



Respectful Maternal Care: The need of the hour

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ABSTRACT

The study was undertaken with the objective observe the labor practices with a view to formulate protocols and guidelines. And to assess the opinions of the mothers regarding the care received during the labor. It was an observational exploratory study done in two hospitals. 200 labor cases were observed and the findings were compared. The practices were observed in various areas: physical and emotional support to the mother, preparation for delivery, care during delivery, placental delivery and immediate postnatal care. The findings revealed that though there were no major lapses in terms of labor practices; the practices or actions that are required for respectful maternal care were lacking. The study revealed that though the labor practice score was very good ; the opinion of mothers regarding the care received during labor was not satisfactory. Thus, the study reemphasized the need to sensitize the health team regarding the skill skills required to be imparted to the mother.

Key Words: Labor, Practices, assess, hospital

INTRODUCTION

Each and every pregnant mother is eager, excited and has lots of expectations once she gets the news regarding her pregnancy. There is a combination of mixed feelings of excitement, pleasure on one side while on the other she gets anxious ,fearful as the pregnancy advances and the delivery date comes near.

Pregnancy and birth are unique processes for women. Women and families hold different expectation during childbearing based on their knowledge , experiences, belief systems, culture and social and family backgrounds. These differences should be understood and respected, and care is adapted and organized to meet the individualized needs of women and families.(Iravani, M., 2015).

Women's needs and expectations during labor fall into seven main categories: Physiological, psychological, informational, social and relational, esteem, security and medical needs.

Women across the world are mistreated during child birth. More than a thi of women experienced mistreatment and particularly vulnerable around the time of birth. Women who were younger and less educated were most at risk, suggesting inequalities in how women are treated during childbirth. Understanding drivers and structural dimensions of mistreatment, including gender and social inequalities, is essential to ensure that interventions adequately account for the broader context.(Meghan Abohrenetal, 2019).

Disrespect and abuse during childbirth are a violation of women's human rights. Women deserve care that maintains their dignity, ensures their privacy and confidentiality and is free from mistreatment and discrimination. Verbal and physical abuse appeared to be an expression of both helplessness and an exercise of power.

Need for the study

AWHO-led study in four countries shows that more than one-third of women experienced mistreatment during childbirth in health facilities. The study, carried out in Ghana, Guinea, Myanmar and Nigeria showed that women were at the highest risk of experiencing physical and verbal abuse between 30 minutes before birth until 15 minutes after birth. Younger, less-educated women were most at risk, suggesting inequalities in how women are treated during childbirth. Addressing these inequalities and promoting respectful maternity care for all women is critical to improve health equity and quality.

The most common reason verbalized for abuse was to save the baby when the woman was uncooperative or difficult. Examples of what made women "difficult" included not following instructions, refusing exams or aspects of care,

screaming too much, wanting to deliver on the floor or being disrespectful to providers.

Providers felt overwhelmed when they felt the baby might die because of a woman's lack of cooperation

Another major contributor cited by the providers was stressful work conditions and burnout. Issues raised included high workloads due to staff shortage, a lack of essential supplies and medicines, women presenting for labor without the recommended items and language barriers. Providers also cite poor infrastructure and lack of supplies and medications for the abuse.

Disrespect and abuse are due to provider attitudes and temperament. Provider attitudes could be attributed to stress, lack of motivation, ignorance, lack of training or just being human.

Treatment differs based on a range of factors such as personal connections, wealth, social status, education, empowerment, age and ethnic affiliation.

WHO issued a statement on the prevention and elimination of disrespect and abuse during facility-based child birth. The WHO statement positioned mistreatment during childbirth as a violation of rights and trust between women and their healthcare providers.

Preventing mistreatment during childbirth can only be achieved through inclusive and equitable processes that engage both women and healthcare providers. Possible strategies include :

- Redesigning labor wards to allow for privacy and labor companionship
- Providing skills-building exercises for effective communication and on the informed consent process for all procedures
- Teaching providers stress –coping mechanisms
- Ensuring that healthcare providers are empowered and supported through supervisory structures; that workloads are manageable; and that remuneration is adequate.
- Studies have identified that fear of childbirth negatively affects women during pregnancy and after birth. (DenckerA, NilssonC et al, 2019).
- The experience of childbirth crucially impacts a mother's psychological well-being and the mother-infant relationship
- It is recognized that negative births can be linked to different forms of discomfort, both for the mother as well as for the infant. (Fenaroli, V., Molgora, S., Dodaro, S. et al, 2019)
- There is a need for creating woman- centred birthing environments where women can feel free and secure with low risk of negative or traumatic birth experiences and consequent fear.
- There are studies which have assessed the abuse in women, but there were no studies which identified the quality of conduction of delivery in totality.
- The researchers felt that identifying the major drawbacks during the labor process could yield good pregnancy outcome and improve the quality of maternal care.
- The findings could assist to formulate protocols and guidelines and to sensitize the health care providers the need for respectful maternity care.

Problem statement:

An exploratory study to assess the practices during labor in selected hospitals of Mumbai.

Objectives:

1. To observe the practices in normal delivery in selected hospitals.
2. To compare the practices in the two hospitals
3. To identify the association between the practices with selected demographic variables.
4. To assess the opinion of mothers regarding their delivery experiences in selected hospitals.

Operational definition:

- **Assess: In this study assess refers to:**
 - i) The observation score of the various practices carried out on mother while conducting the delivery and
 - ii) The opinion of them others regarding the care received during delivery.

The practice score will be based on the performance of the task based on the quality criteria as per WHO guidelines for labor.

A score of one will be given if the performance of each step is done and a zero score will be given for non performance. Higher the score, better is the practices. The total observational core of the practices will be classified as :

Excellent practice : score of 28 and More

Good practices : score of 21-27

Average practices : score of <20

• **Practices**

In this study practices refers to the activities or actions performed by either nurses, doctors or both on the mother during second and third stage of labor.

The practices will be observed in following categories-

- 1) Physical and emotional support
- 2) Preparation for delivery
- 3) Care during delivery
- 4) Placental delivery
- 5) Immediate post-partum care

• **Labor** – In this study labor refers to events which occurs during normal vaginal delivery in the delivery room after full dilatation of cervix till delivery of placenta (2nd and 3rd stage of labor).

• **Selected hospital** - In this study selected hospital refers to the labour ward of one Government and one Charitable hospital from Mumbai.

Assumptions

1. Practice determine the quality of patient care.
2. Evidenced based on observation will help to improve the quality of care.
3. Respectful carries the right of every mother.

Delimitation:

1. Limited only for observation of practices.
2. Study does not involve any intervention.
3. First and fourth stage of labor is excluded from the observation.
4. Practices which are observed are concerned with the mother

CONCEPTUAL FRAME WORK

concept is an abstract work describing mental image of phenomenon , Frame work is filling of structure to support what one is trying to conceptualize conceptual frame work is the set of concepts and statements that integrate them into a meaningful configuration.

It helps to make conceptual distinctions and organize ideas. Strong conceptual framework captures one thing real and do this away that is easy to remember and apply

In this present study we have used system theory i.e .open system theory , Input refers to resources available prior to the study, In this study Inputs are observations, attitude, guidelines ,habits and skills

Process refers to Interventions done on the resources to evaluate outcome, In this study process is practices which done by the doctors and nurses during the labor.

Output refers to the observed practices in labor.

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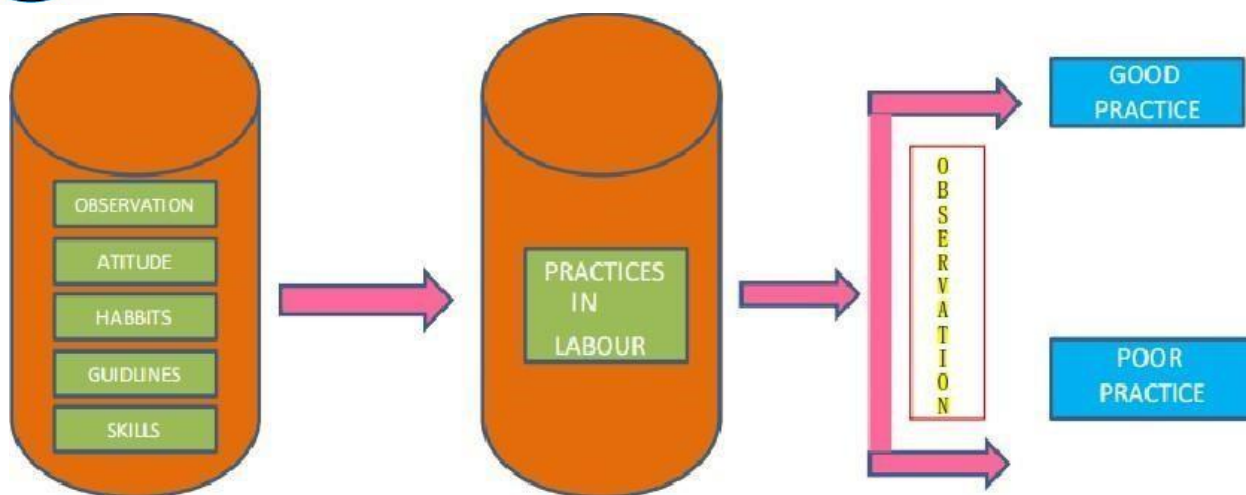
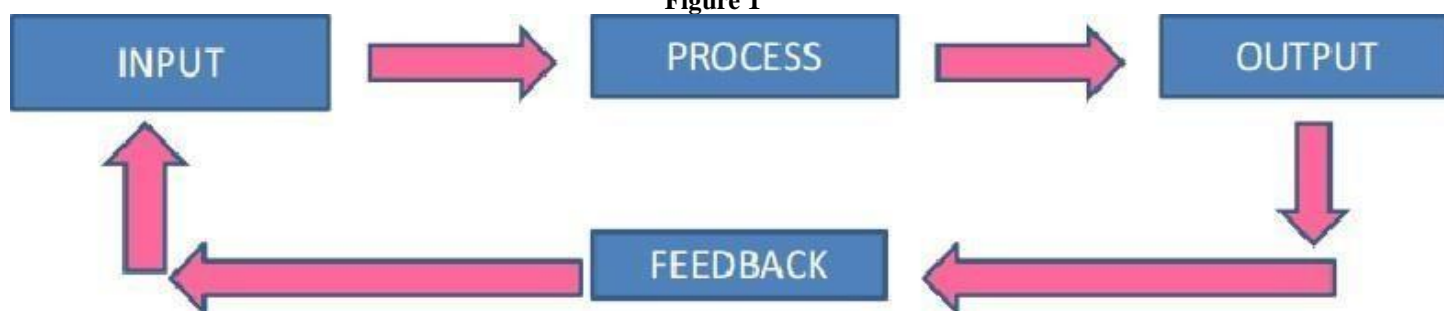


Figure 1



CONCEPTUAL FRAMEWORK BASED ON SYSTEMS THEORY

Research approach:-

The researcher wanted to identify and compare the areas of lacunae in labor practices in 2 separate hospitals.. The study therefore utilized **exploratory, comparative** research approach design.

Research design:-

Non – experimental research design was used since the study did not involve any intervention or treatment.

Population:-

Mothers undergoing normal vaginal delivery in the selected hospitals during the data collection period.

Setting of study :

Labour room of two selected hospitals in Mumbai.

Sample size:-

100 mothers

CRITERIA FOR SAMPLE SELECTION

Inclusion :

- Pregnant mother undergoing normal vaginal delivery
- Pregnant mother who is admitted in selected hospital and in labour ward.
- Mother who has been admitted in labour ward in 1st stage of labour.

Exclusion :

- Mother undergoing cesarean section or instrumental delivery.
- Mother who get admitted after full dilatation of the cervix.
- Deliveries which occur outside labour ward.

Tool:-Observation checklist and opinionnaire was used for collection of data.



The tool had the following sections:

- **Section A:** It contained information on demographic data.
- **Section B:** Observation checklist which had subsections to observe the labor practices in the following areas:
 - physical and emotional support.
 - preparation for delivery.
 - Care during delivery.
 - Placental delivery.
 - Immediate postpartum care.
- **Section C:** It contained questions to identify the opinion of the mothers regarding the care received during labor.

Technique:

1. Observation checklist for practices.
2. Opinionaire for the feedback of care received during labor.

In the present study, the researcher used **observation** as a technique to assess the practices carried out during conduction of delivery. **Self reporting technique** was used to collect opinions from the women regarding the care received in the labor room.

Validity:-

The validity of the tool was assessed by giving it to various experts in the field. The experts gave their comments and certain modifications in terms of adding certain data in demographic section, modifying the words and technique of questions were done. The tool was finalized after the corrections were implemented in the tool.

Reliability:-

In the present study, inter rater reliability was used to check the reliability of the tool.

Cohen's Kappa was found to be **0.80**. Thus, it was confirmed that the tool prepared was reliable.

Pilot study:-

The researcher initiated the pilot study from 04/11/2021 To 15/11/2021 on 10 subjects.

The researcher selected 5 samples from Government hospital and another 5 samples from Trustee hospital for conducting pilot study. This was done to identify the lacunae in the research methodology and to assess the feasibility and reliability of the tool.

Data collection:-

The data collection period was from 4th November, 2021 till 26th November, 2021. The data was collected simultaneously by two groups in two separate hospitals. One group of 5 students collected the data from Government hospital, while the remaining 5 collected the data from Trust Hospital.

SIGNIFICANT FINDINGS OF THE STUDY

Section A: This section deals with the analysis of the demographic profile of the sample

TABLE : I Demographic Profile of the sample							
		Government N=50		Trust N=50		Total N=100	
1	Age(yrs)	F	%	F	%	F	%
	<20yrs	13	26	14	28	27	27
	21-30	30	60	30	60	60	60
	>30	7	14	6	12	13	13



2	Education						
	Illiterate	15	30	13	26	28	28
	Below SSC	20	40	24	48	44	44
	HSC	13	26	12	24	25	25
	Graduate	2	4	1	2	3	3
	Post graduate	0	0	0	0	0	0
3	Wks of gestation						
	<28	5	10	4	8	14	14
	28-37	10	20	5	10	15	15
	37-40	32	64	35	70	67	67
	>40	3	6	6	12	9	9
4	Obstetric history						
	Primigravida	20	40	18	36	38	38
	Multigravida	30	60	32	64	62	62

1. **Age:** Majority (60%) of the total samples belonged in the age group of 21-30 years.

2. **Education:** 44% of the total population had education below SSC, were educated till HSC and 28% of total population was illiterate. Only 3% of total population were graduate.

3. **Weeks of Gestation:** : Majority of samples (67%) had normal term delivery and 29 % of total population had delivery before term. Only 9% of population had post term delivery after 40 weeks of gestation.

4. **Parity:** 62% of were the total samples multigravida

Section B: This deals with the observed practices during labor:

i)Analysis of the emotional and physical support during labor

Table: II Practices for physical and emotional support							
Sr.no	Activity	Government N=50		Trust N=50		Total N=100	
		F	%	F	%	F	%
1	The nurse explains to the woman regarding labor, various procedures and outcomes.	42	84	42	84	84	84
2	The nurse provides emotional support and reassurance and keeps the woman inform throughout birth and during immediate postpartum.	36	72	43	86	89	89
3	Health team members keep the family informed during labor.	3	6	0	0	3	3

4	The nurse prepared the uterotonic drugs and other essential equipment for the birth before onset of second stage of labor.	49	98	50	100	99	99
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Both in the government and trust hospital 84% nurses explains regarding procedures and outcomes to the mothers. In Government hospital , 72% and in Trust hospital , 86% of the times, nurses provides emotional support and reassurance and keeps the woman informed throughout birth and during immediate postpartum.

ii) Analysis of the practices regarding preparation during labour

It was seen that in the Government and Trust hospital Practices regarding preparation of delivery are i.e 100% compliant; except in assisting the women to assume the position for delivery after checking the full dilatation. It was 26% and 66% in Government and Trust Hospital respectively.

iii) Analysis of the Practices of Care during Delivery

The practices which requires to be improved are providing sips of water to the mother and giving adequate perineal and para urethral support to the mother as it is seen that only in 54% of observations, nurses had provided this to the mother and only in 58% of observations para urethral support was given to the mother Timely local anesthesia was given only 44% of the total observations.

Only 32% of the overall observation delivered the baby without physical and verbal, In regards to fundal pressure; it was not applied during the delivery in 83% of the total observations but there were still 17% observations where the fundal pressure was done.

iv) Analysis of the practices during placental delivery

The practices related to placental delivery; 100% compliance in all the events was practiced by all the nurses. They were performing as per the guidelines specified for the normal delivery. In none of the deliveries, the completeness of the placenta was not checked.

v) Analysis of overall practices during delivery

TABLE :III Distribution of overall practices in labor							
Sr.no	Score	Government N=50		Trust N=50		Total N=100	
		F	%	F	%	F	%
1	Physical and emotional support						
	Total score (4)						
	0 to 2	15	30	13	26	28	28
	3 to 4	35	70	37	74	72	72
2	Preparation for delivery						
	Total score (8)						
	0 to 3	0	0	0	0	0	0
	4 to 6	17	34	18	36	35	35
	7 to 8	33	66	32	64	65	65
3	Care during delivery						
	Total score (9)						
	0 to 3	0	0	0	0	0	0
	4 to 6	11	22	32	64	43	43
	7 to 9	39	78	18	36	57	57
4	Placental delivery						
	Total score (9)						
	0 to 3	0	0	0	0	0	0
	4 to 6	0	0	0	0	0	0

	7 to 9	50	100	50	100	100	100
5	Immediate postpartum care						
	Total score (5)						
	0 to 2	0	0	0	0	0	0
	3 to 5	50	100	50	100	100	100

The above table gives us the analysis regarding the various aspects related to the practices in the labor.

i) Physical and emotional support : It is seen that out of the total samples 72% of the sample had a score of 3-4 i.e. good.

ii) Preparation for delivery : 65% of the total samples had a score of 7-8.

iii) Care during delivery : 57% of the nurses showed a score of 7-9 for care during delivery.

iv) Placental delivery : All the samples had a score of 7-9 for the events concerning placental delivery.

v) Immediate postpartum care : All the samples had score of 4-5.

Thus from the overall score it is evident that the majority of sample had excellent practices concerning the delivery.



Figure 2
Overall Labor practices

Section C: This section deals with the association of practices with selected variables

TABLE: IV ASSOCIATION OF DEMOGRAPHIC VARIABLES WITH LABOR PRACTICES							
Sr No	Demographic variable	F	Excellent	Good	t value	p value	level of significance
1	Age (yrs)						
	<20 yrs	27	18	9	0.1014	0.9505	NS P<0.05
	21 to 30	60	39	21			
	>30 yrs	100	8	5			
2	Education						
	Illiterate	28	18	10	0.0285	0.9858	NS p<0.05
	Below SSC	44	29	15			
	Above HSC	28	18	10			

3	Parity						
	Primigravida	38	25	13	0.0168	0.8968	NS p<0.05
	Multigravida	62	40	22			

From the above table,

It is evident that age, education and parity do not have any association with the labor practices that are followed. Thus, we can conclude that the nurse's knowledge and attitude form major component in the development of skills.

Section D: This section deals with the opinion of mothers regarding the care received during labor

TABLE V Mothers opinion regarding labour care							
Sr No	Statement	Government N=50		Trust N = 50		Total N=100	
		F	%	F	%	F	%
1	Were you explained the procedure during delivery?	50	100	50	100	100	100
2	Are you satisfied with the care provided to you during delivery?	3	6	14	28	17	17
3	Was the personal attention given to you by nurses, doctors and other staff?	8	16	15	30	23	23
4	Was privacy and confidentiality maintained by the nurses, doctors and other staff?	0	0	15	30	15	15
5	Was the behaviour of nurses, doctors and other staff towards you satisfactory?	5	10	25	50	30	30

The above table gives the analysis of the care received during delivery by the mothers.

It is seen that all the mothers (100%) felt that they were explained regarding the procedures during delivery which is contradictory to the observations that was done by the observer.

Only 6% in government hospital and 28% in trust hospital were satisfied with the care provided during the delivery. Though the observations showed that no perineal care was given, the opinion showed that 16% in government and 30% in trust hospital; the mothers felt like personal care was given by the nurses. None of the mothers in government hospital felt that the privacy and confidentiality was maintained, whereas 30% of the mothers in trust hospital felt that their privacy and confidentiality was maintained.

Overall only 30% of the total mother felt that the behavior of the nurses and other staff were satisfactory.

Hence we can conclude that though the practices which were observed were good to excellent, there is a difference of opinion for the mothers who received care during labor. The gap requires to be filled in and showcases the need for individualized care and ensuring that sensitization, empathy and other soft skills need to be provided for nurses.

Limitations of study :

1. As there were number of observations to be made, certain events might have gone unnoticed by the observer.
2. The tool used was checklist; and hence sometimes the researcher could not provide data regarding the communication and non verbal aspects of communication.
3. The study included observations of the cases admitted that were performed by the nurses posted in labor ward. Thus, the same nurse may have been observed in number of cases. Since, there was no intervention involved in the study, the data gathered can mislead the actual findings.

Implications of study:

The findings of the study have implications for nursing. These could be classified in various aspects pertaining to nursing service, Nursing management and Nursing education.



Nursing Service:

The study showed that though the overall score of the labor practices was excellent; there was lack in each aspects pertaining to labor practices.

There is a need for standardization and sensitization of labor practices.

Simulation training as part of in-service, preparation of procedure manual, labor practice audit, organizing soft skill training to improve the caring aspects like privacy, confidentiality, involving family ; would help to strengthen the existing practices and provide respectful care to the mothers.

Nursing Education:

The students are the future pillars of the profession. It is necessary that the students are sensitized toward maintaining of privacy, soft skill training as part of the curriculum. OSCE, simulation, demonstrations, return demonstrations should become mandatory towards the students preparation as a midwife. The students should be provided with constant and continuous feedback by the faculty. The supervision and feedback should go hand in hand with the expectations and the course objectives related to midwifery.

Nursing Management:

It is the duty of the administrators to ensure that the hospital prepares procedure manual for achieving standardization. The labor protocol should be displayed in the labor ward and each new labor room staff should undergo separate in-service at the time of induction regarding the labor room rules, regulations and policies. The administrators should provide adequate resources(staff, equipment, supplies) for improving the quality of care. The institute should apply and register for baby friendly hospital. This would help to improve the breastfeeding initiation and avoid supplemental feed. Refresher courses, simulation workshops should be organized periodically. Capacity building should be practiced to provide the latest update in terms of knowledge, practices and new evidence based changing practices. The management should prepare leaders who would be responsible for doing labor practice audits. Institute should create fund for research to be carried out in the labor room.

Recommendations for future research

Based on the limitations, implications and the findings revealed in this study, the researcher would like to suggest the following studies that could be done in future for improvement of the Nursing profession:

- 1) A similar study could be done on the larger sample for generalization.
- 2) A similar study using the same tool could be done where the sample could be nurses and not the observations of the deliveries. Thus 100 nurses could be observed while they are conducting the delivery and the findings could be analyzed.
- 3) A study could be done by assessing the knowledge, attitude and practices carried out during labor.
- 4) A study involving labor protocol formulation could be undertaken and effectiveness of the same could be analyzed.
- 5) An experimental study involving intervention for improving communication, privacy, family involvement could be done using quasi experimental design.
- 6) A comparative study could be undertaken of Private and Government hospital to identify the differences in the labor practices and its impact on the outcome of pregnancy.
- 7) A study could be done to assess the effectiveness of OSCE in preparation of students as midwives.

CONCLUSION

The present study assess the practices during labour in the selected hospitals of Mumbai The study revealed, that 78% of the observations in government hospital had an excellent score which was comparable to 52% in trust hospital. Overall excellent practices were observed in 65% of the total samples. Respectful care is needed and there is a need to improve soft skills among health care professionals.

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