Respectful care in women's health
Case study for workshop/discussion
Obstetric case

Royal College of Obstetricians & Gynaecologists

Delegate copy

Introduction

This case study is set in Uganda. It explores the responsibility of health professionals in providing respectful care towards women in labour.

Note on the case study

This case study has been written by Dr Helen Allott FRCOG, a trainer on the RCOG Emergency Obstetric Skills programme.

Case study

Mary, a young Ugandan woman, became pregnant aged 17 following a rape and attended her local Health Centre 4 for Antenatal Care. There were many women at the clinic and she had to wait for several hours to be seen by the midwife. The midwife told Mary that she should bring her husband with her to her next appointment. Mary had a rapid diagnostic test for HIV which was positive. The midwife told her that she had HIV and would need to go to the ART at the hospital for medication. Mary said she had no money for transport but the midwife said she would have to find it somehow. She said Mary should have thought about that before she slept around and became infected.

Mary never went back for further antenatal care or to the ARV clinic. At 35 weeks, she went into labour. Although she was afraid she might see the same midwife again, she managed to walk the 4 miles to the Heath Centre whilst in labour. When she arrived she was told to wait to be seen. There was nowhere private to wait, just the corridor. There was a wooden bench but several others were sitting there and there was no room for Mary.

Eventually Mary was seen by the midwife who told her to open her legs so that she could examine her. Mary was frightened and clamped her knees together and the midwife roughly pulled them apart. Mary was not given a sheet and there were no curtains around the bed so women, other staff and students could all see Mary being examined. The examination was rough and very painful. When Mary cried out the midwife slapped her and told her that she had not cried in such a way when she conceived. After that the midwife left Mary alone. The other women in the labour ward delivered their babies and were moved to the postnatal ward. Night fell and no-one returned to see Mary. She was very frightened but she was in too much pain to get up and look for someone to help. She developed an urge to push but there was no one to tell her what to do. At 04:00 she delivered a baby alone. The baby did not cry or move. Shortly afterwards, Mary started to bleed. By the time staff came back in the morning, Mary was unconscious, lying in a pool of blood.

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Discussion – questions to be asked by the facilitator

1. What are your first impressions of this case?

2. What should health professionals have identified as priority risk factors in this case?

3. How could the midwives have behaved differently?

4. What system changes could be made to reduce the risk of this happening to anyone else?

5. What are the key learning points from this case?

Review the Checklist for Respectful Care in Women's Health and discuss how to put the actions into practice together.

[End of case study].

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