

Six ways the COVID-19 pandemic compromised respectful maternity care

How do healthcare providers look back on this?

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Dit is de omschrijving

The COVID-19 pandemic shook health systems worldwide, including care for pregnant women and newborns. [How do healthcare providers look back on this?](#) Researchers from the Institute of Tropical Medicine (ITM) in Antwerp conducted a global online survey of midwives, gynaecologists, nurses and other health professionals in various settings to gain insights into their ability to provide respectful maternity care during the pandemic. From this they derived six central themes relating to clinical and interpersonal dimensions of respectful maternity care that were negatively affected.

The World Health Organization (WHO) defines respectful maternity care as the care organised for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment and enables informed choice and continuous support during labour and childbirth. Unfortunately, the measures taken during the COVID-19 pandemic disrupted the quality of maternity care. These measures particularly affected women and newborns with suspected or diagnosed COVID-19. This is on one hand due to health workers' fear of getting infected and on the other hand to measures taken to minimise the risk of COVID-19 transmission. The research allows health systems to draw a number of lessons from this pandemic and to ensure the continuity of care for women and newborns in future disruptive events.

"I have the impression that it is more difficult to reassure the patient; the mask creates distance and distrust in the relationship." (Midwife, clinic, France)

"With patients; we no longer spend time physically. We limit the face-to-face contact. That emotional comfort is not there anymore. Physically examination is no longer practiced as before." (Obstetrician/gynaecologist, referral hospital, Nigeria)

Six ways the pandemic compromised respectful maternity care

The study identified six central topics on how the COVID-19 pandemic disrupted health care workers' ability to provide respectful maternity care.

1. First, the participants outlined less family involvement, predominantly because hospitals and other health facilities wanted to reduce the number of people entering to the minimum to prevent transmission of the coronavirus. However, these restrictions had serious consequences on women and babies. Women were not allowed to have their chosen support person during labour and childbirth, for example their husband or to have visitors while in postnatal wards, and newborns were separated from parents or family members.
2. Women were increasingly exposed to medically unjustified caesarean sections.
3. The quality of care had reportedly declined.
4. Women received reduced physical,
5. and emotional support from health providers.
6. The researchers saw that not only the persons receiving care were inconvenienced, but also the healthcare providers themselves.

"The health workers were overwhelmed with rapidly changing guidelines and enhanced infection prevention measures. Moreover, they felt bad for the women they were caring for, because they were not able to support the women with standard practices. You don't want robots doing the work, but passionate and enthusiastic caregivers," says Dr Lenka Benova, Professor of Maternal Health at ITM and principal investigator of this study. The perception that health providers were less able to provide respectful maternity care during the pandemic varied across participants' countries income groups. "We also see health providers who claimed that their ability to provide respectful maternity care during the COVID-19 pandemic was not affected. This raises questions. What do those health providers think is the best way to care

for the women? What is respectful maternity care according to their perception? This provides opportunities for a follow-up study", adds Dr Anteneh Asefa, postdoctoral research fellow in ITM's Sexual and Reproductive Health Group, and lead author of the study.

Shift to telemedicine

In some settings, telemedicine came to the rescue when face-to-face contact between women and health providers was not possible. But in others, the shift meant that the care provided to pregnant and breastfeeding women without face-to-face interaction limited the extent of support provided to women and their newborns. Families living in areas with poor infrastructure were often unable to access care through telehealth technology. Therefore, there is need for [follow-up research](#) on how women view respectful antenatal care with the help of telemedicine.

[Link to the paper.](#)