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

Preliminary results from a Respectful Maternity Care study

Heather Buesseler, MPH, American Refugee Committee
Anjali Dotson Madeira, MPH, RN, MN, DNP candidate, University of Minnesota
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

<table>
<thead>
<tr>
<th>Given by Providers</th>
<th>Given by Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Providers are too busy</td>
<td>• Providers are too busy</td>
</tr>
<tr>
<td>• Language barriers, poor communication</td>
<td>• Language barriers, poor communication</td>
</tr>
<tr>
<td>• Patients don’t listen</td>
<td>• Patients don’t listen</td>
</tr>
<tr>
<td>• Patients aren’t educated and &quot;don’t know&quot;</td>
<td>• Providers are impatient</td>
</tr>
<tr>
<td>• Patients are rude and/or abusive</td>
<td></td>
</tr>
<tr>
<td>• Providers are having personal struggles at home affecting their work</td>
<td></td>
</tr>
</tbody>
</table>
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
Thank you to the participants for their time and openness.

Contacts
Anjali Dotson Madeira, University of Minnesota: adotson@umn.edu
Heather Buesseler, American Refugee Committee: heatherb@archq.org