a mean of 60 minutes, depending on the participant's willingness. Anonymity and confidentiality of data were ensured throughout the study. Before conducting the in-depth interview, each participant was given oral and written information about the study's purpose and methods, and their informed consent was obtained in both forms.

Methodological Rigor

Rigor was maintained by ensuring the credibility, transferability, dependability, and confirmability of the data. These were ensured by examining the coding sections on half the transcripts with one of the authors to be sure the codes were on point. There was clear reporting of the research process, and a thorough methodological description of the analysis process is provided by using diagrams. Finally, three assistants were involved in transcribing the interviews, and the transcribed data was then confirmed and re-transcribed by the author.

Data Analysis

The recorded interviews were then meticulously transcribed and analyzed using NVIVO version 10. Transcribed data was fed into the NVIVO software, and a deductive approach was used to select statements that applied to respectful maternity care. An inductive approach was then used to derive codes from these statements. Based on these codes that were formed, a word frequency count was run, and a word cloud was also formed showing words that were consistently used. All sentences were read and re-read before subthemes were formed and later themes were formed.

Ethical Consideration

The study was approved by the ethical board of the state-owned Plateau State Specialist Hospital, Nigeria on 24th September 2021 with reference number NHREC/05/01/2010b.

RESULTS

Socio-demographic characteristics of participants

A total of 10 midwives participated in the study, with an average age of 36.5 years. The majority (6, 60%) of them have the highest qualification as nurses or midwives, while 3 (30%) have a Bachelor of Nursing degree and have served an average of 9.5 years in service. However, the majority (9, 90%) of them have stayed between 1 – 9 years in the labour ward (Table 1).

Table 1: Participants Information Sheet

Code	Age (years)	Religion	Number of years in service (years)	Number of years in the labour ward (years)	Qualification
Midwife 1	37	Christian	9	2 ½	RN/RM
Midwife 2	35	Christian	4	2	RM
Midwife 3	50	Christian	24	4	RN/RM
Midwife 4	35	Moslem	7	1	RN/RM/BNSc/PGDE
Midwife 5	38	Christian	9	2	RN/RM
Midwife 6	40	Christian	12	2	RN/RM
Midwife 7	29	Christian	13	3	RN
Midwife 8	42	Christian	16	10	RN/RM/BNSc
Midwife 9	36	Christian	9	2	RN/RM
Midwife 10	32	Christian	7	1	RN/RM/BNSc

Experiences of midwives in providing respectful maternity care during labour

Four main themes were identified, and the themes had sub-themes as shown in Table 1. These themes are generated from the experiences of midwives in providing respectful maternity care during childbirth (Table 1).

Theme 1: Midwives' Expectations

Teachings During Antenatal

Midwives stated that there are expectations in labour that must be met for the labour experience to be pleasant in terms of respectful maternity care. Women are expected to attend antenatal clinics during pregnancy, where they should be taught what to expect in labour and coping techniques for labour pain, but this expectation is frequently not met because women fail to translate what they have learned during antenatal care into the labour room.

".....we only receive them at the end stage, but there they see them from the beginning of pregnancy till it reaches term.....So when you have a proper education and you are following the expected message that has been passed across, I think you'll have a good outcome at the end of the day in the labour room." ***(Midwife 7)***

Teachings in the labor ward

Midwives stated that women are expected to translate whatever is being taught in the labour room during the labour process, but this is usually not the case.

"As soon as the woman comes in, you give her orientation, explain her about the labour procedure. If she is, especially if she's a primiparous, tell her how the pain is going to be, and what is expected of her during the labour and subsequent delivery of the child. So, I think once you educate her on things that are expected of her, she will try her best to give you that thing you are expecting, and the work will be easier for you. So, it's easier when she knows what is expected of her." ***(Midwife 2)***

Cooperation from the women

Midwives expect that a woman must cooperate fully in the labour room having undergone antenatal and labour room teachings.

....."once you come into the labour room, you are expected to lie on your side, you are expected to give maximum cooperation....." ***(Midwife 2)***

Theme 2: Preserving Patient's Dignity

Belief in human dignity

Most midwives expressed that human dignity is the understanding that people have distinctive worth that is innate to their humanity and, as such, are deserving of respect.

"As a midwife, there a lot of things that are expected of me and I have priorities and I think treating women with respect and dignity is one of my priorities. So, every day I remind myself that this is one of the aims of my being in the labour room, so I make sure that whenever I'm on duty, I give the best to every woman that comes." ***(Midwife 2)***

Respect for privacy

Despite the structure of most labour wards, privacy is a factor that cannot be compromised. Most midwives ensure that privacy is provided for all women. According to most midwives, privacy is a critical factor that must be considered in labour.

"We provide privacy for the patient because we even wrote "no entry" at the entrance to the labour room, then there are curtains in between each cubicle, we do draw the curtains on each bed to conduct the delivery in order not to allow other patients to see them." ***(Midwife 8)***

Accepting and observing patient rights

Every patient has rights, and these rights must be protected. This also applies in the labour ward for all patients.

Most midwives reported that they respect the rights of women in labour, even if the patient is difficult to handle, the midwife must still endure with the patient.

"She has the right to scream or to shout when she is in pain. She has the right to choose whatever she wants, some people tell you they don't want oxytocin, or they don't want the drip, they don't want oxytocin, and we allow them, it's their choice." ***(Midwife 2)***

Informing and training the patient

Most midwives emphasize the fact that for every woman that enter the labour room, information about labour process is always shared with them; this includes the process, what to expect and how to cope with labour pains, breathing techniques, etc. They believe that the cooperation of the woman is gained when she is guarded with information.

"Yes, we do, like the cervical chart, mostly when they come in labour, we examine her, we pick this chart and explain, "this is an illustration of the cervix… this is where you are" after some hours, it's expected that like in a primiparous ... we expect it to be so so, so…. we explain everything to them." ***(Midwife 10)***

Theme 3: Disrespecting Women

Use of force

The concern of a midwife is to have a live baby and mother following the childbirth process, but according to these midwives, some of the women prove very difficult and are uncooperative which leads to the midwife using force to deliver the baby as expressed below:

"I don't want to say ... (laughs), some women, you have to handle them with iron hand before they listen, we say " if you don't comply, then I will force you" how do we force her, maybe beating her legs "part your legs" but if you comply and your baby is responding, it will come out smoothly cause I want you to deliver successfully, I want you not to have any complication but if the women refuses, then I must apply force and I will do is "I have no option but to begin to beat the lap to open up, so that your baby will come out" so that's what I normally do ……, personally." ***(Midwife 3)***

Verbal Abuse/Threats

Most midwives have said that they do shout at patients for them to cooperate. Shouting comes when they need the patient to be flexible, especially when the head is at the perineum, when they want the woman to take a particular position or when they feel the woman is doing something wrongly. This shouting may even lead to threats of not giving them their due care or transferring them to another hospital.

"Like for example a woman is pushing and maybe she's pressing the baby's head and you know that behavior will affect the baby, definitely you will have to shout so that she will adjust… at times the shouting use to help us because when you shout, you discover that they will adjust and do the right thing." ***(Midwife 4)***

Invasion of privacy

The labour room is a place where privacy is always honored however when it comes to the woman being uncooperative or not doing what is expected of her, relations or other healthcare workers must be called in to assist. This is the narration of a midwife:

"We had a patient that was not willing to cooperate to bear when it was time for her to bear down, so we had to invite other people apart from the health team that was there, we called the patient relations that came with her to hold her down, pin her on the bed, some were pinning the hand, some were pinning the legs, it was a forceful delivery actually, we forced her to deliver that baby." ***(Midwife 1)***

Engaging in some procedures without permission

Most midwives carry out routine procedures on the patient without informing the patient that "this is what I want to do" and receive the permission of the woman to go ahead. They feel they are doing her good. Like in the case of episiotomy, most midwives feel if they inform the woman before the cut, the woman may say "no", so they don't

inform them before the cut but after the cut. One midwife narrates:

"Just as I said from the beginning when you know that she's not cooperating and the life of the baby is threatened or herself is threatened, measures that you will use for you to get a live baby or a sound mother is what I said, you use force, you know, beat her lap so that she can open up let the head of the baby come or that episiotomy that she is refusing, know that at that time the baby needs the episiotomy to come out, you just have to give it." ***(Midwife 3)***

Women are not allowed to make choices

Midwives also feel they know what is best for the patient, so they don't allow freedom of choice in the labour ward. Like in the issue of the woman choosing the position to deliver, a midwife says:

"(Hmm) we don't allow them to choose, we allow them to take positions ...that will be comfortable for the midwife and the woman as well." ***(Midwife 4)***

Theme 4: Health System Constraints

Manpower

Midwives believed there was a substantial lack of midwives resulting in augmented stress for those working. The midwives said the influx of women coming for delivery is high and this exacerbates the problem of manpower in the labour room. The difficulty in providing individualized care was exacerbated by a lack of midwives and a heavy workload and women were frequently left alone for extended periods as a result; women were also shouted at due to stress.

"Mostly its manpower, honestly if you are alone or only two and you have like about 5 to 6 patients to attend to, it is very difficult to provide that 100% respectful maternity care." ***(Midwife 1)***

"Like now we are two, women can come in, 3 of them pushing, you will not have time to be going to this one, going to this one, all those things, so we explain to them that we need to do this but because of manpower, we'll do our best to do the little as we can do." ***(Midwife 3)***

The Midwife

Some midwives owned up to the fact that there could be factors that would hinder the provision of care in a respectful manner. Issues raised in this regard are the training and state of mind of the midwife at the time of work, which if not settled leads to a lack of patience and probably disrespectful care in labour. Some midwives say,

"Toh, my state of mind... maybe from my home, some people have one or two problems like their salary is not being paid for long, you know that will make you mad, in fact when you are hungry, you'll not like anybody to talk to you and then you are from a background that there is a problem.... your husband problem, children problem... these are factors that will make some of us not to give the respect to patients." ***(Midwife 3)***

Other Issues brought up include poor remuneration or delay in payment of salaries; lack of patience on the part of the midwife; stress from work; all these invariably leads to the midwife getting angry easily and transferring such anger onto the patients and not giving the women the respect, they deserve. One midwife narrates her ordeal:

"Ah yes, being overwhelmed with work. There was a night we had about 10 deliveries, just from 9:30 – 3 am. We had 10 deliveries, we were all very tired, we were exhausted, and I think about 8 of them were primiparous, so the 8 of them had an episiotomy, and we had to suture. So, when another patient came in the morning, we were already exhausted. So, I feel we didn't give her this welcome and the thing that she needed because we were all very exhausted, feeling sleepy, we were tired." ***(Midwife 2)***

Patient's Behavior

Midwives believe that some patients have their inherent problems and attitude and when they come to the labour room with such problems and attitudes, it becomes difficult for the midwife to give respectful care. According to the midwives, respect is reciprocal, so if a patient is disrespectful then she (the patient) doesn't deserve to be respected.

"There are some women that are very disrespectful, they feel that because we are nurses or because we are midwives, we are less human than any other person working in the health care sector, they feel that we are the least… to clean everything, they don't treat us with respect, and we know that respect is reciprocal." ***(Midwife 2)***

Antenatal Care

Midwives expressed their concern regarding the ability of the antenatal clinic to meet expectations. Concerns arose as to whether women were being taught properly during their antenatal visits. Most women come as novices into the labor room, so the midwives have to tell them what they need to know about labour. This accumulates stress for the midwives, especially when they have to deal with many patients.

"But in our facility, there are usually many, not all of them can even fit into the antenatal clinic, so they sit outside. So, once they are outside, they do not pay attention, so they will not hear what they are telling them there. When they come to labour and we tell them you were told during antenatal, they will tell you, "They've never heard it" or they say, "they didn't tell me." ***(Midwife 2)***

Lack of Necessary Equipments

The absence of physical resources, such as tools and supplies, added to the difficulty of providing respectful maternity care. Midwives complained about their lack of tools and supplies, which is frequently worsened by previously unreserved cases coming for delivery and the hospital not making adequate supplies available for use when they are needed.

"We have poor infrastructure and lack of working equipment which has to do with drugs. You come to work, you order for this, and they say it's not available. Before you know it when you're sending patients to go and get it before the patient will travel to where he will go and get it and come back, the time has passed by, and a person can die within a second. So how do you render that care when the things you need to work on are not there?" ***(Midwife 7)***

DISCUSSION

Maternity care that is respectful is "planned for and offered to all women in a way that protects their dignity, privacy, and confidentiality provides freedom from injury and maltreatment, and offers informed choice and continuous support during labour and delivery"(Morton & Simkin, 2019). All women should get respectful maternity care while they are pregnant, labouring, and giving birth. To better understand how midwives treat women during labour, the experience of midwives was recorded in this area.

The midwives' statements, that they strive to maintain patients' dignity while delivering respectful maternity care throughout labour, is a crucial component of maintaining respectful maternity care during labour, which have led to positive experiences. Respect for patients' privacy, acceptance of and adherence to patients' rights, as well as patient education and awareness, are all ingrained in the preservation of the patient's dignity. This is consistent with other research (Jiru & Sendo, 2021; Moridi *et al.*, 2020; Shimoda *et al.*, 2018) that found midwives to be respectful of women in labour. Women in several research (Solnes Miltenburg *et al.,* 2016) corroborated this type of care by verbalizing the supportive care they received, with effective communication, and emotional and physical support. However, one study relates that older clinician, who have more experience with labour and delivery, perhaps is more patient and hence less probable to react undesirably (Dynes *et al*., 2018).

The findings of this study showed that midwives have expectations from women in childbirth. They expect that these women would have received information from the antenatal care unit to prepare them for the labour process. Most likely, respectful care won't be provided by midwives, if these standards aren't met. To provide respectful maternity care during labor, quality prenatal care is crucial. The provision of women with knowledge that will improve their teamwork and preparation through birth is considered by midwives to be an essential prelude to good prenatal care (Okedo-Alex *et al.,* 2020). The sharing of knowledge by healthcare professionals was highlighted as a critical component of high-quality prenatal care (Sword *et al.*, 2012). In environments with inadequate health systems and little support, health providers' responsibilities for promoting respectful maternity care and ensuring safe

deliveries frequently collide with established professional norms, making them more likely to spread abuse (Ndwiga *et al.*, 2017).

Most midwives justify disrespecting the mothers by saying there are instances when they have no choice but to disrespect the woman by using force during labour along with verbal abuse/threats, invasion of privacy, engaging in operations without consent, and not permitting choices. This type of treatment was confirmed by women in several studies (Burrowes *et al.*, 2017; Gebremichael *et al.*, 2018; Ishola *et al*., 2017; Orpin *et al.*, 2018; Solnes Miltenburg *et al.*, 2016; Wesson *et al.*, 2018). Midwives excuse this type of care by claiming that these behaviors were well-intended. For instance, getting hit or struck on the legs was viewed as reinforcement to generate the pressure necessary for a successful delivery process. Some women perceive it as the norm and accept whatever midwives give them. There seems to be a communication barrier between the midwife and the expectant mother during labour. Respectful care during the birthing process involves attentive communication and the use of respectful language. Both the information being sent and how it is delivered by the midwife to the expectant mother are crucial. The number and quality of the materials, as well as the general attitude toward the woman, all play a part in communication. Ineffective communication breeds distrust, jeopardizes patient safety, and distracts the patient and midwife during the birthing process.

This study shows that midwives are extremely motivated to give women respectful maternity care during labour and delivery, but they are also extremely dissatisfied with the circumstances they encounter that restrict their efforts. Midwives in this study cited health system obstacles such as, lack of trained personnel, patient behavior, a lack of work equipment, and inefficient antenatal care. The limits reported are consistent with barriers identified in other studies (Jiru & Sendo, 2021; Wesson *et al.*, 2018; WHO, 2014), which make it difficult to offer respectful maternity care throughout labor and the birthing process. Numerous studies show that the stressful and unsatisfactory working environment for providers, as well as their low compensation, aggravated by the overcrowding in hospitals and staff shortages, contribute to disrespect and bullying (Jiru & Sendo, 2021). Low-quality interpersonal contact with clients may result in a reduction in the quality of care. Increased workload in labour and delivery care, intermittent interaction that clinicians have with patients during labour and delivery may limit their capacity to provide consistently amiable, consoling, and attentive care (Dynes *et al.*, 2018). According to a study (Galle *et al.*, 2020), the midwives said that patients' insults and their aggressiveness were a daily occurrence, typically from wealthy elite patients who sought better care. Furthermore, the midwives said they frequently encountered aggressive behavior from mothers who were unable to handle the discomfort (for instance, hitting or squeezing midwives' hands during uncomfortable operations). According to midwives, the hospital management does not acknowledge these issues or provide any aid for the welfare of the midwives.

At the heart of a midwife's experience in providing respectful care during childbirth is the "communication" factor. Midwives seem to have communication issues when women don't cooperate with them, which implies the need for training for the midwives. Ethics, communication skills, and pain management techniques during labour and childbirth must be taught to midwives so that they can deliver better care to expectant mothers during the delivery process. The findings from the study also indicate that there are multi-level factors that either facilitate or challenge midwives' capacity to provide RMC (Tajvar *et al.*, 2022). This calls for further research that investigates developing RMC programs that take into account different approaches to solving the challenges that prevent midwives from having a positive experience when providing care during childbirth. The intervention package can be incorporated into in-service training programs for nurses and midwives (Dhakal *et al.,* 2022)

Limitations of the study

This study was limited to only midwives employed in the labor ward of a selected hospital in the state; hence, we had a small sample size, which may affect the generalizability of the findings. This study, on the other hand, provided the researchers with an opportunity to gain insight into midwives' lived experiences with providing respectful care during childbirth.

CONCLUSION

The findings of this study provide a deep understanding of the experiences of midwives in providing respectful maternity care during childbirth using a phenomenological approach. Positive and negative emotions emerged from the study. Midwives are willing to provide respectful care during childbirth but are limited when their expectations are not met and when there are health system constraints. But, when they believed the infants', lives were in danger, they justified their disrespectful care. These findings suggest that system-level changes to address midwives' expectations and health system constraints are required to promote respectful maternity care. A collaborative, shared model of care delivery between the antenatal clinic and the labour ward may improve the knowledge of women regarding labour, making them cooperate better in labour.

Conflict of Interest

The authors declare that they have no conflict of interests.

ACKNOWLEDGMENT

The authors would like to thank all midwives that participated in the study and Ns Pamela, Ns Kaosy, and Mr.

REFERENCES

Abuya, T., Ndwiga, C., Ritter, J., Kanya, L., Bellows, B., Binkin, N., & Warren, C. E. (2015). The effect of a multi-component intervention on disrespect and abuse during childbirth in Kenya. *BMC Pregnancy and Childbirth, 15*(1). https://doi.org/10.1186/S12884-015-0645-6

Banks, K. P., Karim, A. M., Ratcliffe, H. L., Betemariam, W., & Langer, A. (2018). Jeopardizing quality at the frontline of healthcare: prevalence and risk factors for disrespect and abuse during facility-based childbirth in Ethiopia. *Health Policy and Planning, 33*(3), 317-327. https://doi.org/10.1093/heapol/czx180

Belizán, J. M., Miller, S., Williams, C., & Pingray, V. (2020). Every woman in the world must have respectful care during childbirth: a reflection. *Reproductive Health, 17*, 1-3. https://doi.org/10.2147/IJWH.S277827

Bohren, M. A., Vogel, J. P., Hunter, E. C., Lutsiv, O., Makh, S. K., Souza, J. P., Aguiar, C., Saraiva Coneglian, F., Diniz, A. L. A., Tunçalp, Ö., Javadi, D., Oladapo, O. T., Khosla, R., Hindin, M. J., & Gülmezoglu, A. M. (2015). The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. *PLoS Medicine, 12*(6), 1–32. https://doi.org/10.1371/journal.pmed.1001847

Bohren, M. A., Vogel, J. P., Tunçalp, Ö., Fawole, B., Titiloye, M. A., Olutayo, A. O., ... & Hindin, M. J. (2017). Mistreatment of women during childbirth in Abuja, Nigeria: a qualitative study on perceptions and experiences of women and healthcare providers. *Reproductive Health, 14*, 1-13.. https://doi.org/10.1186/s12978-016-0265-2

Bradley, S., McCourt, C., Rayment, J., & Parmar, D. (2019). Midwives' perspectives on (dis)respectful intrapartum care during facility-based delivery in sub-Saharan Africa: A qualitative systematic review and meta-synthesis. *Reproductive Health, 16*(1), 1–16. https://doi.org/10.1186/s12978-019-0773-y

Burrowes, S., Holcombe, S. J., Jara, D., Carter, D., & Smith, K. (2017). Midwives' and patients' perspectives on disrespect and abuse during labor and delivery care in Ethiopia. A qualitative study. *BMC Pregnancy and Childbirth, 17*(1). https://doi.org/10.1186/s12884-017-1442-1

Crowther, S., & Smythe, E. (2016). Open, trusting relationships underpin safety in rural maternity a hermeneutic phenomenology study. *BMC Pregnancy and Childbirth, 16*(1). https://doi.org/10.1186/s12884-016-1164-9

Dhakal, P., Creedy, D. K., Gamble, J., Newnham, E., & McInnes, R. (2022). Effectiveness of an online education intervention to enhance student perceptions of Respectful Maternity Care: A quasi-experimental study. *Nurse Education Today, 114*, 105405. https://doi.org/10.1016/j.nedt.2022.105405

Dynes, M. M., Twentyman, E., Kelly, L., Maro, G., Msuya, A. A., Dominico, S., ... & Serbanescu, F. (2018). Patient and provider determinants for receipt of three dimensions of respectful maternity care in Kigoma Region, Tanzania-

April-July, 2016. *Reproductive Health, 15*(1), 1-24. https://doi.org/10.1186/s12978-018-0486-7

Galle, A., Manaharlal, H., Griffin, S., Osman, N., Roelens, K., & Degomme, O. (2020). A qualitative study on midwives' identity and perspectives on the occurrence of disrespect and abuse in Maputo city. *BMC Pregnancy and Childbirth, 20*(1). https://doi.org/10.1186/s12884-020-03320-0

Gebremichael, M. W., Worku, A., Medhanyie, A. A., Edin, K., & Berhane, Y. (2018). Women suffer more from disrespectful and abusive care than from the labour pain itself: a qualitative study from Women's perspective. *BMC Pregnancy andChildbirth, 18*, 1-6. https://doi.org/10.1186/s12884-018-2026-4

Ishola, F., Owolabi, O., & Filippi, V. (2017). Disrespect and abuse of women during childbirth in Nigeria: A systematic review. *PLoS ONE, 12*(3), 1–17. https://doi.org/10.1371/journal.pone.0174084

Jiru, H. D., & Sendo, E. G. (2021). Promoting compassionate and respectful maternity care during facility-based delivery in Ethiopia: Perspectives of clients and midwives. *BMJ Open, 11*(10). https://doi.org/10.1136/bmjopen-2021-051220

Kujawski, S. A., Freedman, L. P., Ramsey, K., Mbaruku, G., Mbuyita, S., Moyo, W., & Kruk, M. E. (2017). Community and health system intervention to reduce disrespect and abuse during childbirth in Tanga Region, Tanzania: A comparative before-and-after study. *PLoS Medicine, 14*(7), 1–16. https://doi.org/10.1371/journal.pmed.1002341

Moridi, M., Pazandeh, F., Hajian, S., & Potrata, B. (2020). Midwives' perspectives of respectful maternity care during childbirth: A qualitative study. *PloS One, 15*(3), e0229941. https://doi.org/10.1371/journal.pone.0229941

Morton, C. H., & Simkin, P. (2019). Can respectful maternity care save and improve lives?. *Birth, 46*(3), 391-395. https://doi.org/10.1111/birt.12444

Munguambe, K., Boene, H., Vidler, M., Bique, C., Sawchuck, D., Firoz, T., Makanga, P. T., Qureshi, R., Macete, E., Menéndez, C., Von Dadelszen, P., & Sevene, E. (2016). Barriers and facilitators to health care seeking behaviours in pregnancy in rural communities of southern Mozambique. *Reproductive Health, 13*(1). https://doi.org/10.1186/s12978-016-0141-0

Ndwiga, C., Warren, C. E., Ritter, J., Sripad, P., & Abuya, T. (2017). Exploring provider perspectives on respectful maternity care in Kenya: "work with what you have." *Reproductive Health, 14*(1). https://doi.org/10.1186/s12978-017-0364-8

Okedo-Alex, I. N., Akamike, I. C., Nwafor, J. I., Abateneh, D. D., & Uneke, C. J. (2020). Multi-stakeholder Perspectives on the Maternal, Provider, Institutional, Community, and Policy Drivers of Disrespectful Maternity Care in South-East Nigeria. *International Journal of Women's Health, 12*, 1145-1159. https://doi.org/10.2147/IJWH.S277827

Orpin, J., Puthussery, S., Davidson, R., & Burden, B. (2018). Women's experiences of disrespect and abuse in maternity care facilities in BenueState, Nigeria. *BMC Pregnancy and Childbirth, 18*(1). https://doi.org/10.1186/s12884-018-1847-5

Shimoda, K., Horiuchi, S., Leshabari, S., & Shimpuku, Y. (2018). Midwives' respect and disrespect of women during facility-based childbirth in urban Tanzania: A qualitative study. *Reproductive Health, 15*(1). https://doi.org/10.1186/s12978-017-0447-6

Silveira, M. F., Mesenburg, M. A., Bertoldi, A. D., De Mola, C. L., Bassani, D. G., Domingues, M. R., ... & Coll, C. V. (2019). The association between disrespect and abuse of women during childbirth and postpartum depression: Findings from the 2015 Pelotas birth cohort study. *Journal of Affective Disorders, 256*, 441-447. https://doi.org/10.1016/j.jad.2019.06.016

Solnes Miltenburg, A., Lambermon, F., Hamelink, C., & Meguid, T. (2016). Maternity care and Human Rights: What do women think? *BMC International Health and Human Rights, 16*(1). https://doi.org/10.1186/s12914-016-0091-1

Summerton, J. V., Mtileni, T. R., & Moshabela, M. E. (2021). Experiences and perceptions of birth companions supporting women in labour at a District Hospital in Limpopo, South Africa. *Curationis, 44*(1). https://doi.org/10.4102/curationis.v44i1.2186

Sword, W., Heaman, M. I., Brooks, S., Tough, S., Janssen, P. A., Young, D., ... & Hutton, E. (2012). Women's and care providers' perspectives of quality prenatal care: a qualitative descriptive study. *BMC Pregnancy and Childbirth, 12*(1), 1-18. https://doi.org/10.1186/1471-2393-12-29

Tajvar, M., Shakibazadeh, E., Alipour, S., & Khaledian, Z. (2022). Challenges and barriers in moving toward respectful maternity care (RMC) in labor and childbirth: A phenomenology study. *Payesh (Health Monitor), 21*(2), 151-161. https://doi.org/10.52547/payesh.21.2.151

Warren, C., Njuki, R., Abuya, T., Ndwiga, C., Maingi, G., Serwanga, J., ... & Bellows, B. (2013). Study protocol for promoting respectful maternity care initiative to assess, measure and design interventions to reduce disrespect and abuse during childbirth in Kenya. *BMC Pregnancy and Childbirth, 13*(1), 1-9. https://doi.org/10.1186/1471-2393-13-21

Wesson, J., Hamunime, N., Viadro, C., Carlough, M., Katjiuanjo, P., McQuide, P., & Kalimugogo, P. (2018). Provider and client perspectives on maternity care in Namibia: results from two cross-sectional studies. *BMC Pregnancy and Childbirth, 18*, 1-12. https://doi.org/10.1186/s12884-018-1999-3

World Health Organization.(2014). Investment in midwifery can save millions of lives of women and newborns. News. https://reliefweb.int/report/world/investment-midwifery-can-save-millions-lives-women-and-newborns

World Health Organization. (2023). Maternal mortality. Newsroom. https://apps.who.int/iris/handle/10665/153544