Author’s response to reviews

Title: Midwives' respect and disrespect of women during facility-based childbirth in urban Tanzania: a qualitative study

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Author’s response to reviews:

POINT-BY-POINT RESPONSES TO REVIEWERS’ COMMENTS

RESPONSES TO REVIEWER 1

We wish to express our appreciation to you for your insightful comments which have helped us significantly improve the manuscript. All the indicated line numbers in our responses below are according to the track changed version of the revised manuscript.

Comment 1)
“…women's underutilization of health facilities” [Background]

If possible add a few more references as there much more evidence on this.

Response
Thank you for calling our attention regarding this important point. In accordance with your comment, we added the following statement citing three references to indicate more lines of evidence regarding the underutilization of health facilities (Page 7, lines 97 to Page 8, line 101)

“Inadequate and unsafe care by healthcare providers including disrespectful, abusive and neglectful care, and the negative experiences of women particularly during childbirth that violate the trust between women and healthcare providers, have also been identified as important contributors to the women’s underutilization of health facilities [6 - 8]”

(Page 53, line 913 to Page 54, line 924)
Comment 2)
"We obtained voluntary agreement on the informed consent form before data collection from 14 midwives; eight from one facility and five from another one, meeting the inclusion criteria."[Methods – Data collection]

Response

We appreciate your valuable comment. Each midwife was observed only once, but during the observation for several hours, the midwife conducted some deliveries and took care of many women who were complaining of labor pains at the antenatal ward. In accordance with your suggestion, we clarified this in the revised manuscript as follows (Page 14, lines 203-208):

“Each midwife was observed once for one cycle as she typically cared for a woman from admission to the fourth stage of labor as well as other women who were complaining of labor pains at the antenatal ward. The observation lasted from two hours until the end of delivery (maximum time of five hours).”

Comment 3)

On time used to conduct observations women

"Observations lasted anywhere from two hours until the end of delivery". [Methods – Data collection and analysis]

It is bit unclear add the specific time period. For example from 2 to 4 hours
Response

Thank you for your suggestion. We added the specific time period as follows (Page 14, lines 206-208):

“The observation lasted from two hours until the end of delivery (maximum time of five hours).”

Comment 4)

"The researcher memorized what had transpired from the time of admission to the first through fourth stage of labor of consenting women and their participating midwives” [Methods – Data collection]

Was there a guide to use in making the note referred to as fair copies? If yes how was it applied? If no what was the reason for this? Would be nice to state this here as well a part of the limitations

Response

We appreciate your valuable comments. We prepared an observational guide to fill in before the observation. We used the filled in guides when we made the fair copies. We added the following sentence in the data collection subsection to clarify this point (Page 15, lines 220-224):

“Immediately after completing the observations, the field notes and remarks of the midwives were made as fair copies using an observational guide developed and designed by the researcher. The guide included the date and time of the observations, contents of the observed scene, observed actions and attitudes of the midwives, and the working environment.”

Comment 5)

"When questions related to midwife's action emerged, this researcher interviewed her on the scene or after the observations."

Other studies have noted that providers become defensive, did this action affect your data collection in any way particularly if same providers were observed twice.

Response

Thank you for calling our attention regarding this important issue. We apologize that we were not able to describe clearly what we wanted to convey in this sentence which might have caused confusion. We actually did not ask the midwives about their actions. When we could not understand their intention for doing something and when we wanted to know what they were
thinking and deciding on during simultaneous tasks, we asked them candidly and it was not an official or formal interview, thus we can say that the effect on our data collection is negligible. We clarified this point in the revised manuscript as follows (Page 14, lines 215 to Page 15, line 219):

“The researcher informally asked the midwife on the scene or after the observation in the following occasions: when questions related to the midwife’s action emerged; when the researcher could not understand the midwife’s intention for doing something; when the researcher wanted to know what the midwife thought and how she made a judgement while doing simultaneous actions.”

Comment 6)

"…observed in this study" Is it possible that some women experienced both respectful and disrespect in the course of labour. This would be an important finding to show if occurred and is it by majority of women or just a few or many times to one woman.

Response

Thank you for your important comment. In the present study, we did not identify which woman selectively received a particular care by which midwives if any. We clarified this point in the revised manuscript by adding the following sentence in the discussion part (Page 38, lines 672-674):

“To this end, additional observational studies are needed to determine if the midwives selectively disrespected some women and not others, and what factors were involved in such behavior.”

Comment 7)

"The typed of physical abuse, that is also malpractice, could be regarded as one of the WHO's categorized D & A behaviors that women were unaware of as D & A [30]."[Discussion - Expanded perspective of disrespectful care]

Good discussion point - this has huge implications on women rights and providers ethical conduct.

Response

We greatly appreciate your important comment and completely agree with your opinion. Thank you very much.
Comment 8)

"The category named 'lacking accountability for midwifery practice and no duty assignment', resulted from a disorganized and dysfunctional nursing and midwifery management, facility culture, or work overload, rather than from midwives' individual lack of ethical behaviors." [Discussion - Lack of professional accountability in midwifery practice]


Would that fall under commission or commission for standard of care? It would be nice to see how it complement your new category you discuss here

Response

We appreciate your important comments. In accordance with your valuable suggestion, we added the two sentences below to indicate that this contributing factor has already been discussed in previous studies as follows:

(Page 41, line 728 to line 735)

“A contributing factor to the disrespect for women identified in previous studies was also identified in the present study. This category named ‘lack of professional accountability in midwifery practice and no duty assignment’ reflected the disorganized and dysfunctional nursing and midwifery management, facility culture, or work overload, rather than the midwives’ lack of ethical behaviors. This situation may reflect a broader picture of the problem in Tanzania.”

(Page 41, lines 735-737)

“In previous studies, health system factors such as system deficiencies, unresponsive management, and health system conditions and constraints, were identified as contributors of D&A [6, 28, 29, 30].”

RESPONSES TO REVIEWER 2

We wish to express our appreciation to you for all your insightful comments which have helped us significantly improve our manuscript. Our responses to each of your comments are written below. All the line numbers indicated in the responses below are according to the track changed version of the revised manuscript.
Comment 1)  
In the abstract the authors may need to make the language clearer and ensure good flow of the idea being presented. For example line 5 they use the word “unsafe care” without substantiating it. Line 6 "there are mounting studies" perhaps may need better language. [Abstract-Background] 

Response

We understand and appreciate your valuable comments. We carefully reviewed and corrected the abstract as well as the whole manuscript during the revision process. The revised abstract and manuscript were also comprehensively reviewed and edited for English language by a professional native English-speaking medical editor to meet the language standards required by leading English language publications. The editing did not involve any alteration of the research content or the authors’ intentions. Regarding the term, “unsafe care”, we deleted this phrase from the abstract to make the flow of ideas clearer and more logical. We retained the phrase in the Background section of the main text with a clearer explanation to avoid any ambiguity as follows (Page 7, lines 97 to Page 8, line 101):

“Inadequate and unsafe care by healthcare providers including disrespectful, abusive and neglectful care, and the negative experiences of women particularly during childbirth that violate the trust between women and healthcare providers, have also been identified as important contributors to the women’s underutilization of health facilities [6 - 8].”

Regarding the term ‘mounting studies’, we rephrased this to ‘more’ and ‘numerous’ in accordance with the context of the particular text as follows:

(Page 2, lines 7-11)

“Although numerous studies have substantiated women’s experience of D&A during childbirth by healthcare providers, few have focused on how D&A occurred during the midwives’ actual care.”

(Page 4, lines 46-49)

“In recent years, numerous studies around the world have described the disrespect and abuse (D&A) experienced by some women during childbirth from healthcare providers at facilities.”

(Page 8, lines 115-117)
“In recent years, however, more studies have reported on women’s experiences of disrespectful and abusive care during childbirth at facilities by healthcare providers.”

Comment 2)

Page 3 line 18-20 may require clarity of language. [Abstract- Results]
The same applies to line 30-33 in the same page [Abstract- Conclusion]

Response

Thank you for calling our attention regarding these points. We carefully revised these sentences and had them checked by an English native speaker medical editor as follows:

(Page 3, lines 22-24)

“All the 14 midwives showed both respectful and disrespectful care and some practices that have not been explicated in previous reports of women’s experiences.”

(Page 4, lines 37-38)

“Both respectful care and disrespectful care of midwives were observed at the two health facilities in urban Tanzania.”

The whole abstract was also carefully reviewed and checked.

Comment 3)

Page 6 line 70 and line 75 there are a few typos that may need clarity. [Background]
Line 104 also requires clarity of language [Background]
Page 9 line 119-123 will require language edits as well. [Methods - Setting]

Response

Thank you for your valuable comments regarding the need for clarity of language regarding the text of the Background as well as the Methods -Setting. We carefully revised the sentences in these sections and had them rechecked by an English native speaker medical editor. We also carefully deleted some sentences which were redundant to shorten the text as follows:
Over the last two decades, there has been a global increase in facility-based childbirths resulting from efforts to reduce maternal and infant deaths [1, 2]. However, the percentage of recent childbirths at health facilities in Tanzania has shown only a minimal increase of 10 percent compared with the 52.6 percent increase in 1991-1992 and the 63 percent increase in 2015-2016 [1, 3]. In low-income areas, barriers, such as financial, infrastructural, sociocultural, and political factors have been noted to affect women’s utilization of health facilities for childbirth [4, 5]. Inadequate and unsafe care by healthcare providers including disrespectful, abusive and neglectful care, and the negative experiences of women particularly during childbirth that violate the trust between women and healthcare providers, have also been identified as important contributors to the women’s underutilization of health facilities [6 - 8].

In this context, a particular concern is the quality of facility-based care during childbirth [9]. Historically, the areas of health coverage and quantity of healthcare providers have been the focus of program implementation at the national level [10]. It has only been recently that the quality of care has received attention [7]. Recently, more studies have reported on women’s experiences of disrespectful and abusive care during childbirth at facilities by healthcare providers. Bowser and Hill (2010) systematically reviewed disrespect and abuse (D&A) by healthcare providers and categorized the various forms of abuse as physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment, and detention in facilities [4]. Moreover, these categories may overlap [4, 7] and can occur along a continuum from subtle discrimination to overt violence [11]. In Tanzania, quantitative studies on midwifery have also revealed the negative care experiences of women. Approximately 12 to 70 percent of women have been found to experience D&A when birthing at facilities [8, 12 - 16].

These findings have caused policy makers and clinicians to start expressing their growing concern regarding the quality of care provided during childbirth in health facilities in both low-middle income and high-income countries. In 2014, WHO made the following statement: “The prevention and elimination of disrespect and abuse during facility-based childbirth”, which indicated the lack of an internationally agreed definition and measurement tool of D&A and the urgency of the problem [17]. Most international qualitative and quantitative studies on the disrespectful and abusive behaviors of healthcare providers have been based only on women’s reports. Only few studies have focused on how D&A occurred when midwives provide actual care during childbirth. Thus, this study aimed to describe from actual observations the respectful and disrespectful care received by women from midwives during their labor period in two hospitals in urban Tanzania.”
“Methods

Settings

The study was conducted at two consenting health institutions whose average monthly numbers of deliveries were 110 and 1800, respectively. Midwives worked in three shifts (morning, evening, and night), and between three to eight midwives covered each antenatal and labor ward during the morning and evening shifts, although there were fewer midwives on the night shifts.”

Comment 4)

One substantial issue in line 123 is the fact that they report of having got permission to collect statistical data from the facility- can they describe why this was important and where they use it in this qualitative study? if this was for purposes of identifying facilities for inclusion this needs to come out in the methods section [Methods - Setting]

Response

Thank you for calling our attention regarding this important point. Actually, we only collected the number of deliveries and staff to know more about the condition of the facilities but not for identifying/selecting the facilities. We decided that it is better to delete the sentence as it is not necessary for describing the findings for the present qualitative study as you indicated (Methods-Settings Page 11, lines 159-162).

Comment 5)

Line 131-133 page 9 is unclear on the inclusion criteria [Methods –Sample and Recruitment]

Response

Thank you for calling our attention regarding this point. We carefully revised the description of the inclusion criteria by rephrasing the sentence as follows (Page 12, lines 171-173):

“For the inclusion criteria, the participants should 1) be a nurse-midwife (midwife) and 2) have experienced conducting deliveries for at least one year.”
Comment 6)

An interesting idea of posting study process on the ward is good however, can the authors
describe a little more ie in what language and what was the impact of such an approach on the
data collection process and its effect on the outcomes observed? [Methods –Data collection]

Response

In accordance with your comment, we carefully explained more details regarding our research
poster in terms of language. Also, the approach of using a poster possibly had no impact of the
outcomes observed.

(Page 13, lines 185-192)

“A poster prepared in Swahili was placed on the labor ward, which included an explanation that
the midwife-researcher (herein “researcher”) was observing the midwives’ actions and was not
obtaining personal or medical information from the mothers and babies. When the observation
began, the researcher first explained the purpose of the study to the mother to obtain verbal
consent, and then started observing only after she agreed. The researcher did not ask any
questions and only listened to the complaints of the mothers.”

Comment 7)

the authors describe that they interviewed the midwives in page 11 line 166, the question left for
the reader is what is the content of the interviews ie scenes that emerged-what were they? and
how did the team record the observations were there tapes used for the process and how was that
done given that they observed form a distance? [Methods –Data collection]

Response

Thank you for bringing to our attention these important issues. We apologize that our description
regarding these points was not very clear and may have caused ambiguity. We actually did not
ask the midwives about their actions. When we could not understand their intention for doing
something and when we wanted to know what they were thinking and deciding on during
simultaneous tasks, we asked them candidly and it was not an official or formal interview, thus
we can say that the effect on our data collection is negligible. We clarified these points in the
revised manuscript as follows (Page 14, lines 215-219):

“The researcher informally asked the midwife on the scene or after the observation in the
following occasions: when questions related to the midwife’s action emerged; when the
researcher could not understand the midwife’s intention for doing something; when the
researcher wanted to know what the midwife thought and how she made a judgement while
doing simultaneous actions.”
Comment 8)

Can the authors describe examples of situations that they found dangerous for the mother but could not intervene at the point of observation? This is important in observational studies.

Response

We appreciate your valuable comments. Before data collection, we did not expect to observe dangerous care as we described in the Results section. At the least, we expected suturing of the perineum without anesthesia as one of the dangerous situations for the mother, which we actually observed. We also described other situations which we found dangerous for the mother in the revised text as follows.

(Page 15, line 226 – 231)

“In the process of developing the observational protocol, it was realized that the researcher might be placed in a difficult position of observing midwife care that is abusive or dangerous to the patient. An example of this is suturing the perineum without anesthesia. We needed to resolve a priori the balance between the extent of obligation as a midwife to protect the patient and the role of the researcher to observe [18].”

(Page 26, line 437 to Page 27, line 452)

“Occasionally, the midwives aggressively caused harm and injured the women by giving inappropriate care and treatment by not following the right procedure as follows: artificial rupture of the membranes using a fragment of broken glass ampule, not following the doctor’s instruction for the oxytocin dosage, or suturing perineal tears without the use of anesthesia.

Woman J had been suffering from labor pains. Midwife I went to her to see how the labor was progressing. Midwife I explained to the researcher, “the uterus contractions were not strong enough to progress”, [which was why] she looked around and found a broken glass ampule that had been left on the table. She quickly inserted the broken glass ampule into the vagina of woman J. Then, she tried to break the membrane with the cutting edge of the ampule but was not successful in spite of several attempts. She then gave up, left woman J, and returned to the nurse station. (EP no. 11)”
“Some of the midwives were not concerned whether the women suffered from pain during the suturing of perineal tears; therefore, they did not use any anesthesia.

Midwife I brought the needle holder, needle, and thread from the other room, and started to stitch the woman’s perineum tear resulting from a delivery without using any anesthesia. The woman screamed to complain about pain, but midwife I continued to stitch while ignoring the woman’s screams. (EP no. 13)”

Comment 9)
With exception of a few typos in the quotes, i would recommends that results of encourage mother-baby relationship come after all data on labor observations.

Response
We appreciate your valuable suggestion. In accordance with the important points that you have mentioned, we moved the subsection to the end of the “Respect for women” section as follows (Page 25, lines 412- 420):

“Encouragement of the mother-baby relationship

Before moving to the postnatal ward, the midwives prompted the women to start breastfeeding immediately after giving birth even while they were still in the delivery beds to encourage the mother-baby relationship.

Midwife K instructed the woman who had just delivered to sit on the edge of the delivery bed. When the woman was seated, midwife K asked the woman to hold her baby in her arms and midwife K encouraged her to start breastfeeding using verbal instructions and gestures. Then, the woman was able to start breastfeeding. (EP no. 5)”

Comment 10)
In general since the observers were at the service point, the results beg the question of what is precipitating the behaviors observed. second, are the observed positive experiences also perpetuated by the same nurse who exhibited negative experiences? in other words do the bad behavior co-exist with the good ones. It is hard to tell from the notes in the narratives.

Response
We greatly appreciate your in-depth comments. Unfortunately, it is difficult to determine the exact reason or cause why the midwives abused the women. We could offer possible precipitating factors in the revised manuscript as stated below. However, it is necessary to conduct another study to have a formal interview with the midwives to elucidate the underlying reasons:

(Page 41, line 728 to Page 42, line 754)

“A contributing factor to the disrespect for women identified in previous studies was also identified in the present study. This category named ‘lack of professional accountability in midwifery practice and no duty assignment’ reflected the disorganized and dysfunctional nursing and midwifery management, facility culture, or work overload, rather than the midwives’ lack of ethical behaviors. In previous studies, health system factors such as system deficiencies, unresponsive management, and health system conditions and constraints, were identified as contributors of D&A [6, 28, 29, 30]. Specifically, in the observed cases, midwives were not assigned to care for individual women and therefore they did not assume responsibility for monitoring their labor and delivery. Thus, it is possible that no one was assessing the labor progression of the individual women. This implies that the midwives might not have considered the assessment of labor progression as part of their responsibility, and they possibly expected other midwives to take care of the women. Thus, the deliveries were haphazardly and randomly conducted. Other contributors or drivers to D&A were also found to include facility and work-related factors such as heavy workloads, weak supportive supervision, and poor relations with co-workers, [4 - 6, 31]. This category is equivalent to the structural disrespect and abuse as defined by Freedman et al. [28]. This involves systematic deficiencies that create a disrespectful or abusive environment such as an overcrowded and understaffed maternity ward where women deliver on the floor, alone, or in unhygienic conditions. Also, this category is similar to the health system factors of mistreatment: health system conditions and constraints described by Bohren et al. [6].”

(Page 47, lines 839-842)

“A closer assessment of possible factors contributing to the disrespectful care indicated the lack of accountability of the midwives as professionals resulting from weak nursing and midwifery management”

In the present study, all the midwives showed disrespectful care whereas five of the 14 midwives also gave respectful care. We clarified this in the revised manuscript as follows:
“All 14 midwives observed gave disrespectful and abusive care, although five of them also gave respectful care.”

“To this end, additional observational studies are needed to determine if the midwives selectively disrespected some women and not others, and what factors were involved in such behavior.”

Comment 11)
How the authors have organized the categories- i think if they use Bohren approach they might realize that the new concepts/behaviors can actually be fit in the broader first second and third order themes described by Bohren and thus giving insights on how diverse the issue of D&A can be what drives it. If the authors can try and link this data with the order of themes then it will advance this field better.

Response
These important comments are very valuable to us. As you have recommended, the contributing factors which were derived from the present study have also been identified in the previous study of Bohren et al. We added following two sentences in the Discussion section to possibly achieve data linkage:

“A contributing factor to the disrespect for women identified in previous studies was also identified in the present study. This category named ‘lack of professional accountability in midwifery practice and no duty assignment’ reflected the disorganized and dysfunctional nursing and midwifery management, facility culture, or work overload, rather than the midwives’ lack of ethical behaviors. This situation may reflect a broader picture of the problem in Tanzania.”

“In previous studies, health system factors such as system deficiencies, unresponsive management, and health system conditions and constraints, were identified as contributors of D&A [6, 28, 29, 30].”
RESPONSES TO REVIEWER 3

We wish to express our deep appreciation to you for all your insightful comments which have helped us to significantly improve our manuscript. All the indicated line numbers in our responses below are according to the track changed version of the revised manuscript.

Comment 1)

Needs some work - a bit repetitive and needs review of language use.

I am not sure one can say 'never before' regarding observations of labour and delivery being conducted. [Abstract]

Response

We appreciate your important comments. We carefully revised the manuscript in accordance with all your comments as well as those of the other reviewers. We have also deleted sentences to avoid redundancy and improve logical flow. The revised manuscript was also comprehensively reviewed and edited for English language by a professional native English-speaking medical editor to meet the language standards required by leading English language publications. The editing did not involve any alteration of the research content or the author’s intentions. In accordance with your comment above, we revised the phrase as follows:

(Page 3, lines 22-24)

“All the 14 midwives showed both respectful and disrespectful care and some practices that have not been explicated in previous reports of women’s experiences.”

Comment 2)

[Background]

Quite long - could be reduced

Line 80 factor used twice in same sentence

Line 88- detailed description of Bowser and Hill not required - sufficient to say which manifestations they identified - reference required.

Response
Thank you for your useful comments. We carefully revised the manuscript in accordance with all your comments as well as those of the other reviewers. At the same time, we also deleted many sentences aiming at avoiding redundancy and improving the logical flow.

Regarding the two sentences that you pointed out, we revised them as follows:

Line 80 factor used twice in same sentence

(Page 7, line 95 -97)

“In low-income areas, barriers, such as financial, infrastructural, sociocultural, and political factors have been noted to affect women’s utilization of health facilities for childbirth [4, 5].”

Line 88- detailed description of Bowser and Hill not required - sufficient to say which manifestations they identified - reference required.

(Page 9, lines 118-123)

“Bowser and Hill (2010) systematically reviewed disrespect and abuse (D&A) by healthcare providers and categorized the various forms of abuse as physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment, and detention in facilities [4].”

Comment 3)

[Methods]

(1) A huge amount of detail here - probably not all required. The detail regarding the process of getting permission to conduct the study is too long. I suggest it is sufficient to state that approval for research was given by...... and all facility staff were informed regarding the research. I don't think we need to know which author did what.

Response

Thank you for calling our attention regarding these points. In accordance with your valuable comments, we deleted a number of sentences in the Methods section, particularly under Settings and Sample and recruitment to reduce the unnecessary details.
Comment 4)

[Methods]

(2) Suggest separate headings for analysis process - perhaps a little more detail there. The analysis process description is a little confusing.

Response

Thank you for your important suggestion. We included a subsection for Data analysis and included more details about the analysis process as follows (Page 16, line 240 to Page 17, line 260):

“Content analysis was used to analyze the data [20]. After each observation, the researcher recalled the events and they were integrated into the field notes. The midwives’ remarks were written as a verbatim recording. The field notes and transcripts were read and reread highlighting the words, sentences, and situations that indicated the midwives’ actions that were related to respect and disrespect of women during childbirth. The highlighted descriptions were examined and then grouped into subcategories. The subcategories showing conceptual relation were abstracted into categories. The co-authors, who were leading researchers of maternal health and midwifery, discussed and supervised the data analyses. The third author and research assistants provided quality checks of the analysis based on their deep understanding of Tanzanian culture. Providing credibility [21] to the observations involved the following processes: 1) documenting both positive and negative interactions, 2) accounting for research reflexivity understood as the strengths and weakness of the researcher’s perspective in shaping what data would be observed, and 3) collaboration with Tanzanian researchers.”

Comment 5)

[Methods]

(3) Is there any protocol number for the ethical review?

Response

Thank you for your pointing this out. We added the protocol number as follows (Page 17, line 262 -264):

“The Ethics Review Board of St. Luke’s International University, Tokyo (approval number: 14-084) and the Tanzanian National Institute of Medical Research approved the study.”
Comment 6)

[Methods]

(4) In other studies the issue regarding when the observer might need to step in to ensure patient safety - normally this is discussed with the MOH or other clinical experts in country and agreed on before commencing the study.

Response

We appreciate your concern regarding this important issue. We agree with your comment, and we should have considered and discussed such potential issues before data collection. However, we did not expect such as devastating and appalling abuses. Therefore, we added this point as a limitation of this study as follows (Page 44, lines 785-792):

“A crucial aspect of D&A studies is the direct observation of midwifery behavior. Direct observation provides a rich source of data. However, the researcher, who was a foreign non-licensed midwife in Tanzania, was in a difficult legal and moral position to intervene when faced with a dangerous abusive care requiring accurate interpretation and immediate decision. In retrospect, it might have been more prudent to discuss such potential issues with the health and research institution before conducting the observations. However, it was difficult to imagine the occurrences of such devastating abuses before the start of the study.”

Comment 7)

[Methods]

(5) Line 192 - what is "disconfirming"

Response

Thank you for your pointing out this word which was a mistake. We deleted it as follows (Page 17, lines 256-260):

“Providing credibility [21] to the observations involved the following processes: 1) documenting both positive and negative interactions, 2) accounting for research reflexivity understood as the strengths and weakness of the researcher’s perspective in shaping what data would be observed, and 3) collaboration with Tanzanian researchers.”

Comment 8)

[Results]
“Encourage mother-baby relationships”

- yes but it is also a WHO standard that all baby's breastfeed within the first hour as part of essential newborn care. p17 line 249 - also seems to be in the wrong place regarding the flow - going from breastfeeding back to labour- suggest moving it to the end of that section - before the disrespect section (end of p18)

Response

We appreciate your valuable comments and suggestion. As you pointed out, this is one important part of essential newborn care. We considered that the midwives can provide this care when they respect the mothers. Therefore, we included this subcategory as part of main category of “Respect for women”. Also, in accordance with your important suggestion, we moved this subcategory in the end of the main category of “Respect for women” as follows (Page 25, lines 412-415):

“5) Encouragement of the mother-baby relationship

Before moving to the postnatal ward, the midwives prompted the women to start breastfeeding immediately after giving birth even while they were still in the delivery beds to encourage the mother-baby relationship.”

Comment 9)

While the quotes are all very interesting they are quite long - it would be good to see where they can be reduced somewhat.

Response

Thank you for important suggestion. We reduced the amount of quotes as much as possible in the Results section (Page 17)

Comment 10)

[Discussion]

I do not think the lack of accountability is a 'completely new category” this has been described elsewhere - line 548. see references below from the Kenya study on D&A.

Rather than saying it is new - consider saying how it is building the broader picture in Tanzania and globally or the extent of the problem. Accountability is discussed in Freedman et al. see:
- Ndewga C et al Exploring provider perspectives on respectful maternity care in Kenya: "Work with what you have" 2017

- Warren Ce et al "Manifestations and drivers of mistreatment of women during childbirth in Kenya: implications for measurement and developing interventions" 2017

- Warren CE "Sowing the seeds of transformative practice to actualize women's rights to respectful maternity care: reflections from Kenya using the consolidated framework for implementation research" 2017

Response

We appreciate your insightful comments. As you indicated, the contributing factors which were derived from the present study have been also identified in previous studies. We therefore mentioned this briefly and emphasized that this scenario may reflect a broader picture of the problem in Tanzania. We added following two sentences in the discussion section:

(Page 41, line 728-735)

“A contributing factor to the disrespect for women identified in previous studies was also identified in the present study. This category named ‘lack of professional accountability in midwifery practice and no duty assignment’ reflected the disorganized and dysfunctional nursing and midwifery management, facility culture, or work overload, rather than the midwives’ lack of ethical behaviors. This situation may reflect a broader picture of the problem in Tanzania.”

(Page 42, lines 734-737)

“In previous studies, health system factors such as system deficiencies, unresponsive management, and health system conditions and constraints, were identified as contributors of D&A [6, 28, 29, 30].”

Comment 11)

Limitations and implications sections are quite long and repetitive consider reducing the length. the Hawthorne effect as to whether the providers change their behaviour is worth mentioning but not in detail - it is clearly obvious from the results that their behaviour was definitely lacking even when they knew they were being observed.
Response

Thank you for mentioning these important points. In accordance with your advice, we reduced the limitations section as much as possible by deleting a number of sentences. However, we needed to add a description regarding ethical dilemmas of observing dangerous situations for the mothers and the need to discuss potential issues with the health and research institution before conducting the observations, thus it might still be slightly long but hopefully this is acceptable as this point is important (Page 44, lines 785-792):

“A crucial aspect of D&A studies is the direct observation of midwifery behavior. Direct observation provides a rich source of data. However, the present researcher, who was a foreign non-licensed midwife in Tanzania, was in a difficult legal and moral position to intervene when faced with a dangerous abusive care requiring accurate interpretation and immediate decision. In retrospect, it might have been more prudent to discuss such potential issues with the health and research institution before conducting the observations. However, it was difficult to imagine the occurrences of such devastating abuses before the start of the study.”

Comment 12)

implications - again repetitive - is it possible to consider how facilities might be supported to make changes instead of just saying providers 'should' be trained equipment 'should' be made available etc. There have been a number of studies done on D&A in Tanzania now -are you just repeating the same things? perhaps it would be worth suggesting how researchers, programmers and MOH could come together to strategise how to improve the situation?

Response

Thank you for your valuable insight and perspective. We completely agree with you and therefore we changed the sentences and instead described the implications in terms of changing strategies and systems, particularly adding following sentences:

(Page 45, lines 810 to Page 46, line 818)

“Jewkes & Penn-Kekana [34] stated that it is necessary to support institutions through resource allocation, training and supervision, and enforcement without blaming individual healthcare providers. To improve poor working conditions, it is necessary to streamline the complicated web of various systems, regulations, health policies, and budget allocations by close cooperation and collaboration among researchers, key health program planners, and the Tanzanian government.”
Comment 13)

[General comments]

Needs copy editing by native English speaker overall it is good but could be more succinct/shorter

Suggest using D&A rather than D & A or even spelling it out each time.

I am not sure of the journal's guidelines but generally % would be written in full “20 percent" and % only used in parenthesis (20%)

Response

We appreciate all your pertinent comments. We carefully revised the manuscript in accordance with all the comments raised by the reviewers. We also deleted many sentences to avoid redundancy, ensure consistency, and improve logical flow. The manuscript has also been comprehensively reviewed and edited for English language by a professional native English-speaking medical editor to meet the language standards required by leading English language publications. The editing did not involve any alteration of the research content or the author’s intentions. We include a Certificate of Editing for this purpose. All instances of ‘D & A’ and % were replaced with ‘D&A’ and percentage, respectively.