

Barriers And Challenges To Facility-Based Respectful Maternity Care

Abstract: This article review explains the challenges and barriers to Facility-based Respectful Maternity Care worldwide. Although respectful maternity care (RMC) is an important component of quality care, many factors act as barriers to the same. However, it is considered a critical standard of care for women and newborns. Respectful maternity care means care organized and provided to all women that preserve their dignity, privacy, and confidentiality, ensures freedom from harm and abuse, and enables informed choice and ongoing support during labor and delivery (WHO 2018).

Keywords: Barriers, Challenges, Facility-based Respectful Maternity Care.

INTRODUCTION

The word barrier comes from the old French "Barriere", which means an object like a fence or an obstacle that prevents people from moving from one area to another or prevents access to conditions and progress of communication¹. Challenge is a word that originated from the Middle French English "challenge" meaning objection or confront. It could act as a call to a particular effort, as a demand to explain, justify or complicate an enterprise that encourages the one who engages in it. (IGI Global Dictionary)¹. Health care facility means an office or facility that provides care or treatment for physical, mental, or emotional illness or other medical, physiological, or psychological conditions, not only limited to hospitals, rehabilitation hospitals, or other clinics but also to areas like health care professional's offices and even corridors².

Although pregnancy and childbirth are unique experiences and memorable events in the lives of women and families, it is a vulnerable time for women as it is always accompanied by sensitive life changes in all areas of life³. At the same time, it may bring remarkable changes in the attitude of a woman and can positively affect their relationships with family members.³ In recent years, women have been encouraged to give birth in health facilities to ensure timely access to qualified medical care and referrals in need of high-tech care⁴. Around 140 million women in the world give birth every year. Unfortunately, less concentration is given to the personal needs of women than clinical management of labor, which may end up in unpleasant experiences and dissatisfaction⁴. The Survey of National Family Health says that the proportion of institutional births in India has doubled from 38.7% to 78.9% [2005-2006 to 2015-16]⁵. According to 2019-2020 statistics, Kerala tops the list with 99.8 percent⁵.

Nowadays, inappropriate perinatal treatment of women is one of the serious issues globally. Physical violence, absence of informed consent, inadequate confidential and dignified treatment, inequity, desertion during treatment, and detention in institutions are common forms of disrespect and abuse experienced by women⁵.

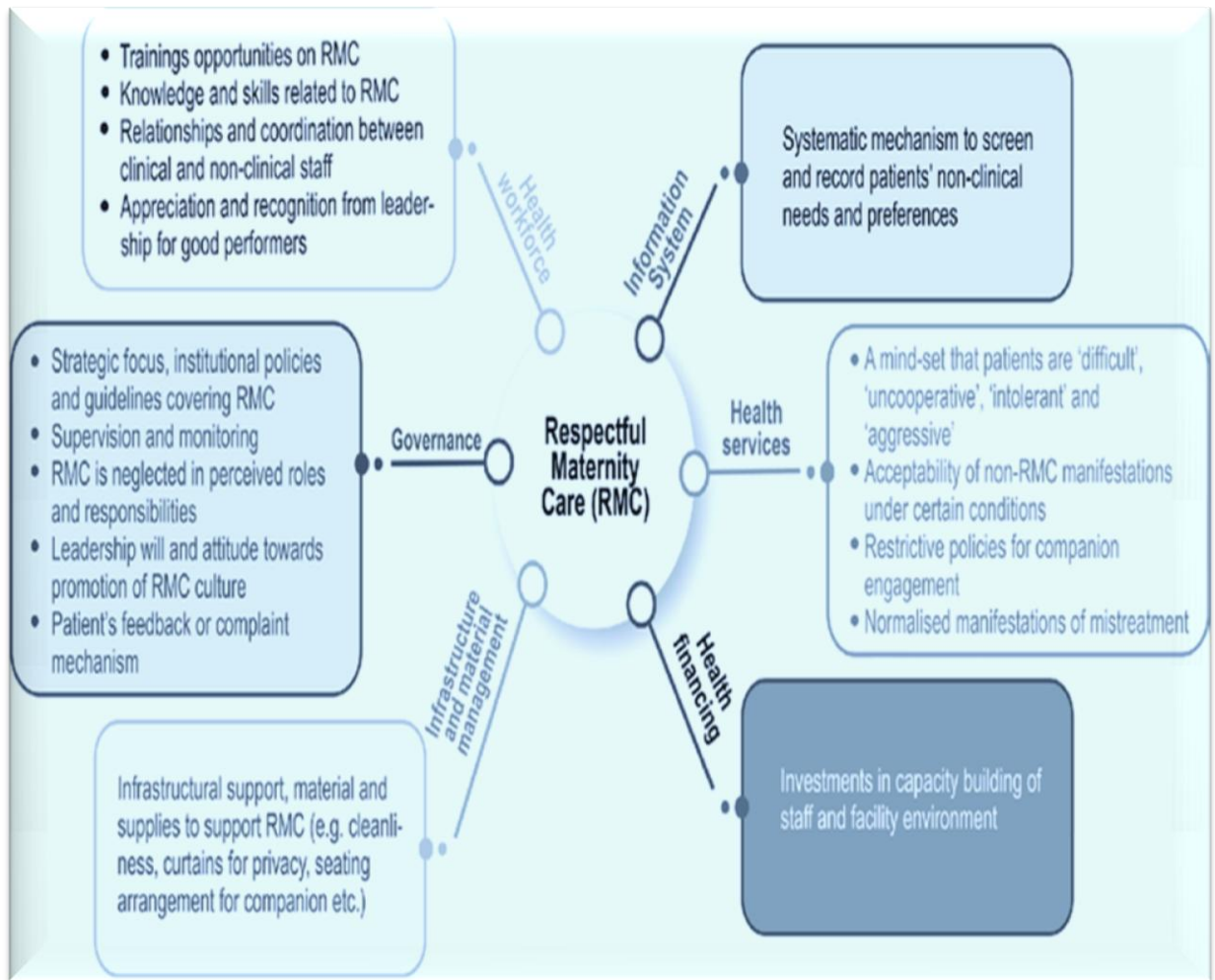


Fig. 1: Summary of health systems bottlenecks of respectful maternity care

Source : <https://doi.org/10.1371/journal.pgph.0000550.g001>

BARRIERS AND CHALLENGES TO FACILITY-BASED RESPECTFUL MATERNITY CARE

1. Poor facility-based infrastructure, physical resources, and assets

Inadequate infrastructure which includes inadequacy in physical space, supplies and equipment, and environment, are common barriers to quality care for birthing women. Compulsory transfer of women and their newborns by health care providers due to lack of bed availability is common today^{6,7, 10,12, 14,19,28,36,38,39,40.}

2. Insufficient human resources

Staff dissatisfaction is another barrier to disrespectful maternity care. A well-established staff welfare program would be able to motivate staff and leads to quality care. Respectful treatment of clients was hindered by the lack of cooperation of specialists and newly appointed untrained care providers. Additionally, midwives are not involved in the keen practices due to a lack of trust and credibility in midwifery care. Defective dialogue between administrators and medical professionals resists changes within the facility settings. A satisfied provider only can satisfy their customer, so it is very essential to meet the needs of the healthcare provider to develop a holistic vision in them^{6,7,10, 14, 18, 19, 26,28,36,40.}

3. Legal Framework and Governance

Another concern of RMC is that the rights, ethics, and equality issues of pregnant women do not receive enough attention. There is a lack of political will, institutional commitment, and plans to improve and implement innovative RMC techniques that are not linked to evidence-based practices and follow national standards and protocols. Health practices are always based on healthcare paradigms that do not consider the social determinants of health and do not support care that respects the environment^{6, 16,18}.

4. Lack of Community awareness

One of the biggest barriers for RMC is the lack of awareness in the community on respectful maternity care. In addition, pregnant women and relatives are not aware of their rights and standard health practices to be followed during pregnancy, labor, and childbirth birth as well as no demands from childbearing women for quality care services. Insufficient information about women's rights through the media and community-level health care providers, such as community midwives, and dais, and lack of motivating training programs for health professionals like physicians, obstetricians, midwives, and other supporting members act as obstacles for rendering RMC to needy women^{8,9,10}.

5. Client's health condition limits movement

One component of the rights of women giving birth is a sense of independence, which means the right to move freely as they wish. Therefore, restricting the client's mobility can be seen as a limitation of his dignity and independence due to his health condition or health problems. For example, women with ruptured membranes were restricted in their movement for fear of umbilical cord prolapse and other birth complications. The challenge is to provide dignified care to women giving birth¹⁰.

6. Logistical limitations of alternative birth positions

Choice of an alternative birthing position to support labor and reduce the second stage of labor in healthy pregnant women, lower visual analog pain scale score, greater satisfaction, less need for episiotomy, and higher APGAR score compared with lithotomy. Alternative positions play a key role in psychological benefits, for example, by encouraging the mother to find the most comfortable position, the woman has a better sense of participation in her work^{10, 11, 30}.

7. Management deficiencies

Poor human resources management system includes distribution problems of resources, high staff turnover, poor managerial and political leadership with little knowledge about RMC, poor management of service delivery, leaders and decision-makers not chosen for technical ability, social and economic issues, and ineffective staff development programs are some of the unclear barriers to RMC^{10,14,18,19,27}

8. Organizational issues

In underdeveloped or developing countries, the current inefficient organization system is caused by high staffing and not proficient caregivers, and poorly intended emergency equipment and first aid drugs. The ineffective execution capacity of the health care system and the undefined goals of the organization weaken the competence of organizational activities. Insufficient in-service training of professionals tends to dominate the client with maternal support; the challenge is to provide RMC in an institution-based setting. Ensuring privacy is very important for women giving birth. The lack of detailed planning and implementation of the activity and its environmental context does not facilitate the women to give birth in a preferred setting. The inadequate physical space in facility settings brings dissatisfaction among women, seldom accommodating the birthing women in the areas of open labor wards^{10, 14,28}.

9. Barriers related to socio-cultural and obstetric characteristics

Dominating culture and the hierarchical system of the cast existing in healthcare settings may hinder the proper execution of care. Ethnicity/tribal cultural practices and beliefs may cause ill

healthy and harmful practices on maternity care if they insisted to preserve it. Gender disempowerment and the low status of women may promote the culture of the painful birthing process. Poor socioeconomic status women may face institutionalized racism/classism not only from care providers from a high socio-economic background but also from clients of different ethnicity/cultural backgrounds. Occasionally obstetric characteristics like parity, type, and place of delivery become a fence for RMC. Studies revealed that female healthcare workers were more likely to be disrespectful and abusive compared to male healthcare workers^{10, 14, 17,34,38,40}.

10. Language problems

Language deficiency is another barrier to providing and promoting respectful communication with women and family members in the execution of standardized and current practices. Proper communication is a bridge between healthcare providers and clients that conveys information, knowledge, and awareness for decision-making as well as for user satisfaction. Even though the process of RMC care is not fully embedded in the facility-based culture but the information about institutional culture is necessary for client relatives to active participation at the time of the birth process and is a cornerstone in humanizing the respectful care process^{10,28}.

11. Religious rituals

Religious rituals in the health care delivery system have attracted attention in modern practices. Women's religious beliefs and practices play an important role in their birth and postpartum period. Pregnant and laboring women demonstrate their faith and practice religious rituals, and their concerns play a wider role in safe and confident delivery. Caregivers rarely misunderstand this phenomenon in an institutional setting^{11, 27,31}.

12. Lack of skill development programs

Improving facility-based respectful maternity care requires an advanced health system approach to support and train frontline healthcare providers³³. Inadequate professional skill development education programs, gaps in the education of theory and practice, the outdated curriculum in institutions, not emphasizing respectful care or evidence-based approaches, lack of woman-centered care and RMC training in undergraduate health caregivers, poor behavioral practices during course training, lack of regular and specified training centers, lack of interest to attend the planned courses and missing positive role models in respectful care practices are barriers to facility-based RMC^{14,18,27}.

13. Lack of well-defined Institutional norms and protocols

Skilled health personnel practices their best to provide continuous and quality care to the clients as per the preplanned norms and procedure guidelines of the institution. The well-formulated policies and procedures help the institution to do an internal audit and exit interview through feedback evaluation for further care improvement in the facility-based settings^{14,18}.

14. Lack of Knowledge and practice of healthcare providers

Professional knowledge and proficiency in comprehensive clinical care skills are key to understanding the normal physiologic process of childbirth and facilitating it. If these skills and knowledge are lacking in providers the result will be going to disrespect and abuse in maternity care. Staff awareness in areas like women's childbearing rights, and contemporary gender-related issues and their physiological and psychological needs are inevitable. In addition, overuse of unknown technology, outdated professional performance, and institutionalized discrimination are also to be considered as objections to giving quality care in uncivilized areas^{14, 18,19}.

15. Lack of policies

The absence of standards and policies at different levels such as national, state, district, and local is a deficiency in the treatment and promotion of Respectful Maternity Care (RMC). Women's rights and RMC are not reflected in organizational policies, so authorities and subordinates do not use those RMC-related protocols, procedures, and performance standards. These must be considered in hospital policies to prevent abuse during childbirth^{14,18,28,34}.

16. Attitude of family caregivers

Attitudes of family caregivers are a key indicator of the quality of obstetric care provided during childbirth. A big challenge is also the fact that family caregivers violate the basic human rights of

birth mothers and their relatively indifferent actions. Sometimes they all resist change with new practices and paradigms instead of traditional methods and practices. Women's satisfaction depends mainly on the attitude of the caregivers, respect for the individual, support, comfort, cultural sensitivity, and consideration of the situation^{14, 28, 41}.

17. Transportation facilities

In maternity emergencies, the geographic distance of the population from one health center to another is a major challenge to the availability of transportation and adequate health services for women in labor. Physical spaces and hospital facilities have limited the ability to provide high-quality, respectful, and compassionate care¹⁶.

18. Community involvement

Based on respectful maternity care, lack of community participation and unawareness of currently available programs is a challenge to improve the disrespectful and violent practices of caregivers. Illiteracy, low education and poor socio-economic status of women, lack of empowerment of women and families, and social problems are some of the challenges facing today's community in implementing respectful maternity care in institutional settings.¹⁴ Some programmatic community approaches address disrespect and violence. Some of the humanistic challenges should be overcome through community awareness programs regarding motherhood for pregnant women^{18,34}.

19. Lack of rapport between women and care provider

Good rapport between women and care provider allows for shared decision-making, informed consent, and giving choice for a desired labor companion, etc... Ineffective interpersonal communication and poor relationship between care providers and clients, poor attitudes and behavior of providers, lack of women's self-esteem and make them feel dissatisfied. Insufficient and delays in care and abandonment of birthing women as considered a deficiency in respectful care. The providers should act as advocates, educators, expert helpers, and continuous supporters through their words and deeds^{18,24,28,35}.

20. Disrespect for traditions and culture

Disrespect or indifference to the traditions and culture of women giving birth in an institutional setting is a major concern for caregivers. Providers must embrace and respect safe practices for women, which relate to the humanization of obstetric care at the heart of RMC. Women and their families hesitate to seek institutional care and use herbs and traditional methods to facilitate childbirth. This can increase maternal and newborn mortality and morbidity; therefore caregivers must be systematically and continuously trained in cultural norms - customs, women's reproductive rights, and existing institutional norms²⁵.

21. Lack of respecting maternal preferences when appropriate

Providers might not understand some of the decisions made by women and their families for their comfortable birthing effort. The skilled health personnel's behaviors related to respectful care, they would respect maternal wishes and preferences related to the RMC when appropriate. If it is neglected will negatively affect their life events. However, the decision should not limit and allow the mothers to follow their wishes as per their health conditions and ability to provide quality and safe care to the mother and the baby^{28,37}.

22. Lack of knowledge on the benefit of having family support

Limitations in the labor wards and lack of acknowledgment from providers on family support during the delivery process may hinder respectful care to the women in the facility setting^{32,35}.

Conclusion

Due to several barriers and challenges, noncompliance and abuse during facility-based delivery are critical aspects of the healthcare system. Nowadays, respectful obstetric care for women is a mandatory and demanding need to increase institutional delivery and ensure the effective implementation of women's rights and women-centered care in maternal health services. Major

efforts are needed to increase the use of facility-based maternity care services in under-resourced, underdeveloped, and developing countries, which are unlikely to achieve the desired result without focusing on barriers and challenges to respectful maternity care and without taking into account women's experiences. Participatory techniques like Public hearings, feedback reports, community meetings, and written information provide a platform for government officials, stakeholders, and community members to gather information, discussion on issues and other relevant matters, and development of alternative solutions and plans for remedial actions for disrespect in relation with corresponding clinical skills of care providers would be beneficial to ensure RMC. The abuse of women by health professionals during childbirth is a pervasive global public health challenge. This leads to reduced quality of maternity care and appears to have adverse consequences for mothers and babies, especially in adolescents. At the same time, studies have suggested that respectful maternity care (RMC) interventions are particularly effective in reducing maltreatment during childbirth and improving birth outcomes. Awareness programs with passive participation of the community, seldom frequency of contact with healthcare professionals, and educators' attitudes towards the actual issues are generally present in the community are demotivating the respectful care to the birthing women.

REFERENCE

1. Cherevko H. Russian military aggression as a challenge for Ukraine's agriculture. *Nierówności Społeczne a Wzrost Gospodarczy*. 2022 Dec 31(72):88-102. <https://www.igi-global.com/dictionary/sustainability-of-social-enterprises/3642>
2. <https://www.lawinsider.com/dictionary/healthcare-facility>
3. Aastha Singh¹, Prof (Dr.) Manju Chhugani², Merlin Mary James et al. Direct Observation on Respectful Maternity Care in India: A Cross-Sectional Study on Health Professionals of three different Health Facilities in New Delhi. 2018, May; Vol. 7: 5
4. <https://www.healthynewbornnetwork.org/hnn-content/uploads/Respectful-Maternity-Care-Charter-2019.pdf>
5. <https://www.who.int/reproductivehealth/intrapartum-care/en/#.YWaz5-ZnuqU.gmail>
6. <https://www.unicef.org/india/key-data>.
7. <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/the-rights-of-childbearing-women.pdf>
8. https://www.healthpolicyproject.com/pubs/46_FinalRespectfulCare
 - a. Charter.pdf
9. Wales, J. and Wild, L. 2015. "CARE's experience with Community Score Cards: What works and why?" <http://insights.careinternational.org.uk/publications/care-s-experience-with-community-score-cards-what-works-and-why-project-briefing>
10. Shakibazadeh E, Namadian M, Bohren MA, Vogel JP, Rashidian A, NogueiraPileggi V, Madeira S, Leathersich S, Tunçalp Ö, Oladapo OT, Souza JP. Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2018 Jul;125(8):932-42.
11. Tajvar M, Shakibazadeh E, Alipour S, Khaledian Z. Challenges and barriers in moving toward respectful maternity care (RMC) in labor and childbirth: A phenomenology study. *Payesh (Health Monitor)*. 2022 Mar:0-

12. Ige WB, Cele WB. Barriers to the provision of respectful maternity care during childbirth by midwives in South-West, Nigeria: Findings from semi-structured interviews with midwives. *International Journal of Africa Nursing Sciences*. 2022 Jan 1;17:100449.
13. Dzomeku VM, Mensah AB, Nakua EK, Agbadi P, Okyere J, Donkor P, Lori JR. Promoting respectful maternity care: challenges and prospects from the perspectives of midwives at a tertiary health facility in Ghana. *BMC Pregnancy and Childbirth*. 2022 Dec;22(1):1-5.
14. World Health Organization (WHO). Maternal mortality. 2019. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>. Accessed 4 Apr 2022.
15. Asefa A, Morgan A, Bohren MA, Kermode M. Lessons learned through respectful maternity care training and its implementation in Ethiopia: an interventional mixed methods study. *Reproductive health*. 2020 Dec;17(1):1-2.
16. McMahan SA, Mnzava RJ, Tibaijuka G, Currie S. The “hot potato” topic: challenges and facilitators to promoting respectful maternal care within a broader health intervention in Tanzania. *Reproductive health*. 2018 Dec;15(1):1-6.
17. Mgawadere F, Shuaibu U. Enablers and barriers to respectful maternity Care in Low and Middle-Income Countries: a literature review of qualitative research. *International Journal of Clinical Medicine*. 2021 May 19;12(5):224-49.
18. Reis V, Deller B, Catherine Carr CN, Smith J. Respectful maternity care. Country experience.
19. Smith J, Banay R, Zimmerman E, Caetano V, Musheke M, Kamanga A. Barriers to the provision of respectful maternity care in Zambia: results from a qualitative study through the lens of behavioral science. *BMC Pregnancy and Childbirth*. 2020 Dec;20(1):1-1.
20. Wilson-Mitchell K, Marowitz A, Lori JR. Midwives’ Perceptions of Barriers to Respectful Maternity Care for Adolescent Mothers in Jamaica: A Qualitative Study. *International Journal of Childbirth*. 2018 May 1;8(1):18-34.
21. Tajvar M, Shakibazadeh E, Alipour S, Khaledian Z. Challenges and barriers in moving toward respectful maternity care (RMC) in labor and childbirth: A phenomenology study. *Payesh*. 2022; 21 (2):151-161
22. Dzomeku VM, Mensah AB, Nakua EK, Agbadi P, Okyere J, Donkor P, Lori JR. Promoting respectful maternity care: challenges and prospects from the perspectives of midwives at a tertiary health facility in Ghana. *BMC Pregnancy and Childbirth*. 2022 Dec;22(1):1-5.
23. “Dzomeku VM, Mensah AB, Nakua EK, Agbadi P, Okyere J, Donkor P, Lori JR. Promoting respectful maternity care: challenges and prospects from the perspectives of midwives at a tertiary health facility in Ghana. *BMC Pregnancy and Childbirth*. 2022 Dec;22(1):1-5.
24. Wilson-Mitchell K, Marowitz A, Lori JR. Midwives’ Perceptions of Barriers to Respectful Maternity Care for Adolescent Mothers in Jamaica: A Qualitative Study. *International Journal of Childbirth*. 2018 May 1;8(1):18-34.
25. Moselle LT, Kohi TW, Dol J. Barriers and facilitators to humanizing birth care in Tanzania: findings from semi-structured interviews with midwives and obstetricians. *Reproductive health*. 2018 Dec;15(1):1-0.

26. Bohren MA, Vogel JP, Hunter EC, Lutsiv O, Makh SK, Souza JP, et al. The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review. *PLoS Med.* 2015; 30 [cited 2019 May 2];12(6).
27. World Health Organization. WHO recommendations on intrapartum care for a positive childbirth experience. World Health Organization; 2018 Jun 25.
28. Nair M, Yoshida S, Lambrechts T, Boschi-Pinto C, Bose K, Mason EM, Mathai M. Facilitators and barriers to quality of care in maternal, newborn and child health: a global situational analysis through metareview. *BMJ open.* 2014 May 1;4(5):e004749.
29. 30. Leary VA. The right to health in international human rights law. *Health and human rights.* 1994 Oct 1:24-56.
30. Gediya KK, Gokhale AV, Agarwal S, Hindocha J, Thakkar N. ALTERNATIVE BIRTHING POSITION AND ITS OUTCOME IN LABOUR. *Indian Obstetrics and Gynaecology.* 2022 Jul 4;12(2).
31. Aziato L, Odai PN, Omenyo CN. Religious beliefs and practices in pregnancy and labor: an inductive qualitative study among post-partum women in Ghana. *BMC pregnancy and childbirth.* 2016 Dec;16:1-0.
32. Wassihun B, Zeleke S. Compassionate and respectful maternity care during facility-based childbirth and women's intent to use maternity service in Bahir Dar, Ethiopia. *BMC pregnancy and childbirth.* 2018 Dec;18:1-9.
33. Gurung R, Ruysen H, Sunny AK, Day LT, Penn-Kekana L, Målqvist M, Ghimire B, Singh D, Basnet O, Sharma S, Shaver T. Respectful maternal and newborn care: measurement in one EN-BIRTH study hospital in Nepal. *BMC Pregnancy and Childbirth.* 2021 Mar;21(1):1-3.
34. Austad K, Chary A, Martinez B, Juarez M, Martin YJ, Ixen EC, Rohloff P. Obstetric care navigation: a new approach to promote respectful maternity care and overcome barriers to safe motherhood. *Reproductive health.* 2017 Dec;14:1-8.
35. Rosen HE, Lynam PF, Carr C, Reis V, Ricca J, Bazant ES, Bartlett LA, Quality of Maternal and Newborn Care Study Group of the Maternal and Child Health Integrated Program. Direct observation of respectful maternity care in five countries: a cross-sectional study of health facilities in East and Southern Africa. *BMC pregnancy and childbirth.* 2015 Dec;15:1-1.
36. Amsalu B, Aragaw A, Sintayehu Y, Sema A, Belay Y, Tadese G, Kassie N, Guta A, Tibebe A, Tiruye G. Respectful maternity care among laboring women in public hospitals of BenishangulGumuz Region, Ethiopia: A mixed cross-sectional study with direct observations. *SAGE Open Medicine.* 2022 Feb;10:20503121221076995.
37. Kaphle S, Vaughan G, Subedi M. Respectful Maternity Care in South Asia: What Does the Evidence Say? Experiences of Care and Neglect, Associated Vulnerabilities and Social Complexities. *International Journal of Women's Health.* 2022 Jul 7:847-79.
38. Lusambili AM, Naanyu V, Wade TJ, Mossman L, Mantel M, Pell R, Ngetich A, Mulama K, Nyaga L, Obure J, Temmerman M. Deliver on your own: disrespectful maternity care in rural Kenya. *PloS one.* 2020 Jan 7;15(1):e0214836.

39. Bante A, Teji K, Seyoum B, Mersha A. Respectful maternity care and associated factors among women who delivered at Harar hospitals, eastern Ethiopia: a cross-sectional study. *BMC pregnancy and childbirth*. 2020 Dec;20:1-9.
40. Ansari H, Yeravdekar R. Respectful maternity care during childbirth in India: A systematic review and meta-analysis. *Journal of Postgraduate Medicine*. 2020 Jul;66(3):133.
41. Nawab T, Erum U, Amir A, Khaliq N, Ansari MA, Chauhan A. Disrespect and abuse during facility-based childbirth and its sociodemographic determinants—A barrier to healthcare utilization in rural population. *Journal of Family Medicine and Primary Care*. 2019 Jan;8(1):239.
42. Kawish AB. Achieving Inclusive and Respectful Maternity Care. *Pakistan Armed Forces Medical Journal*. 2022 Jun 21;72(3):728-30.
43. Margaret E Kruk, Stephanie Kujawski, Godfrey Mbaruku, Kate Ramsey, WemaMoyo and Lynn P Freedman Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey *Health Policy and Planning* 2014;1–8; doi:10.1093/heapol/czu079
44. <https://www.healthynewbornnetwork.org/hnn-content/uploads/Respectful-Maternity-Care-Charter-2019.pdf>
45. Shiindi-Mbidi TS, Downing C, Temane A. Midwives' and women's experiences with respectful maternity care around the globe: A meta-synthesis. *Women and Birth*. 2023 May 5.
46. Das I, Datta M, Samanta S. Perspectives of doctors and nurses about the implementation of respectful maternity care in a teaching hospital in India. *Hamdan Medical Journal*. 2023 Jan 1;16(1):20.
47. Adeyemo AC. Respectful Maternity Care: Fundamental Human Right in Labour and Delivery.
48. Mastylak A, Miteniece E, Czabanowska K, Pavlova M, Groot W. The “Blessing” of Pregnancy? Barriers to accessing adequate maternal care in Poland: A mixed-method study among women, healthcare providers, and decision-makers. *Midwifery*. 2023 Jan 1;116:103554.
49. Kiriya J, Shibanuma A, Silwal RC, Jimba M. Association of workload and practice of respectful maternity care among the healthcare providers, before and during the early phase of COVID-19 pandemic in South Western Nepal: a cross-sectional study. *BMC Health Services Research*. 2023 Dec;23(1):1-1.
50. Danna VA, Bedwell C, Chimwaza A, Chisuse I, Lyangenda K, Petross C, Tuwele K, Taxiarchi VP, Lavender T. Promoting respectful maternal and newborn care using the Dignity game: A quasi-experimental study. *Nurse Education in Practice*. 2023 Jan 1;66:103519.
51. Manna S, Basu S. It Cost Us All of Our Savings to Deliver Our Baby: A Qualitative Study to Explore Barriers and Facilitators of Maternal and Child Health Service Access and Utilization in a Remote Rural Region in India During the COVID-19 Pandemic. *Cureus*. 2023 Feb 19;15(2).
52. Diamond-Smith N, Walker D, Afulani PA, Donnay F, Peca E, Stanton ME. The Case for Using a Behavior Change Model to Design Interventions to Promote Respectful Maternal Care. *Global Health: Science and Practice*. 2023 Feb 28;11(1).
53. Amsalu B, Aragaw A, Sintayehu Y, Sema A, Belay Y, Tadese G, Kassie N, Guta A, Tibebe A, Tiruye G. Respectful maternity care among laboring women in public hospitals of BenishangulGumuz Region, Ethiopia: A mixed cross-sectional study with direct observations. *SAGE Open Medicine*. 2022 Feb;10:20503121221076995.

54. Yadav P, Smitha MV, Jacob J, Begum J. Intrapartum respectful maternity care practices and its barriers in Eastern India. *Journal of Family Medicine and Primary Care*. 2022 Dec;11(12):7657.
55. Kaphle S, Vaughan G, Subedi M. Respectful Maternity Care in South Asia: What Does the Evidence Say? Experiences of Care and Neglect, Associated Vulnerabilities and Social Complexities. *International Journal of Women's Health*. 2022 Jul 7:847-79.
56. Reddy B, Thomas S, Karachiwala B, Sadhu R, Iyer A, Sen G, Mehrtash H, Tunçalp Ö. A scoping review of the impact of organisational factors on providers and related interventions in LMICs: Implications for respectful maternity care. *PLOS Global Public Health*. 2022 Oct 11;2(10):e0001134.
57. Lemoine ME, Sigman H, Jimenez V, Laliberté M. From “obstetrical violence” complaints to “respectful maternity care”: The complaints commissioner as facilitator of organizational change. *Canadian Journal of Bioethics*. 2022;5(3):74-6.
58. Nara R, Banura A, Foster AM. A multi-methods qualitative study of the delivery care experiences of Congolese refugees in Uganda. *Maternal and Child Health Journal*. 2020 Aug;24:1073-82.
59. Butler MM, Fullerton J, Aman C. Competencies for respectful maternity care: Identifying those most important to midwives worldwide. *Birth*. 2020 Dec;47(4):346-56.
60. Shwetha K, Yadav A, Jeetu. Impact of respectful maternity care and its outcome in a childbearing woman. *Int J Reprod Contracept Obstet Gynecol* 2023;12:1610-5.
61. Habib HH, Mwaisaka J, Torpey K, Maya ET, Ankomah A. Are respectful maternity care (RMC) interventions effective in reducing intrapartum mistreatment against adolescents? A systematic review. *Frontiers in Global Women's Health*. 2023 Mar 1;4:1048441.
62. Avan BI, Hameed W, Khan B, Asim M, Saleem S, Siddiqi S. Promoting Supportive and Respectful Maternity Care in Public Health Facilities in Sindh, Pakistan: A Theory-Informed Health System Intervention. *Global Health: Science and Practice*. 2023 Jun 21;11(3).
63. Birie B, Niguse W. Experience of respectful maternity care during childbirth and associated factors in public hospitals of the South West Region of Ethiopia: an institution-based, cross-sectional study. *BMJ open*. 2023 Jul 1;13(7):e066849.