

## Editorial

### Dignified Health Care to Pregnant Mothers!

Mengistu Welday Gebremichael

Improving the quality of health services to mothers has been given priority in low income settings in recent years. Quality of care involves providing compassionate and dignified care. However, non-dignified care including impoliteness of care providers, inappropriate reprimands, shouting at the client, lack of empathy, refusal to assist, threatening clients for their non-compliance, and denying clients opportunities to choose or give an opinion on the care they are receiving remains a common practice [1–3].

In health care settings, practice of non-dignified care to pregnant mothers whether they are in labor or not, or after they deliver a baby is sometimes unacceptably immense [4, 5] that can lead to life-threatening condition or to either the mother or her baby or both [6, 7]. Such practices are reported as an excuse related to constraints of resources or professionals' knowledge/skills deficit [8]. Sometimes you may be surprised by the dignified care practice of the community contradicting the plausible reasons of excuse given in the health care setting. Pregnant mothers at community settings are witnessed receiving better respect than in the health care setting.

A pregnant mother whether she is in labor pain or not, or a mother with her newborn baby deserves respect at all times regardless of the setting they are in. Giving respect to those mothers who are pregnant or with their newborn baby receive respect from the community in giving priority or comfort in conditions requiring queue, physical and/or psychological support in case need arises.

Practice of dignified care to pregnant or laboring mother or after having the newborn

baby is very important because a lot of the maternal deaths in developing countries can be easily avoided if the dignified health care services are in place and the intended recipients feel comfortable enough to fully utilize the service [1, 9].

By and large, non-dignified care practice in healthcare setting that is supposed to be supportive is totally unacceptable practice whatever the reasons. Governments have started to the extent to take corrective and punitive actions [10, 11] that reflects the importance of the practice in the health care setting. Close supportive supervision and continuous training on dignified maternity care has paramount importance in mitigating the practice which compromises the quality of maternity services.

#### References

1. D'Ambruoso L, Abbey M, Hussein J. Please understand when I cry out in pain: women's accounts of maternity services during labour and delivery in Ghana. *BMC Public Health*. 2005;5:140.
2. Center for Reproductive Rights and Federation of Women Lawyers. Failure to deliver: violations of women's human rights in Kenyan health facilities. 2007.
3. Changole J, Bandawe C, Makanani B, Nkanaunena K, Taulo F, Malunga E, et al. Patients' satisfaction with reproductive health services at Gogo Chatinkha Maternity Unit, Queen Elizabeth Central Hospital, Blantyre, Malawi. (Special section: Reproductive Health). *Malawi Med J*. 2010;22:5–9.
4. Gebremichael MW, Worku A, Medhanyie AA, Edin K, Berhane Y. Women suffer more from disrespectful

- and abusive care than from the labour pain itself: a qualitative study from Women's perspective. *BMC Pregnancy and Childbirth*. 2018; 18:39.
5. Okafor II, Ugwu EO, Obi SN. Disrespect and abuse during facility-based childbirth in a low-income country. *Int J Gynecol Obstet* 2015;128:110–113.
  6. Family Care International. Care-seeking during pregnancy, delivery and the postpartum period: a study in Homa Bay and Migori districts, Kenya. New York: FCI; The Skilled Care Initiative Technical Brief: Compassionate Maternity Care: Provider Communication. 2005.
  7. Pacagnella RC, Cecatti JG, Parpinelli MA, Sousa MH, Haddad SM, Costa ML, et al. Delays in receiving obstetric care and poor maternal outcomes: results from a national multicentre cross-sectional study. *BMC Pregnancy Childbirth*. 2014;14:1–15.
  8. Abuya T, Warren CE, Miller N, Njuki R, Ndwiga C, Maranga A, et al. Exploring the prevalence of disrespect and abuse during childbirth in Kenya: EBSCOhost. *PLoS One*. 2015;10(4):1–13.
  9. Warren C, Njuki R, Abuya T, Ndwiga C, Maingi G, Serwanga J, et al. Study protocol for promoting respectful maternity care initiative to assess, measure and design interventions to reduce disrespect and abuse during childbirth in Kenya. *BMC Pregnancy Childbirth*. 2013;13:21.
  10. Behruzi R, Hatem M, Fraser W, Goulet L, Ii M, Misago C, et al. Facilitators and barriers in the humanization of childbirth practice in Japan. *BMC Pregnancy Childbirth*. 2010;10(1):25.
  11. Pérez D'gregorio R. Obstetric violence: A new legal term introduced in Venezuela. *Int J Gynecol Obstet*. 2010;111(3):201–202.