

The importance of dignity in childbirth

Since the damning conclusions of the Francis Report (2013), the need to promote dignity in health care has become an overriding imperative for health-care professionals and policy-makers alike. But what does dignity mean for women receiving maternity care? While the focus of human rights in the NHS is often on end of life care, human rights values are similarly fundamental to care for women, their babies and their partners at the start of life.

Dignity encompasses the twin ideals of respect and autonomy. It resonates loudly in the maternity context, where women are often vulnerable and exposed, both physically and emotionally. As research has consistently revealed, respectful care and respect for women's autonomous choices are essential to positive maternity experiences and long-term health. They are also grounded in the legal obligations placed on the NHS by the Human Rights Act 1998 to respect individuals' dignity and rights under the European Convention on Human Rights.

Despite the current focus on dignity in health care, there has been very little research conducted about the relevance of the principle for women during pregnancy and childbirth. Birthrights, the charity recently launched to promote human rights in maternity care, set out to explore the issue in a two-part study looking at women's and midwives' understanding and experience of dignity in maternity care.

In September 2013, Birthrights teamed up with the parenting website, Mumsnet, to conduct the first-ever national *Dignity Survey* of women's experiences of childbirth, focusing on respectful care and choice in maternity services. More than 1100 women responded on the Mumsnet website. The results revealed that the majority of women were satisfied with their care. Overall, respondents reported relatively low levels of unkindness, disrespect and poor communication, but higher levels of dissatisfaction with choices they had been

offered in childbirth, ranging from choice of place of birth to choice of position in labour.

There was significant variation in the results according to type and place of birth. Women who experienced instrumental births reported worryingly high incidence of disrespect, lack of consent and inadequate pain relief. Remarkably, 24% of women who had an instrumental birth considered that they had not consented to medical procedures during their labour. Overall, 20% of women said that health professionals had not introduced themselves, a key indicator for respectful care. That figure was higher in London (26%). Women who gave birth in hospitals experienced less choice and respectful care than those who gave birth in birth centres or at home.

The majority of women felt that their experience of childbirth had an impact on their self-image and relationships with their babies and partners. Of those women who reported an impact, 45% who gave birth in hospital felt it had a negative impact on their feelings about themselves and 22% felt it had a negative impact on their relationship with their baby.

In the second part of the study, Birthrights explored midwives' perceptions of dignity in maternity care. Midwives and student midwives were recruited from a range of positions and with a variety of levels of experience. A two-fold understanding of dignity emerged from the interviews: midwives initially defined dignity in relation to bodily privacy but, after discussion, a deeper understanding of dignity as 'personhood' emerged, which encompassed women's autonomy and psychological integrity.

The midwives' accounts of dignity revealed that they believed human rights values to be at the heart of good care, but often struggled to put those values into practice in the face of institutional and cultural pressures. The midwives identified a range of potential solutions to the challenges they faced, including: structural changes in the NHS approach to midwifery care towards continuity of carer; better training on dignity and personhood; explicit dignity guarantees and dignity champions on maternity wards; better channels for feedback from women

about their experiences of dignity in childbirth; allocated time for midwives to reflect on their practice; and formalised emotional support for midwives. This research is described in full in the second part of the *Dignity Survey*.

Birthrights presented the research at the Dignity in Childbirth Forum held on Global Dignity Day on 16 October 2013. The forum heard from leading academics and lawyers on the meaning of dignity in health care. President of the Royal College of Midwives (RCM) Lesley Page spoke about the importance of dignity to women during childbirth who 'give birth to themselves as mothers'. She emphasised the need to rethink the structure of maternity care to promote continuity of carer and out-of-hospital birth. Her comments chimed with the results of the *Dignity Survey*, which found much greater satisfaction with care in birth centres and at home.

The forum concluded with a series of presentations from a wide-range of health-care professionals, maternity campaigners, doulas and academics about their projects to promote women's rights in maternity care. The presenters discussed a great variety of issues, including supporting vulnerable and disabled women, respectful care for women with high Body Mass Index (BMI), the need to respect maternal requests for caesarean section, enabling fathers to remain with women after birth and the childbirth experiences of teenage mothers. The participants' papers have been published in *Dignity in Childbirth: Projects and Perspectives*.

The forum marked the start of Birthrights' Dignity in Childbirth campaign. Over the next year, Birthrights will be working with midwives to consider how to advance the principles of choice and respectful care for women in maternity services. **BJM**

The full results of the Dignity Survey 2013 are available on the Birthrights website (www.birthrights.org.uk), alongside Dignity in Childbirth: Projects and Perspectives. If you are interested in contributing to the campaign or would like to highlight a particular project that promotes dignity in childbirth, please contact Birthrights.

Francis R (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. The Stationery Office, London

Elizabeth Prochaska
Barrister and Founder of
Birthrights