Author’s response to reviews

Title: Midwives’ perspectives on (dis)respectful intrapartum care during facility-based delivery in sub-Saharan Africa: a qualitative systematic review and meta-synthesis

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Version: 1 Date: 20 Jun 2019

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Response to reviewers

Thank you for your comments and suggestions. I have listed our responses to each point below.

Reviewer #1:

Thank you for the opportunity to review this paper. In summary, if you can make a stronger case for why you focus on midwives and this geographic region, I think it would be stronger contribution to the RMC literature.

• This is a helpful suggestion and we have addressed it by adding more detail to the first two paragraphs of the Background (p4, lines 4-18). This now provides some context on the burden of maternal mortality in sub-Saharan Africa; the relevance of a postcolonial perspective; and the challenges facing midwives as frontline staff.

Specific comments:

Page 2, Line 1. Reference to 'negative impact'. If the authors want to assert that negative health outcomes are the result of D&A, they would need to cite that claim. In truth - even though many of us believe it - there is little empirical evidence to link D&A to poor outcomes. I would recommend using the language here that they use elsewhere in the paper and simply refer to the negative experiences women report.
• What we wrote originally is in line with your recommendation as it focuses on utilisation and experiences, not clinical outcomes. “In the past decade, the negative impact of disrespectful maternity care on women’s utilisation and experiences of facility-based delivery has been well documented.”

Page 2, Results section. Micro, meso- and then "final" themes are discussed. Within the paper micro, meso, and macro are discussed. Be consistent. I fully expected to read about macro level considerations in the abstract.

• ‘Final’ has been amended from ‘’ to ‘emerging’. The macro-level themes were not covered in the abstract because they were not mentioned in the papers. Please see our response to Reviewer 2’s point 6): “Data on macro-level themes were absent from the included papers”. (p12, lines 23/24)

Page 2, Conclusion. There is no doubt that midwives, as a profession, suffer D&A. But I found the emphasis on this in the conclusion misplaced. It sounded defensive. You can make that point. The more interesting points, in my view, were the contrasts between your women’s perspective's review (which you describe) and the comparison of your framework vis a vis other frameworks (which I would have liked to see).

Page 2, Conclusion. The last sentence is redundant and devoid of any substance. You could say that about nearly anything.

• The conclusion has been revised and now reads: “We used a theoretically informed conceptual framework to move beyond the micro-level and interrogate the social, cultural and historical factors that underpin (dis)respectful care. Controlling women was a key theme, echoing women’s experiences, but midwives paid less attention to the social inequalities that distress women. The synthesis highlighted midwives’ low status in the health system hierarchy, while organisational cultures of blame and a lack of consideration for them as professionals effectively constitute disrespect and abuse of these health workers. Broader, interdisciplinary perspectives on the wider drivers of midwives’ disrespectful attitudes and behaviours are crucial if efforts to improve the maternity care environment - for women and midwives - are to succeed.”

Page 3, first paragraph. The gap you identify in the formal abstract is not articulated here. That seemed like a loss to the plain English summary.
We were unclear about what you meant here. The gap identified in the abstract is the lack of knowledge of midwives’ perspectives on disrespectful labour ward dynamics, and our aim was to explore the broader drivers of D&A. The paragraph you refer to says: “there is much less evidence on midwives’ perceptions of labour ward dynamics or why disrespectful care happens.”

Page 4, end of first paragraph: May I suggest ending the sentence after the …significant global public health issue. In sub-Saharan Africa, this is reflected by low rates of facility-based deliveries despite high antenatal care attendance.

This sentence was deleted in the revisions to the Background.

Page 4 and beyond - there is a great deal of passive voice and anthropomorphizing throughout this paper. It may be the editor's choice but I found it distracting. For example, instead of (line 29/30): "A review of this literature demonstrated that the emphasis..." you could write "In a review of X, Bohren and colleagues (date) demonstrated that the emphasis on...".

This is essentially a difference in writing style, but we have amended where feasible to reflect your suggestions. The sentence re Bohren now reads, “Bohren et al.’s [9] review of women’s experiences of facility-based delivery demonstrated women’s perceptions that birth had become medicalised and dehumanised.” (p4, lines 21-23).

Page 4 line 55/56. Delete "sharply" - it is redundant to highlighted

Done.

Page 5 lines 10-15. Just very awkward and ineffective sentence. I would also argue that Tuncalp's framework (https://www.ncbi.nlm.nih.gov/pubmed/25929823) is what really put women's experience on the same level at the "technical quality of care" - that was a turning point.

We have reworded this and included the Tuncalp reference. “These recommendations were based on what women need and want [17], marking the recognition that quality midwifery care is not only about the provision of care, but, crucially, also about how it is experienced [18,19]. This represents a shift away from a false, and sometimes oppositional, separation of safety from normality and humanised care [20,21]. International ambitions for a more woman-centred model of care [22-25] were recently
encapsulated in the WHO’s Recommendations on Intrapartum Care for a Positive Childbirth Experience [26].“ (p5 lines 10-16).

Page 5 - Midwives are first mentioned on line 22/23. This feels late. I feel strongly that this paper would be significantly strengthened by taking time in the background for building a case about why midwives perspectives matter. Why NOT lump them in with nurses and doctors? Why the focus on midwives? You allude to this in your abstract but that idea is never repeated or elaborated upon in the narrative. That feels like a critical part of the paper - we have to believe midwives perspectives matter or else the paper doesn't matter. Convince us that what is happening with/to midwives is significant for women's health in general.

• Thank you, this is a valid point. Please see the revised section on p4, lines 12-18.

Page 5 lines 39/40 "nascent shift in focus has recognized the need to broaden our gaze and to look at the more upstream factors…": 1. More upstream is redundant. 2. The focus didn't recognize anything - the anthropomorphisms again and 3. Overall feels like aimless academic speak. Just write clearly - simply. And it will be eloquent. I pick this sentence out because its particularly painful but this style permeates the background. Just go back through and aim for clarity and parsimony and it would be a better read.

• This now reads: “. The focus has recently shifted and there is now growing recognition that a broader gaze is needed to understand the factors that affect labour ward dynamics.”(p5, lines 24-26).

Page 5 Line 51/52. You use 3rd person to refer to 'our team' and then use 1st person in the next sentence. Stick to 1st or 3rd person.

• This has been changed: “In 2016, our team examined disrespectful intrapartum care during facility-based delivery in sub-Saharan Africa (10).”

Page 5 line 57/58 - refers to "this element of care" I had no idea what "this" was.

• This has been clarified: “…the interpersonal elements of care.” (p6, lines 4-6).

Page 5/6 you are describing how the paper came to be. Similar to the need to convince the reader that midwives’ perspectives matter, you need to explain why you focus on sub-Saharan Africa.
D&A as you know is universal by all reports - so why focus here? Without a clear rationale (burden of maternal morbidity and mortality? Midwives strong presence?) for why you focus here, it feels like yet another paper pointing out how 'backward' Africa is. This, in an of itself, feels neocolonial.

- We have strengthened the Background to make it clearer why we focused on SSA (particularly p4, lines 7-10 and 15-18). This point has been further reinforced on p24 lines 14-16 which says, “while our focus was on sub-Saharan Africa, D&A can be seen as a manifestation of structural violence [62,63], reflecting broader gender and power inequalities that are not limited to postcolonial settings.”

Page 6 Methods. There are several approaches to systematic qualitative reviews. The PRISMA guidelines set quality criteria but they do not provide methodologic guidance per se. In fact, they are a checklist geared toward systematic reviews of quantitative studies. Why not address quality consideration unique to qualitative reviews? Example: https://www.ncbi.nlm.nih.gov/pubmed/26099483.

- There are a number of ways to approach a qualitative systematic review. This synthesis built upon a previous review and followed the same protocol to allow comparability across the two reviews. WE have clarified the methodological rigour in the text. PRISMA is a method to audit the searching and screening process for papers for relevance (p6, lines 16-17); we used the CASP tool which is specifically designed for assessing the quality of qualitative papers (p9, lines 4-7); and used Thomas and Harden’s thematic synthesis method to analyse the data (p9, lines 2-6).

Results - I thought this section flowed well albeit long. The writing was much clearer than the background. You might consider setting it up so that inductive codes (ie those not already offered by existing framework) were clearer. A visual to show how the framework did or did not fit with these finding might have been helpful.

- The layout of the results sections has been revised to make clearer the ‘micro-level, ‘meso-level’ and emerging themes, and the one inductive theme (the cross-cutting theme of ‘Impact on midwives’). We have generated a visual to show convergence and divergence between midwives’ and women’s reviews and to show the inductive theme (Figure 3.)

Discussion- I think it would have been useful for you to compare how your framework aligned, built on, or otherwise added insights as compared to other frameworks - for example, Bohren et
al. (2015) and Freedman & Kruk (2014). To compare/contrast your model to these others would be an important contribution because there is currently so much interest in how to describe D&A. Plus, if your focus on midwives and sub-Saharan Africa, you could point to what is/is not relevant in these other models as compared to yours.

• Agreed. We have added a section on 926, lines 6-15. “Much of the literature on D&A in sub-Saharan Africa has focussed on micro-level labour ward interactions and the results of our review reflect this. Bohren et al.’s [12] global review of mistreatment produced a typology that expanded the focus to also consider health systems factors. Freedman and Kruk [59] went further, characterizing D&A as a symptom of locally expressed power dynamics and fractured health systems (e:43). Importantly, they noted the impact of these factors on both women and health providers. Our synthesis aligns with their work as it compares midwives’ perceptions with those of women and explores the impact of (dis)respectful care on midwifery cadres at the front line of maternity care. Further, our original conceptual framework is theoretically informed, facilitating a layered and textured explanation of (dis)respectful care that extends beyond existing, descriptive frameworks of D&A [ e.g.12, 60] to address the larger circulating discourses on how and why different actors may, or may not, abuse women.”

Loved the use of Friere.

Thank you for your consideration.

Reviewer #2:

This is a well conducted synthesis, is well written, and draws attention to an important issue. Below are a few comments I wish to make:

Methods

1) Participants were identified as midwives, nurse-midwives or midwifery students. It may be useful to include a definition of 'midwife', or describe the qualifications of the midwives (in results) since there is wide variation in midwifery qualifications in sub-Saharan Africa.

• We have added a clarification on p8, lines 3-9. This now says, “In common with other authors [e.g. 29] however, we found a lack of clarity on qualifications or levels of training. Papers were considered if it was clear that they included qualified midwives who were based in labour wards or health facilities and were responsible for conducting deliveries. Those outside of these settings, or where their qualification was not licensed
or accredited, such as some auxiliary midwives, were excluded. Midwifery students were also included as their training involves significant clinical practice in the labour ward.”

Please also see our comments below re the auxiliary midwives in Warren et al.’s study.

2) Page 9, Data extraction and synthesis: More information on the data extraction process may be useful eg was data extracted by one reviewer, was there any peer checking of extracted data?

• For a review of this nature, the data extracted are imported verbatim from the results sections of the papers included, so no checking with co-reviewers is required. The text now reads, “The results section of each study paper, including participant quotes, was imported in full and verbatim into NVivo 11 software for data analysis.”(p9, lines 1-2).

3) Page 10, Line 53 - 56: Clarify which reviewers

• These have been added.

4) Page 11, Line 13: Please correct the denominator: (25/45) not (25/35)

• Thank you for spotting this.

5) Table 3, Characteristics of included studies. Study number 11, Warren et al 2015. 33 auxiliary midwives were included - were these certified midwives? Probably not, even though they were based at a facility (Reference to point I made in comment number 1 above). In addition, the paper indicates the auxiliary midwives were based at self-standing maternity units in rural areas, 2 were based in urban facilities. This was the setting in which they worked. I suggest you delete the 'continuing education session at a regional referral hospital - this is where the participants were sampled from.

• The auxiliary midwives were not certified and do not meet the SBA standards. In light of your comment about definitions of midwives we have decided to exclude the Warren et al. 2015 paper from the synthesis. It only contributed a small amount of data and its exclusion does not affect our findings or conclusions.
Results

1. **Headings:**

   • A number of your comments (7, 8, 11, 12, 13 and 15) related to the layout of the results section. The headings have been changed to indicate micro-level, meso-level and cross-cutting themes, and to make clearer the level of themes.

7) Page 12, Line 13: You state 'An emerging theme outlined the impact on midwives of (dis)respectful care. Does this belong at the Meso-level (as implied in the introductory text to the results), or is it a cross cutting issue arising from several levels.

   • We have clarified that this is a cross-cutting theme.

8) Page 12, Line 17-18: Use Heading font for 'Power and Control'

11) Page 16, Line 43: Use heading font for 'Maintaining midwives status'

   • These are both top-level themes so are a different heading to the sub-themes. WE have numbered these for clarity.

12) Page 18, Line 45: It may be useful to add a heading before 'Work environment/Resources' to indicate these are 'Meso-level' factors. (Consider adding Micro-Level heading at the beginning of the results).

   • Agreed. Headings for Micro-level, meso-level and cross-cutting themes have been added to make the structure of the results clearer.

13) Page 20, Line 48: 'Midwives conceptualisations of RMC' - A sentence at the start of the paragraph that indicates that this is nested under Midwifery training/history, may be useful to the Reader to know this finding is still related to the conceptual framework.

   • Added.

15) Page 22, Impact on Midwives - It may be useful to indicate either using a New Title, or a sentence at the start of the paragraph to indicate that this was a New or additional or crosscutting theme.
• We have clarified that this is a cross-cutting theme.

2. Other points

6) Page 12, Line 12-13: In the text that summarises the results in relation to the framework, there is no mention of the other meso-level themes (Medicalisation of birth, Gender inequality/status of women, Poverty and inequality). Were there no findings that covered these themes?

• These themes either had insufficient data or were not mentioned and we have outlined this in the text (p12, lines 21-24), which now reads: “The remaining meso-level themes identified in our original conceptual framework were either not mentioned (‘Poverty and inequality’) or contained insufficient data to contribute to the synthesis (‘Medicalisation of birth’; ‘Gender inequality/status of women’). Data on macro-level themes were absent from the included papers.”

9) Page 15, line 55-56: Intersecting with controlling women was the perception that ‘certain categories’ were more difficult to control - Can you include some examples of the categories of women referred to in this statement?

• This line now reads: “Intersecting with controlling women was the perception that certain categories were more difficult to control than others, such as black women or non-English speakers [37], while others thought some women brought disrespect upon themselves by not obeying the midwife’s instructions.” (p16, lines 21-24).

10) Page 16, line 8: In Ghana, some students justified physical abuse of women if they had done something wrong - can you include an example of ‘wrong doing’ that would lead to physical abuse?

• The examples of ‘not listening to the midwife or refusing to cooperate’ have been added. (p17, line 2).

14) Page 21, line 46: For consistency, use Adolphson et al [35]

• Done
Discussion

16) Page 23, Line 17-18, Discussion. (and sometimes facility guidelines) - This is not mentioned anywhere in the results section.

- This phrase has been removed.

17) Page 24, Paragraph from line 8 to page 25 line 1. This is a very long paragraph, that could be easier read if split into smaller paragraphs eg one focusing on social distancing, another paragraph on 'midwives focus on their own insecure and ambiguous position in the Health system hierarchy.

- Agreed – this has been edited so that it is now two shorter paragraphs.

18) Page 25, Line 51- Page 26 line 8. Much of this information seems to cover the findings (though some of these macro-level issues eg Colonial Legacy, structural inequality eg gender-based violence, are not reflected in the results section) and could be better placed within the main discussion of findings and not methodological considerations/limitations.

- These macro-level issues were not represented in the findings. To make this clearer and to situate this more firmly as methodological considerations, we have moved this section into the discussion (p26, lines 6-26): “Much of the literature on D&A in sub-Saharan Africa has focussed on micro-level labour ward interactions and the results of our review reflect this. Bohren et al.’s [12] global review of mistreatment produced a typology that expanded the focus to also consider health systems factors. Freedman and Kruk [59] went further, characterizing D&A as a symptom of locally expressed power dynamics and fractured health systems (e:43). Importantly, they noted the impact of these factors on both women and health providers. Our synthesis aligns with their work as it compares midwives’ perceptions with those of women and explores the impact of (dis)respectful care on midwifery cadres at the front line of maternity care. Further, our original conceptual framework is theoretically informed, facilitating a layered and textured explanation of (dis)respectful care that extends beyond existing, descriptive frameworks of D&A [ e.g.12, 60] to address the larger circulating discourses on how and why different actors may, or may not, abuse women. However, there was a significant lack of data relevant to the macro-level influences, such as the colonial legacy, or power and social inequalities, in the papers included in the synthesis. This is unsurprising given the immediate meso- and micro-level concerns of midwives in resource-constrained contexts. Only Rominski et al. [44] alluded to gender-based violence and the broader social and political dynamics. Kruger and Schoombee [39] discussed power and control in the
context of the medical model of birth and hospital hierarchy. This left us unable to meaningfully comment on some of the broader drivers of D&A which are crucial to our understanding and efforts to improve the quality of midwifery services for both women and midwives, and are increasingly pressing as the international community strives to ensure positive intrapartum care [26]. Future research with national-level stakeholders to explore the policy, legislative, organisational and systems contexts in which midwives operate could provide a useful test of our conceptual framework’s explanatory powers at the macro-level.”

19) Page 26, line 13 - 16. You may want to add that that the studies explored views of midwives across a range of geographies, cadre, and Levels of care,....but insufficient data to explore influence of rurality, or Level of qualification or 'Level of institution.

• This has been amended and now reads, “In addition, the studies explored the views of midwives across a range of geographies, cadres, and levels of care, but most provided insufficient detail to allow us to explore the influence of rurality, level of qualification or level of institution on the findings.” (p27, lines 4-6).

20) The Authors may consider adding their own 'Reflexivity' paragraph.

• This is an excellent point. Text has been added to p11, lines 9-14: “The authors are feminist, critical realists, with backgrounds in maternity research, global health, health systems research and anthropology, who view social reality as historically and culturally constructed and situated. Our aim for this review was to foreground the voice of the midwife, who has often been excluded from the discourse on D&A. Use of the conceptual framework allowed us to contextualise the nature and drivers of (dis)respectful care in resource-constrained environments and makes visible our interpretations and positionality.”