

What Drives Disrespect and Abuse Across the
Continuum of Maternal Health Care in Midwifery
Obstetric Units Involving Nurses and Midwives in
Urban Western Cape.

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Presentation Outline

- Background
- Aim
- Rationale
- Objectives
- Preliminary findings
- Discussion

Background: Disrespect and Abuse

- Named as a major barrier to quality, women-centered, maternal health care across the globe
- Research carried out within the field of mistreatment of women during childbirth has created a comprehensive typology of mistreatment of women during childbirth, which sets out six categories of mistreatment and provides the first step in developing a tool for measuring the prevalence of mistreatment of women during childbirth.
- physical abuse
- sexual abuse
- verbal abuse
- failure to meet professional standards of care
- poor rapport between women and providers
- health system conditions and constraints (Bohren, 2015)
- The majority of the research being carried out focuses on patient perspective and developing tools to measure and report D&A.

Background: D & A in South Africa

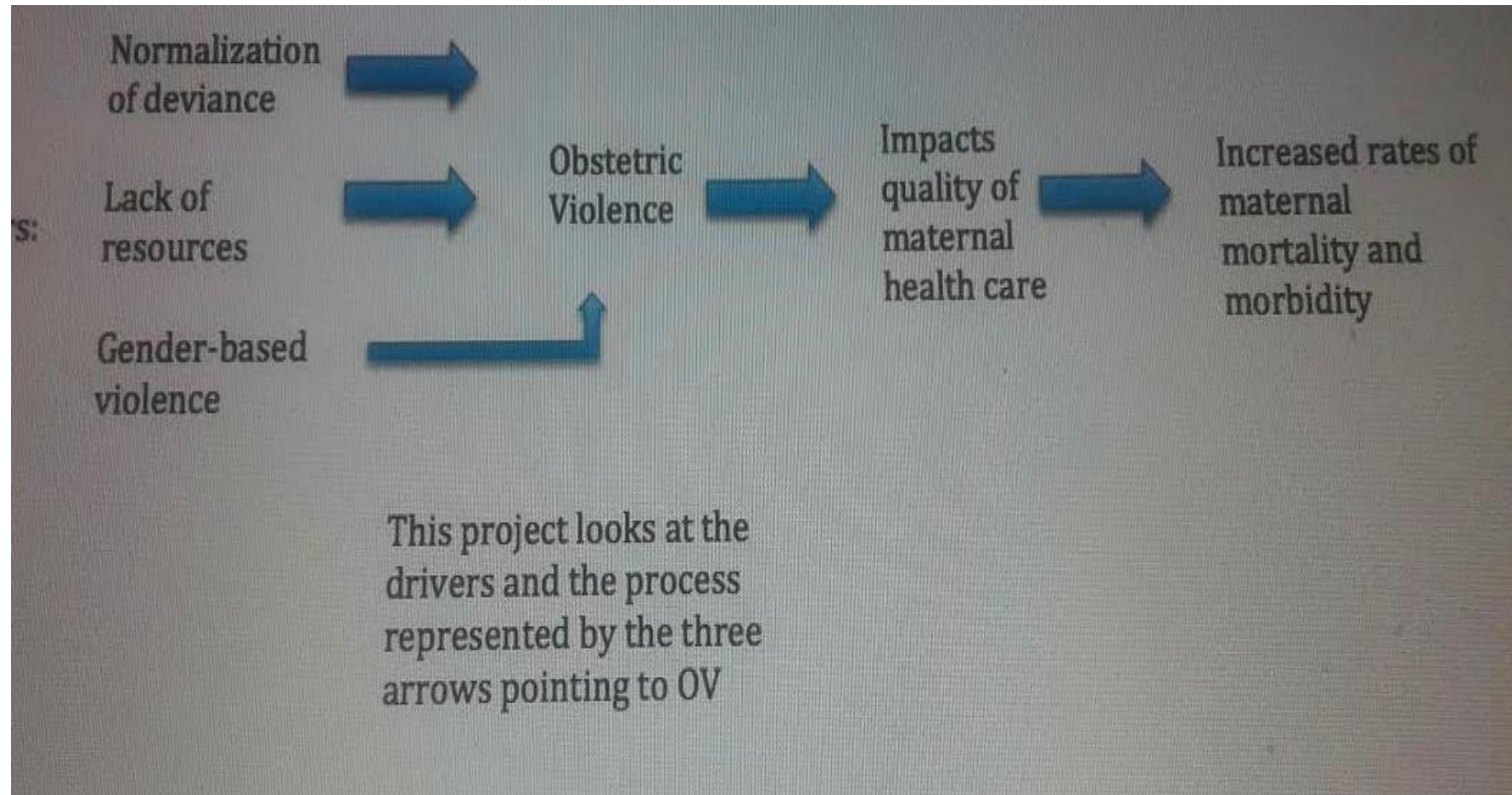
- Study conducted in 1998, Why Do Nurses Abuse Patients: Reflections from South African Obstetric Services. R. Jewkes, N. Abrahams, Z. Mvo
- Finding showed that D&A was reported by patients in the form of physical abuse, verbal abuse and neglect.

D&A in South Africa

- Finding showed that the abuse was reactionary but also ritualized
- Not the case of a 'few bad apples'
- A form of gender based violence

Rationale

- This was before the interest globally in D&A
- What has changed in the local context?
- Focus on GBV. What else drives D&A?
- Local and international policy and guidelines on respectful maternal care exist – need better understanding around implementation



Aim

The aim of this study is to develop of an evidence-based conceptual framework on drivers of disrespect and abuse amongst nurses and midwives providing services across the continuum of care in urban Western Cape.

To better understand the barriers to women centered, quality of care from the perspective of nurse and midwives

How will this be achieved?

In-depth semi-structured interviews with nurses and midwives

- Sample 8 -10 from each site (3 sites).

Focus ground discussions

- 2 FGD for each site

Observation

- Observation of ANC to accompany FGD and gather data on environmental factors

Site #1

- MOU is located within a township of Cape Town
- Formal, but mostly informal housing surrounds the community health center
- High rates of violence
- MOU consists of an ANC and labour ward. The labour ward is staffed with 2 sisters and 2 aux. nurses at any given time.

Shift from focus on disrespect and abuse
to barriers to
women centered, quality of care

Preliminary findings

- Staff Shortage!

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- Safety concerns

Are midwives safe?

- Reported they don't feel safe, especially weekend night shift
- Reported verbal assault from partners of patients
- When partners are under the influence of alcohol

Are midwives safe?

Birth companion vs. Privacy

Are midwives safe?

Birth companion vs. Privacy

And

Women's safety

Conclusion

If health system's disrespect the care providers then the outcome will be disrespectful treatment towards patients.