

Patient Experiences of Respectful Maternity Care in Two Cotonou University Hospitals in 2024

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How to cite this paper: Aboubakar, M., Klikpezo, R., Dangbemey, P., Ahounou, G.D. and Tonato-Bagnan, J.A. (2025) Patient Experiences of Respectful Maternity Care in Two Cotonou University Hospitals in 2024. *Advances in Reproductive Sciences*, 13, 285-293.

<https://doi.org/10.4236/arsci.2025.134023>

Received: July 28, 2025

Accepted: October 12, 2025

Published: October 15, 2025

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Abstract

Introduction: Respectful maternity care (RMC) is a model of care centered on the values, attitudes, and behaviors of healthcare professionals with the aim of eradicating obstetric violence and positively impacting women's experiences during labor and childbirth. **Objective:** To assess the patient experience of Respectful Maternal Care in the delivery rooms of two Cotonou university hospitals in 2024. **Method:** This was a cross-sectional, descriptive, and evaluative study with prospective data collection through observation of the practices of healthcare professionals and interviews of patients on their experience of Respectful Maternity care over a period of three (03) months from July 12 to October 6, 2024. **Results:** The study included 104 women in labor. Observation of the practice reveals that all the parturients in the study were victims of at least one type of mistreatment by health professionals, the most observed forms being the refusal of the patient to have a support person during labor and delivery (100%), episiotomies without anesthesia (20.2%), lack of confidentiality (14.4%), and lack of explanation. On the contrary, based on the statements of the patients, 97.1% declare not having been victims of mistreatment. But one-third of patients (33.7%) were dissatisfied with their care at the study centers in terms of respectful maternity care. **Conclusion:** This study reveals, on the one hand, that a very high number of parturients are still victims of mistreatment and, on the other hand, that most are unaware of their rights regarding SMR. It is necessary to raise awareness among women in labor about their rights regarding RMC.

Keywords

Respectful Maternity Care, Parturients, Benin

1. Introduction

Pregnancy and childbirth are crucial events in women's lives [1] [2]. Lack of respect, mistreatment, and violence against women during childbirth still exist and are particularly worrying in many countries, particularly low-income countries [3] [4]. To address this problem, several interventions have emerged over the years [5]. These include movements aimed at promoting Respectful Maternity Care (RMC) in our services [6]. In recent years, thanks to the support of the World Health Organization (WHO) and various international organizations, the concept of RMC has spread to all maternity services worldwide, to the delight of our parturients and the general population [4].

The objective of our study was to assess the experiences of parturients in the delivery rooms of two reference centers in Benin. More specifically, the aim was to describe the sociodemographic characteristics of parturients in the delivery rooms of the University Clinic of Obstetrics and Gynecology (CUGO) and the University Hospital for Mothers and Children-Lagoon (CHU-MEL) in 2024 and to assess the degree of satisfaction of women with the respectful maternity care provided in Cotonou delivery rooms in 2024.

2. Methodology

Our study took place at the University Clinic of Gynecology and Obstetrics of the Hubert Koutoukou Maga National University Hospital (CNHU-HKM) and in the Gynecology-Obstetrics Department of the Lagune Mother and Child University Hospital. This was a cross-sectional, descriptive, and evaluative study with prospective data collection through observation of the practices of healthcare professionals and interviews of patients on their experience of Respectful Maternity Care over a period of three (03) months from July 12 to October 6, 2024. The practice was assessed by direct observation of professionals in the application of respectful maternity care over a period of six (06) hours using a digital observation grid which took into account the seven rights in terms of RMC via an application.

The study population consisted of women who consulted at the two hospitals during the study period. Parturients who gave their free and informed consent (for those over 18 years old) or by a legal guardian (for those under 18 years old) were included. Regarding the health professionals, we included obstetricians and midwives who had attended the labor and delivered the parturient. The sampling method was non-probabilistic with a technique of choice for the convenience of all parturients meeting the inclusion criteria. Text processing was carried out using Microsoft Word software, version 2019, while tables and graphs were developed using Microsoft Excel, version 2019. Data analysis was carried out using R software, version 4.3.3. Quantitative variables were presented either as mean and standard deviation, or as median and interquartile range, depending on the observed distribution. Qualitative variables were expressed as numbers and proportions. In accordance with the principles of medical ethics and the code of ethics

and professional conduct for health research in the Republic of Benin, the anonymity and confidentiality of the information collected were respected.

3. Results

We identified a total of 104 women in labor at the two centers during our study.

Sociodemographic Characteristics of the parturients

The distribution by age, place of residence and level of education of the parturients surveyed at CNHU-HKM and CHU-MEL in 2024 is presented in **Table 1**.

Table 1. Age, residence, and education level of women in labor surveyed at CNHU-HKM and CHU-MEL in 2024.

	n = 104	%
Age group		
[15 - 25[37	35.6
[25 - 35[49	47.1
≥35	18	17.3
Residence		
Rural	97	93.3
Urban	7	6.7
Level of education		
Primary	17	16.3
Unschool	15	14.4
Secondary	41	39.4

Pregnancy and Childbirth Monitoring

The majority of women giving birth (69.2%) had between 4 and 8 prenatal visits, and 84.6% had never given birth in the ward.

Regarding deliveries, 95.2% were attended by midwives, and 94.2% were vaginal. These deliveries were almost evenly distributed across the time of day, with during 51.9% at night.

Practice of Maternal Respectful Care by the Healthcare Professional

Figure 1 shows the distribution of disrespectful practices of healthcare professionals towards women by type of obstetric violence at CNHU-HKM and CHU-MEL in 2024.

It is noted that 100% of patients experienced abandonment or refusal of care, constituting the largest category of inappropriate practices. In comparison, 22.1% of patients were victims of physical violence.

Women's Assessment of the Quality of Care Received

Table 2 shows the women's assessment of the Quality of Respectful Maternity Care received at CNHU-HKM and CHU-MEL in 2024.

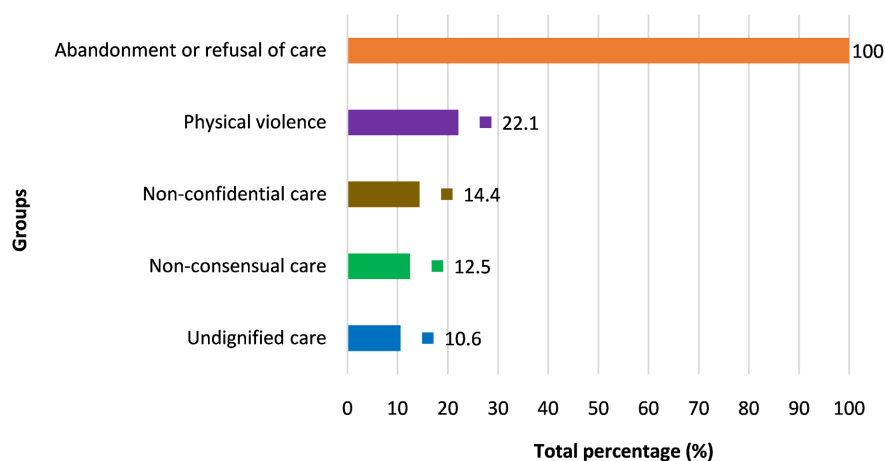


Figure 1. Distribution of disrespectful practices of healthcare professionals towards women by type of obstetric violence at CNHU-HKM and CHU-MEL in 2024.

Table 2. Women's assessment of the quality of respectful maternity care received at CNHU-HKM and CHU-MEL in 2024 (Beginning).

	n = 104	%
Attention to your needs and preferences during labor and delivery		
Excellent	36	34.6
Good	67	64.4
Average	1	1
Informed of all proposed medical procedures before they are performed		
Yes, all the time	77	74
Most of the time	22	21.2
Rarely	3	2.9
Never	2	1.9
Feeling listened to by the medical team during the birthing process		
Very listened to	37	35.6
Listened	67	64.4
Respect for your privacy during labor and delivery by members of the medical team		
All the time	89	85.6
Often	13	12.5
Rarely	2	1.9
Encouraged to choose your birthing position		
Yes, totally	75	72.1
In some way	27	26
Not at all	2	1.9

Continued

Emotional support you received during labor and delivery			
	Very good	37	35.6
	Good	65	62.5
	Average	2	1.9
Physically or verbally assaulted during your labor or delivery			
	Rarely	3	2.9
	Never	101	97.1
Feel confident in expressing your needs and concerns to the medical team			
	Yes, completely	41	39.4
	In some way	62	59.6
	Not really	1	1
Delayed departure home for reasons unrelated to your health			
	Yes, completely	3	2.9
	Not really	4	3.8
	No	97	93.3

In this study, 64.4% of women felt that the attention given to their needs during childbirth was good, and 85.6% indicated that their privacy was always respected. The majority (74%) reported that they were always informed about medical procedures before they were performed, and 72.1% felt encouraged to choose their birthing position.

In terms of support, 62.5% received good emotional support, and 97.1% said they never experienced physical or verbal aggression.

Women's satisfaction with their care

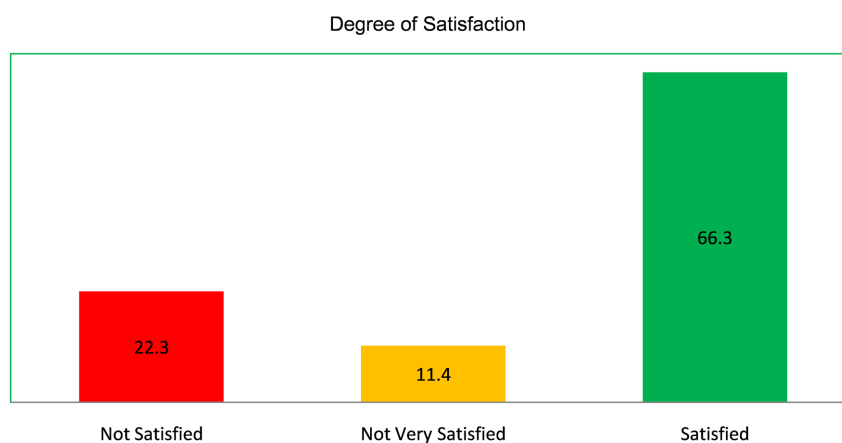


Figure 2. Distribution of patients surveyed based on their satisfaction at the CNHU-HKM and CHU-MEL in 2024.

From **Figure 2**, we note that the majority of patients, 66.3%, report being satisfied with the care they received.

Verbatim statements collected at the CNHU-HKM

- According to Ms. O.P., 25 years old, “...I’m very happy to have given birth here; they are very kind and welcoming. I’m very happy...”
- According to Ms. E.R., 28 years old, “...Yes, I would say they respected my privacy. Everyone knows that when you come to give birth, nudity is nothing, and sometimes you’re the one who takes it off yourself, especially with the pain that sometimes occurs. They do what they can, eh?” What we want is for our child and myself to be healthy... Position ? It’s the same, right? (Laughs) What everyone knows...”
- According to Mrs. Z.C, 33, “...Yes, eh, when they told me they were going to send me to the CNHU, I was too scared; I even wanted to refuse, but now I’m so happy. Everything went well... Yes, but they know what’s good for me, I’m going to say what; if not, it’s fine for me...”
- For Mrs. A.J, 23, “...I’m a little embarrassed. Everyone hears what you say and what they say to you. You can’t express yourself freely, and especially on the delivery tables, we’re all there together. Everyone’s looking at you...”

Verbatim taken at CHU-MEL

- According to Mrs. T.H, 27, “...Having given birth yesterday for the first time at CHUMEL, I appreciated their services. For me, specifically, there were no problems. I was well received, listened to, and supported...”
- According to Mrs. Q.Y, 27, “...I was very well looked after at Lagune. This is my third child. And the first two I gave birth to elsewhere weren’t easy at all. But this time, it was really well done. I think I’ll come back here if I have more children...”
- According to Mrs. O.G, 35, “...What bothered me a little was that sometimes there are a lot of people who come to examine you in a short period of time, and different people. You don’t have someone you can talk to all the time, and about everything. But I also understand that the people there are doing a lot of things at once...”
- According to Mrs. T.R., 29, “...I’ve been here for three days. When I arrived, they told me the baby was gone, but it wasn’t easy. It was last night that he finally came out... No, no one insulted me, and they explained what happened anyway...”

The majority of the verbatim collected generally reflects patient satisfaction, consistent with the high satisfaction rate observed. The complaints noted relate to the lack of confidentiality and the failure to respect privacy, reported by a small percentage (14.4%), and to repetitive examinations.

4. Discussion

Age

In our study, the average age was 27 years, with extremes of 15 and 42 years.

The most represented age group was [25 years; 35 years], constituting 47.1% of cases. Many other authors have found similar results to ours [7]-[10].

In Benin, Aguemon *et al.* in 2022 and Bigot *et al.* In 2023, all reported a mean age of 28 years, with respective age ranges of [25 - 29 years] and [20 - 30 years] [11]. Similarly, in Ethiopia, Ferede *et al.* found a mean age of 27 years in 2022 (59.2% of women) with a representative age range of 20 to 30 years [12].

This similarity in results could be due to the sexual activity and fertility recognized in couples during this age range.

Childbirth

Most of the women in our study gave birth vaginally (94.2%). Similar figures were reported respectively by Mocumbi *et al.* in Mozambique (96.3%) and Malet *et al.* in France (87.7%) [13] [14].

In contrast, Bigot *et al.* and Azhar *et al.* obtained lower rates of vaginal delivery, at 35.3% and 54.9%, respectively [15] [16].

This finding could be explained by the fact that our study did not include obstetric emergencies or all situations that may require rapid and specific care. However, most of the cases referred to our study centers are obstetric emergencies.

Qualitative Comparison

According to the women's accounts collected during our study, some women were dissatisfied with the care received in our study centers in terms of postnatal care.

They highlighted the poor design of the delivery rooms, which did not guarantee their privacy or provide the necessary confidence to communicate freely with professionals. Indeed, the configuration of the CHU-MEL and the CUGO delivery rooms does not facilitate this philosophy of RMC centered on the human person while the RMC ensures the monitoring of the well-being of the mother and the baby, health education and assistance during childbirth [17].

This study reveals a paradox between, on the one hand, the high level (100%) of mistreatment noted by the observation of the practice of health professionals and, on the other hand, the number of patients reporting an absence of mistreatment (97.1%) and patients declaring themselves satisfied. Several explanations can be given. The first is that patients are unaware of their rights regarding RMC. They then consider certain mistreatments normal. The lack of information among women about the existence of childbirth and care services may be a factor that limits their choices at the time of childbirth.

The other explanation is the fear of parturients of reprisals from health professionals, which leads them to avoid making assessments that could displease them. The last explanation is the respect that health professionals continue to enjoy in certain contexts. So the powerlessness of women in decision-making related to their health may be linked to the asymmetry of power between women and healthcare personnel because women consider healthcare professionals as more educated and knowledgeable. Consequently, they rely on them when deciding on the care to be prioritized during childbirth [18].

The perception by some women of exposing their nudity to their peers at the time of childbirth as normal could be equated with the accommodation made over successive births and also with the painful and distressing circumstances of childbirth where nudity is secondary. The high number of clinical examinations by different health workers is due to the fact that these two centers are university centers with many medical students and doctors specializing in medicine.

Limitations of the Study

1. The fact that healthcare professionals knew they were being observed could lead them to modify their behaviors in order to conform to expectations. To mitigate this bias, we attempted to be as discreet as possible during the observations.
2. The non-probabilistic method used here limits the external validity of the study.
3. The information relating to the experience, being purely declarative, may lack objectivity due to fear of reprisals and also due to the pain associated with labor.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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