Assessing providers' and Burmese refugee women's perceptions of care during labor and birth

Preliminary results from a Respectful Maternity Care study

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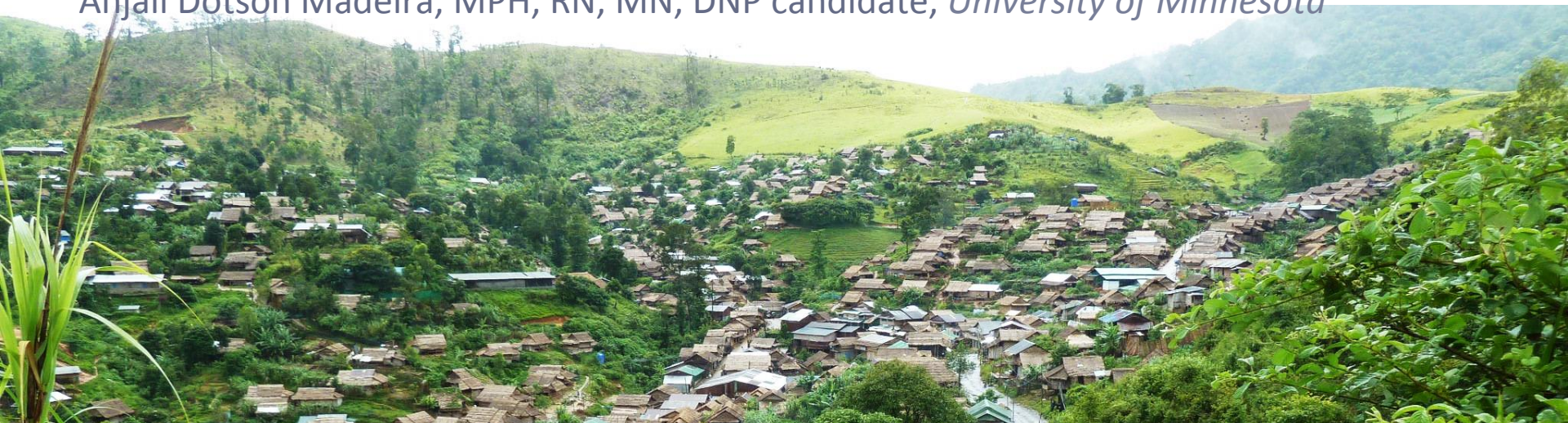


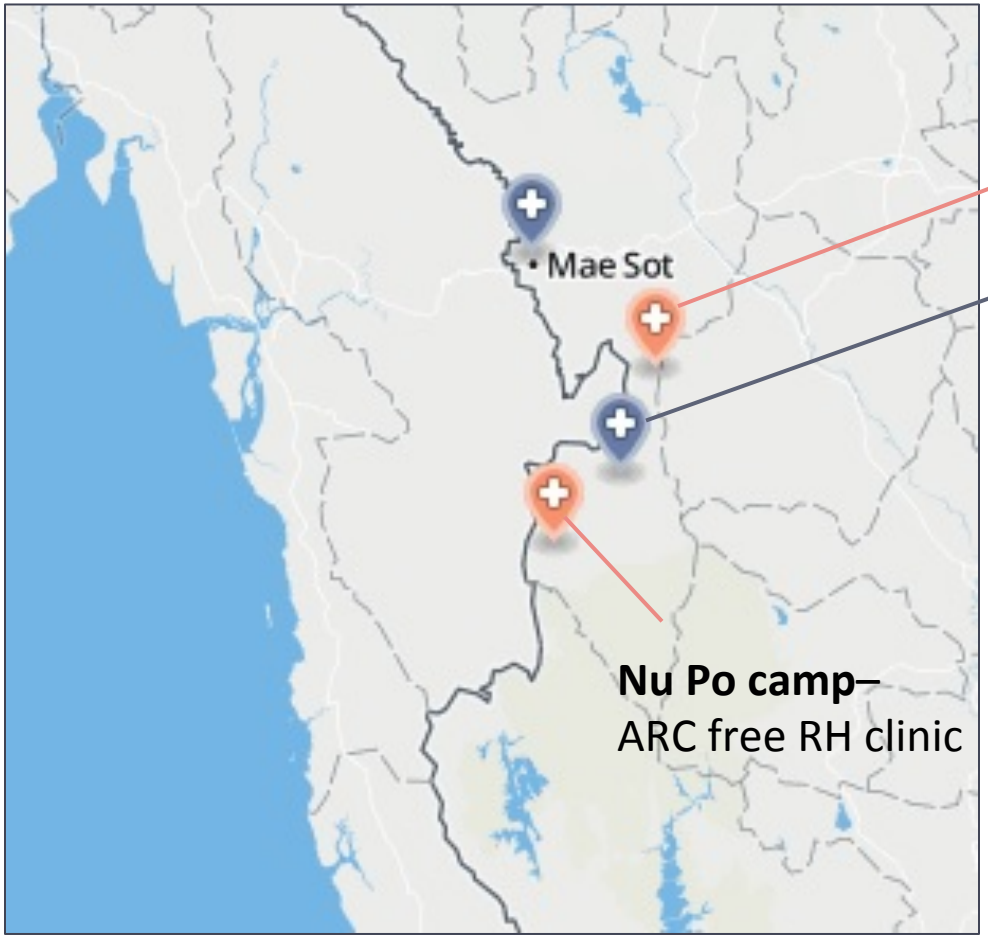
Study Aims

1. To describe women's perceptions of their labor and birth experience(s), including care processes and **interactions with care providers**

2. To describe provider perspectives on women's **psychosocial wellbeing** during labor

3. To describe providers' **philosophies of caregiving** surrounding labor and birth

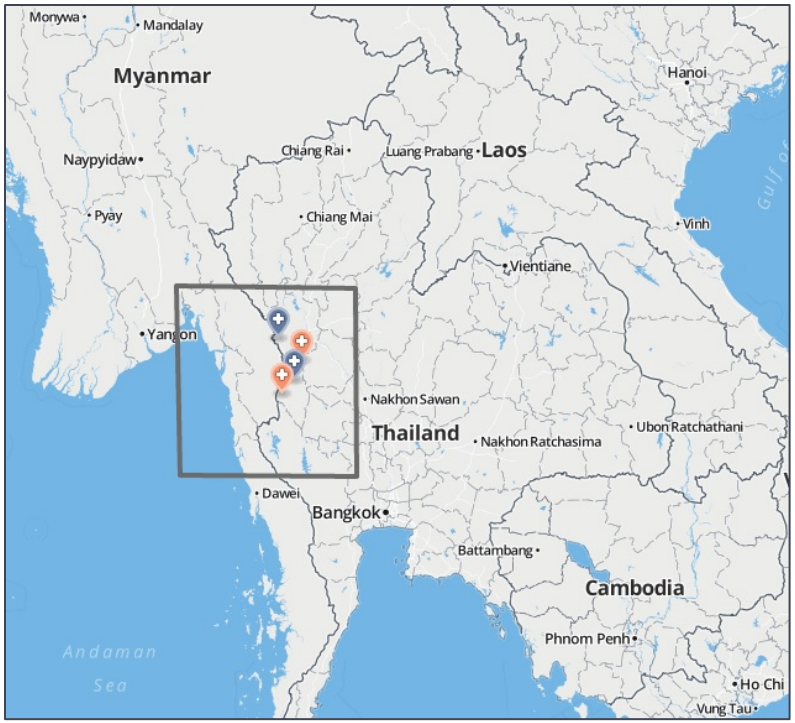
Study locations



Umpiem camp- ARC free RH clinic

Umphang Hospital- main referral facility for both camps

Nu Po camp– ARC free RH clinic



Methodology

- Focus groups, personal interviews, and observation in labor and delivery wards
- **18 providers** (midwives, physician, nurse, nurse's aide, TBA)
- **24 mothers** living in one of the two camps and delivering in past 4 months

Background of participants

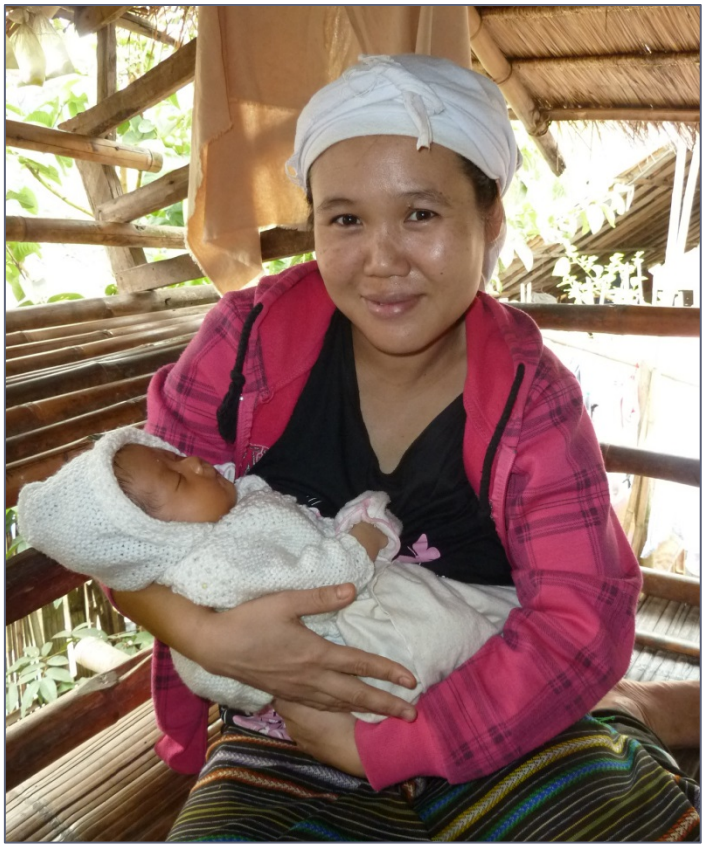
- Providers:
  - Time spent working in current position: 1.5-14 yrs
- Mothers:
  - Time spent living in camp: 2-17 yrs
  - Age range: 19-41 yrs
  - Gravida range: 1-6 children
  - Place of delivery: most delivered in ARC camp clinics, 5 at Umphang Hospital, 1 at home in camp

What providers had to say about RMC

- Good care = clinical monitoring + **encouragement**
- Critical to establishing **trust** between provider and patient
- It's an **ethical** issue. Treat others as you would want to be treated.
- Mother should not be upset or stressed, she should be **relaxed** so that she can **"deliver well"**
- Very important to ensure mother has a **positive attitude** so that she is **not stressed** and can care for the baby after birth

How were providers practicing RMC?

- Updating mother on fetal status
- Remaining with laboring woman even after their shift has ended
- Explaining procedures and reasons for emergency referral
- Rubbing a laboring mom's belly, speaking gently, standing at her head, rather than between her legs



Disrespect and abuse (D&A)

- More problems reported from Thai government hospital than from refugee camp maternity services
- Sources of documented incidents:
  1. Personal report by mothers and providers
  2. Second-hand observation by mothers and providers
  3. Participant observation in facilities

Types of Disrespect & Abuse

- Physical
- Verbal
- Non-dignified care
- Non-consenting care
- Discrimination
- Non-confidential care
- Abandonment/ Withholding of care

Reasons for Disrespect & Abuse

Given by Providers	Given by Mothers
• Providers are too busy • Language barriers, poor communication • Patients don't listen • Patients aren't educated and "don't know" • Patients are rude and/or abusive • Providers are having personal struggles at home affecting their work	• Providers are too busy • Language barriers, poor communication • Patients don't listen • Providers are impatient

Women's responses to D&A

- Nothing, acquiesce
- Deliver future children at home
- Report a complaint
  - One mother said: (paraphrased)

  I would comment if there was a system in the clinic because sometimes the midwives are doing things from the heart and may not realize the harm.

Conclusions

- Providers were caring but many lack awareness of RMC
- More reports of D&A at Thai government facilities than at refugee camp health services
  - Discrimination and communication barriers
- Some normalization/internalization of poor treatment
- Women experienced all types of disrespect and abuse → Requires multi-level interventions to address

Acknowledgements

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