Operationalising Respectful Maternity Care

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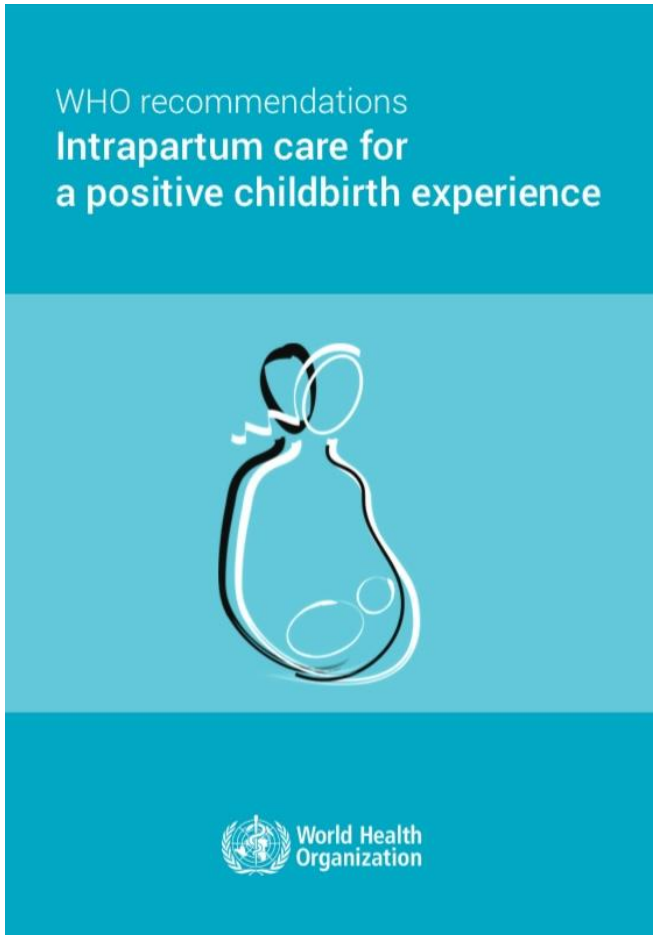
Background

- Global problem with disrespect and abuse in pregnancy and childbirth
- There is a big divide in how pregnancy and childbirth care is provided
- Public vs Private and Independent Midwife vs Obstetrician
- Intrapartum care is prescriptive and based on the partograph requirements
  - Medico-legal imperative
  - Quality of care metric
- **Disregarding** the multitude of factors which can influence the birth process
- The **magic** of labour and birth is **lost**, with the focus on what the cervix is doing or not doing
- But what about the birthing woman as a complete being?

Current approaches to labour and birth

- Global focus on making maternity care more "**woman-centred"** (WHO, 2018)
- Acknowledged **abuse and mistreatment** of birthing people across the globe
- Recognition (**rediscovering**) that labour and birth are **complex processes** and not mere mechanics
- The 4 P's of labour
  - Powers
  - Passage
  - Passenger
  - Patient

  are not the be-all and end-all of birthing



The other P's we need to bring into the fold

- In no particular order

- Partner presence
- Psyche of the woman
- Personnel attitudes and behaviour
- Positioning/positionality
- Paraphernalia
- Pain relief
- Place
- Pedagogy

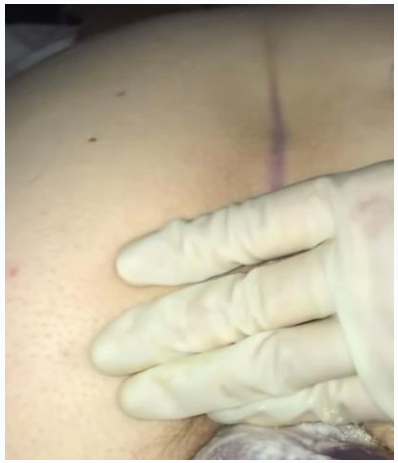
- Take into account the very basic needs of a woman in labour

Partner (labour companion)

- **Misinterpreted** to be the person present when the second stage of labour ensues
- Companionship during the the entire labour has **significant benefit** to the woman
- Imposed in some instances and not weighed against what culturally is acceptable
- Facility design not enabling companionship should this be the wish

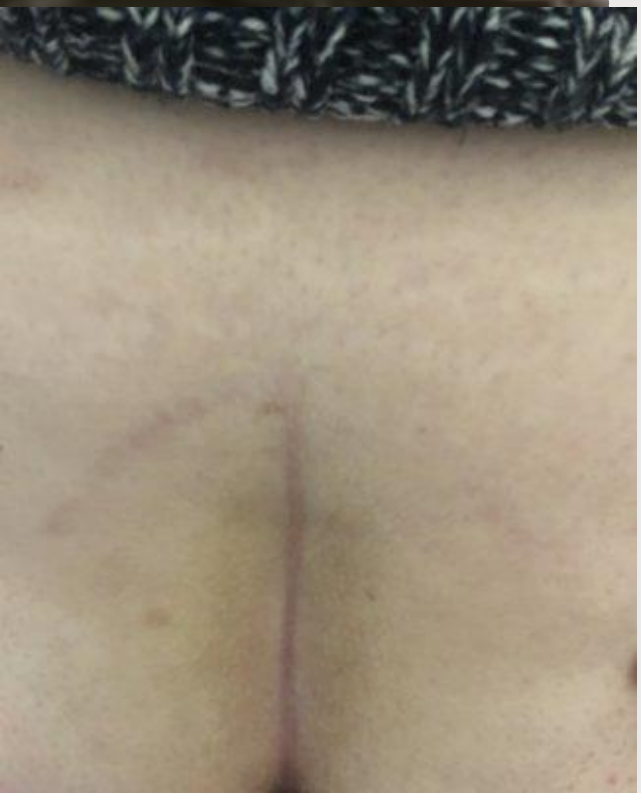
Psyche of the birthing person

- Do we really **get to know them**, especially in a public health care setting?
- Provider ignorance of /disregard for **hidden trauma** (previous sexual abuse or birth experiences) (Slavič and Gostečnik 2015, Montgomery et al. 2015, De Graaf et al 2018)
- Provider insistence on **invasive examinations** to assess progress of labour (Shepherd et al, 2010)
- Lack of awareness and insight into the **behavioural cues** associated with labour progress (wisdom)



Personnel attitudes and behaviour

- **Provider behaviours** may affect the labouring person's psychological/emotional wellbeing
- Delay or avoidance in seeking care (teens, asylum seekers)
- Understanding the **adrenaline and cortisol** relationship with oxytocin
- **Production-line** provision of care, staffing issues
- Disregard of the **mother's insight** into own body
- Lack of **Patience**



Position/ positionality

- Perpetuation of **supine birth** (who is in control?)
  - The design and set up of birthing spaces
  - Teachings
  - Power assertion
- Risk of **supine hypotension syndrome** does not stop when second stage of labour commences
- Disregard for the hormonal **changes to the pelvic ligaments** and its abilities to facilitate birth (Berta, et al 2019)
- Rhombus of Michaelis impeded
- "**Protecting the perineum**" police must still show evidence for this practice (Aasheim et al, 2017)
- The "purple line"
- Power of the professional

Images from North Dallas Doulas (top) and www.babycentre.co.au (bottom)

Paraphernalia

- Can either **enable or hinder** labour progress
  - Birthing balls, space to move, suspended rope, wall rails
  - Electronic fetal monitoring equipment, stirrups and labour ward beds in their current design/s

Pain relief

- "Go-to" pain relief in public facilities tend to be opioids (if offered at all)
- Literature awash with pain perception and response along racial/ethnic lines
- Entonox availability in all facilities
- Little consideration, if any, given to **non-pharmacological** means of pain alleviation
  - Water
  - Mobility

Place

- Lost ”**sanctum**” (Priddis et al, 2012)
- **Designed to suit provider/s** and lack of privacy (Dalinjong et al, 2018)
- Disregard for the mother’s **evolutionary need** for subdued lighting and low noise levels (Buckley, 2015)
- Births tend to occur in **nighttime hours** (Çobanoğlu and Şendir, 2019)

Pedagogy

- Intrusion of nursing and medical **paradigm** into birth teaching and practice
- Midwifery care **undervalued** (Healy, et al, 2017)
  - Knowing went to wait (**P**atience)
  - Instinctive **P**ushing
- **Regulatory hamstringing** of living the midwifery philosophy
  - Decades old
  - Supine birth teaching and training
  - Episiotomy still a requirement for training
- **Hierarchica**l teaching and work **systems**

In summary

- Physiological and psychological **intricacies of childbirth not** acknowledged, honoured and respected
- Labour progress **not merely** a **mechanical** flow of events
- Colonial infusion of birth practices ubiquitous
- **Facility design** and practices need to be interrogated about its benefits FOR those giving birth
- Reinfusion of **midwifery wisdom** into **inclusive** birth care
- **Teaching of labour progress monitoring** needs to be expanded beyond the 4 P's to take into account the complex, yet simple needs of the birthing person
- **Creating spaces** for any person to access and receive care they deserve

References

Aasheim V, Nilsen ABV, Reinar LM, Lukasse M. Perineal techniques during the second stage of labour for reducing perineal trauma. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD006672. DOI: 10.1002/14651858.CD006672.pub3.

Berta et al. Effect of maternal birth positions on duration of second stage of labor: systematic review and meta-analysis in *BMC Pregnancy and Childbirth* (2019) 19:466 https://doi.org/10.1186/s12884-019-2620-0

Bohren, MA. Berger, BO. Munthe-Kaas, H. Tunçalp, Ö. Perceptions and experiences of labour companionship: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2019, Issue 3. Art. No.: CD012449. DOI: 10.1002/14651858.CD012449.pub2.

Buckley, SJ. Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care. Washington, D.C.: Childbirth Connection Programs, National Partnership for Women & Families, January 2015.

Çobanoğlu, A., & Şendir, M. (2020). Does natural birth have a circadian rhythm?. *Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology*, *40*(2), 182–187. https://doi.org/10.1080/01443615.2019.1606182

Dalinjong, P.A., Wang, A.Y. & Homer, C.S.E. Are health facilities well equipped to provide basic quality childbirth services under the free maternal health policy? Findings from rural Northern Ghana. *BMC Health Serv Res* **18,** 959 (2018). https://doi.org/10.1186/s12913-018-3787-1

de Graaff LF, Honig A, van Pampus MG, Stramrood CAI. Preventing post-traumatic stress disorder following childbirth and traumatic birth experiences: a systematic review. Acta Obstet Gynecol Scand 2018; 97:648–656

Mannava et al. Attitudes and behaviours of maternal health care providers in interactions with clients: a systematic review *Globalization and Health* (2015) 11:36 DOI 10.1186/s12992-015-0117-9

Montgomery, E., Pope, C. & Rogers, J. The re-enactment of childhood sexual abuse in maternity care: a qualitative study. *BMC Pregnancy Childbirth* **15,** 194 (2015). https://doi.org/10.1186/s12884-015-0626-9

Priddis, H. Dahlen, H. Schmied, V. What are the facilitators, inhibitors, and implications of birth positioning? A review of the literature,Women and Birth, Volume 25, Issue 3, 2012. https://doi.org/10.1016/j.wombi.2011.05.001.

Shepherd, A., Cheyne, H., Kennedy, S. *et al.* The purple line as a measure of labour progress: a longitudinal study. *BMC Pregnancy Childbirth* **10,** 54 (2010). https://doi.org/10.1186/1471-2393-10-54

Slavič, TR and Gostečnik, C. The Experience of Pregnancy, Childbirth and Motherhood in Women with a History of Sexual Abuse in *Sexology in Midwifery* 2015 DOI: 10.5772/57593

WHO recommendations: intrapartum care for a positive childbirth experience. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO