

## Exploring Barriers to Quality of Care in South African Midwifery Obstetric Units: The Perspective of Nurses and Midwives

**Authors :** J. Dutton, L. Knight

**Abstract :** Achieving quality and respectful maternal health care is part of the global agenda to improve reproductive health and achieve universal reproductive rights. Barriers to quality of care in South African maternal health facilities exist at both systemic and individual levels. Addition to this, the normalization of gender violence within South Africa has a large impact on people seeking health care as well as those who provide care within health facilities. The hierarchical environment of South Africa's public health system penalizes both patients and providers who battle to assume any assessable power. This paper explores how systemic and individual level barriers to quality of care affect the midwifery profession within South African maternal health services and create, at times, an environment of enmity rather than care. This paper analyzes and discusses the data collected from in-depth, semi-structured interviews with nurses and midwives at three maternal health facilities in South Africa. This study has taken a holistic approach to understand the realities of nurses and midwives in order to explore the ways in which experience informs their practice and treatment of pregnant women. Through collecting and analyzing narratives, linkages between nurses and midwives day-to-day and historical experiences and disrespectful care have been made. Findings from this study show that barriers to quality of care take form in complex and interrelated ways. The physical structure of the health facility, human resource shortages, and the current model of maternal health care, which often lacks a person-centered approach, is entangled within personal beliefs and attitudes of what it means to be a midwife to create an environment that is often not conducive to a positive birthing experience. This entanglement sits within a society of high rates of violence, inequality, and poverty. Having teased out the nuances of each of these barriers and the multiple ways they reinforce each other, the findings of this paper demonstrate that birth, and the work of a midwife, are situated in a mode of discipline and punishment within this context. For analytical purposes, this paper has broken down the individual barriers to quality care and discusses the current and historical significance before returning to the interrelated forms in which barriers to quality maternal health care manifest. In conclusion this paper questions the role of agency in the ability to subvert systemic barriers to quality care and ideas around shifting attitudes and beliefs of and about midwives. International and local policies and guidelines have a role to play in realizing such shifts, however, as this paper suggests, when policy does not speak to the local context there is the risk of it contributing to frustrations and impeding the path to quality and respectful maternal health care.

**Keywords :** disrespect and abuse in childbirth, midwifery, South African maternal health care, quality of care

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