Author’s response to reviews

Title: "We are the ones who should make the decision" - Knowledge and understanding of the rights-based approach to maternity care

Authors:

Yasmin Jolly (ybjolly@doctors.org.uk)
Mamuda Aminu (Mamuda.Aminu@lstmed.ac.uk)
Florence Mgawadere (Florence.Mgawadere@lstmed.ac.uk)
Nynke van den Broek (Nynke.vandenBroek@lstmed.ac.uk)

Version: 1 Date: 11 Sep 2018

Author’s response to reviews:

10th September 2018

The Editor,

BMC Pregnancy & Childbirth.

Dear Sir / Madam,

Re: ‘We are the ones who should make the decision’ - Knowledge and understanding of the rights-based approach to maternity care (PRCH-D-18-00453)

Thank you very much for providing reviewers’ comments on our submission titled above.

We have addressed all the comments by the reviewers as outlined below.

We look forward to your response and hope this manuscript can now be accepted for publication in your journal.
Editorial Comments

Where a mandatory Declarations section is not relevant to your study design or article type, please write "Not applicable" in these sections.

All declarations provided.

For the 'Availability of data and materials' section, please provide information about where the data supporting your findings can be found. We encourage authors to deposit their datasets in publicly available repositories (where available and appropriate), or to be presented within the manuscript and/or additional supporting files. Please note that identifying/confidential patient data should not be shared. Authors who do not wish to share their data must confirm this under this sub-heading and also provide their reasons. For further guidance on how to format this section, please refer to BioMed Central's editorial policies page (see links below).

Data availability section completed.

Reviewer 1

This is an interesting paper; particularly as it comes from country where maternal mortality rates in the surrounding regions are so high. The rationale for the study is well-established, that is we should be encouraging women to use professional attendants at birth by providing respectful and well like care. This is particularly important when death rates are high.
Thank you.

The paper assumes however, that the Respectful Maternity Care charter, is the only way that the quality of care can be understood or recognised. It is rather the principles that are embedded within this charter that are well-known and inherent in good quality care. These principles would be identified in any country seeking to provide high-quality care but may not be thought to be necessary to articulate by health workers.

We agree with this observation. The Respectful Maternity Care charter is an internationally-respected document that sets out the rights of women to address the different types of disrespect and abuse. While this study assessed awareness of the charter in particular, its focus was to explore knowledge and understanding of women’s rights using the seven domains (principles) set out in the charter and using this as a guide.

We have added the following in the discussion to clarify this:

The principles, as set out in the RMC Charter, are those that are included in any programme aiming to improve quality of care.

The context to the study has been well established and the rationale for sampling as participants health professionals as well as women seems reasonable. However, the assumption that the categories from the Charter necessarily mean the same to both groups of the participants needs defending in the text. For example, that confidentiality, means the same is it at least arguable and needs defending.

Thanks for identifying this. The categories were not intended to mean the same for both women and healthcare providers. The topic guides used in this study were used only as flexible frameworks for data collection. Thus, while the RMC Charter was used as a guide, simpler terms were used in the topic guides, and explanations were provided to the participants whenever necessary.

Nevertheless, a line has now been added to the manuscript to make this clearer (see 2nd paragraph under “Data collection” sub-section).
We found that, among healthcare providers, the term “confidentiality” was easy to understand because they were familiar with the term in other areas of care, such as HIV counselling and testing. In the case of women accessing care, the focus group discussions and interviews were conducted with a translator. The term easily translated into the local language (Chichewa), but it was still explained to the participants.

Case conferencing or getting advice from a more experienced expert is one-way health professionals keep care safe. This may mean sharing information in ethical way. It is not clear in the paper if this differentiation has been made in the questioning and it seems to be treated the same way in the analysis.

Article III of the RMC Charter provides that “Every woman has the right to privacy and confidentiality”. In this study, participants were not directly prompted about case conferencing, so the differentiating was not made. However, it emerged from the results that women were afraid that confidentiality may be breached during case conferencing (see Results under sub-section “The right to privacy and confidentiality”). The women’s concern may be genuine given the small communities in which they lived, where a breach of confidentiality could have severe negative consequences. On the other hand, healthcare providers did not regard case conferencing as a breach of confidentiality when it was done ethically, without revealing personal, identifiable details of the client.

This explanation has now been added in the discussion, sub-section on “Privacy and confidentiality”:

However, some of the women expressed concern about breach of confidentiality during what might be case conferencing or clinical discussions. Some particularly expressed fear of breach of confidentiality during HIV counselling and testing. Their concern may be genuine given the small communities in which they lived, where a breach of confidentiality could have severe negative consequences.

Article III of the RMC Charter provides that “Every woman has the right to privacy and confidentiality”. In this study, case conferencing was not considered a breach of confidentiality when it was done ethically, without revealing personal, identifiable details of the client.
Also, by assuming the categories in the Charter are the appropriate ones for analysis, creates some other artefacts in the data. For example, 'the right to be free from harm and ill-treatment' might be a given and understood by health professionals, many of whom would take an oath on graduation to promise this. It is hard to imagine a professional health worker being employed or admitting that they would behave otherwise. Therefore, their data may not necessarily emphasise this or be reliable. However, this category does make sense for a woman using this system.

None of the questions in our topic guide asked participants directly about the 'the right to be free from harm and ill-treatment' or any of the other domains in the RMC Charter. All questions indirectly assessed the principles of the charter. However, because we used the Charter to guide the development of the topic guides, we felt it was appropriate to report our findings under the Charter’s seven domains. We did explore and were able to obtain healthcare providers’ views on what the 'the right to be free from harm and ill-treatment' meant to them.

Sampling has been done carefully and thoughtfully, as has the choice of method (for example interviews rather than focus groups in some cases) used to elicit data from the participants in a suitable manner.

Thank you.

This article has been well written and edited; however I would prefer not to have the initials KII, FGD and IDI used in the text.

Thank you for highlighting this. We would like to take this suggestion on board. However, because of the nature of the study (qualitative) and the frequent use of the terms throughout the manuscript, writing the terms in full everywhere they appear would increase the word count above the journal’s allowable limit. Moreover, we feel that the use of the abbreviations is unlikely to affect readers’ experience since these are frequently used in qualitative studies.

Reviewer 2

This is a commendable research manuscript on a subject often overlooked, i.e., shortcomings in the health system, that are addressed to improve utilisation of services. For a qualitative design, the methods are appropriate, well described and well presented.

Thank you.
My only concern is the title; though it may be the main message, I feel there should be some indication towards, what, where, and who were studied and what design was used.

Thank you for this suggestion. We agree that having more information in the title may be useful. However, we feel that adding all that information will make the title rather long. Therefore, we would like to suggest the title below, and leave it to the discretion of the editor to maintain the original title or use the suggested one.

The suggested new title is as follows:

“We are the ones who should make the decision” - Knowledge and understanding of the rights-based approach to maternity care among women and healthcare providers”