How women are treated during facility-based childbirth

**Current Project Brief**

**Objectives and Background**

All women have the right to dignified, respectful care during childbirth. Recent evidence has demonstrated that globally, many women experience disrespectful or abusive treatment during labour and delivery in facilities, which can pose a significant barrier to women presenting to facilities for delivery.

Despite the growing recognition of this important public health problem, no effort has been made at the global level to define and measure its prevalence. WHO’s framework on quality of care places a strong emphasis on providing care that is safe, effective, timely, efficient, equitable and people-centred, as well as underlining the experience of care as an integral component of quality. Since 2015, WHO has been developing a portfolio around experience of care by conducting evidence syntheses and research activities around mistreatment of women to inform better measurement at the country and global levels.

The primary objectives of this project include: 1) To develop an evidence-based definition and identification criteria of mistreatment of women during childbirth in facilities that can be used globally; 2) To develop and validate tools for measuring the treatment of women during childbirth in facilities in three countries; and 3) To explore individual, provider, institutional and health systems factors that either promote or prevent disrespectful and abusive practices during childbirth in facilities.

**Geographic location**

Ghana, Guinea, Myanmar and Nigeria

**Main deliverables**

WHO conducted a mixed-method, two-phased study in Ghana, Guinea, Myanmar and Nigeria to develop and validate evidence-based tools so that mistreatment during childbirth can be accurately identified and measured, and the impact of interventions to reduce mistreatment and improve quality of care can be evaluated.

Phase 1 qualitative data collection was completed, and six manuscripts were published. This formative phase provided contextual understanding of mistreatment during childbirth in each study setting, as well as informing an evidence-based definition of mistreatment during childbirth and development of tools to measure its occurrence. Based on the systematic review conducted in 2015, the evidence-based typology of the mistreatment of women during childbirth is available (Table 1).

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**Table 1. Typology of mistreatment during facility-based childbirth measured using the**

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tools

1) Any Physical abuse
   [Pinched; kicked; slapped; punched; hit with an instrument; gagged; physically tied down; forceful downward pressure]

2) Any Verbal Abuse
   [Shouted; insulted; scolded; mocked women’s physical appearance, baby’s appearance, women’s sexual activity; threatened with medical procedure, physical violence, poor outcome, withholding care; blamed]

3) Any Stigma and Discrimination
   [Economic circumstance; race; educational level; marital status; religion; HIV status]

4) Poor rapport between women and providers
   - Autonomy [Mobilization during labour; preference of birthing position]
   - Supportive care [birth companion]
   - Communication

5) Failure to meet professional standards
   - Informed consent and confidentiality
   - Pain relief
   - Neglect, abandonment and long delays

6) Health systems conditions and constraints
   - Lack of resources
   - Facility culture

Phase 2 (tool development and measurement) has been completed in Ghana, Guinea, Myanmar and Nigeria using two tablet-based tools to measure mistreatment during childbirth: (1) a tool for direct observation of labour procedures in health facilities; and (2) a community survey tool to collect women’s self-reports of their experiences 4-8 weeks postpartum. The methodological development of the tools to measure how women are treated during facility-based childbirth has now been published (Figure 1)\(^2\).

Publication of primary results from the two tools are underway and expected to be published in the second quarter of 2019. In addition, as part of the research capacity strengthening activities, secondary analyses will be identified to support researchers in the countries to analyse and prepare publications.

Partners

University of Ibadan, Nigeria; University of Ghana, Ghana; Cellule de Recherche en Santé de la Réproduction en Guinée (CERREGUI), Guinea; Department of Medical Research (Lower Myanmar), Myanmar; Johns Hopkins School of Public Health, United States of America; WHO

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