

## Respectful maternity care in Ukraine during a time of war

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### Objective

Maternity care given by obstetricians, midwives, nurses, and other clinicians during one of the most vulnerable periods of pregnancy - labor, and delivery- is complex. It is influenced by physical and medical resources, the training of the medical providers, implicit societal and cultural attitudes towards pregnant people, and other implicit biases based on race, religion, ethnicity, and socioeconomic factors. Global strides in reducing maternal morbidity and mortality have stalled over the past several years. An increasing body of evidence has revealed disrespectful and abusive care (D&A) in facility-based childbirth as a barrier to maternal and child health. D&A consists of physical abuse, non-consented care, non-confidential care, non-dignified care, discrimination, abandonment of care, and detention in facilities. D&A is sometimes referred to as obstetric violence. Several Latin American countries have developed a legal framework to define and criminalize such violence. The landmark 2007 Venezuelan law, "Organic Law on the Right of Women to a Life Free of Violence," defines obstetric violence as: "... the appropriation of the body and reproductive processes of women by health personnel, which is expressed as dehumanized treatment, an abuse of medication, and to convert the natural processes into pathological ones, bringing with it loss of autonomy and the ability to decide freely about their bodies and sexuality, negatively impacting the quality of life of women. D&A is associated with psychological trauma, postpartum depression, and decreased uptake of healthcare services. The drivers of D&A are multifactorial: broad societal inequalities (including gender discrimination), lack of healthcare facility infrastructure, and individual attributes of both mothers and healthcare providers can all contribute to D&A. The perspectives of obstetric care providers are essential to fully understanding respectful maternity care. Perceptions of respectful maternity care may differ depending on provider attributes including but not limited to age and type of education. Providers have noted poor work environment, lack of adequate staffing, punitive management, and attitudes toward marginalized groups as barriers to respectful maternity care. What has not been studied is the impact of violence during military conflict and war on the delivery of obstetrical care in general and respectful care in particular. The purpose of this study is to evaluate the current situation for obstetrical care in a maternity hospital in Odessa, Ukraine.

### Methods

**Participants:** Physicians (including residents and fellows), senior and junior nurses, midwives, orderlies, and other personnel who are currently working and have worked on Complicated Pregnancy, Labor and Delivery and the postpartum floor at Odessa City Maternity Hospital № 5 for at least one year. **Data Collection:** This will be a cross-sectional study that consists of a ten-minute quantitative survey which will be administered online via the REDCap program. Measurements and topics covered in the questionnaires include the following sections. Participants will be asked to identify and describe the types of respectful care practices they commonly performed at Odessa City Maternity Hospital № 5. This aspect will aim to understand the existing positive practices in maternity care. The survey will delve into the types of disrespectful behaviors witnessed or experienced by participants within the at Odessa City Maternity Hospital № 5 environment. This encompasses verbal, psychological, and physical forms of disrespect, aiming to shed light on areas needing improvement. Additionally, the impact of war on the provision of respectful maternity care will be explored. This will involve examining how ongoing military conflict influences the delivery of maternity services and the experiences of both patients and healthcare providers. Participants will be assessed for their perceived stress levels using standardized scales such as the Perceived Stress Scale (PSS-4) and Post-Traumatic Stress Scale. This measurement aims to gauge the psychological well-being of healthcare providers amidst challenging circumstances. The survey will address factors related to stress and support among obstetric care providers. This includes exploring the availability of resources, support systems, and infrastructure within the hospital setting. Lastly, provider attitudes about consent in obstetric care will be investigated. This aspect aims to understand healthcare providers' perspectives on patient autonomy and decision-making processes during childbirth. Through this data collection approach, the study aims to gather comprehensive insights into the challenges and perceptions surrounding respectful maternity care in the context of ongoing military conflict.

### Results

The study is ongoing.

### Conclusion

This is a planned analysis of obstetrical care in Odessa, Ukraine in 2024 during the third year of a full-scale Russian invasion since the February 24, 2022. The purpose of this study is: 1) to identify obstetric care providers' perceptions of the underlying root causes of challenges to respectful maternity care during childbirth. By understanding the perceptions of obstetric care providers, the study aims to shed light on the complexities of delivering quality care amidst conflict; 2) to assess providers' attitudes about disrespect and abuse in the context of patient consent and other aspects of patient autonomy. This examination is crucial for identifying areas of improvement and addressing systemic issues affecting the delivery of respectful care, 3) to measure the proportion of obstetric care providers who report disrespect and abuse. By measuring the proportion of providers who have encountered such behaviors, the study aims to quantify the extent of the problem and its impact on maternal health outcomes. 4) to understand how war has impacted maternity care. By delving into the experiences of healthcare providers working under duress and stress, the study seeks to uncover the challenges faced and identify areas for intervention. The authors hope to collect data from providers of maternity care under tremendous duress and stress. We hope to use this information to help develop support systems, and training and education to help enhance respectful care despite challenges of resources, lack of safety, and emotional stress. Through these efforts, the study aims to contribute to the enhancement of maternal healthcare delivery in conflict-affected regions.