

Lived Experiences of Respectful Maternity Care Among Women Following Midwife-Led Deliveries in Damongo, Savannah Region, Ghana

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Abstract

Background

Globally, every woman is entitled to the highest attainable standard of health, including the right to respectful maternity care (RMC). RMC is fundamental to ensuring positive childbirth experiences and is strongly endorsed by the World Health Organization (WHO). Despite increasing awareness of RMC principles, reports of mistreatment during childbirth persist, suggesting a gap between policy and practice. This study explored the lived experiences of women who underwent midwife-led deliveries at St. Anne's Hospital in Damongo, Savannah Region, Ghana, with a focus on respectful maternity care practices.

Methods

An exploratory qualitative design was employed. In-depth interviews were conducted with ten postpartum women who delivered at St. Anne's Hospital. Participants were purposively selected based on their recent delivery experiences. Data were analyzed using thematic analysis to identify recurring patterns and themes related to respectful maternity care.

Results

Most participants demonstrated adequate knowledge of pregnancy and childbirth and were generally aware of respectful maternity care principles. Effective communication, emotional support, and professional conduct by midwives were widely appreciated. However, some participants reported instances where their dignity, autonomy, or comfort were compromised, reflecting inconsistencies in the implementation of RMC practices. Key themes included communication and interpersonal relations, preservation of dignity and privacy, informed consent, and perceived neglect.

Conclusion

Although awareness of respectful maternity care appears relatively high among participants, inconsistent application of RMC principles persists in practice. Strengthening midwife training, improving facility infrastructure, and reinforcing continuous quality improvement mechanisms are essential to ensuring consistent respectful care. Policymakers should reinforce regulatory frameworks and allocate adequate resources to enhance maternal healthcare delivery. Further research is warranted to examine the long-term health and psychosocial consequences of mistreatment during childbirth.

1. Introduction

Globally, every woman is entitled to the highest achievable standards of health, including the right to respectful maternity care (RMC) [1]. The World Health Organization (WHO) has endorsed Respectful Maternity Care (RMC) as the recommended intrapartum care to promote a positive and satisfying childbirth experience [2]. Respectful Maternity Care (RMC) incorporates human rights principles into the

realm of maternity care to guarantee that every woman and her new-born child receive exceptional interpersonal care during the entire childbirth journey [3]. Women require genuine midwives who can maintain nurturing connections. Furthermore, compassionate and dependable midwives actively work to enhance the quality and efficiency of the pregnancy and childbirth experience [4]. Expanding the pool of well-trained healthcare professionals who offer compassionate and considerate care can prevent the mistreatment of women and empower them to provide care that is conducive to women's well-being [5].

Respectful Maternity Care (RMC) is an inherent human entitlement owed to every woman undergoing childbirth within any healthcare system. However, a significant number of women worldwide encounter instances of disrespectful, abusive, or negligent treatment during labour and delivery in healthcare settings. Reports from Sub-Saharan African nations indicate notably low levels of RMC provision during childbirth. For instance, a study conducted in Malawi through direct observation revealed that 58.2% of women experienced a lack of privacy during labour and delivery. Similarly, Ethiopia has seen high rates of disrespectful maternity care during childbirth, with reports indicating that up to 98% of women in southeastern Nigeria, Enugu, and 78% of women in Addis Ababa, Ethiopia, experienced at least one form of disrespect and abuse (D&A) during childbirth [6].

A qualitative synthesis conducted in low/middle-income nations recommends that one of the key obstacles to facility-based delivery was fear of discrimination against facility-based delivery. When confronted with the prospect of facility birth, women in low/middle-income countries may favour giving birth at home with a traditional birth attendant. Another comparative study on perceptions and experiences of women and healthcare providers done in West Africa reported that women and providers detailed encountering physical and verbal mishandling [7].

The interaction a woman has with her maternity care providers or midwives throughout the stages of pregnancy, childbirth, and postpartum is crucial for achieving favourable maternal health results. Furthermore, when a healthcare provider and the healthcare system offer respectful and supportive care, it enhances women's contentment with their childbirth experience [8].

Disrespectful and abusive behaviours during childbirth have been observed in various countries, spanning both developed and developing regions, thus establishing it as a global concern [9]. The advocacy for respectful maternity care is multifaceted, extending beyond mere clinical quality enhancements to encompass areas of health system management, social justice, human rights, cultural norms, and empowering women in decision-making. Ensuring the provision of respectful maternity care carries significant implications not only for the realization of MDG 5A but also for upholding the fundamental human rights of women.

With particular reference to Ghana, studies reveal that midwives in Ghana demonstrated some degree of awareness of respectful maternity care, encompassing components such as non-abusive care, consented care, confidential care, non-violation of childbearing women's basic human rights, and non-discriminatory care [10]. However, the study also found that midwives' support for disrespectful and abusive practices, such as hitting, pinching, and implicitly blaming childbearing women for mistreatment,

suggests a disconnection between midwives' awareness of respectful maternity care and its practice [10]. Additionally, another study conducted by Tety-Mensah et al. (2024) indicated a prevalence of respectful maternity care for women in Ghana at 17% [11]. Therefore, St. Anne's Hospital in Damongo, a key provider of maternal services, has seen a decline in attendance and deliveries, raising concerns about the quality and accessibility of care [12]. This decline is primarily linked to the absence of respectful maternity care (RMC) practices, exacerbated by inadequate staffing, high turnover rates, and outdated facilities. These issues compromise the dignity and rights of women during childbirth, leading to distrust in the healthcare system and posing significant challenges for improving maternal health outcomes in the region [11]. Hence, the study explores mothers' experiences with RMC at the hospital.

2. Materials and methods Study Area

This study was conducted at St. Anne's Hospital, a pivotal healthcare institution located in Damongo, within the Savannah Region of Ghana. The hospital serves a diverse population of approximately 63,449 individuals (32,270 males and 31,179 females) [9]. The region is predominantly rural, with over 80% of the population engaged in agriculture as their primary livelihood. St. Anne's Hospital plays a critical role in delivering essential healthcare services, with an average annual outpatient attendance of around 32,000 and approximately 9,400 admissions each year, many of which are related to maternal health [10]. The maternity ward, delivery rooms, and antenatal care units provided the primary settings for exploring respectful maternity care (RMC) practices.

Study Design and Participants

An exploratory study design was employed to investigate the under-researched phenomenon of respectful maternity care at St. Anne's Hospital [11]. This design enabled an in-depth examination of the experiences and perceptions of women who had recently given birth, thereby providing valuable insights into the provision and challenges of RMC in a rural healthcare setting. The study focused on women who had recently delivered at St. Anne's Hospital through midwife-assisted deliveries. A purposive sampling technique was used to deliberately select participants based on their direct and relevant experiences with the hospital's maternity care services, ensuring rich and pertinent data for the study [12].

Data Collection Techniques

Data were collected using a semi-structured interview guide developed specifically for this study based on existing literature on respectful maternity care and WHO recommendations on intrapartum care. The interview guide was designed to capture women's lived experiences and perceptions of care received during childbirth.

The English version of the interview guide is provided as **Supplementary File 1**.

The guide was organized into four thematic sections:

1. Demographic Information: Capturing basic participant details.

2. Experiences of Harm or Mistreatment: Exploring any negative experiences during maternity care.
3. Privacy and Confidentiality: Assessing how well privacy was maintained.
4. Preservation of Dignity: Examining whether participants' dignity was upheld during their care.

Face-to-face interviews were conducted to gather detailed and nuanced responses, allowing for an in-depth exploration of each participant's personal experiences with respectful maternity care.

Statistical Analysis

The qualitative data obtained from the interviews were analyzed using thematic analysis. This process involved grouping responses into major themes to identify trends and patterns in the participants' experiences. Both paraphrased summaries and direct quotations were used to enrich the analysis, ensuring that the authentic voices of the respondents were represented in addressing the research questions.

3. Results

Women's Understanding of Respectful Maternity Care

The participants exhibited a comprehensive understanding of the complexities surrounding pregnancy, self-care, and interactions with healthcare providers during labour and childbirth. They consistently underscored the importance of robust familial support in promoting both physical and emotional well-being. For example, one participant noted that the emotional encouragement and practical assistance provided by her mother and sister significantly enhanced her overall wellbeing (36-year-old participant). In contrast, another participant observed that despite occasional staff busyness, support at the hospital remained generally accessible (40-year-old participant).

Regarding respectful maternity care, experiences varied among participants. Some reported instances of perceived disrespect, particularly from midwives, which adversely affected their childbirth experiences. One participant recounted that during her second pregnancy, the midwives appeared harsh and insensitive, detrimentally impacting her experience (43-year-old participant). Furthermore, although communication with healthcare providers was generally acceptable, several participants expressed concerns that the interactions were occasionally too hurried, potentially compromising the clarity and depth of the information conveyed during critical moments (40-year-old participant).

Women's Experiences of Mistreatment During Maternity Care

Participants reported several positive experiences during maternity care, emphasizing the role of attentive and supportive staff in facilitating smoother delivery processes. One participant noted that despite the inherent challenges of labour, the supportive presence of healthcare personnel significantly enhanced her comfort during both her first and second childbirth experiences (45-year-old participant).

Similarly, another participant described a reassuring encounter during a difficult moment when a nurse's calm demeanor and encouragement alleviated her distress during the repair of a vaginal tear (35-year-old participant). These accounts underscore the importance of compassionate care in fostering positive maternity outcomes.

Additionally, participants expressed gratitude for the encouragement received during labour and for being actively involved in decision-making. However, some participants recounted distressing experiences of mistreatment, such as restrictions on birth position and movement, which they perceived as violations that heightened stress during childbirth (32-year-old participant). Perspectives on reporting mistreatment varied; while one participant felt confident in reporting perceived mistreatment (28-year-old participant), another acknowledged hesitancy in speaking up (27-year-old participant). These findings highlight the complexity of reporting mistreatment and the need to address barriers that may prevent women from voicing their concerns. It also suggests that enhancing compassionate care and supportive communication can significantly improve maternity experiences.

Women's Experiences Relating to the Preservation of Dignity

Participants reported positive experiences regarding the preservation of dignity throughout their maternity care. They emphasized that their dignity was maintained even during moments of intense pain in delivery. Thus, one participant noted that midwives exhibited a calm and reassuring demeanor during labor (43-year-old participant).

Dignity was further upheld through private and confidential interactions; participants appreciated having secluded spaces to discuss personal matters, which fostered an environment conducive to sharing sensitive information. Informed consent emerged as another key aspect, with participants valuing the midwives' practice of explaining procedures and obtaining permission, thereby enhancing their sense of agency and control during childbirth.

Additionally, participants highlighted the impact of personalized gestures, such as being addressed by name and maintaining eye contact, as important expressions of respect that reinforced their individuality. One participant remarked, "The midwife addressing me by my name and looking at my face made me see respect" (35-year-old participant).

Women's Experiences of RMC During Labour and Childbirth

Participants reported notably positive experiences of care and emotional support during labor and childbirth. They emphasized that the consistent and compassionate actions of healthcare providers greatly enhanced their overall experiences. The continuity of care provided by the healthcare staff was particularly valued for fostering a supportive and respectful environment. One participant remarked, "My experience was remarkably positive. I did not experience any neglect during my care" (30-year-old participant).

Emotional support was identified as a critical element of respectful maternity care. Participants appreciated the encouragement and comforting communication from midwives, with one participant noting, "The midwife was with me and said sweet words to encourage me during delivery" (40-year-old participant).

Additionally, narratives indicated a positive progression in childbirth experiences, with many participants observing significant improvements in the quality of care from their first to subsequent deliveries. These findings underscore the importance of continuity of care and emotional support in enhancing maternity care experiences. Emphasizing these components can contribute to more respectful and patient-centered care, potentially leading to improved maternal satisfaction and outcomes over time.

4. Discussion

The findings indicate that participants possessed a robust understanding of respectful maternity care, particularly regarding pregnancy, self-care, and interactions with healthcare providers during labor and childbirth. This observation corroborates Miyauchi et al. [13] and underscores the essential role of support networks in maternal care. Notably, participants identified challenges such as crowded hospital environments that delayed prompt attention during critical care moments, supporting the assertions of Anabila et al. [14] and Hulton et al. [15] regarding the influence of healthcare infrastructure on service delivery in resource-limited settings.

Participant narratives revealed a spectrum of experiences with healthcare providers. While some reported instances of perceived disrespect and mistreatment characterized by impatience, raised voices, and dismissive attitudes the majority recounted positive interactions that facilitated respectful and supportive care. These mixed experiences align with global discussions on mistreatment during childbirth [16–20], yet the predominance of positive accounts is consistent with literature that associates respectful maternity care with improved maternal outcomes and higher healthcare utilization [4, 13, 21, 22].

Effective communication emerged as a pivotal factor in mitigating mistreatment. Participants emphasized that clear, empathetic interactions contributed to their involvement in decision-making and reduced feelings of humiliation and frustration. This finding is in agreement with studies by Rowe et al. [23], Bohren et al. [24], Bowser and Hill [9], and McMahon et al. [25], which highlight the role of quality communication in enhancing patient satisfaction and minimizing the risk of mistreatment.

With respect to the preservation of dignity, the study demonstrates that respectful communication, maintenance of privacy, and personalized gestures such as addressing women by their names significantly bolstered the participants' sense of dignity during maternity care. These practices are supported by findings from Amsalu et al. [5], Ogboghodo et al. [26], and Esan et al. [27]. However, the recurrent issue of inadequate privacy, attributed largely to the architectural layout of the facilities, contrasts with studies from other settings where structural deficiencies have been more critically

condemned [28–30]. Despite this, participants did not express strong concerns regarding privacy breaches, although such elements remain central to ethical and human rights standards [31].

The study further documents a positive evolution in maternity care practices, particularly evident in later deliveries. Participants reported smoother and less challenging experiences over time, which may be attributed to increased familiarity with the childbirth process. Emotional support and the creation of a comfortable birthing environment were crucial in shaping these positive perceptions. These observations are supported by research linking compassionate care and a supportive physical environment to enhanced maternal satisfaction and outcomes [32–34]. Therefore, the evidence presented in this study supports the argument that respectful maternity care characterized by effective communication, robust support networks, and an environment conducive to dignity preservation plays a critical role in improving maternal experiences and outcomes. These findings advocate for the continued integration of respectful and compassionate care practices, in alignment with international patient rights frameworks (The White Ribbon Alliance, 2011) and the research of Hajizadeh et al. [35] and Ferede et al. [6].

Conclusion

The present study demonstrates that women receiving maternity care at St. Anne's Hospital possess a comprehensive understanding of respectful maternity care. Participants underscored the critical role of familial support and effective communication in enhancing their physical and emotional well-being during pregnancy, labor, and childbirth. While many participants reported positive experiences characterized by compassionate, attentive, and respectful care, a subset described instances of mistreatment, including rushed interactions, perceived disrespect, and inadequate privacy due to infrastructural constraints. These findings highlight the multifaceted nature of maternity care experiences and underscore the need for a balanced approach that addresses both interpersonal interactions and systemic challenges within healthcare facilities.

5.2 Recommendations

In light of the study's findings and the voices of participants, several targeted recommendations are proposed to enhance the quality and experience of maternity care. Participant narratives revealed instances of verbal abuse, emotional neglect, and lack of empathy from healthcare providers. In response, healthcare facilities should implement continuous professional development programs that focus on respectful maternity care, patient-centered communication, and stress management. These initiatives will equip providers to maintain compassion and professionalism, even under high patient volumes and resource constraints.

Furthermore, the study highlighted overcrowding, and lack of physical barriers, which compromised patient privacy and comfort. To address this, hospitals should invest in modifying existing wards or designing new maternity units that optimize space, reduce delays in care delivery, and prioritize patient dignity through adequate physical partitions and sanitation facilities. Several participants expressed the

need for emotional and physical support during labor, which was often lacking due to restrictive facility policies.

Enhancing family involvement, especially allowing supportive companions during childbirth, aligns with women's articulated needs and contributes to better emotional outcomes. A recurring concern among participants was the absence of platforms to report mistreatment or express their care experiences.

To ensure accountability and continuous quality improvement, health facilities should institutionalize systematic patient feedback systems such as exit interviews, anonymous suggestion boxes, or digital reporting tools that assess provider-patient interactions and inform service delivery reforms.

Given the study's qualitative design and limited sample size, further research including longitudinal and mixed-methods studies is needed to evaluate the long-term impact of respectful maternity care on maternal and neonatal outcomes. Additionally, further inquiry should explore systemic and cultural factors influencing care quality in resource-constrained settings, as highlighted in participant reflections.

Declarations

Abbreviations: Not Applicable

Ethics approval and consent to participate

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki for research involving human participants. Ethical approval was obtained from the Research Ethics Review Committee, Garden City University College, Kumasi, Ghana (Approval No: GCU/RERC/2025/045). Administrative permission to conduct the study was also granted by the management of St. Anne's Hospital, Damongo, Ghana prior to data collection.

Participation was entirely voluntary. Written informed consent was obtained from all participants after providing detailed information about the study objectives, procedures, potential risks and benefits, and their right to withdraw at any time without affecting their care. Confidentiality and anonymity were strictly maintained throughout the study. No personally identifiable information was collected, and all data were securely stored and used solely for research purposes.

Consent for Publication

I confirm that our study does not contain any identifying images, personal data, or clinical details that could compromise participant anonymity.

Data Availability declaration

The authors confirm that all data generated or analysed during this study are included in this published article.

Competing Interest declaration

I declare that the authors have no competing interests that might be perceived to influence the results and/or discussion reported in this paper.

Research Funding Declaration

This research did not receive funding.

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